

Activity Report of the Community Support Division, Ishinomaki Regional Center

The activities of the Ishinomaki Regional Center (“Division”) in FY 2021 in the areas affected by the Great East Japan Earthquake were located in Ishinomaki City, Higashimatsushima City, and Onagawa Town, under the jurisdiction of the Ishinomaki Public Health Center.

【Resident support project】

Since the disaster, we have been providing support to those with poor physical conditions and those with mental concerns, and we have responded to referrals from other institutions and requests from individuals themselves. However, the number of referral cases has decreased with the withdrawal of support organizations, and the number of consultation cases has decreased.

1. Individual support

(1) Ishinomaki City (high-risk follow-ups following public housing occupant health surveys)

① FY 2020 public housing occupant health survey

From March to April 2021, we received a request for cooperation from 61 individuals in 55 households from the Health Promotion Division of the Ishinomaki City Health Department (henceforth, “Health Promotion Division”) for the public housing occupant health survey. We provided individual support through on-site surveys and other means. Table 1 shows the contents of the request.

Table 1. Breakdown of FY2020 request for visit survey

K6: ≥13	53 people
K6: 10–12 + male + 18–64 years + no consultation partner	6 people
Very poor or poor physical condition + no illness or treatment interruption (excluding doctor’s orders)	2 people

Visits were difficult owing to the COVID-19 pandemic, and reports were made to the Health Promotion Division in August 2021 as shown in Table 2.

Table 2. Breakdown of FY 2020 visit survey report

Continued support	5 people
Conclusion/information provision	51 people
Unconfirmed (absence/refusal)	5 people

Telephone calls and visits were conducted as necessary to those for whom continued support was provided. We reported changes in status to the Health Promotion Division. All support was concluded by the end of March 2022.

② FY 2021 public housing occupant health survey

In January 2022, the Health Promotion Division requested cooperation with the public housing occupant health survey for 44 individuals in 38 households. We provided individual support through visits and surveys. There were 40 public housing occupants from 35 households, and four municipal housing occupants from three households. The request contents are shown in Table 3.

Table 3. Breakdown of FY 2021 visit survey request

K6: ≥13	34 people
K6: 10–12 + male + 18–64 years + no consultation partner	7 people
Very poor or poor physical condition + no illness or treatment interruption (excluding doctor’s orders)	3 people

The survey was concluded by March 2022 and reported to the Health Promotion Division as shown in Table 4.

Table 4. Breakdown of FY 2021 visit survey report

Continued support	2 people
Conclusion/information provision	40 people
Unconfirmed (absence/refusal)	2 people

Telephone calls and visits were conducted as necessary to those for whom continued support was provided, mainly those with economic problems or in need of lifestyle support. Changes in status were reported to the Health Promotion Division.

(2) Higashimatsushima City

We dispatched staff from the Division to support individuals who required follow-up in the FY 2020 prefectural public housing health survey and followed-up on those who required support in the FY 2021 specific health checkup mental care questionnaire.

In the public housing health survey, we checked the status of 34 individuals from 34 households who required follow-up (K6: $\geq 18/24$ points, drinking from morning and afternoon, interruption of mental illness medical care) 17 times (15 actual days) from April 22 to June 24, and subsequently conducted visits to distribute pamphlets, coordinate with related organizations as necessary, and share information, after which we created a report.

The individuals who required follow-up in the FY 2021 specific health checkup mental care questionnaire were 27 individuals with a K6 score of ≥ 20 points and 14 individuals with suicidal ideation. We checked their status 24 times (21 actual days) from August 23 to November 1, coordinated with related organizations as necessary, and shared information, after which we created a report.

(3) Onagawa Town

We conducted accompanied visits upon request from the public health nurse of the Onagawa Town Health and Welfare Division Health Measures Section (“Health Measures Section”).

All cases were suspected of having a mental illness, and support was requested from a public health nurse from another institution. We were asked to accompany them on visits. We grasped the situation during the visits and handled them while discussing the support policy with the public health nurse.

【Support for supporters project】

1. Supporter consultation project (e.g., professional advice)

(1) Ishinomaki City

① During meetings with the Health Promotion Division, we were often asked for cooperation in projects and advice on case support. Additionally, several case studies were conducted with the Health Promotion Division.

We participated in various health checkups for infants, confirmed the health status of parents and children, and often asked about the problems that the parents had. We also participated in a conference after the health checkup, and we discussed the follow-up method with the staff on the day of.

In addition to health checkups, we also examined the characteristics of children who were judged to require support by the overseeing public health nurse. We ascertained how to respond to parents with various backgrounds. We also conducted consultations and accompanied visits as necessary.

② In the child-rearing consultations at the child-rearing comprehensive support center “Issyo” (“comprehensive support”), we often heard of parents struggling to raise children in a cramped environment, such as those refraining from returning to their hometown or using child-rearing support centers owing to the COVID-19 pandemic. During consultations, the parents themselves talked about their own traumatic experiences, but once their feelings were accepted, they gradually calmed down, took a bird’s eye view of their situation, and came to a positive perspective. The most common consultation contents were those relating to child development; mental and physical preparation for returning to work; balancing work, family, and childcare, or double care (*); anxiety about how moving, frequent earthquakes, and parental discord will affect children; separation from relatives owing to the disaster; and lonely childcare with no supporters owing to bereavement.

Additionally, the comprehensive support staff conducted consultations and provided advice on issues such as how to listen and respond to case consultations as well as empathy fatigue among the supporters themselves.

(2) Higashimatsushima City

At the beginning of the fiscal year, we decided to hold bimonthly meetings with Higashimatsushima City, Ishinomaki Public Health Center, and the Division. We also participated in Higashimatsushima City’s Local Liaison Council for Suicide Countermeasures and the Meeting for Thinking about Projects related to Social Withdrawal.

* “Double care” in a broad sense refers to multiple care relationships in intimate relationships, such as family members and relatives, and the complex issues within them. In a narrow sense, it refers to the simultaneous implementation of childcare and nursing care. It is a concept that focuses on the problem of complex and multiple care in a shrinking and aging population, such as childcare and nursing care, and nursing care and grandchild support.

(3) Onagawa Town

We had regular meetings with the Health Measures Section and shared mental health welfare projects and individual cases. We also received a request from the Welfare Section of the Health and Welfare Division to dispatch an instructor for a workshop on suicide countermeasures for young town officials and local welfare officers, and a Division staff member was dispatched.

2. Supporters' mental health support project (training, interviews)

(1) Suicide prevention measures training

This training has been implemented since FY 2017 as a co-sponsored project with the Ishinomaki Public Health Center. In FY 2021, owing to the COVID-19 pandemic, we discussed with the Ishinomaki Public Health Center and decided not to implement this training because each local government in the area was promoting training based on their own suicide countermeasure plans.

(2) Alcohol training

This training has been held since FY 2019 as a joint project with the Ishinomaki Public Health Center with the aims of deepening the understanding of knowledge and skills related to the characteristics of alcohol-related problems and support methods, enabling cooperation between physical and psychiatric medical care, and enabling cooperation and support by staff involved in health and welfare.

Theme	: Physical medicine and psychiatric departments in alcohol treatment
Hosting date	: December 15, 2021, 18:30–20:30
Venue	: Major Conference Room, Ishinomaki Government Building, Miyagi Prefecture
Participants	: About 60 people
Lecture ① instructor	: “Alcohol-related medical care in physical medicine” Hiroshi Takase, Emergency Medicine Chief, Emergency Medical Center, Sendai City Hospital
Lecture ② instructor	: “Thinking about alcohol problems in areas without specialized medical institutions” Keizou Hara, Director, Hara Clinic Representative Director, Miyagi Karakoro Station, Disaster Mental Health Network

(3) Support for supporters involved in children's mental health care

① Project for visiting children's support facilities

We conducted seven visits in FY 2021. Six were facility visits, and one was a lecture for comprehensive support staff. Normally, in facility visits, the overseeing public health nurse provides information about the environment surrounding the child, including the family, in advance of the event. They also hold a staff conference after observing the children's behavior on the day of the event.

At the conference, facility supporters and public health nurses in charge of child and family support gathered and exchanged opinions, such as on identifying problematic behaviors in children. Although the details to be covered differed slightly depending on the case, the themes of the lectures included self-esteem, understanding and responding to problematic behavior, the risk of forming attachments, expression of emotions, chain of empathy, and mental health of supporters. Additionally, when supporting children for whom a response is difficult, the supporters themselves may become isolated. This project provided an opportunity to share case studies and support methods, appreciate others' efforts, and prevent supporters from becoming isolated.

In the lectures for comprehensive support staff, questions were asked regarding attitudes when listening to consultations from parents, treatment of memories at the time of the earthquake in disaster prevention training for parents, problems faced by parents, and coping with the supporter's empathy for the child of those parents. The comprehensive support staff received various consultations in child-rearing. The event was an opportunity to realize the importance of taking care of mental health, such as flashbacks of the experiences of supporters living in disaster-affected areas.

② Children's mental care local training

Since FY 2017, the training has been held jointly by two cities, one town, and each board of education for supporters involved in health, childcare, and education who support disaster victims in the Ishinomaki area. However, following the FY 2020 cancellation, the FY 2021 training was also canceled owing to the COVID-19 pandemic.

【Public awareness campaign project】

1. Mental health public awareness promotion project

(1) Consultation meeting, Koyo municipal health, Ishinomaki City

Upon request by the Hebita community comprehensive support center of Ishinomaki City, we have lent support since FY 2019. In FY 2021, we were planning to host one session a month, but six sessions were canceled owing to the typhoon and COVID-19 pandemic. A total of 48 housing complex residents participated in the remaining six sessions.

(2) Health lecture

In Onagawa Town, we cooperated in the planning, operation, and implementation of the “mental care lecture” that was sponsored by the Health Measures Section for residents, and we dispatched a part-time psychiatrist from the MDMHCC as a lecturer.

Theme	: “Mutual support in the community: Depression and dementia”
Lecturer	: Nobuhiko Harada, Vice Director, Kunimidai Hospital

(3) Ishinomaki daytime meeting

The Ishinomaki *danshukai* meetings held by Ishinomaki City, Miyagi Prefecture (“*danshukai*”), and the Division since FY 2015 started its activities as the *danshukai* Ishinomaki daytime meeting in April 2021.

At the request of the *danshukai*, a Division staff member presented the “Report on Joint Project with *Danshukai*: Looking back on the activities of the Ishinomaki Regional Center, Miyagi Disaster Mental Health Care Center” in the “National (Tohoku) Alcohol Abstinence Meeting 2021: Tohoku today, 10 years after the Great East Japan Earthquake” on October 10, 2021.

2. Dissemination of mental health information (dissemination in public relations magazines and websites, publication of materials, etc.)

We responded to requests for information from the Ishinomaki Public Health Center as well as from two cities and one town.

【Summary, future prospects, and issues】

The Ishinomaki Public Health Center has been participating in meetings between two cities and one town and the Division since August 2020. We exchanged information on various projects and discussed the situation in municipalities in order to strengthen cooperation in this area. From FY2021, it became difficult for Ishinomaki Public Health Center to attend the meetings due to the COVID-19 pandemic.

At the FY2021 regional center general meeting, Ishinomaki City provided a topic on the theme of “Issues as seen from the Ishinomaki City public housing occupant health survey,” and the Ishinomaki Public Health Center provided a topic on the theme of “Public housing occupant health survey results: Issues in the Ishinomaki area as seen from the Miyagi Prefecture public housing occupant health survey.” Among these, both organizations commented that “in addition to health problems, difficult cases are increasing, and there is an increasing need to provide professional advice to supporters”.

As in the past, the Division would like to respond to requests from the public health center, the two cities and one town, and other organizations as carefully as possible while conducting consultations.