Activity Report of the Community Support Division, Stem Center

The FY 2021 activities of the Community Support Division at the Stem Center ("Division") in the areas affected by the Great East Japan Earthquake were conducted in Natori City, Watari Town, and Yamamoto Town, under the jurisdiction of the Shiogama Health Center, Iwanuma Branch; and Shiogama City, under the jurisdiction of the Shiogama Health Center.

Since February 2020, we have been requested by the prefecture to support Marumori Town, which was damaged by Typhoon No. 19 in 2019. This support has continued in FY 2021, and the activity areas were in two cities and three towns.

We report on the main activities along with the projects.

[Resident support project]

1. Individual support

(1) Continued support for high-risk individuals in health surveys and others

The continued support for high-risk individuals in victim health surveys and others has gradually shifted to the regular support by municipalities since FY 2019. This started with case review meetings, followed by joint visits with the municipal manager, and gradually shifted to support provided only by the municipal manager. In FY 2021, there were a few cases supported by only the Division, namely, people with suicidal ideation, PTSD, and suspected mental illness. In some cases, it may take time to shift over to the municipalities (cases of social withdrawal or suicidal ideation). In some cases, joint visits will also be necessary in FY 2022.

Additionally, in Marumori Town, by the end of FY 2021, all cases that had been supported by only the Division were handed over to the manager in Marumori Town in the same manner.

2. Local resident exchange project

(1) Utsukushima salon

We held the Utsukushima Salon, which was for those who moved from Fukushima Prefecture to the Sennan area of Miyagi Prefecture after the Great East Japan Earthquake. The salon has continued as a forum for exchanging information about the situation within Fukushima Prefecture and where to move, as well as for interacting with friends from the same hometown. However, what used to be regularly held once a month shifted to changed venues or interruptions owing to the impact of the COVID-19 pandemic. During implementation as well, attention was given to infection prevention, and the content lasted about one hour. Separately from the salon, there were also cases of members who wished to have individual opportunities to interact with one another.

Table 1 shows the results of this fiscal year's activities.



Radio exercises



Snow globe making

Venue	Implementation date	Content	Participants	
Iwanuma City	July 16, 2021	Health picture-story show: Stress and	9 people	
		blood pressure		
	October 15, 2021	Room spray making with aroma oils	7 people	
	November 19, 2021	Team quiz competition	4 people	
	December 10, 2021	Snow globe making	13 people	
	January 21, 2022	New Years' quiz tournament	6 people	

Table 1. Local resident exchange project (Utsukushima salon)

*Held 13:30-14:30, with the last 30 minutes set as free-talk time

(Support for supporters project)

1. Supporter consultation project

Regular support was provided twice a month to Natori City and Watari Town, and once a month to Yamamoto Town. Within the jurisdiction of the Shiogama Health Center, we responded to requests from public health centers as needed, and we sent two dispatches to Shiogama City.

It has been two years since Marumori Town experienced severe typhoon damage, and the necessary support is different from that of the municipalities that were affected by the Great East Japan Earthquake. Therefore, the support content was discussed with Marumori Town and Sennan Public Health Center as needed.

(1) Participation in case study meetings and case reviews as advisor

① The number of study cases from health surveys has decreased, and the focus has shifted to mental cases and mentally difficult cases of child-rearing generations (Table 2).

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Municipality	Number of times
Yamamoto Town	4
Watari Town	10
Natori City	9
Shiogama City	2

- ② In response to a postvention (*1) request from Natori City, meetings were held at the Mental Health and Welfare Center and Shiogama Health Center Iwanuma Branch, Natori City, and the Division. The actual intervention was conducted by Natori City, and the subsequent reflections were conducted by the Mental Health and Welfare Center and Natori City.
- ③ In Marumori Town, we conducted a victim health survey, provided support for the subsequent population approach (*2), and participated in and cooperated with victim support associate meetings. Additionally, we served the roles of an advisor at a community mutual support center supporter case review meeting and instructor at a workshop for supporters, and we provided support with an awareness of supporter training and cooperation between supporters (Table 3).

Table 3. Marumori	Town support conten	t and number of tim	les of participation

C 11	Support content		Number of
Su			times
Со	ommunity sup	port center case review meeting	8
Vi	ctim support	associate meeting	12
Di	spatch of inst	ructor at workshop for community mutual support center supporters	
T.	Lecture theme	About Community Health <instructor collaboration="" health="" in="" nurse="" public="" town="" with=""></instructor>	1
Le		Support for sobriety	1
		What is trauma-informed care?	1
Su	pport for imp	lementing victim health survey for disaster victims : appointment	3
Th	nree-way mee	tings with Sennan Public Health Center and town	3

- *1: Postvention: Suicide prevention is classified into three stages: prevention (pre-treatment), intervention (crisis intervention), and postvention (post-action). Postvention refers to measures intended to minimize the psychological impact on bereaved people in the unfortunate event of suicide.
- *2: Population approach: This refers to reaching out to populations that are not at high risk of health problems so that the entire population can reduce risk or prevent disease. Meanwhile, the "high-risk approach"

refers to the prevention of disease by working with people who have a higher risk among the population for experiencing health problems.

(2) Joint visits/interviews

① In FY 2021, we mainly conducted joint visits with the municipal manager while being aware of the shifting of the cases to them. Additionally, joint visits were made from the outset for support requests for new cases (Table 4).

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Municipality	Number of days	
Natori City	8	
Yamamoto Town	7	
Watari Town	2	

Table 4. Number of days of cooperation, such as joint visits

- ⁽²⁾ We cooperated with postvention support in Iwanuma City at the request of the Mental Health and Welfare Center (eight individual interviews).
- ③ Support for high-risk individuals in victim health surveys in Marumori Town involved visits and joint interviews with the Marumori Town manager from the outset (28 cases). Five cases in apartment-type rental housing outside the town were handled by the Division.

2. Supporters' mental health support project

We conducted postvention at Marumori Town (individual interviews with five supporters in container-type temporary housing).

3. Support for supporters involved in child mental care

We participated as advisors in a study meeting on maternal and child health (Table 5).

Table 5 . Number of time	es of participation in review	v meetings on maternal	and child health
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Municipality	Number of times	
Natori City	13	
Watari Town	12	
Yamamoto Town	5	

[Public awareness campaign project]

1. Mental health public awareness promotion project

(1) Health lecture

- ① Responses to requests for mental health workshop instructors from municipalities were handled not by directly dealing with the patients at the Center but by connecting them to public health centers and the Mental Health and Welfare Center while confirming the situation of the patient. We also provided information on instructors in the community who can handle the case when necessary.
- ⁽²⁾ In Marumori Town, we decided on a theme based on issues in the health survey, and we conducted mental health lectures using picture-story shows at six container-type temporary housing locations. Additionally, we responded to two requests for lectures from flooded areas, and we shared all the materials for the lectures with the Marumori Town public health nurse, with subsequent lectures conducted by the Marumori Town public health nurse.

[Summary, future prospects, and issues]

In FY 2021, various projects were postponed or canceled owing to the COVID-19 pandemic, but we conducted activities in cooperation with municipalities and related organizations while taking sufficient measures. In particular, public health centers were extremely busy dealing with COVID-19, and there were times when it was difficult to hold regular meetings and jointly support municipalities. Therefore, we conducted activities with an awareness of strengthening cooperation with public health centers, such as reporting the details of municipal support as needed.

Additionally, FY 2021 was the year of the start of the Second Operation Plan of the MDMHCC. The pillars of our activities have been resident support, support for supporters, and raising public awareness. Regarding municipal support, in anticipation of the end of the Center's work, we have been sharing with municipalities and public health centers how support should be aimed at improving community mental health activities. For example, we have proposed and cooperated in holding case study meetings and case reviews in a way that enables the easy continuation of activities, and as an opportunity to share difficult cases and build a support network. Difficult cases were connected to public health and mental health welfare centers, and support has been provided so that they could be dealt with and considered through

normal consultation channels. We would like to continue providing support with an awareness of information sharing and cooperation with public health centers and the MDMHCC.

For Marumori Town, which was damaged by Typhoon No. 19 in 2019, we utilized the knowhow cultivated by supporting municipalities affected by the Great East Japan Earthquake (tradition) and cooperated with the Sennan Public Health Center. We supported the town staff to ensure that they can act proactively (town independence). The number of support groups increased, seen in the establishment of new departments in the event of a disaster. Thus, support was provided with an awareness of cooperation with support organizations. The regular support for Marumori Town ended this fiscal year, but through these activities, there was a sense of the need for organization and handing down of activities that the Division had been doing to date. We categorized them into "support for health surveys," "support for alcohol-related problems," and "public awareness campaigns. We compiled support activities independently for each Division. In the event of a disaster, prompt response is an important factor that leads to appropriate support. We want to highlight this conclusion in future support offered in the event of a disaster.