

Initiatives of Each Department

Stem Center Community Support Division

Initiatives of the Stem Center Community Support Division (Activity Report 2014)

Stem Center Community Support Division Manager

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1. Introduction

Four years have passed since the Great East Japan Earthquake, and according to the Miyagi Prefecture Earthquake Reconstruction Plan, this is the rebuilding period. However, many people are still living in the container type temporary housing, and many have voiced their concerns about the future, showing that recovery is not yet complete. In FY2014, "examination of the future monitoring system" was a major theme in any region as disaster public housing was partially completed and people were on emotional roller coasters during this time of largescale moving. For individuals who had been waiting four long years for a new life and were not been able to relocate, the feeling of having felt left behind strengthened, and a trend towards dependence on something and away from independence became prevalent. On the other hand, there is an increasing movement in the government to provide support for independence, causing residents' mental health to become more unstable and chronic. From this situation, we believe it is time that we review our activities. As in the past, many personnel must provide support for mental health care over a wide area. However, not only should we be focusing on shallow direct support over a great area, but our challenge is to now devise a plan with the administration and support organizations regarding how to support individuals after they have moved in. Participation in the meetings in future support systems is increasing in FY2014.

However, the administrative meetings are not always ready to consider intangible measures as policies, and the main focus is on tangible measures. It is difficult to get around to creating such a support system. The tangible measures are indeed an urgent need, and it is clear from the questionnaires and direct interviews that this is requested by the residents. Prolonged stay in the container type temporary housing will lead to anxiety regarding durability (room tilt and mold) of rooms and repeated relocations due to consolidation and the like, and therefore, stress levels are expected to increase. There is still a long way to go before lives and mental states are stable, and it seems that it will take significant time to create a support system.

In some areas, it is still taking time to integrate residents' feelings with recovery measures. Supporters are having difficulty responding to residents who have expressed their anger at the fact that too much emphasis is placed on the community improvement plan, and not enough on actual construction. Medium-to long-term support is being sought to understand the residents' feelings and to take concrete measures together so that they can be implemented. Despite gradually feeling the need for supporters to change their policies (measures with a long-term view), the activities of the Community Support Division at the Stem Center have not changed significantly. We continue to provide steady support to maintain and improve the resilience of the population through trial-and-error without changing any aspects regarding support activities for the mental health of supporters.

The support areas in FY2014 were mainly seven municipalities in the coastal area of Matsushima, Shiogama, Tagajo, Natori, Iwanuma, Watari, and Yamamoto, but we also traveled to five other municipalities (Tome, Kurihara, Osaki, Taiwa, and Tomiya) where residents lived in apartment type temporary housing. Activities other than the requests from municipalities include training and interviews for employees of general companies regarding mental health, as well as training sessions for the Miyagi Council of Social Welfare Miyagi Community Welfare Support Center staff and groups that support

individuals with hearing disabilities. The following is a report on support activities for each region.

2. Regional support activities

(1) Matsushima Town

An industrial town with tourism at its center. The town is surrounded by the sea and mountains, but the tsunami did not cause much damage. There is the apartment type temporary housing and no container type temporary housing. Due to the health and welfare center being on a hill, it suffered little damage, allowing it to return to normal business operations relatively quickly after the earthquake. The population had been aging and declining even before the disaster. The activities of the Community Support Division include public health nurses supporting individuals from a consultation desk at the Health and Longevity Division.

① Regional issues as of April 2014

- Since there is only the apartment type temporary housing and no container type temporary housing in Matsushima Town, disaster victims are likely to be isolated.
- There is a heavy support burden on the Matsushima Town staff as few organizations other than our center support disaster victims.
- Since there are no psychiatric medical institutions in Matsushima Town, the health and welfare services, mental health and welfare consultations, and the foundation of mental health; is weak overall.
- Some of our challenges include the practical use of mental health supporters and creating a follow-up system.
- It is necessary to build a mental support system for the Matsushima Town staff.
- There are no liaison meetings with victims' support-related organizations, and it is difficult to have a common understanding of recovery and community development.
- The difference between the disaster victims' desire for "reconstruction for a better living community" and Matsushima Town's "tourism reconstruction" prioritization has left the disaster victims feeling left behind.

② Support contents in FY2014

One mental health worker and one public health nurse were dispatched once a week (April to October). Two public health nurses were dispatched once a week (from November).

a. Resident support

- As individual support, we visited all apartment type temporary housing residents and individuals who rebuilt their homes in Matsushima Town.
- The residents' degree of fatigue was measured at the health checkups, and individual consultations were conducted when necessary.

b. Support for supporters

- Support data for visit activities of FY2013 and one-on-one mental health consultations regarding FY2014 resident health checkups were compiled and provided to Matsushima Town.
- We participated in mental health care collaboration workshops.

- For mental health support for the Matsushima Town staff, we introduced a mental support system in occupational health and provided information from other municipalities.
 - c. Human resource development and training
 - We dispatched a psychiatrist to train mental health supporters and give a lecture.
- ③ Achievements and remaining issues
- a. Resident support
 - The establishment of one-on-one mental health consultations in the resident health checkups has entered its third year, and an increase in awareness of residents can be seen. This is a good opportunity to raise mental health awareness. Consultation content was related to topics such as high-stress levels, with many individuals in a mentally unhealthy state. People have become aware that mental health cannot be excluded from health promotion, and residents are now using our facilities to seek consultations on their own. Securing a budget is an issue for future business continuity.
 - One of the disaster victims who had continued one-on-one support launched a social cafe as a mental health supporter. One of the issues facing Matsushima is that it is in an environment in which disaster victims are likely to be isolated. This cafe was expected to be one of the resources of Matsushima Town as the support of disaster public housing residents. We would like to provide support to the Matsushima Town Public Health Nurses for the café to continue without difficulties.
 - b. Support for supporters
 - One-on-one support has helped reduce the burden on public health nurses and has allowed disaster victims to share their problems with Matsushima Town.
 - The damage to Matsushima was minimal but creating a community will pose a challenge for the future. It is necessary to work in cooperation with the Matsushima Town, Matsushima Social Welfare Council, and the health centers.
 - An unprecedented network meeting was held. There was a request for our center to participate in the “Mental Health Care Cooperation Workshop.” A wide range of supporters, not only government officials but also school officials and Council of Social Welfare staff, gathered to discuss the need for future mental health in Matsushima Town and the need for cooperation. Cooperation was deepened as consultations with school children took place immediately after the workshop. We would like to consider the content of the workshop with Matsushima Town to continue it in the future.
 - c. Human resource development and training
 - The practical use of trained mental health supporters is a challenge.
 - d. Future support strategy
 - To continue as a project related to the mental health of residents, including those affected by the disaster, we will examine the status of support thus far and try to understand the necessities of residents.
 - Since there are no support organizations such as support centers in Matsushima Town, it was considered necessary to further strengthen the network to support the mental health of residents, including those affected by the disaster. We will continue giving support by creating connections with other organizations.

(2) Shiogama City

The main local industries are fishing and sightseeing (island, Shiogama Shrine). The city is aging and the population is declining. The damage caused by the tsunami was great, but the damage to humans was small because people were able to evacuate to higher ground. The Shiogama City Health Center was affected by the tsunami on the first floor and moved its office to the second floor to resume operations. In April 2014, 344 container type temporary housing residents and 949 apartment type temporary housing residents, were eagerly awaiting the reconstruction of their homes or relocation to a disaster public housing. Our center's support desk was at the Shiogama City Health Center (Health Promotion Division) and responded to the following requests.

- ① Regional issues in FY2014 and the role of the center
 - As individual support for disaster victims, we plan and implement support for high-risk persons after conducting apartment type temporary housing health surveys and organize the data.
 - We participate in the "Review for Future Support Plans" following the relocations to disaster public housing.
 - We provide high-risk persons with visit support to prevent suicide.
 - We train mental health supporters to assist residents.
 - Since the number of difficult cases (especially alcohol problems, developmental disorders, and dementia) that have not often been experienced continues to increase, case studies and study sessions are held by public health nurses and support staff.
- ② Support contents in FY2014
 - One full-time psychiatric social worker was dispatched to the health center to provide mental health consultation services, occasionally providing adult health services and clerical work to support the shortage of staff.
 - Two individuals (a psychiatric social nurse and a public health nurse) were dispatched 1-2 days a week to a health center that is a base for supporting disaster victims in Shiogama City.
 - a. Resident support
 - We individually supported 99 high-risk persons after conducting the apartment type temporary housing health survey.
 - b. Support for supporters
 - Proposals were made as appropriate for assistance methods regarding disaster victim support.
 - Regular (once a month) accompanied visits by psychiatrists, supervision (hereinafter referred to as SV) of public health nurses and support staff, and case studies were conducted.
 - c. Human resource development and training
 - We oversaw the following lectures at the mental health supporter training course.
 - A lecture by a doctor on November 12th "Mental health and preventing suicide ~to protect important lives~"
 - A lecture and practice exercises by a psychiatric social worker on November 19th "Listening to the heart / How to talk well to others"
 - A group work session by psychiatric social workers on November 26th, "What you can now do for yourself"
- ③ Achievements and remaining issues
 - Dispatching full-time staff to the Shiogama City Health Center has reduced the burden on mental health personnel allowing regular psychiatric services to take place even at health centers that have suffered severe damage.

- Human resources were developed through case studies and accompanied visits as administrative staff and disaster victim support staff gained skills in communication and learned the importance of understanding the need for intervention at an early stage.
- We found that compiling the cases and statistics of individual support would be useful for identifying future support target individuals.
- The mental health supporter training course was generally well-received by participants, but the issue remains regarding whether it will lead to the primary purpose of helping the residents.
- In connection with the relocation to disaster public housing, one challenge is strengthening cooperation with organizations such as the Council of Social Welfare to prevent suicide and isolation (such as creating a place where people can feel they belong and a purpose in life). In FY2014, we were able to attend regular network meetings every month, but concrete plans have not yet been established. The Stem Center Community Support Division proposes the necessity of a place for community communication in the form of a social gathering to prevent isolation and hopes to cooperate in holding it.

(3) Tagajo City

A satellite city was adjacent to Sendai City. Although the city was showing a gradual population increase before the earthquake, this trend has not sustained, and its residents are moving away rapidly. The tsunami's effects were widespread, with about one-third of the entire Tagajo City flooded and 6,171 households with their homes at least partially damaged (as of April 2013). There were also many evacuees from other areas, amounting to 2,086 residents (March 31, 2014) living in apartment type temporary housing. Contractors were hired to help with disaster victims' support.

① Regional issues as of April 2014

- According to Tagajo City's survey, more than 500 people in need of assistance have been identified due to damaged homes, but there is a lack of manpower. There is also a need for professional support for the staff and outsourced supporters.
- There is a concern regarding container type temporary housing support staff's level of fatigue and stress.
- The system for the relocation to disaster public housing has not been determined.

② Support contents in FY2014

Three days a week, two people (a public health nurse and a psychiatric social worker / clinical psychologist) as well as a psychiatrist once a month, provided support to the Health Division Adult Health Section and the Social Welfare Division Life Reconstruction Support Area.

a. Resident support

- We visited disaster victims and provided individual support through consultations at the center.

b. Support for supporters

- We provided advice and support such as mental health care to container type temporary housing management staff.
- We provided SV on difficult cases and advice regarding disaster victim health support to the Tagajo City public health nurses and the health support contractors.
- We participated in meetings to discuss support for disaster public housing, introduced advisors, and helped expand the network.

- We collected and organized data based on previous support activities with Tagajo City to make use of it in the future and prepared to analyze the data.

c. Raising awareness

- We held a visiting lecture for residents on the theme of “how to have a healthy relationship with

③ Achievements and remaining issues

- In cooperation with Tagajo City and the contract supporters, we were able to correspond with the residents of the city in need of support. Our challenge will be to analyze the support activity data.

- In support of the contractor's professional staff; accompanied visits, consultations, and regular conferences were held, and support policies were set and shared. We are now able to share our perspectives regarding support, improve each supporter’s skills, and prevent them from holding in anything. Besides, by increasing the number of support days by one, from FY2013, communication with city staff and contracted supporters improved. On the other hand, as for the support system, we were left with issues because cooperation with the health centers and the Tagajo City staff, other than the person in charge, was not significant.

- In providing support to container type temporary housing support staff, regular consultations helped alleviate some of the psychological burdens, but some organizational issues remain that cannot be resolved one-on-one. Besides, although we still have not received any clear requests from the Reconstruction Support Center about who is in charge of the disaster public housing support, we must deepen our connection.

④ Future support policies

- We will continue to provide support measures for high-risk persons. Besides, we will analyze support activity data, examine what residents need during the mid to long-term reconstruction phase, and provide support for local commercialization.
- We will consider measures for chronic lack of manpower.
- We will deepen our connections with the Reconstruction Support Center and nursing staff, and participate in the creation of a system that can continuously support new home relocations.

(4) Natori City

In this city adjacent to the south of Sendai City, the population is slowly increasing. Yuriage Port, Sendai Airport, and extensive rural areas have been damaged by the tsunami. Although there is a recently developed residential area along the mountain, it is far from the center of Natori city. Human and building damages are greatest within the areas covered by the Community Support Division of the Stem Center, and container type temporary housing is built in eight locations. Apartment type temporary housing is not available in Natori City and is scattered throughout Sendai City and Iwanuma City. While relocation of some areas has begun, redevelopment of the Yuriage area is taking a long time.

① Regional issues as of April 2014

- There are too many health center operations and staff shortages.
- It is essential to support the support staff who provide various support to the disaster victims.
- Residents who are difficult to support (such as with alcohol or other problems) are on the rise, and support staff is perplexed.
- It is essential to provide employees with mental health support.

② Support contents in FY2014

In addition to one seconded worker (psychiatric social worker) to the Natori City Health Center, 2-person regular support was provided on a 1-1.5 day per week basis. One person (public health nurse / psychiatric social worker) was dispatched to Natori City Support Center Dot Natori (hereinafter referred to as Dot Natori) and Natori City Council of Social Welfare Natori Reconstruction Support Center Hiyori (hereinafter referred to as Reconstruction Support Center Hiyori) one or two days a week, and the Japan Overseas Cooperative Association (hereinafter referred to as JOCA) who is in charge of community cafés, dispatched workers upon request.

a. Resident support

- We visited disaster victim residents (container type temporary housing, apartment type temporary housing, and home reconstruction).

b. Support for supporters

- We visited apartment type temporary housing residents and home reconstruction residents in the gray zone (currently not at high risk but need to be continuously supervised) with support staff. We also participated in weekly meetings at which we would examine case studies, etc.
- Consultations with support staff were held, as well as workshops on difficult case studies and common themes (dealing with alcohol cases).
- We participated in information exchange meetings and provided advice from the perspective of mental health care through examples. Additionally, we accompanied support staffs' visits and led them to do independent visits to residents.
- One-on-one interviews were conducted with all JOCA support staff.

c. Raising awareness

- In collaboration with the mobile community center project of the damaged Natori City Yuriage Community Center, we provided health education on "depression" and "sleep."

③ Achievements and remaining issues

a. Natori City Health Center

- Cooperation between supporters (between temporary staff and other persons in charge, between medical institutions and administrative staff, between Natori City Health Center staff and supporters) has become smoother through activities such as our center's team meetings.
- Since there are high K6 values and the number of suicides is not decreasing, it is necessary to continue supporting high-risk persons.

b. Dot Natori

- Our relationship with the support staff was well maintained, and we were able to support the support staff in dealing with job-related anxiety and dissatisfaction.

- The number of departures from container type temporary housing and of gray zone cases is expected to increase, so support is needed for support staff to easily respond to changes in support content. It is also desirable to strengthen cooperation with the Natori City Health Center, which supports high-risk people.

c. Reconstruction Support Center Hiyori

- Cooperation between supporters became smooth due to an information exchange meeting, etc. at each container type temporary housing.
- Since the number of departures from container type temporary housing will increase, it is expected that the problems of remaining residents in need of support will deepen.

d. JOCA

- With the increase in the number of residents leaving container type temporary housing, it is expected that the role of supporting the independence and health of the residents will increase, therefore, requiring a more diverse support system.

e. Community center

- In cooperation with the lifelong learning program of the community center, we were able to raise mental health awareness and extend it to other community centers.

④ Future support policies

- The support provided by the above five locations will be continued as before.
- We will also focus on measures to prevent suicide at the Natori City Health Center (raise awareness, etc. if necessary), and support high-risk persons who are not living in container type temporary housing (including those who have moved to disaster public housing).
- Regarding the support of the five organizations above, it is expected that the contents of each support will change as the number of residents leaving container type temporary housing increases. We will strengthen the support towards supporters so that the support can be tailored to a variety of situations.
- To increase cooperation between support organizations, especially at the Natori City Health Center, support will be provided with a focus on information exchange and cooperation.

(5) Iwanuma City

An area in which there are a hustle and bustle where transportation is headed towards Sendai City but also has extensive countryside. Although it is along the sea, there is no fishing port. The tsunami reached the land leading up to the eastern road (mostly fields) and six scattered villages were damaged. The prefecture decided to relocate collectively as soon as possible, and the six villages were able to relocate to temporary housing while retaining the group. Due to convenience in transportation, many evacuees came from other municipalities and Fukushima Prefecture. FY2014 was the year when mass relocations began. In FY2015, we are embarking on a regional revival with the birth of a new Tamauranishi district.

① Regional issues as of April 2014

- Mental health problems (including severe cases) in remote regions have become apparent. The challenge is to strengthen the support abilities of the staff in charge of residents' mental health aspects.

- Many victims have lost their fields and can no longer find a purpose in life. Some people have suffered regrets because they rushed to rebuild their homes, and the support of others is still needed to help them stabilize their emotions. The challenge is to provide the whole town with the purpose of life.
- Contrary to the government's policy (all residents should be relocated from the danger zone), we are unable to provide the people living in the danger zones with support or an understanding of the situation.
- Our challenge is how to keep the activities by support members in the lives of ordinary residents. We are exploring how to maintain the sense of security in residents that have been created through relationships with the support staff, and how to keep the skills acquired by the support staff in the ordinary course of business.

② Support contents in FY2014

We dispatched a staff member (nurse) to the Social Welfare Division as a clinical psychologist once a month. Once a week, a psychiatric social worker and a public health nurse were dispatched to the disaster victims' reconstruction support area according to the type of support content.

a. Resident support

- In cases where mental issues were observed in subjects of the health survey conducted by the prefecture, within the group of individuals with mental health notebooks, individual support (through visits, telephone consultations, and consultations at the center) was provided to those deemed in need of it.
- Supported a smooth transition to community mental health activities during peacetime. For example, through the problems that emerged after the earthquake, we provided necessary and effective ideas for activities to improve the ability to deal with mental health issues daily, provided expert advice on solving difficult cases, and provided training to supporters to improve skills and maintain motivation. Specific examples include holding a mental health study meeting once a month, training on transferring knowledge obtained through our center training, and conducting case studies as needed.
- The needs of residents were grasped through participation in related conferences and case conferences. Besides, we participated in the meetings and events of NPOs and volunteers who operate a playground for children and a café for evacuees from Fukushima and cooperated in identifying and operating based on their needs (the children's playground is operated by the "NPO Adventure Playground Sendai Miyagi Network").

③ Achievements and remaining issues

- As a result, by working together on unspoken mental health issues and difficult cases that have surfaced, the burden on Iwanuma City staff has been reduced, and we have received positive evaluations saying that the staff has gained skills.
Specifically, evaluations say that this led to the public health nurses' maintenance of motivation for support activities, increased understanding of information organization for case interventions, the staff's reduced anxiety towards visits, and the provision of information to public health nurses on the progress.
- A future task of ours is to cooperate with staff members involved in community development. For example, cooperation between public health nurses. Public health nurses in Iwanuma City all work together to share information. It appears that the understanding of the importance of collaboration has deepened through cases that emerged from the earthquake. However, there are few opportunities to be considered as general problems, and external support is needed so that discussions such as "Thinking about Future Support" that was started after the earthquake, can be continued.

- ④ Future support policies
- In Iwanuma City, each staff member of the vertically segmented organization meets together to formulate a support policy. The staff of our center will continue to work to support the residents by systematizing it.
 - We participate in discussions of cross-sectional strategies and sometimes act as facilitators.
 - We regularly create cross-sectional connections and provide strategies for common needs. (Training, events, etc.)

(6) Watari Town

A rural area on the southern coast of Sendai Bay. The main industry was agriculture, specializing in the cultivation of strawberries and apples and making use of the warm climate, as well as inshore fishing at Arahama Port. After the earthquake, solar panels will be installed. The damage caused by the tsunami was large, and the number of destroyed houses is the highest in the Stem Center. The Watari Town Government Building was also damaged, and operations are continued at the container type Government Building.

① Regional issues as of April 2014

Our challenge is how to share the current situation and issues of mental health and welfare in Watari Town, which were discovered through the support of disaster victims, throughout Watari Town and keep it as a lasting policy.

② Support contents in FY2014

Three staff members (public health nurses, psychiatric social workers, and clinical psychologists) were regularly dispatched to Watari Town Support Center three days a week.

a. Resident support

- We provided visits and telephone support to those deemed in need of assistance, which were obtained from health surveys of residents in apartment type temporary housing and individuals rebuilding their homes in Watari Town.

b. Support for supporters

- We coordinated disaster victim support activities as a whole as well as did clerical work [support center activity diary, health guidance implementation report (daily report), case meeting report creation, monthly schedule creation, an updated list of individuals needing a follow-up, list of departures from container type temporary housing, inputting the list of people who have stopped receiving support, clerical work related to conducting prefecture health surveys].
- We provided accompanied visits and professional advice to supporters with difficult cases.
- As one of the support activities after the disaster public housing and mass relocation, we attended meetings aimed at discussing the supervising system and made proposals on mental health care.
- To connect with other organizations and share information, we participated in the support center liaison meeting, the information exchange meeting regarding container type temporary housing residents and apartment type temporary housing residents, as well as case study meetings at the request of the staff.

c. Human resource development and training

- Training sessions were held for district welfare officers (on the theme of mental health and listening attentively to victims).

③ Achievements and remaining issues

- Being in charge of the disaster victim support activities as a whole as well as clerical work reduced the burden on public health nurses, therefore allowing normal operations of health and welfare tasks.
- The cooperation difficulties between the staff in charge of the health and welfare projects in Watari and the staff in charge of the disaster victim support projects has been an issue from the outset, but cooperation has gradually deepened with the holding of case conferences.
- The advice regarding difficult cases as well as the accompanied visits provided psychological support to town officials and support staff, and reduced vague anxiety that had never been experienced before.
- The workshop for the district welfare officers promoted the understanding of disaster victims and led to the subsequent training session on learning how to listen to them attentively.
- We are now able to exchange and share information with multiple support organizations. Our future task will be to implement more effective support methods with the cooperation of our center and support-related organizations.
- Although we are considering smooth information exchange and communication methods by related parties, in some cases, it is perplexing to consider initial interventions. So, the entire division responsible for Watari Town must have a system in which they can discuss disaster victims' support to examine victim support and mental health services. As logistical supporters, we want to consider what else can be done.

④ Future support policies

- The future Watari Town support method will be frequently discussed with Watari Town and the public health centers.
- Regarding coordination and clerical work, the bearer of the work will be determined after consideration of the burden on the Watari Town staff. (The Watari Town staff are set to oversee this work based on the end of year meeting.)
- Consideration of effective approach methods and care of high-risk persons should be discussed and practiced with health centers based on the support data.
- Case review meetings will be held in the same way as in FY2013, and information will be shared with related parties.
- We will help establish a follow-up system for disaster public housing, post-mass relocation, and health surveys.
- Since there is a fear of mental health deterioration in support center staff and requests to hold workshops on mental health and stress have been received, we will conduct the necessary workshops based on discussions with the town and related parties in FY2015.

(7) Yamamoto Town

Yamamoto Town, the southernmost point along the coast of Miyagi Prefecture, is a town with the main industry of fruit growing and paddy fields utilizing the temperate climate by the sea. In recent years starting before the disaster, the population has declined at a striking pace in the super-aging area (aging rate: 34.2% as of March 31, 2014). The tsunami was devastating and the government buildings and major facilities in Yamamoto Town have washed away, still operating in container type temporary government buildings. Approximately half of the residents were forced to evacuate and they spoke of seeing many bodies washed away by the tsunami. The government has received the same number of supporters completing their duties as the entirety of the Yamamoto Town staff members. The disaster victim support staff is also composed of supporters from the reconstruction corps.

① Regional issues as of April 2014

- There is a significant burden on public health nurses and other staff involved in supporting disaster victims. Additionally, there is a chronic shortage of human resources.
- Due to the declining population and the impact of the accident at the Fukushima Daiichi Nuclear Power Station, it is expected that the outflow of the young population will continue to increase, contributing to a further decline in population.

② Support contents in FY2014

Of the three staff members (one public health nurse, two psychiatric social workers), two were dispatched to the Yamamoto Town Support Center once or twice a week and participated in accompanied visits and case conferences. Doctors and psychiatric social workers were dispatched to the Yamamoto town Council of Social Welfare once or twice a month.

a. Resident support

- Provided visit support for individuals deemed to need a follow-up based on their health surveys, living in container type temporary housing residents, disaster public housing residents, or home rebuilders, as well as the Sendai City apartment type temporary housing residents.
- A retired public health nurse who was in charge of mental health in Yamamoto Town supported cases of mental illness and anxiety.
- We held one-on-one consultations with individuals who sought health consultations at the center.
- Health surveys and follow-ups of high-risk persons of the Council of Social Welfare staff were conducted.

b. Support for supporters

- We participated in the Support Center Visit Division case conferences (once a month), the individual case information-sharing meetings (once a month), the alcohol use disorder case conferences, and the housing recovery planning meetings of the Yamamoto Town post-earthquake.
- We consulted with supporters of related organizations (Yamamoto Town Comprehensive Support Center, Support Center, Council of Social Welfare, etc.) and provided accompanied visits in some cases.
- The container type temporary housing health consultations also serve to prevent inactive diseases, but to increase the variation of support and provide consultations regarding the body, we dispatched an occupational therapist who was a supporter's club member.

c. Human resource development and training

- At a workshop for mental health volunteers held by the Yamamoto Town Council of Social Welfare called "Earth Village Workshop," a lecture was held on the theme of "Mental health care course to make your father happy."

d. Raising awareness

- We held a mental health workshop for the staff of the Council of Social Welfare.

③ Achievements and remaining issues

- Through one-on-one visits and cooperation with health consultations, we provided individual support to residents who had concerns about their health and PTSD symptoms after the earthquake.
- Public health nurses in Yamamoto Town could not manage the various resident health problems (increased mental stress and alcohol use disorders after the earthquake) revealed by the health survey conducted in Yamamoto Town but are gradually working together with us to create a support plan. We have reduced the burden on the public health nurses in Yamamoto Town by helping with consultations.
- It was confirmed at meetings and conferences that there were many victims in need of assistance, but due to being unable to identify specific targets, the number of specific cases requested was not increasing.
- Since the disaster, there are fewer local connections and many residents feel isolated. In particular support for men and the elderly who tend to be confined, is an issue.
- Despite sharing the need for discussion, building a support system after relocation has been slow.

④ Future support policies

- The construction of public housing for disasters has been delayed, and the need for assistance to the victims has continued. Hence, the Reconstruction Agency will continue to dispatch full-time staff even in 2015. We will also continue to support the staff.
- We will consult with town officials regarding how to resolve various mental health issues based on the health survey conducted in Yamamoto Town.
- We want to understand the situation and issues arising in town caused by the new community formation and cooperate so that community development advances.
- We will support staff members from a professional perspective in situations such as health consultations. (Health counseling in Yamamoto Town has been decided to continue in FY2015. We will continue to support by dispatching supporters' club members)
- We will work to support disaster victims while continuing regular health promotion projects.
- We will provide support while keeping in mind the maintenance and improvement of supporters' mental health. Specifically, we will continue to interview and train the staff of the Council of Social Welfare in cooperation with the Tohoku University Graduate School of Medicine Department of Preventive Psychiatry.

(8) Taiwa Town

A rural area is located in the northern part of Sendai City. The convenience of expressways is attracting factories and large warehouses, increasing the population. Although the damage caused by the earthquake was small and about 100 households evacuated to their relatives immediately after the disaster, support has not managed to get to Taiwa Town.

- ① Regional issues as of April 2014
 - Although few houses are destroyed in the inland areas, most of the victims are evacuees from other municipalities in the prefecture or Fukushima Prefecture. There are no support groups for the disaster victims in the town, so they require continuous visits to prevent the fear of abandonment.
 - As for Taiwa Town, the Council of Social Welfare holds a disaster victim social gathering once a month. We expect this program to continue because they are helping support the disaster victims.
- ② Support contents in FY2014
 - a. Resident support
 - From FY2013, regular supervising visits were made to 14 individuals in need of support.
 - We conducted investigations into actual conditions in FY2013 of 12 cases in which health surveys reported a high risk and cases in which the town needed to find out more about the individual through visits and telephone calls. We then reported the findings to the person in charge of Taiwa Town.
 - b. Support for supporters
 - We visited isolated victims and introduced them to the socializing café. Besides, we listened to the current situation of the socializing café and tried to create connections with the support staff.
- ③ Achievements and remaining issues
 - Partially taking charge of investigating the actual situation of the disaster and supporting the supervision helped reduce the burden on public health nurses.
 - In many cases, individuals in need of continuous support seemed powerless and were isolated. Continued regular supervision and support for reconstruction are needed.
- ④ Future support policies
 - We will continue to provide visits and telephone calls to individuals in need of continuous support at the request of Taiwa Town. In terms of support policies, we will work while discussing with the town frequently.
 - In cooperation with the Taiwa Town Council of Social Welfare, the district welfare officers, and the people responsible for the area where reconstruction is desired, support will be provided to those who cannot foresee their home plans as well as post-relocation work.
 - We will regularly inform Taiwa Town and the Taiwa Town Council of Social Welfare about workshops and social gatherings which will help raise the level of mental health and welfare in the community.

(9) Tomiya Town

A satellite town adjacent to the northern part of Sendai City, with a rapidly increasing population. A town where many young individuals live. About 100 households living in apartment type temporary housing are evacuees from other municipalities. Public health nurses in the town were concerned, but since this was occurring during preparations for the transition of the municipal system in FY2016, it was difficult for them to get around to this.

- ① Regional issues as of April 2014
 - Tomiya Town officials feel a sense of danger that since Tomiya Town itself has few victims, the presence of disaster victims may be left behind. The town does not have a support system for disaster victims.
- ② Support contents in FY2014
 - a. Resident support
 - We supervised two individuals in need of continuous support from FY2013.
 - We visited or called 22 individuals deemed in need of support by the town, including high-risk individuals based on the 2013 health survey, and reported the results and shared information with public health nurses.
- ③ Achievements and remaining issues
 - The visit and telephone support clarified the current state of the disaster victims, their requests for Tomiya Town, and the prospect of reconstruction.
 - Some of the disaster victims who had weak connections and economic foundations were worried about their future, and we found that they were still unfamiliar with the local community even after reconstruction, leaving them feeling lonely.
 - The disaster victim social café sponsored by the Tomiya Town Council of Social Welfare is the one place they can rely on and feel comfortable, but it is uncertain whether it will continue to be held in its current form after FY2015.
 - Prospects for supporting victims in FY2015 are uncertain.
- ④ Future support policies
 - We will continue to provide support by conducting surveys and supervision through visits and telephone calls to individuals in need of continuous support at the request of Tomiya Town.
 - We will connect disaster victims to resources inside and outside of Tomiya Town (such as neighborhood association activities, festivals, hobby meetings, etc.) so that they do not feel isolated.
 - We will collaborate with the Tomiya Town Council of Social Welfare with the district welfare officers to strengthen the disaster victims' support system.
 - Tomiya Town and the Tomiya Town Council of Social Welfare will be informed of workshops and social gatherings to help raise the level of mental health and welfare in the community.
 - We will evaluate disaster victim support from FY2014 and examine what can be done to support them in FY2015.

(10) Kurihara City / Osaki City

We responded to requests of long-term depression cases in evacuees from coastal areas. Individuals receiving continuous support from FY2013. Kurihara City also provides consultations to public health nurses in charge.

(11) Tome City

A psychiatrist regularly assisted public health nurses and psychologists in Tome City once a month as an SV.

(12) Working Range

① Regional issues as of April 2014

We have few opportunities to meet residents who are working and therefore are unable to provide support. Workplace support and awareness are needed.

② Support contents in FY2014

- We dispatched one public health nurse to an office staff training lecture titled “About mental health.”
- We dispatched one doctor, two clinical psychologists, four psychiatric social workers, and two public health nurses*¹ to interviews and group work with office employees titled “Post-vention after the incident.”
- We dispatched one doctor and one psychiatric social worker to the Council of Social Welfare staff training titled “Supporters’ mental health” in 2 cities and 2 towns of Natori and Iwanuma districts (Natori, Iwanuma, Watari, Yamamoto)
- We dispatched one nurse and one public health nurse to the Miyagi Council of Social Welfare, Miyagi Community Welfare Support Center staff training titled “Understanding and interacting with characteristics of psychological, intellectual, and dementia” and “Self Care.”
- We dispatched one public health nurse to the local government temporary staff training “Self Care” twice.

At the business establishment from *1, multiple staff members were involved in creating the program. The outline is described below.

A fatal accident occurred at a private company A in the prefecture. The company was concerned about the psychological impact on staff members. At the request of the company, the center conducted postvention for the staff. We provided multiple group work sessions and one-on-one support only for those who seemed to have been greatly affected physically and mentally. For other staff members, a one-to-one interview was conducted once to understand the situation, and measures such as referrals to specialized institutions and individual consultations were taken accordingly.

As a result of the intervention, the groupwork showed that some employees seemed skeptical about psychological intervention at the beginning, but as they proceeded with discussions based on the theme, they began to share their thoughts. Sharing information and discussing their thoughts and feelings associated with losing a colleague may have helped to sort out and reduce feelings of anxiety and shock. Checklists from before and after the intervention also showed such changes. For one-on-one support, we provided an understanding of risks and gave advice accordingly, and introduced several consulting organizations, including our center, in the event of any issues. No individuals requested to continue consultations.

③ Achievements and remaining issues

- In general, few opportunities are available at offices to learn about mental health, and many responded to the questionnaire saying that it was “interesting” and “I understood how to deal with mental issues.” Since these were one-on-one lectures to raise awareness, it was difficult to evaluate whether the information was helpful after the session.

- The workplace stress check system will start in FY2015, but we still expect to receive requests from individuals in need of continuous support.
- Care for staff, especially those dispatched to municipalities, are affected by the managers' understanding of mental health. We think that it is desirable to hold management class training sessions regularly.

④ Future support policies

- Sessions to support employees at their workplace were held outside work hours. Therefore, it is also necessary to improve the working system of the center such as a flextime system.
- Considering the future of community development, we must raise mental health awareness among younger individuals who have high productivity. We will actively commercialize this idea without waiting for requests.

3. Conclusion

With the reconstruction of the region, support has also been moving towards mid to long-term support. During this time, after residents have moved into disaster public housing, we feel as though it is important to stay by their side as their emotions change. Our challenge will be to provide uninterrupted and continuous support to residents who remain in container type temporary housing, who have relocated to disaster public housing, and residents who have rebuilt their homes, while respecting every individual. Support is expected to peak both quantitatively and qualitatively in FY2015.

We can listen to the voices of residents by providing outreach support. At the same time, we think it is important to connect with the local network properly and work together. Our goal of FY2015 is to provide previous evaluations by residents regarding support activities to other support organizations.