

Ishinomaki Regional Center Community Support Division

The activities of the Ishinomaki Regional Center (“Division”) during FY 2022 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]

1. Individual support

Since opening in April 2012, we have responded to requests for support for people complaining of poor physical condition or those with mental concerns, referrals from other institutions, direct consultations from affected individuals, and cooperation with public housing health surveys conducted by local governments. With the end of the health survey, we have had a decreasing number of consultations.

When there is a direct consultation from a resident, we consider the shift to local government health activities following the closure of the MDMHCC and have provided support in collaboration with public health centers and municipalities. Additionally, we have made efforts to respond to requests from associated institutions for accompanied visits.

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

As part of the high-risk follow-ups following the FY 2022 public housing occupant health survey, we received requests for confirming the status of 43 individuals in 42 households in December 2022 and an additional 10 individuals in nine households in January 2023 from the Health Promotion Division of the Ishinomaki City Health Department (“Health Promotion Division”). We conducted individual support by telephone and visiting surveys. There were 47 public housing tenants from 45 households and six municipal housing tenants from six households. The request details are shown in Table 1.

Table 1. Breakdown of FY 2022 request for visit survey

K6: ≥13	42 people
K6: 10–12 + male + 18–64 years + no consultation partner	10 people
Very poor or poor physical condition + no illness or treatment interruption (excluding doctor’s orders)	1 people

The survey was completed by February 2023 and reported to the Health Promotion Division as shown in Table 2.

Table 2. Breakdown of FY 2022 visit survey report

Continued support	6 people
Conclusion/information provision	36 people
Unconfirmed (absence/refusal)	11 people

The six people who continued to receive support had health and financial problems caused by life events, and we coordinated with related medical and welfare institutions as needed while checking in on their status by telephone and visits.

(2) Higashimatsushima City

In FY 2022, we had a case where the Division received a request for an accompanied visit to an individual with alcohol dependence and a consultation directly from the resident, who was referred to the Health Promotion Division of the Higashimatsushima City Health and Welfare Department (“Health Promotion Division”)

(3) Onagawa Town

In FY 2022, there were no requests for individual support from the Health Countermeasures Section of the Onagawa Town Health and Welfare Division (“Health Countermeasures Section”).

[Support for supporters project]

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

(1) Ishinomaki Public Health Center

In 2019, the Ishinomaki Public Health Center convened two cities and one town in the area. The Division also cooperated in creating a common format for fact sheets to provide continued support for cases such as hospitalization. Using this as an opportunity, we decided to discuss community mental health and welfare activities within the jurisdiction, centering on the Ishinomaki Public Health Center. In July 2022, a meeting on mental health care for the Ishinomaki area was held by the Mental Health and Welfare Center, Ishinomaki Public Health Center, and the Division. The plan was to hold regular discussions, but owing to the spread of the COVID-19 pandemic from the end of 2019 and the necessary countermeasures, we were unable to hold any meetings. Activities of the Division since FY 2021 were set out in the “Miyagi Disaster Mental Health Care Center Second Operation Plan,” but we were unable to conduct activities in accordance with the plan owing to the ongoing impact of the COVID-19 pandemic.

(2) Ishinomaki City

- ① We had one meeting with the Mental Health Group of the Health Promotion Division regarding project plans and suicide prevention-related projects. We also had meetings as needed depending on the project. Additionally, given the circumstances—including an increasing number of suicide-related consultations from residents—the city hosted the “Ishinomaki City Training Session for Responding to People with Suicidal Ideation and Suicide Attempts” in September 2022 to study what is needed to improve the skills of public health nurses, who would be the final points of contact. The Division dispatched lecturers to the session. Additionally, staff members cooperated in the Ishinomaki City Suicide Countermeasures Promotion Council as vice chairpersons.

Upon request by a maternal and child health group, we cooperated in various infant health checkups in the main government district, confirmed the health status of parents and children, and listened to the problems experienced by the parents. In subsequent conferences, we discussed the characteristics of children and how to respond to them, as well as examined support for parents with various backgrounds.

We also responded to consultations regarding cases involving the public health nurse in charge of the district as needed.

- ② In child-rearing consultations at the child-rearing comprehensive support center “Issyo” (“comprehensive support”), we directly provided consultations with parents and also examined the direction of support after the parents consulted with the consultation support staff. Consultation contents included children’s mental and physical development, children’s characteristics and responding to them, discipline, responding to siblings, and communication with children. We recorded many cases of parents facing an intricate intertwining of problems (e.g., balancing work and family, domestic violence, solo childrearing and housework, having a child, unemployment and poor health owing to COVID-19, ambiguous loss, the impact of parental trauma on children, flashbacks, and poor health owing to earthquakes). We addressed how the effects of parental stress were reflected on the children.
- ③ Ishinomaki City new-term public health nurse study meeting (case study meeting)
We participated as advisors in “Studying the impact of the upbringing history of parents with nursing difficulties on childrearing and innovations on responding to such histories” at new-term public health nurse training sessions.

(3) Higashimatsushima City

We held one meeting with the Health Promotion Division. We conducted accompanied visits to an individual with alcohol dependence and responded to a consultation on support methods. We also participated as a member of the Higashimatsushima City Suicide Countermeasures Community Liaison Council, which discussed and examined comprehensive suicide countermeasures in Higashimatsushima City.

(4) Onagawa Town

We held regular meetings with the Health Countermeasures Section of the Health and Welfare Division to share information on the mental health and welfare project as well as on individual cases. The Health Countermeasures Section requested a dispatch of a lecturer for the suicide countermeasures training session for young town staff members and local welfare commissioners, and a Division staff member was dispatched.

2. Supporters’ mental health support project

This project was implemented mainly by public health centers and via cooperation from the Division. In FY 2022, although we had disseminated public information to municipalities in the area, the suicide prevention

countermeasures and alcohol training were canceled owing to the COVID-19 pandemic. The suicide prevention countermeasures training was canceled before it was held.

3. Support for supporters regarding children’s mental care (consultations, training, and other activities for supporters)

(1) Children’s mental care community training

This event was held once a year in a large venue with the support of the local government and the local board of education. Owing to the COVID-19 pandemic, it has not been possible to hold this event since FY 2020. It was not held in FY 2022 as well.

(2) Children’s support facility visit project

In FY 2022, when there was a use request, we confirmed the purpose and conducted the project twice. One case involved the participation of not only the public health nurse in charge but also all the maternal and child health personnel in the area, and together, they examined the direction of case support. Before conducting the project, the public health nurse in charge provided information on the environment, including the child’s family, and on the day of the project, a staff conference was held after observations of the children’s behavior. The conference was attended by facility supporters and public health nurses in charge of child and family support in the district. They exchanged opinions on how to identify problematic behavior in children, how to respond to such behavior, and how to support parents.

The content differed by case, but the themes of the lectures included understanding and responding to children’s problematic behavior, risks of forming attachments, self-esteem of children and parents, emotional expression, and the mental health of supporters. In difficult cases, supporters tended to have differences in opinion regarding children’s support, resulting in a conflicting relationship. The conference was an opportunity to appreciate the hard work of supporters, each with their own perspectives, and to think about the direction of support that is desirable for the children, such as how to utilize the differences in perspectives as support. Additionally, the public health nurse in charge reported the conference contents to the parents as necessary. In some cases, upon the request of the public health nurse in charge, we provided explanations about changes in the children’s growth and measures that can be taken at home to prepare for future lifestyles.

[Raising public awareness project]

1. Mental health public awareness promotion project

(1) Koyo municipal housing complex health consultation meeting

The Division has been cooperating since FY 2019 in the health consultation meeting sponsored by, and upon the request of, the Ishinomaki Hebita Comprehensive Support Center. In FY 2022, the meeting was planned to be held once a month, but they were canceled four times owing to the COVID-19 pandemic and inclement weather. A total of 50 participants attended the eight meetings held. The participants talked about their current circumstances through health consultations and had a pleasant time through health lectures from nurses registered in supporters’ clubs and through light exercises.

The MDMHCC will close in FY 2025, so we discussed with the organizers and concluded our project support at the end of FY 2022.

(2) Health course (Onagawa Town)

We cooperated in the implementation of the “mental care course” sponsored by the Health Countermeasures Section for residents in Onagawa Town. The course involved a lecture by a psychiatrist and a picture-story show by volunteers who are good listeners.

Table 3. Onagawa Town Mental care course

Implementation date	Venue	Contents	Participants
December 23, 2022	Onagawa Town Urashuku 2 nd Ward	Lecture: “Mutual emotional support in the community” Tsutomu Kimura, Director, Kaihoukai Kashima Memorial Hospital Picture-story show by three volunteers who are good listeners	11 people

(3) Ishinomaki daytime meetings

In FY 2022, we cooperated in the activities of the “Ishinomaki daytime meetings” (Miyagi Prefecture Danshukai) held at the Ishinomaki Health Consultation Center. We will continue to cooperate, as we view

these activities as among the social resources of the community and as venues for people with alcohol-related problems to receive counseling.

2. Dissemination of mental health information

We responded to requests for providing information from public health centers, two cities, and one town.

[Summary, future prospects, and challenges]

The COVID-19 pandemic from the end of 2019 has affected the activities of the Division in FY 2022. Fluctuations in the number of patients with COVID-19 falling under the charge of the Ishinomaki Public Health Center directly impacted the operations of the public health center. One consequence is the continued postponements in participation in meetings with municipalities and meetings with the Division. Moreover, the suicide prevention countermeasures training that was mainly planned by the Ishinomaki Public Health Center was canceled just before the event was scheduled to be held in December 2022 owing to the rapid increase in the number of people infected with COVID-19 in the area.

In FY 2022, we concluded the Ishinomaki City public housing tenant health survey and our cooperation with the Koyo municipal housing complex health consultation meeting.

The Division's projects are decreasing in number and scope every year. In the Ishinomaki area, we have shared the direction of community mental health and welfare activities from FY 2021 onwards with public health centers, where we have conducted municipal support with the goal of "community supporters improving their abilities together and supporting residents while collaborating with one another." Particularly with municipal support, we have conducted accompanied visits, case studies, and consultations upon request to provide support with the aims of improving the skills of supporters, such as public health nurses, and responding to requests for difficult cases from associated institutions.

During the remaining three years until the conclusion of our projects, we intend to respond to requests from associated institutions as much as possible and plan to act as a backup system for supporters.