

Initiatives of Each Department

Kesennuma Regional Center Community Support Division

Kesennuma Regional Center Initiatives

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The main initiatives of FY2014 are described for each business. Since the number of activities in each business is described in Chapter 1 Part 3 of the FY2014 Activities by Business Item, we will keep it to a minimum here and focus on the business content.

1. Support for residents

(1) Kesennuma City

In FY2014, like FY2013, in addition to the outreach program implemented by Miyagi Prefecture and Kesennuma City after the conduction of the health surveys for the disaster victims, a support project for alcohol drinkers was conducted as part of the care prevention services. This project was implemented in cooperation with the Area Comprehensive Support Center, the Health Promotion Division, and the Medical corporation Tohokukai hospital. The Kesennuma Regional Center conducted visits to residents who were considered at high risk for mental health issues. (Table 1).

The City Health Promotion Division began routine support weekly in July, and one psychiatric social worker was sent to the company from September. From August, the Karakuwa General Branch also started routine support weekly. These systems have made it possible to provide support not only to the disaster victims but also to the residents.

As a feature of the Kesennuma Regional Center, in addition to receiving requests and consultations from related organizations and various groups for residents' support at places such as district meetings, in 2014, the number of requests and consultations increased. These were from teachers at the Kesennuma Support School and junior high schools alongside accompanying requests from officials of local elderly welfare facilities.

Table 1 Support for Health Survey Visits

Support Content	Primary Support Organizations and Primary Support Target Individuals	Kesennuma Regional Center Number of Visits and Support Cases
Visit support based on the FY2013 temporary housing (container type temporary housing) resident health surveys	January-May 2014 Primarily cases with high K6 scores	18
Visit support based on the FY2013 apartment type temporary housing resident health surveys	May-June 2014 Primarily cases with high K6 scores and those that fall under “Drink alcohol from the mornings”	14
Visit support based on the FY2014 temporary housing (container type temporary housing) resident health surveys	From February 2015 Primarily cases with high K6 scores	20
Individual support for health surveys using the CAGE alcohol questionnaire	August-December 2014 Cases in which 4 criteria + multiple items were entered out of the 4 criteria	139

(2) Minamisanriku Town

Miyagi Prefecture and Minamisanriku Town visited disaster victims regarding their health surveys (Table 2). Additionally, in May 2014, weekly support from a health promoter was started with one psychiatric social worker joining from November onwards. This made it possible to provide support to not only the disaster victims but also to the residents.

In addition to this, from FY2014, the Disaster Victims Support Center’s support staff who supervised the container type temporary housing residents began to offer support regularly. Through regular support, support staff received requests to counsel residents and accompany them throughout the year.

Table 2 Support for Post-Health Survey Visits

Support Content	Primary Support Duration	Kesennuma Regional Center Number of Visits and Support Cases
Visit support based on the FY2013 health surveys (container type temporary housing)	May-July 2014	18
Visit support based on the FY2013 health surveys (at home)	June-August 2014	33
Visit support based on the FY2014 temporary housing (container type temporary housing) resident health surveys	From February 2015	27

(3) Considerations

As the reconstruction work in the region is prolonged, the effects of the Great East Japan Earthquake are likely to have affected all the residents, and not only those who were directly affected. This is evident from the fact that in addition to the earthquake-related organizations, the consultation requesters expanded to consulting institutions, educational institutions, welfare institutions, etc. As this trend is expected to continue in the future, we want to emphasize addressing the issues of individualizing and diversifying residents while building broad collaborations with various related organizations, including municipalities, and implementing and developing each business.

2. Support for supporters

(1) Kesenuma City

① Assignment of professional staff to municipalities (regular support and temporary staff)

Professional staff members were assigned, and efforts were made to reduce the burden on local public health nurses by assisting them and supporting disaster victims (Table 3).

Table 3 Assignment of Professional Staff

Assignment Location	Assignment Duration and Profession
Health Promotion Division	July-August 2014 Regular support once a week (1 psychiatric social worker)
	September 2014-March 2015 Dispatched Mondays-Fridays (1 psychiatric social worker)
Karakuwa General Branch Health and Welfare Division	August 2014-March 2015 Regular support once a week (1 public health nurse)

② Caregiver consultations in infant health checkups

Professional staff members were assigned to do infant health checkups, and a system for caregivers to receive consultations was provided. Besides, caregivers were allowed to participate in a conference after the diagnosis and exchange of information with the health staff, as necessary.

③ Support for the mental health of the city staff

Based on the request of the City General Affairs Division, we discussed with the Tohoku University Graduate School of Medicine Department of Preventive Psychiatry (hereinafter referred to as endowed course), the Miyagi University Faculty of Nursing, and the Kesenuma Public Health Center about the health of the staff, to provide adequate support to them. In the same way as in FY2013, in FY2014, we collaborated with endowed courses to conduct health surveys and one-on-one interviews for the city staff (including temporary staff), as well as group work sessions for the administrative staff based on their health survey results.

Also, a health counseling room for the city staff (including temporary staff) was established in cooperation with the endowed courses, as continued from FY2013. Counseling rooms were set up in the central and branch offices, and the Kesennuma Regional Center was in charge of the central office. From April 2014, the health counseling rooms were set up from 10 AM to 4 PM on the third Wednesday of every month.

④ Support for related support organizations and various support organizations

We cooperated on projects by related support organizations, providing support for other supporters (Table 4).

Table 4 Support for Related Support Organizations and Various Other Support Organizations

Support Target	Support Content	Number of Sessions
KRA (Kesennuma Reconstruction Welfare Association) Welfare Department Staff	KRA (Kesennuma Reconstruction Association) Welfare Department Staff attended the tea parties held at each container type temporary housing (targeted to residents living in container type temporary housing) and supported the smooth operation of the tea parties by the staff.	Participated 8 times

(2) Minamisanriku Town

① Assignment of professional staff to municipalities (regular support and secondment)

Professional staffs were assigned, and efforts were made to reduce the work burden on local government public health nurses by providing support for victims and assisting public health nurses (Table 5).

Table 5 Assignment of Professional Staff

Assignment Location	Assignment Duration and Profession
Health and Welfare Division Health Promotion Section	May-October 2014 Regular support once a week (1 psychiatric social worker)
	November 2014-March 2015 Dispatched Mondays-Fridays (1 psychiatric social worker)

② Support for the mental health of the town staff

Based on the request of the Town General Affairs Division, we discussed with the endowed course, the Kesennuma Public Health Center, and the Miyagi Mental Health and Welfare Center about the health of the town staff and provided support. The Kesennuma Regional Center opened a consultation room for the town staff on the fourth Tuesday of every month from 12 PM to 6 PM.

③ Support for the Disaster Victims Life Support Center

As in FY2013, the “Chiefs’ Meeting” was held regularly as a place for the chiefs of the life support staff to discuss matters.

In fiscal 2014, we visited each satellite office regularly and started by creating relationships where each support staff member could meet each other face-to-face. During each satellite office visit, we checked the status of residents who needed assistance and provided advice on how to interact with them. Additionally, group meetings were held regularly at each satellite office to reduce the mental burden of the support staff. At the group meetings, we tried to make this a time for self-care among the support staff, allowing them to freely discuss their daily lives and daily support tasks.

(3) Considerations

Regarding supporters, especially during the allocation of specialized staff to local governments, we provided regular support to the Kesenuma City Health Promotion Division and subsequently assigned staff members to be seconded. Furthermore, regular support was provided and staff members were assigned to be seconded for the Minamisanriku Town Health and Welfare Division Health Promotion Section, which could not be worked on until FY2013. Regular support was also started for the Health and Welfare Division of the Karakuwa General Branch in Kesenuma City, for support to the municipality departments to be promoted more effectively. Both Kesenuma City and Minamisanriku Town continue to have a shortage of staff and are overworked. It is presumed that these situations were no exception in the Health and Welfare Division. Support for health and welfare departments should be addressed by the entire regional center, including temporary staff. It is one of the most important projects that form the basis of the Mental Health Care Center. This project will be expanded after FY 2015 as well, and we will respond to the support requests from the Health and Welfare Divisions with sincerity and hope to contribute to the health and welfare fields of each municipality.

3. Raising Public Awareness

(1) Kesenuma City

① Publication in Sanriku Shimpo “Sanriku Kokoro Communications”

In collaboration with the Kesenuma Public Health Center, a column called “Sanriku Kokoro Communications” was published once a month from July in the newspaper “Sanriku Shimpo,” which is subscribed to mainly to Kesenuma City. Through the newspaper, we were able to provide the general public with accurate information on mental health and advertise the consultation desk (Table 6).

**Table 6 Contents of Publications in the “Sanriku Shimpo
“Sanriku Kokoro Communications”**

Number of Publications	Month	Primary Publication Content	Allotment
1	July	Fourth-year since the earthquake	Kesenuma Public Health Center
2	August	Alcohol and drinking habits – part 1	Kesenuma Regional Center
3	September	Alcohol and drinking habits – part 2	Kesenuma Regional Center
4	October	Sleep / Break – part 1	Kesenuma Regional Center
5	November	Sleep / Break – part 2	Kesenuma Regional Center
6	December	Mental care associated with changes in the living environment	Kesenuma Regional Center
7	January	Mental care for the elderly with dementia	Kesenuma Public Health Center
8	February	Self-care to relieve anxiety and tension – part 1	Kesenuma Public Health Center
9	March	Self-care to relieve anxiety and tension – part 2	Kesenuma Public Health Center

② “Heart Café (Koko Café),” co-sponsored with the City Raising Public Awareness Project

The “Heart Café” is a project in which Kesenuma City aims to provide opportunities for disaster victims, such as residents living in apartment type temporary housing, to interact with each other and to go out to prevent isolation, and to provide self-care methods related to mental health. The project was created in 2014, with the cooperation of the Mitsumine Hospital, and co-sponsored by the Kesenuma City Social Welfare Association Volunteer Center and the Kesenuma Regional Center.

③ Cooperation towards the city’s “Health Festival”

The Health Festival is based on the “2nd Kesenuma Health Plan 21” and the “2nd Dietary Education Promotion Plan” to prevent the deterioration of physical conditions due to lifestyle-related diseases and stress, the decline of physical functions, etc. This project is implemented by Kesenuma City to maintain and improve the health of citizens. On the day of the event, the “Heart Café” provided tea and coffee to visiting citizens, and distributed educational products on mental health.

④ Other

Mental health support activities were provided to residents (Table 7).

Table 7 Other Support Activities

Support Targets	Support Content	Number of Sessions
Kesennuma City Retired Employees Association	Instructors were dispatched at the request of the Kesennuma City Retired Employees Association. Lectures and practical skills on the "understanding and prevention of dementia" were offered to gain proper knowledge regarding dementia and to create opportunities to deepen their understanding. Three lecturers were invited from JFK (Japan Fukushima Kesennuma – “Kesennuma Young People's Association to consider Japan's Welfare”).	1
Shishiori District Residents	A lecturer was dispatched at the request of the Kesennuma Health Promotion Staff Shishiori District Council. The lecture content was “Regarding Depression Prevention”	1
Residents	A lecturer was dispatched to the FY2014 Motoyoshi District Dementia Round-Table Conference at the request of the Southern Community Comprehensive Support Center. The lecture was about reducing elderly care stress, and a practical skill regarding tapping touch therapy.	1
Goemongahara Temporary Residents	At the Goemongahara Baseball Stadium Temporary Assembly Hall, we helped to open a mental health consultation desk with the Kesennuma District Support Center.	7
Residents	We participated in the Alcoholics Anonymous meeting held in the Motoyoshi district and cooperated with the sponsors, the Miyagi Prefecture Danshukai.	Participated 11 times / Held a total of 12 times
Shishiori District Temporary Housing Residents	Under the leadership of Miyagi University, a health class was held by the Hyogo Prefectural University, the Kesennuma City Health Promotion Division, and the Kesennuma District Support Center to promote the continuation of Shishiori district temporary housing residents' healthy lifestyles. The Kesennuma Regional Center oversaw the mental health consultations in the health classrooms.	5
Residents	We participated in the 2014 Kesennuma health promotion campaign sponsored by the Kesennuma Health and Welfare Office. During Suicide Prevention Month, pocket tissues with information on “mental health checks” and “consulting agencies” were distributed at four shopping malls in Kesennuma.	Total of 4 times

(2) Minamisanriku Town

① Training for the fire brigade members

In cooperation with the Prefectural Fire Department and the Town Hazard Management Department, training was conducted on post-disaster mental health for members of the town's fire brigade. Lectures were given on the psychological progress of residents affected not only by earthquakes but also by other various disasters such as typhoons and fires, as well as the mental health of the supporters.

② Training for children's mental health care

As a request from the nonprofit organization, Workers Corporation Minamisanriku Office, a lecture titled "mental health care that families can do", was given. The lecture was primarily about the changes in children after an earthquake, their understanding of the background, and how to interact and support them, along with specific examples.

(3) Considerations

In FY2014, in addition to the high-risk approach to residents with low mental health after the Great East Japan Earthquake, a characteristic of this year was the demand for the development of a population approach to raising the mental health of all residents. The Kesenuma Regional Center has also tried to respond flexibly through various approaches to provide support in response to such situations.

In the future, support will be required not only for mental health after the Great East Japan Earthquake but also for local mental health and welfare issues in Kesenuma city and Minamisanriku town. Therefore, through coordination with related mental health and welfare organizations, as well as with other related organizations and organizations operating in other fields and multidisciplinary areas, we hope to develop activities to raise public awareness about mental health to citizens.

4. Human resource development and training

(1) Kesenuma City

The following activities were implemented for supporters implementing various support activities (Table 8).

Table 8 Primary Human Resource Development and Training Content

Target Person	Content	Number of Sessions
Kesenuma City Health Promotion Members	A lecturer was dispatched to the Kesenuma City Health Promotion Staff Federation, which was held as a part of the Kesenuma City Health Support Project, to provide the health promotion staff an opportunity to learn about self-care (tapping touch) methods. The Miyagi Disaster Mental Health Care Center Supporters Club members were dispatched as lecturers,	1

Supporters who were primarily engaged in visiting temporary housing in the Motoyoshi area (support centers, temporary housing support members, government officials, area comprehensive support centers, private organizations, social welfare councils)	We dispatched a lecturer to a workshop organized by the Health and Welfare Division of the Motoyoshi General Branch. The contents of the training included lectures on ideas for better support and experiential learning on self-understanding and understanding of others.	1
Motoyoshi Area Comprehensive Support Center staff, District Care Managers	A workshop (including lectures and role-play) was held at the request of the Motoyoshi Area Comprehensive Support Center. As for the content, individuals learned how to respond to negative and emotional responses by care recipients.	1
KRA (Kesenuma Reconstruction Association) Welfare Department Staff	Training sessions were conducted to maintain the health of supporters who were assisting disaster victims, including practical skills in self-care and lectures to improve their skills (3 lectures, 4 practical skills sessions, 2 group discussions, one interview, one personality test).	11

(2) Minamisanriku Town

- Holding of the “Earthquake Mental Health Care Networking Event in Minamisanriku Town”

The purpose was to create a network between supporters working in Kesenuma and Minamisanriku. In FY2014, the venue was Minamisanriku Town Hotel Kanyo.

(3) Considerations

Some of the characteristics of FY2014 were the increasing demand for the acquisition of skills required for interpersonal support situations as well as training for methods to relieve accumulated fatigue. These characteristics reflect the needs of supporters caused by long-term disaster relief activities. Based on the current regional reconstruction situation, it is expected that the support activities of each organization and each group will continue in the future. Therefore, the Kesenuma Regional Center would like to proceed with the preparations so that we can respond to those requests in FY2015.

5. Other

As support for various activities, we helped with the “Sharing and Understanding Meeting,” hosted by the Nonprofit Organization, Sendai Grief Care Study Group, which was held for bereaved families.