

Efforts toward “handing down”

The basic principle and basic policy of the Second Operation Plan clearly states as follows: “Implementing activities with the perspective of handing down the experience cultivated in past activities, such as summarizing the ideal way of support that can be utilized in the event of a disaster that will occur in the future, since the activities that the Center has overseen to date will be valuable knowledge of mental health care activities in the event of a disaster.”

Moving toward the conclusion of the MDMHCC in FY 2025, support operations have seen a gradual shrinking in Kesennuma, Ishinomaki, and the Stem Center. Meanwhile, efforts for handing down experiences have begun in earnest in FY 2022. As a first step, it was necessary to create a framework for deciding the entities responsible for handing over respective tasks, and in what form. We describe the progress of the handover work done to date and future efforts.

1. Conceptualization and framework of “handing down”

(1) Significance of handing down

The MDMHCC has conducted a wide variety of activities according to the needs of the disaster-affected area. Similar needs may arise in areas affected by future disasters. Therefore, clarifying what kinds of needs arise in disaster-affected areas, and communicating and leaving behind activities that the MDMHCC had conducted in response will prove helpful to future support activities.

There have also been many records and materials regarding support activities in the field of mental health immediately following a disaster, but there are hardly any such examples for the medium- to long-term support activities. When the scale of a disaster is limited, then support immediately following the disaster is the primary focus, but when a large-scale disaster like the Great East Japan Earthquake occurs, there is a need for medium- to long-term support. Therefore, it is important to communicate and leave behind the knowledge acquired by the MDMHCC.

(2) Handing down “to whom”

We have had repeated discussions on who should benefit from the knowledge acquired by the MDMHCC through its support activities. The MDMHCC has been conducting activities in collaboration with each municipality in charge, both from the perspective of an external institution and from the perspective of mental care after a disaster. One extremely important mission is to provide various forms of support to municipal public health nurses, who are required to play a role on the front lines in providing psychological care to local residents after a disaster. Thus, when the next disaster occurs, it would be necessary to support people in charge of the mental care of people affected by the disaster, including municipal public health nurses, in various forms. Therefore, we set people—such as (municipal) public health nurses, who are in charge of the mental care of local residents in disaster-affected areas—as those to whom this “handing down” should be targeted.

(3) “What” and “how to” hand down

The next consideration was the content to be handed down. To date, the MDMHCC has published bulletins, official activity records, and annual activity reports to provide an overview of support activities. These describe the efforts of the MDMHCC and may not be directly related to the needs of those in charge of mental care when the next disaster occurs. Therefore, we decided to hand down knowledge that could serve as practical guides as well as innovations and efforts for overcoming difficulties to help local government public health nurses and professionals smoothly provide support for the mental health of disaster victims and their supporters following a disaster.

We decided to proceed according to the following four steps to concretely develop these points.

Step 1: Make a list of what the people being handed down knowledge should know.

Clarify the questions and issues that local government public health nurses and professionals would be expected to consider when implementing support activities.

Step 2: Organize what has been done at the MDMHCC (compile “what has been done at the MDMHCC”).

Organize the experiences of the MDMHCC and clarify results and issues to answer the questions raised in Step 1.

Step 3: Organize what should be conveyed for support following the next disaster based on the experience of the MDMHCC (compile “what to convey for support following the next disaster based on the experience of the MDMHCC”).

Compile a summary to answer the questions raised in Step 1 based on the organization in Step 2.

Step 4: Convey the knowledge obtained from the experience of the MDMHCC.

Hand down knowledge by conveying it through various methods, such as the internet, book publication, and on-the-job training.

Additionally, regarding “how to” hand down, since various methods can be conceived, such as book publication, online utilization, and on-the-job training, we have examined the feasibility of each method.

(4) Summary and future plans

The handover work was started in earnest from FY 2022, but the framework shown here has taken a considerable amount of time to construct. The overseeing manager and management, such as the Vice President and the Community Support Department Director, played a role in building the framework, but the work involved thinking about what “handing down” was beyond a mere summary of practice reports and activity results, and imagining what that would entail. Although the work initially felt like a wild-goose chase, after many discussions, the MDMHCC concluded that “handing down” should take the direction of what people in charge of mental care in disaster-affected areas should do for the mental care of local residents—and how—when a large-scale natural disaster occurs and when the medium- to long-term is reached. Another conclusion was that responding to the questions and difficulties they have would fulfill the social responsibility of the MDMHCC. As such, we decided to utilize what the MDMHCC has worked on, experienced, and seen. The MDMHCC has had three support divisions engaging in a wide range of activities, such as the ideal ways of building relationships and collaborating with municipalities and related institutions, as well as identifying support targets and content, in line with the circumstances of each region. We believe that this can be conveyed as useful knowledge in this “handing down” process.

In the future, Kesenuma, Ishinomaki, and the Stem Center staff will work together in accordance with this framework, but the work from here on out will also be an unknown undertaking. In the remaining time until FY 2025, we aim to engage in efforts toward passing the baton of mental care in disaster-affected areas to the next supporters in the next disaster.