

A social worker's approach to alcohol-related problems after the earthquake

Report on the support activities of the Japan Social Worker Association for Alcohol-Related Problems in Ishinomaki City

Japan Social Worker Association for Alcohol-Related Problems

Disaster-Stricken Area Support Project - **Sakae Fujita**

Introduction

Four years have passed since the Great East Japan Earthquake, and infrastructure development projects are progressing in the stricken areas, requiring more time for the citizens' lives to stabilize. After the earthquake in 2011, local helpers began tackling alcohol-related issues in Ishinomaki City. Local helpers are working to address alcohol-related issues that have been considered difficult to treat, through training of supporters and consultations with outside experts. In the Ishinomaki City of the Miyagi Prefecture, the Japan Social Worker Association for Alcohol-Related Problems (hereinafter referred to as ASW Association) has been working on intervening in alcohol-related issues after the earthquake since September 2011 and has been obtaining results. This paper reports activities in FY2014 that describes the contents and results of the support activities and raises future issues.

1. Purpose of the Project

This project in Miyagi Prefecture's Ishinomaki City provides (i) mental health and daily life support for residents with alcohol problems, (ii) necessary knowledge and information to local helpers, and (iii) conducts case consultations to help supporters handle residents with problems; which will overall improve their skills as supporters.

2. Project Contents of FY2014

To achieve the project goals, the ASW Association dispatched psychiatric social workers to Ishinomaki City twice a month from April 2014 to March 2015 (second Friday and fourth Wednesday) and conducted the following 7 support activities: 1. Case consultations, 2. Consultations for the individual or family members, 3. Accompanying public health nurses when visiting temporary housing, 4. Attending coordination meetings with local people involved, 5. Case study meetings, 6. Lecturers for lectures targeted at residents, and 7. Planning and management of continuous lectures and workshops for local helpers. In all these cases, the Ishinomaki Health Promotion Division coordinates and the ASW Association provides manpower. The number of dispatched support members in 2014 was eight. Among them, five members provided one-on-one support, and three members were dispatched as planners/lecturers of training sessions.

3. Project Progress and Results

The following are the support activities targeted for individual support activities of 1, 2, 3, and 4 continued since FY2013 (Figures 1 and 2). We handled 17 cases, occurring 28 times, and 9 new cases. There were three cases of visits with four interactions, and two cases of family consultations twice. There were 12 cases of consultations and case meetings, 5 of which were case meetings occurring 7 times. Individuals affiliated with the support center for the disabled, the welfare office for the elderly, the helper office, the Disaster Mental Health Care Network Miyagi Karakoro Station, the Community Welfare Support Center, the Ishinomaki Municipal Hospital Kaisei Temporary Clinic, private support organizations, municipal public health nurses, and the Area Comprehensive Support Center; attended the case meetings. Consultations were held 15 times.

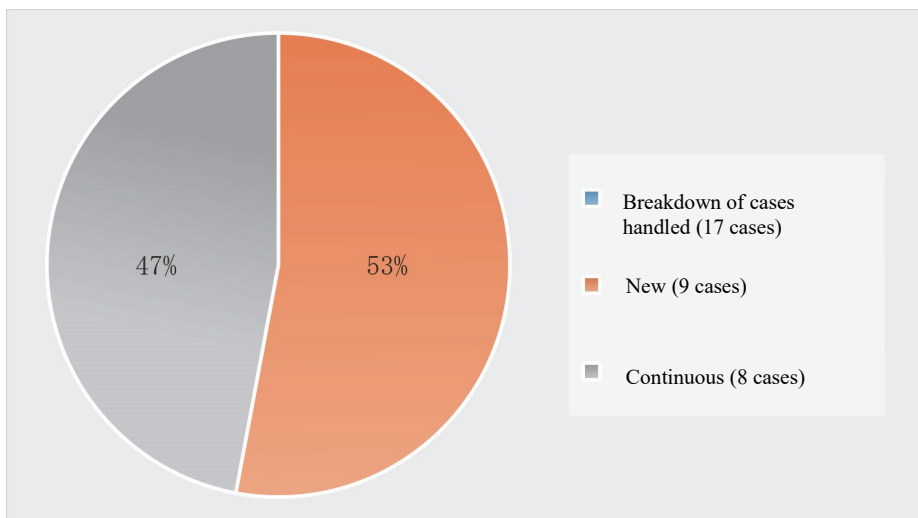


Figure 1 Breakdown of Cases Handled in FY2014 (new / continuous)

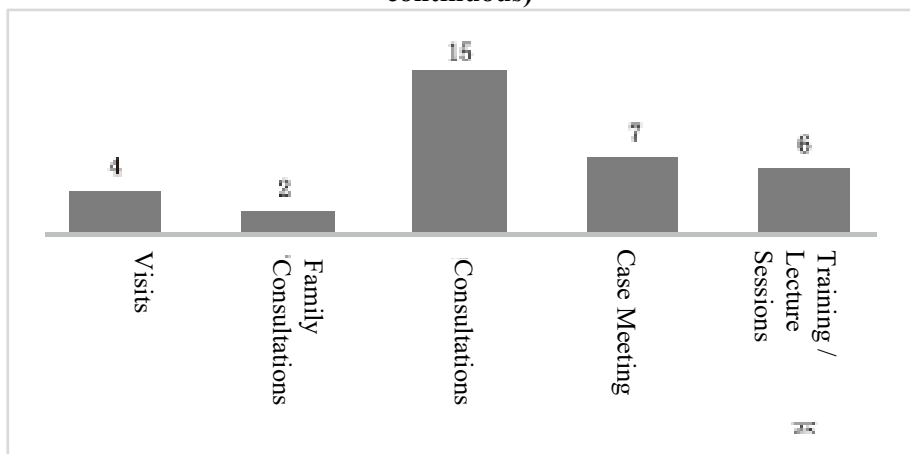


Figure 2 Number of Cases Handled (by type of support)

In FY2014, we continued one-on-one support held along with the following training sessions for local helpers.

(1) Supporter training program

In FY2012, training sessions were conducted mainly for the acquisition of basic knowledge, but from FY2014, sessions were planned with an emphasis on the acquisition of specific skills to handle difficult cases. On the other hand, trainees requested training regarding methods to work with and coordinate with locally involved individuals. The locally involved individuals have been able to deepen their understanding of the problem through training in this project and lectures and workshops on alcohol problems held after the earthquake. In 2014, they sought training sessions to help them acquire specific skills for one-on-one treatments. In response to such requests, we organized and held a total of five training sessions. The contents are shown below.

Table 1 FY2014 Supporter Training Program

Lecture Contents	Lecturer	Event Date	Number of Participants
The Finding and Intervention of Alcohol Problems	Sumie Okada Sakae Fujita	October 10 th , 2014	30
Intervention in Problem Awareness Towards Change	Sumie Okada Naoto Okazaki	December 12 th , 2014	25
Handling Individuals Who Don't Change	Sumie Okada Sakae Fujita Naoto Okazaki	January 9 th , 2015	33
Thinking About Regional Cooperation: How to Prepare and Manage Case Meetings	Sumie Okada Sakae Fujita Naoto Okazaki	February 13 th , 2015	35
Thinking About Regional Cooperation: How to Prepare and Manage Case Meetings Case Meetings in Practice	Sumie Okada Sakae Fujita Naoto Okazaki	March 13 th , 2015	19

(2) Lectures for Residents

At the request of public health nurses, lectures were given at a health classroom at a temporary housing assembly hall.

Table 2 Lecture for Residents with Alcohol Problems

Lecture Contents	Lecturer	Venue	Event Date	Number of Participants
How to Interact Well	Mitsuyuki Sato	Sandanbashiri Temporary Housing Assembly Hall	December 24 th , 2014	17

4. Achievements of FY2014 and Future Issues

It was a year in which we felt the results of the support activities we had been conducting since FY2011, had accumulated year by year. The required support issues evolved every year, and the training subjects became more specific and highly specialized. From these points, we felt that the local helpers improved their skills in interacting and working with disaster victims. The basis of this achievement was accepting the alcohol problems as “a problem that would become serious after the disaster,” and the willingness and underlying strengths of the locals who had begun to work actively.

Tohoku was a region in which the population had been declining before the earthquake, but the ASW Association, an external supporter, felt the “connection” between the citizens and involved individuals every time they came to provide support. This was thought not to be the result of disaster recovery, but an underlying force already presents in the area. Sometimes, this can be a pressure or a restraint that requires the consideration of surrounding individuals. However, the major factor that ensured the spread of continued support and remained throughout the region was this “connection.” At a meeting of involved parties, we heard that “the alcohol problem is no longer a challenge and we believe that our region can now handle the problem on its own.”

Besides, the contents and teaching materials of the lectures developed during the planning, preparation, and holding of the training sessions in response to the demands of the disaster-stricken area can be generalized not only to that area but also to many helpers. Responding to the demands of the affected areas was a great experience for the ASW Association, allowing it to gain strength.

The consultations will be continued in FY2015 with the number of one-on-one support being given six times a year. The training sessions conducted in Ishinomaki City in FY2014 are scheduled to be extended to Higashi Matsushima City and Onagawa Town. The ASW Association's challenge is to stay involved in the process of building skills to accommodate alcohol problems.