

# Initiatives of Each Department

Ishinomaki Regional Center Community Support Division

## Regarding the activity status of the FY2014 Ishinomaki Regional Center

Ishinomaki Regional Center Community Support Division  
Psychiatric Social Worker - **Hiromi Arai**

### 1. Introduction

Four years have passed since the Great East Japan Earthquake and the path towards recovery is underway as infrastructure development in disaster-stricken areas in the Ishinomaki area has gradually advanced. Along with this, reconstruction aid groups have progressively begun to withdraw from the affected areas. In the affected areas, municipalities have begun to work on rebuilding new communities, including individuals who have rebuilt their homes independently or relocated to public housing. On the other hand, while some individuals are still coping with pain from the earthquake, others see no prospect in rebuilding their lives with apartment type temporary housing or container type temporary housing. New problems, such as widening disparities in reconstruction, especially those related to alcohol, are also emerging.

In the following, we report future efforts, as well as the activities carried out by employees, seconded to Ishinomaki Regional Center, Higashi Matsushima City, Onagawa Town, the Eastern Health and Welfare Office, and Ishinomaki City in FY2014; in such circumstances.

### 2. Initiatives for FY 2014

#### ( 1 ) Support for Local Residents

##### ① FY 2014 Health Survey Follow-Up Support (Table 1)

Miyagi Prefecture and municipalities jointly conducted a health survey of residents living in apartment type temporary housing and container type temporary housing in the prefecture. As a result, the Ishinomaki Regional Center received one-on-one interview follow-up requests from 159 individuals in 132 households (container type temporary housing) from the Ishinomaki City, regarding the two items, "K6 results with 13 points or above" and "Start drinking alcohol from the morning or noon." Of the 109 patients who responded saying they were unable to sleep in the K6 questions (all questions), 66 have been prescribed sleeping pills and 16 are seeing a psychiatrist. Ninety-five individuals are 60 years or above, and in many households, these individuals are worried about the economy as well as their health as they say their "health has deteriorated after the disaster," and that they find it "difficult to live." The 53 people who responded saying they drink from the mornings said, "I responded in the wrong column," "I was referring to non-alcoholic drinks but entered it anyway," "I drink when I have no plans or on holidays and do not drink in large quantities." Therefore, few individuals were suspected to have drinking issues, and the 6 people who did were given continuous support. Twenty-three households were provided with such continuous support.

**Table 1 Survey Implementation Status of Container Type Temporary Housing Residents**

	Container Type Temporary Housing Resident Survey Date
Health surveys by prefectures/municipalities	For FY2014 (September-November 2014)
Time of the first visit	Mid-January-End of February 2015
Number of households to which we provided support visits	132 households
Number of households continuously receiving support (repeat)	23 households

\*Follow-up support for apartment type temporary housing residents' health surveys in FY2014 will be implemented from April 2015.

② Consultation Support

Direct consultations from the disaster victims themselves or their families have increased among the residents affected by the earthquake; since FY2014. There was an increase in consultations regarding mental illness, alcohol, elderly health, living environment, resident troubles, mother-child / family relationship, etc. About mental illness, there were many consultations with individuals who seemed untreated. Besides, the number of trauma-related consultations that seemed to be caused by the disaster and the pain of the earthquake also increased. We partnered with a psychiatric hospital to provide appropriate treatment since some individuals requested to talk with a doctor or seemed to need a medical examination. Furthermore, depending on the content of the consultation, individuals were linked to specialized organizations such as the Area Comprehensive Support Center, a mental health and welfare service establishment, or a free legal advice consultation office (Japan Legal Support Center).

③ Local Resident Activities

a. Koko Farm Business

Through visits, container type temporary housing, and apartment type temporary housing residents have said, "I don't know anyone and there are no places to gather with people" and "I drink from the mornings because I don't have anything to do." Therefore, the "Koko Farm Business" was created in 2013 with the cooperation of farmers in Higashi Matsushima City, to provide a place to restore mental and physical health by doing something different and interacting with others, through the cultivation of vegetables and flowers. In FY2014, the program was held twice a month for two hours each from April to December. Besides, since it could not be held during the winters from January to March, a "Trivia Class for Men" was held for male participants through cooking in the Ishinomaki Regional Center for 2 hours from 10:30 to 12:30. Including this Trivia Class, the event has held a total of 23 times in FY2014. The date for this event was decided based on the participants' opinions. Table 2 shows the activity status.

The Koko Farm Business event participant target is aimed at including container type temporary housing and apartment type temporary housing residents. The number of individuals who participated in FY2014 was 26, including 13 men (7 new participants), and 13 women (4 new participants). A total of 18 container type temporary housing residents and 8 apartment type temporary housing residents participated. The men and women's ages ranged from 40 to 70 years,

and 30 to 70 years respectively. The cumulative number of participants was 261, and the average number of participants for agricultural events was 12 - double than that of FY2013. The average number of participants per day in the "Trivia Class for Men" was 7.2.

As a feature of the participants, many men and women had medical diseases. All the men were single and were either being treated for alcohol problems, respiratory disorders, or congestive disorders. Some women had experienced troubles in their temporary homes, had lost their relatives in the tsunami, and had minimal interaction with others. In this project, two volunteers with experience in agriculture assisted with arranging the farmland to make it easier for the participants to work, saying that helping gave them a "purpose to live" and therefore participated every time.

Participants have commented saying that "I used to do farm work with my family, and this reminded me of those times. I enjoy doing these tasks altogether as it makes us feel like a big family", "I can forget the bad things and feel refreshed and energized. Just watching the vegetables grow makes me happy, and made me laugh for the first time in a long time," "Coming to the field is fun and gives me energy. I am glad that my family is happier after seeing me be happy."

In March, 4 women who participated in the Koko Farm Business joined the "Trivia Class for Men" as male participants expressed that "having only male participants is lonely so we would like for women to also be able to participate." Male participants have commented saying that "being able to converse while cooking is fun, and since the recipes are easy, I can make them on my own too." Classes with female participants were popular, in which the men expressed that the "conversations are lively and fun." We expected to continue these events throughout FY2015 while examining the content.

**Table 2 FY2014 Koko Farm Activity Status**

Time and Duration of Implementation	Number of Sessions	Content	Cumulative Number of Participants
April – December 2 <sup>nd</sup> and 4 <sup>th</sup> Thursday of Every Month 9:30 – 11:30 AM	20	Cultivation of 26 types of plants such as pumpkins, onions, radishes, cucumbers, eggplant, tomatoes, and sunflowers/tulips.	239
Trivia Class for Men January – March 2015 10:30AM – 12:30PM	3	Oyakodon, Suiton, Fish Soup 200 yen participation fee	22  Total: 261

\*Tea Parties were held 3 times in July and August and once in December.

b. Handicraft Class (Table 3)

Many participants of the "Exhibition and Meet-and-Greet" event held in FY2012 said, "I also want to try to make something," "I would like to have a place where I can create something while socializing." A handicraft class was opened from FY2013 at the Ishinomaki Regional Center Branch, which aimed to provide a socializing space for apartment type temporary housing residents. The number of participants in FY2014 was 19 (of which 3 were new participants), and their ages ranged widely from individuals in their 20's to those in their 80's, with the most prevalent age group being people in their 60's and 70's. The cumulative number of participants in

FY2014 was 111 with the average number of participants per event being 8.5. The instructors were 3 volunteers who commented saying “I am happy that this also brings me energy.” A female participant in her 80’s who lives alone has said, “I don’t have many opportunities to talk to people, I look forward to coming here, and I now look forward to making things even after going home. There is competition in the class between the participants to show each other our creations.”

**Table 3 FY2014 Handicraft Class Activity Status**

Time and Duration of Implementation	Number of Sessions	Creations and Content	Cumulative Number of Participants
April 2014 – March 2015 Once a Month 3 <sup>rd</sup> Tuesday 9:30 – 11:30 AM	13	Handicraft Class (collage, beads)	111

( 2 ) Support for Supporters

① Attending each case meeting, temporary area meeting

At the request of various related organizations, we attended case meetings on alcohol-related, mental illness-related, dementia-related, and inter-resident trouble issues; and discussed our roles on how we could get involved. Besides, we attended a temporary area support meeting in which organizations such as the Ishinomaki City, the Council of Social Welfare, the Area Comprehensive Support Center, the Nursing Association, and other professional organizations gathered and considered the appropriate support methods and organizations for container type temporary housing residents.

② Individual Support Consultations

Once a week at the request of Ishinomaki City, we went to the city hall to provide individual support such as advising public health nurses.

③ Infant Health Checkup Support

Based on a request for infant health checkups held at the Ishinomaki City General Branch and Onagawa Town, a public health nurse and clinical psychologist were dispatched to consult with mothers and children. After the medical examination, the public health nurse met with the mother and child to give advice about mental care and to consult those who require continuous support.

④ Cooperation towards the preliminary information sessions for residents of disaster public housing

In response to a request from Ishinomaki City, we attended preliminary information sessions for residents of disaster public housing on holidays (Saturday and Sunday) and made sure as facilitators that the residents felt calm during the discussions. In FY 2014, we attended the preliminary information sessions for residents of disaster public housing from September 2014 to March 2015.

### ( 3 ) Raising Public Awareness

#### ① Lectures and Workshops

In response to requests from organizations such as Ishinomaki City and the Council of Social Welfare, training sessions were held for residents in the Ishinomaki area for "alcohol training" and "mind and body self-care." Alcohol-related workshops were conducted in cooperation with Medical Corporation Tohokukai Tohokukai Hospital (hereinafter referred to as Tohokukai Hospital) and Nonprofit Organization Miyagi Prefecture Danshukai (hereinafter referred to as Prefecture Danshukai). Participants from the alcohol workshops have said, "I now understand that individuals who have suffered from alcohol dependency play a big role in the recovery of alcoholics" and "this helped me understand the fears of alcohol and alcoholism." In the attentive listening lectures, some have said, "I now understand which points to focus on when listening" and "I want to be able to use this in my community."

#### ② Exhibition and Meet-and-Greet

The Exhibition and Meet-and-Greet event started in FY2012 and was held again in FY2014 inside the Miyagi Prefecture Ishinomaki Joint Government Building. Table 4 shows the activity status of the Exhibition and Meet-and-Greet event. There were 155 visitors at the exhibition of which 19 were apartment type, temporary housing residents. Additionally, participants of the handicraft class also exhibited their collage and beads work. Many visitors said, "looking at the wonderful work gave me energy" and "I am excited about the next exhibition, so I hope it happens soon," and visitors who experienced making collages and beads work said, "I want to try this too." At the tea space, people who saw each other for the first time in a while discussed the earthquake and socialized positively saying, "long time no see, I was worried about you, I hope you're doing well" and "the disaster was tough but I'm glad we're all okay."

**Table 4 Exhibition and Meet-and-Greet Activity Status**

Date and Time	Friday, March 6 <sup>th</sup> , 2014 10 AM – 3 PM
Location	Miyagi Prefecture Ishinomaki Joint Government Building Temporary Conference Room
Exhibited Works	Pottery, Collages, Paintings, Calligraphy, Wagami Ningyo (dolls made from Japanese paper), Patchwork, Tsurushi Hina (dolls made of cloth hung on strings), Cloth Dolls (such as animals), Knitting items (wool work, beads work)  19 Exhibitors
Meet-and-Greet Content	Spring planting (pansy) station, collage/origami station, hand massage, tea space
Number of Visitors	155

#### ( 4 ) Human Resource Development

In response to requests from various related organizations, training sessions were held for supporters and women's associations in the neighborhood who often met disaster victims and individuals with disabilities. The training contents included “listening techniques,” “how to interact with people who have disabilities,” “how to interact with people who have alcohol-related problems” and “value your own body and mind.” Besides, alcohol issues have surfaced as time has passed since the earthquake, and in cooperation with administrative agencies and support organizations, Tohokukai Hospital staff and Japan Social Worker Association for Alcohol-Related Problems (hereinafter referred to as ASW Association) members have been invited 9 times as lecturers to provide training on alcohol-related problems to support the community in FY2014. Workshops in which ASW Association members were invited as lecturers, were held five times. Workshops regarding alcohol-related problems and mental illness-related problems were held 6 times in FY2014 (Table 5).

Workshops surrounding the theme of “What can supporters do to raise children's self-esteem?” and on the subject of “Images, Lights and Shadows” and “Staying Close to Children’s Heart” were held twice with a total of 234 participants for professionals engaged in supporting children in the community. Participants said, “I learned that extreme media exposure can have large effects on children’s brain growth,” “adults working with children require a sense of security in themselves, and I realized the importance of being prepared and being there for the other person,” and “this was a great opportunity to reflect and I hope to make use of it in the future.”

Participants socialized by discussing what support should look like in the future in groups after the lecture on the theme of “Mental health of residents and supporters during the reconstruction period, which was the third Disaster Mental Health Care Meet-and-Greet Miyagi in Ishinomaki.

**Table 5 Alcohol-Related Problem Workshop Activity Status**

Instructor	Date of Event	Content	Instructor	Number of Participants
Instructor	May 18 <sup>th</sup> 2014	Tohoku Alcohol-Related Issues Social Worker Workshop “Miyagi Disaster Mental Health Care Center ~through the activities of the Ishinomaki Regional Center~”	Ishinomaki Regional Center Staff	40
Instructor	November 6 <sup>th</sup> 2014	Alcohol-related problems with regards to the Ishinomaki City Nursing Association Case Study “Regarding Motivational Interview Methods”	Tohokukai Hospital Toshihiro Suzuki Atsuko Miura	7
Co-host	November 21 <sup>st</sup> 2014	FY2014 Alcohol-Related Issues Workshop “Early detection of alcohol problems, how to deal with them, and the community’s support system ~learning from activities in Osaka~”	Higashifuse Clinic (Osaka) Hospital Director Shiro Tsujimoto	33
Instructor	December 12 <sup>th</sup> 2014	Fukushima Mental Health Care Center Alcohol Measures Workshop Heavy drinkers (including alcoholic individuals) Dealing with, supporting and case studies for individuals at risk of becoming alcoholics	Ishinomaki Regional Center Staff	3
Co-host	October 10 <sup>th</sup> 2014	Training to improve practical skills for solving alcohol-related issues “Identifying alcohol issues and intervening”	ASW Association Sumie Okada Sakae Fujita	30
Co-host	December 12 <sup>th</sup> 2014	Training to improve practical skills for solving alcohol-related issues “Intervention for change”	ASW Association Sumie Okada Sakae Fujita	25
Co-host	January 9 <sup>th</sup> 2015	Training to improve practical skills for solving alcohol-related issues “Interacting with individuals who do not change”	ASW Association Sumie Okada Sakae Fujita	33
Co-host	February 13 <sup>th</sup> 2015	Alcohol-related case conference workshop “Thinking of regional cooperation ~preparing a case conference and how to manage it – part 1”	ASW Association Naoto Okazaki Sumie Okada Sakae Fujita	35
Co-host	March 13 <sup>th</sup> 2015	Alcohol-related case conference workshop “Thinking of regional cooperation ~preparing a case conference and how to manage it – part 2”	ASW Association Naoto Okazaki Sumie Okada Sakae Fujita	19



### 3. Reflecting on the FY2014 Activities

At the Ishinomaki Regional Center, we have been conducting support activities while being mindful of "in-person interactions and relationships" with each support organization. For this reason, we actively participate in meetings which related organizations attend, such as container type temporary housing area and case study meetings for residents with mental illnesses, to coordinate the meetings and share information. In particular, regarding alcohol-related issues that have surfaced in the region, the government has worked to support individuals and their families by connecting them with various related organizations (such as administrative agencies, the regional support division of Tohokukai Hospital, a specialized medical institution, medical corporation Yukokai Kodama Hospital, which is a local psychiatric hospital, and Prefecture Danshukai).

Another aspect we have valued is creating a place for people to fit in and feel comfortable. We have interacted with individuals who (i) have not had a place to socialize, (ii) are inactive due to old age or other factors, (iii) have had issues with neighbors, and (iv) have been in difficult situations. Activities such as the "Koko Farm Business, handicraft classes, and exhibition and meet-and-greet events were all attempts to create a safe space for the citizens. The primary purpose was to prevent isolation in disaster victims and to create a community in which people can have a healthy life.

### 4. Issues and Future Initiatives

Four years have passed since the Great East Japan Earthquake, and reconstruction progress of the disaster-stricken areas has begun to be noticeable, though gradually, with the completion of disaster public housing. While some of the affected people have been relocated to their own homes which they have rebuilt or to disaster public housing, some have not yet been able to move out of their temporary housing. The reality is that the gap in reconstruction is widening. In FY2014, the container type temporary housing residents who received support were mostly from elderly households, and the content of consultations often related to problems such as dementia, family relations, and mental illness. From the trend in FY2014, we expect the number of consultations to increase in the future for individuals who have suffered from the disaster, have had economic and health concerns, and have problems not directly related to the disaster. We will humbly listen to the affected people and help them bring out the "power that they have." We will continuously support disaster victims through holding handicraft classes and the "Koko Farm Business" to provide them with a safe place that we hope will help them live better lives.

Additionally, due to continuous relationships with related organizations such as administrative agencies and the Council of Social Welfare, we have been receiving many requests to attend individual support meetings and about lecturers for workshops. We have been actively promoting activities to create relationships where each support organization and residents can support each other in the region. Regarding support to children, we will continue the training for staff members of related organizations in FY2015 and want to continue to push forward individual support while also building good relations with related organizations. In particular, with alcohol problems having surfaced and a high interest in residents towards this topic, we believe it is necessary to continue activities to raise public awareness and to have a place where people suffering from alcohol issues can interact.

Given the uncertainty of life in the future, consultations related to the disparities in reconstruction are likely to increase. To provide support including individual consultations, it is necessary to build a system that can more closely cooperate with administrative agencies and support organizations in the

local community. At the same time, we will humbly support the disaster victims and supporters by listening attentively and hope to improve the mental health and welfare of the community.

Regarding the situation of the Ishinomaki area, once a month, Higashi Matsushima City Health and Welfare Department Welfare Division Disability Welfare Section, Onagawa Town Health and Welfare Division, Eastern Health and Welfare Office Maternal and Child Disability Section, and staff members seconded to the Ishinomaki City Health Promotion Division; held meetings and workshops attended by all employees, including seconded members, and discussed the current support activity status. We hope to continue this support work and improve it even more in the future.

## 5. Seconded Employee Initiatives

### (1) Higashi Matsushima City Initiatives

#### ① FY2014 Activities

##### a. Resident support

Individuals subject to follow-ups were mainly high-risk persons based on health surveys. On the other hand, the Higashi Matsushima City also conducted their screenings combined with specific medical examinations referred to as the “Mental Health Survey Screening,” to select high-risk individuals on their standards, followed by follow-ups (Tables 6 and 7). For residents of disaster public housing, screening was conducted for all residents after moving in, and a second follow-up was conducted based on their results. This was not limited to high-risk persons related to the earthquake, but also for mental illness, recluse, and dementia-related cases. We often connected people with other organizations, attended medical examinations, and participated in case study meetings and care meetings.

##### b. Support for supporters (Cooperation with projects)

We held regular meetings with city public health nurses and cooperated in examining various projects. Besides, we helped with clerical work such as data entry and record keeping. Higashi Matsushima Alcohol Open Seminar (4 times a year) was held with the Tohokukai Hospital and the Prefecture Danshukai as an alcohol-related project. We also cooperated with the Tohokukai Hospital on alcohol-related case study meetings. To strengthen the coordination of preventive interventions, we had meetings with the Health Promotion Division and accompanied visits. Higashi Matsushima City is characterized by its focus on suicide prevention-related projects. We collected information on suicide cases and reviewed the cases regularly with psychiatrists and individually followed up with bereaved families.

#### ② Activity Considerations

In FY2014, two psychiatric social workers were dispatched from the Miyagi Disaster Mental Health Care Center to the Higashi Matsushima City Health and the Welfare Department Welfare Division Disability Welfare Section (hereinafter referred to as Disability Welfare Section). Three people, including one from the Miyagi Reconstruction Bureau's reconstruction support staff (psychiatric social worker), were responsible for the post-earthquake mental health care. Regarding the local situation, some residents have successfully moved into disaster public housing and part of the mass relocation site construction has been completed, and container type temporary housing consolidation has begun. Most of the activities were in response to cases requested by the Disability Welfare Section rather than health survey follow-ups and worked as psychiatric social workers in the administration, such as coordinating with other departments and organizations. The city's

projects focus on suicide prevention, and engages in post-earthquake mental health care, alcohol-related issues, and care for suicide survivors' families. Until now, we have mainly worked with individual victims, but as rebuilders are being incorporated into the region, we have set a policy to focus more on the region in FY2015

**Table 6 Health Survey Follow-Up Status**

	Distribution	Collection (collection rate)	Follow-Up Targets	K6 * <sup>3</sup>	Insomnia + No Hospital Visits + No person to consult with	Treatment discontinued due to mental illness	Start drinking alcohol from mornings or noon	Weight 10kg less than 1 year ago
Container Type Temporary Housing * <sup>1</sup> (FY2014)	1,202 households	235 households (19.6%)	28 cases	8 cases	1 case	0 cases	15 cases	4 cases
Apartment Type Temporary Housing * <sup>2</sup> (FY2013)	841 households	288 households (34.3%)	28 cases	11 cases	0 cases	0 cases	12 cases	5 cases

\*<sup>1</sup> Container type temporary housing resident secondary health survey follow-up (Miyagi Prefecture “Questionnaire on health and life”)

\*<sup>2</sup> Apartment type temporary housing resident secondary health survey follow-up (Miyagi Prefecture “Questionnaire on health and life”)

\*<sup>3</sup> Index to measure anxiety and depression

**Table 7 Specific Medical Examination Mental Health Survey Screening Follow-Up Status (some overlaps)**

	Distribution	Collection (Collection Rate)	Follow-Up Targets	K6	CAGE Alcohol Questionnaire with more than 2 criteria	Wish to consult	Suicidal Thoughts
Special Medical Examination* <sup>4</sup> (FY2014)	10,937	3,328 (30.4%)	293 cases	18 cases	107 cases	144 cases	24 cases

\*<sup>4</sup> Specific medical examinations mental health survey screening and second follow-up (From the Higashi Matsushima City “Questionnaire About Mental Health”)

(2) Onagawa Town Initiative

In Onagawa Town, disaster public housing was completed for 200 households in FY2013, but after this, full-scale transitions occurred in FY2016-2017, excluding rebuilt houses. For this reason, about 1,000 households were forced to live in temporary housing even past FY2015. Inferring from this situation, it is expected that alcohol problems, poverty, and isolation will become more apparent due to a great deal of stress from long-term living in temporary housing.

① FY2014 Activities

a. Resident support

In FY2014, one-on-one visit support was provided to heavy alcohol drinkers and apartment type temporary housing residents, mainly focusing on cases with mental health problems. Furthermore, a psychiatrist was dispatched from the Miyagi Disaster Mental Health Care Center once a month (full day), so a team approach could be taken including doctors.

b. support for supporters

Continuing from FY2014, as part of the mental health care for the Onagawa Town staff, we attended occupational physician interviews and conducted activities to understand the actual situation and made recommendations to the town office. Besides, a café (Heart Salon) for town officials continued to be held twice a month. In addition to conducting alcohol seminars and community development lectures in each district, we were able to act as close supporters for the townspeople by actively participating in local projects. Besides, we individually provided supervision and advice to the Social Welfare Council, the Comprehensive Support Center staff, and the Health and Welfare Division staff regarding support to townspeople and the way that projects should be conducted.

c. Support regarding the community-based welfare plan development

Regarding the Onagawa Town Community Welfare Plan, which was formulated in FY2014, we participated in a joint working group with meetings, district round-table conferences, and the Council of Social Welfare, and worked to provide mental health care to future community building and support mechanisms in Onagawa Town.

② Working Towards FY2015

Since many townspeople will continue living in temporary housing in FY2015, new individuals in need of follow-ups are expected to emerge in addition to existing individuals requiring support. In addition to the reduction of temporary support staff, the Miyagi Disaster Mental Health Care Center will also only dispatch one individual, so closer collaboration and sharing of information among affiliated parties is required. Regarding support for regional development and community mental health for new regional restructuring, as the Miyagi Disaster Mental Health Care Center, we will be required to continuously be actively involved and put the high-risk approach into practice, as well as the population approach and a community work perspective to support high-risk individuals in the community.

(3) Initiatives at the Eastern Health and Welfare Office

① FY2014 Activities

a. Resident support

At the Eastern Health and Welfare Office, requests were not limited to support activities specializing in problems caused by the earthquake and included requests for consultation services and home visits that were carried out by conventional health centers. In addition to the individuals involved, we provided various support, such as support for their families and the coordination of supporters of related organizations with individuals.

b. Support for supporters

We actively participated in alcohol-related projects that the office was working on and provided case support for specialized consultation desks and planned and operated family classrooms and training. We also provided supervisors to help newly appointed public health nurses deal with mental illness cases.

② Working Towards FY2015

To live in the region, multi-professional supporters must cooperate and support each other accordingly, and we were keenly aware of the difficulties of continuing these duties as coordinators. The Ishinomaki area, especially in the coastal areas, has long been a tolerant and open-minded city towards drinking alcohol, so many individuals and their families have been living without realizing the issues regarding alcohol. After the disaster, drinking problems surfaced due to changes in the living environment and supporter interventions, and the region is currently facing an issue of how to provide support. To support local living even with the presence of these issues, we believe that it is essential to build a system that can flexibly cope with the local community and to create relationships in which the community, medical care, and the government cooperate and can meet face-to-face.

(4) Status of Initiatives at Ishinomaki City Hall

Before the supply of reconstruction public housing in Ishinomaki, 149 apartment type public houses were prepared in FY2013, and the transition from container type temporary housing for disaster victims to reconstruction public housing has begun. From July 2014, we have been involved in a community formation project utilizing preliminary information sessions for residents of reconstruction public housing that incorporate “Measures against Isolated Death” after moving into reconstruction public housing, which had been considered by the Reconstruction Housing Division since FY2013.

① FY2014 Activities

From November 2014, the supply of reconstruction public housing in the central government office areas of Watanoha, the Kama / Okaido, the Hebita, and the general branch office areas of Kahoku and Kanan have been in full swing. Weekly information sessions on moving in are being held. We believe that the community formation support project at the preliminary information sessions for residents of reconstruction public housing is important as a new method of support for the Mental Health Care Center, and will report on the support system and activities. The Koganehama Model had a community formation system from applying to moving in, unique to Ishinomaki City, consisting of a total of four sessions required for residents, including three information sessions and one follow-up meeting. Here we report the support process with some considerations.

a. Preliminary information session (1<sup>st</sup> Session Main Theme: Get to Know Your Neighbors)

The preliminary information sessions were generally held about six months before the start of the individual’s residency, with the Regional Cooperation Division in charge of the overall coordination until residents moved in. The Reconstruction Housing Division was responsible for explaining the room lottery process and moving-in procedure on the day of the information sessions, and the Health Promotion Division in charge of dividing tables by residential building or floor at the community meeting. At the first preliminary information session, which was held for the first time in collaboration with multiple divisions, some challenges were presented with the attendance of many elderly households, including singles, such as assisting with application procedures, creating a place for residents to socialize, and responding to complaints of poor physical condition. For the Health Promotion Division to strengthen the system for managing the physical conditions of prospective residents attending information sessions as well as supporting their application procedures, cooperating organizations such as the Miyagi Nursing Association, CANNUS Tohoku, and the Japanese Association of Social Workers in Health Services facilitated situations that requested the cooperation of the Disaster Mental Health Care Network Miyagi (Karakoro Station) and the Miyagi

Disaster Mental Health Care Center as facilitators of creating spaces for residents to meet one another for the first time. This system was partially changed and will be followed accordingly in FY2015.

b. Local visits and community meetings (2<sup>nd</sup> Session Main Theme: Get to Know Your Floor and Building)

The second information session, which is held about two months before the tenants move in, consists of two parts: an on-site tour for prospective residents and a community meeting. The on-site tour is set up by the Reconstruction Housing Division, and the Health Promotion Division oversees setting up a community meeting and coordinating with the facilitators. Since persons using wheelchairs and canes were attending the second information session, the Regional Cooperation Division, Reconstruction Housing Division, and Health Promotion Division considered sharing information about high-risk individuals and how to communicate with them in advance. On the day of the information session, the second employee cooperated with the Reconstruction Housing Division as an exclusive correspondent. Later, a wheelchair participant of the on-site tour said over the phone that “the staff was generous, and the interior of the house was nice.” Additionally, a participant of the community meeting held by the Miyagi Disaster Mental Health Care Center said, “I feel safe having such an opportunity before moving into the reconstruction public housing,” and we were able to see prospective residents who met each other at the first information session conversing with one another.

c. Information session just before moving in (3<sup>rd</sup> Session Main Theme: Get to Know the Whole Complex)

At the information session held approximately two weeks before the move-in date, the Housing Management Division was responsible for providing information regarding moving into reconstruction public housing and handing over keys, organizing housing meetings, and selecting officers. The Regional Cooperation Division was responsible for calling for participation in the neighborhood association’s chairperson and bridging the public housing residents with the residents. The seconded individual was responsible for discussing how to communicate with high-risk individuals attending information sessions with the Housing Management Division, proposing communication methods to the staff in charge and the cooperating organizations. They also had to communicate and coordinate with the Miyagi Nursing Association which is involved with physical condition management of attendees and assistance in handing out explanatory documents, CANNUS Tohoku, and the Japanese Association of Social Workers in Health Services which is involved in helping individuals who have difficulties filling out documents.

d. Follow-up after moving in (4<sup>th</sup> Session Main Theme: Get to Know the Community)

The Koganehama Model has a support system from applying to moving in, unique to Ishinomaki City, consisting of a total of four sessions required for residents, including three information sessions and one follow-up meeting (Figure 1). The model advocates the creation of a local community for the integration of public housing residents and residents one month after they move in. The Health Promotion Division explores the needs of individuals and groups while conducting reconstruction public housing resident visit health survey projects from FY2015, and plan to resolve problems faced by residents and address them according to their needs in cooperation with multiple organizations.

July 2014		November		Mid-January 2015		After February	
1 Preliminary Information Session		2 Local visits + round-table discussions		3 Move-in Information		Post-Move In Follow Up	
Knowing neighbors		Knowing residents on the same floor and building		Knowing the entire housing complex		Knowing the region	
<b>Main Theme</b> (1) Move-in procedure explanations - Room lottery - Explanation of move-in procedures and required documents - Future schedule information - Sharing the necessity of a housing estate association (2) Communication - First meeting between residents (introductions)		<b>Main Theme</b> (1) Communication - Knowing each other and the local community (2) House inspection - Visiting rooms and meeting places		<b>Main Theme</b> (1) Move-in explanations (mutual understanding) - Key delivery - Understanding of apartment-house rules - Understanding management method of common expenses		<b>Main Theme</b> - Interacting with the region Regional Integration - Nursing care prevention classes / health classes, etc.	
Implementation System		Implementation System		Implementation System		Implementation System	
<b>Regional Collaboration Divisions</b> - Pre-consultation with the community - Securing venues - Event MC <b>Reconstruction Housing Divisions</b> - Room lottery - Move-in procedure explanations <b>Health Promotion Division</b> - Resident follow-ups, etc.		<b>Health Promotion Divisions</b> - Talk with residents (mainly to resolve health concerns) <b>Regional Collaboration Divisions</b> - Municipality chairman introductions <b>Welfare General Affairs Divisions</b> - District welfare officer introductions <b>Reconstruction Housing Divisions</b> - Tour of rooms and buildings (preliminary inspection)		<b>Housing Management Divisions</b> - Formation of housing estate association - Management of common expenses - Explanations of basic rules for apartment-house - Key delivery		<b>Related Divisions</b> - To resolve issues that occurred after moving in	
Creative Methods		Creative Methods		Creative Methods		Creative Methods	
- Assuming participants will attend from various areas; the venue will be at the city hall (including temporary conference rooms) - Setting to make it easier to talk with grouped seating by floors - Establishment of a tea-drinking area		Promotion of discussions by cooperating associations as facilitators (creating a soft atmosphere) - Setting to make it easier to talk with grouped seating by floors - Establishment of tea-drinking area		- Setting to make it easier to talk with grouped seating by floors - Establishment of tea-drinking area		- Setting that facilitates peaceful dialogue by setting up groups by floor - Establishment of tea-drinking area	
<b>Contributors (to be adjusted in the future)</b> Social Welfare Council Health Coordinator (Nurse Association/Cannus) Japanese Association of Social Workers in Health Services Karakoro Station Community Improvement Coordination Groups		<b>Contributors (to be adjusted in the future)</b> Neighborhood chairman / Administrative director Children's Welfare Commissioner Miyagi Disaster Mental Health Care Center Japanese Association of Social Workers in Health Services Area Comprehensive Support Center Community Improvement Coordination Groups Ishinomaki Senshu University		<b>Contributors (to be adjusted in the future)</b> Neighborhood chairman / Administrative director Children's Welfare Commissioner Social Welfare Council Health Coordinator (Nurse Association/Cannus) Area Comprehensive Support Center Community Improvement Coordination Association		<b>Contributors (to be adjusted in the future)</b> Neighborhood chairman / Administrative director Children's Welfare Commissioner Social Welfare Council Area Comprehensive Support Center Community Improvement Coordination Association	
(Contractor : separate contract)		Contractor		Contractor		Contractor	

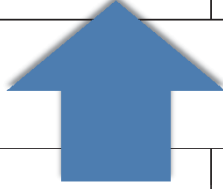


Figure 1 Community Support System at Ishinomaki Reconstruction Public Housing Movement Information Session (Koganehama Model)

② Working Towards FY2015

In FY2014, before the residents moved into Ishinomaki City's reconstruction of public housing, we helped create a grand local community to integrate public housing residents and residents. The Koganehama Model, devised by the Reconstruction Housing Division, the Regional Cooperation Division, and the Health Promotion Division, has held three information sessions since July and is being promoted by the four divisions: the Housing Management Division, the Welfare General Affairs Division, the Nursing Care Insurance Division, and the Life Reconstruction Support Division, as well as related departments such as the Area Comprehensive Support Center, the Council of Social Welfare. In recent years, the collapse and regeneration of local communities have been reported in the mass media, with the stricken areas after the Great East Japan Earthquake being no exception and the collapse of communities in areas where geographical ties have been diluted becoming a serious issue. In the future, building a support system for the community will be challenging based on the difficulties of living of residents in reconstructed public housing, regional issues such as self-help, mutual aid, and cooperation, including disaster prevention and crime prevention in the area.

The manuscripts of the (1) Ishinomaki Regional Center were written by Assistant Manager Hiromi Arai, (2) Higashi Matsushima City by a psychiatric social worker Shizuka Oguchi, (3) Onagawa Town by psychiatric social workers Koichiro Tsuru and Tomoko Arashi, (4) the Eastern Health and Welfare Office by nurse Tomoko Uchida, and (5) Ishinomaki City by occupational therapist Miyoko Kubota. Finally, Okazaki (Ishinomaki Regional Center Community Support Division Manager from April 2015) put this together into a single manuscript.