

Activity Status by Project Criterion for FY2014

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Stem Center Planning and Coordination Director

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1. Introduction

In FY 2014, the Miyagi Disaster Mental Health Care Center (hereinafter referred to as our center) considered residents of the prefecture who were psychologically affected by the Great East Japan Earthquake and those who evacuated from the Miyagi Prefecture to other prefectures as subjects of mental health care. We implemented six projects tailored to the actual conditions of the region to enable residents of the prefecture to live in the community as soon as possible (Figure 1). Please refer to Chapters 1 and 2 for details of the contents of each project.



Figure 1 6 Projects of the Miyagi Disaster Mental Health Care Center

Table 1 and Figure 2 show the activities of each business. Through the advice of the local support divisions of the three centers, Kesennuma, Ishinomaki, and the Stem Center (Sendai); as well as the individuals dispatched to municipalities, we played a role according to the situation in each area which consisted primarily of supporting residents and other supporters. Eleven employees were dispatched to 9 organizations, and the duties assigned were different at each organization. The same has been aggregated in this report. The staff of Tohoku University Graduate School of Medicine Department of Preventive Psychiatry (hereinafter referred to as Tohoku University Preventive Psychiatry Endowed Course) and Medical Corporation Tohokukai Tohokukai Hospital (hereinafter referred to as Tohokukai Hospital), which cooperate as part-time staff of our center, and the Japan Social Worker Association for Alcohol-Related Problems and Non-profit organization Miyagi Prefecture Danshukai, who have made an outsourcing agreement with our center; have handled individual cases, case studies, lectures for supporters, and worked on setting up a self-help group. Supporters Club Members primarily cooperated in holding cafés for residents. The Planning and Coordination Department has been working on issues for the entire prefecture, such as publishing public relations magazines and planning training, taking responsibility for roles other than providing direct support to residents, such as public relations with mental health care centers and media in other prefectures, as well as system management.

Table 1 Number of Activities by Business

	Community Support Division of Each Center				Planning/ Coordination Dept.	Core Management	Part-time/ Outsourced	Other Supporters	Total
	Kesennuma	Ishinomaki	Stem	Dispatched					
Local residents support	840	1,288	1,631	3,255	175	94	83	7	7,373
Support for Supporters	187	230	606	692	21	131	42	6	1,915
Raising Awareness	91	56	67	98	51	15	12	6	396
HR development	35	28	23	26	11	40	8	0	171
Various Activities Support	6	2	1	1	14	0	0	0	24
Research	3	1	0	3	2	10	1	0	20
Coordinating Meetings	411	169	524	1,139	365	16	8	0	2,632

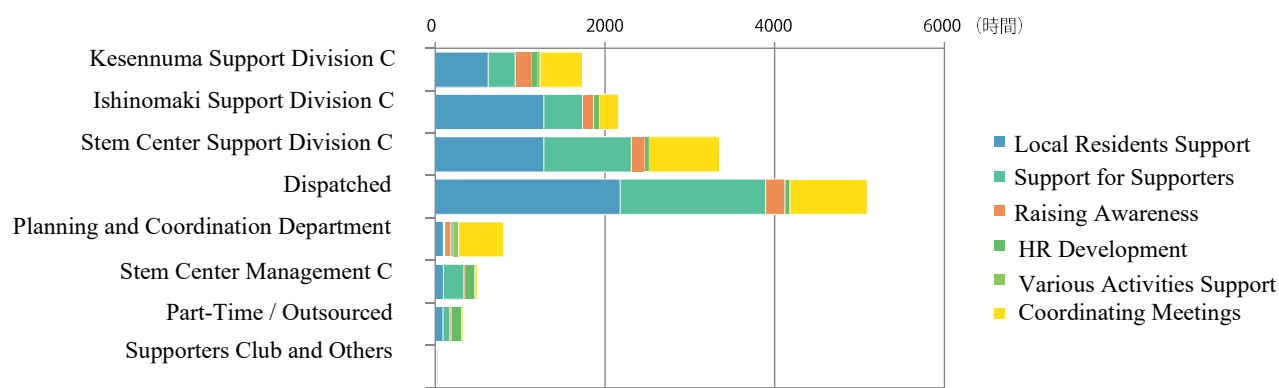


Figure 2 Number of Hours per Activity by Project (excluding research)

2. Residents' Support

This project aimed at preventing mental illnesses and improving mental health for victims.

(1) Providing consultation support at the request of residents, municipalities, and other organizations

Based on requests from municipalities, various organizations supporting the disaster-stricken areas, and residents; we provided consultation support by visiting and calling residents and care centers (Table 2). The cumulative number of support targets was 7,135 (excluding the 238 through letters), and the estimated actual number of recipients was 2,930.

**Table 2 Cumulative Number of Interactive Initiatives by Support Method
(excluding letters; N = 7,135)**

Support Method	Number of Cases
Consultations by Visits	4,309
Consultations by Recipients' Visits to Centers (includes support at consultation counter)	855
Consultations by Telephone Call	1,566
Consultations during Group Activities	188
Case Meetings (when support targets are attending)	30
Accompanying Consultations	134
Other	53
Total	7,135

① Regarding Support Targets

a. Support Activities Status

In FY2014, support for 2,798 people was newly started (Table 3, Figure 3). When support first began, 704 (25.2%) had already received support from support organizations other than our center, and 2,094 (74.8%) had never received support from other support organizations. A total of 4,337 people had received support at least twice at our center.

**Table 3 Support Activity Status
(Cumulative number; N = 7,135)**

Support Activity Status	Number of Cases
Have not received support from other support organizations	2,094
Received support from other organizations	704
Continuous support at our center (cumulative)	4,337

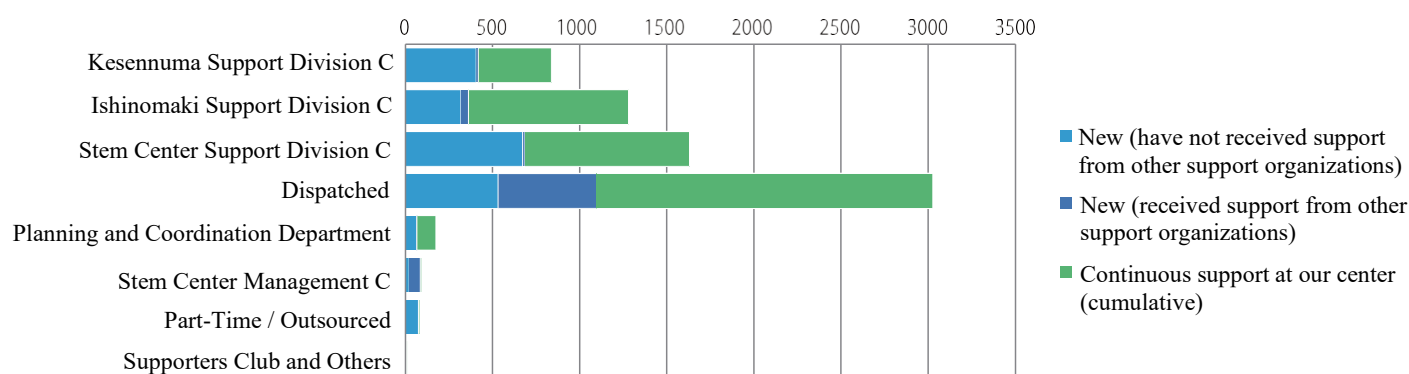


Figure 3 Distribution of Support Activities (N = 7,135)

Of the 2,798 new support recipients, 50.3% (1,407) had a follow-up after taking the health survey (Table 4 and Figure 4). There were many requests from administrative organizations since we provided support through administrative organizations and because some employees were dispatched to municipalities. Others included requests from neighbors and workplaces.

Table 4 Channel Used for the First Support Session at Our Center
(cumulative number, multiple selections; N = 2,798)

Consultation Channel	Number of Cases
Health Survey/Visit to all houses	1,407
From Administrative Organizations	732
From the Individual himself/herself	432
From Family / Relatives	266
From Support Center / Temporary Housing Supporters	145
From Medical Welfare Institutions	35
Other	44

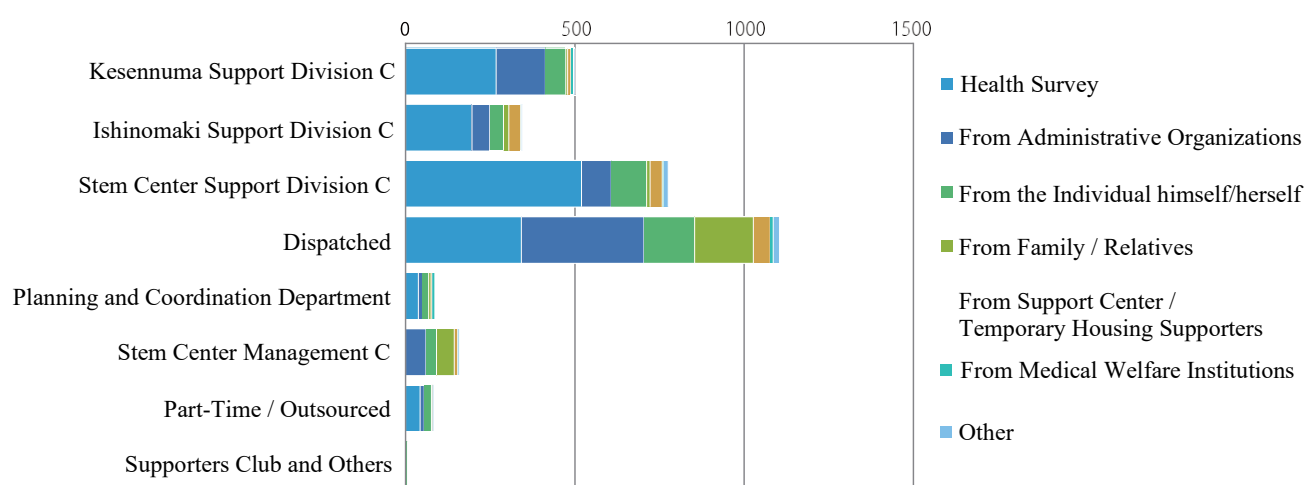


Figure 4 Channel Used for the First Support Session at Our Center by the Department in Charge (multiple selections; N = 2,798)

b. Gender, Age, and Employment Status

The total number of recipients was 3,698 men (51.8%) and 3,430 women (48.1%). Regarding the age distribution of the support targets, the number of recipients increased with increasing age, with women over 70 years being the most prevalent (Figure 5). As the support activities of our center were concentrated during the day on weekdays, 75% of individuals were unemployed. At the Ishinomaki Regional Center, the largest cumulative number of support cases was for men in their forties (Figures 6 and 7).

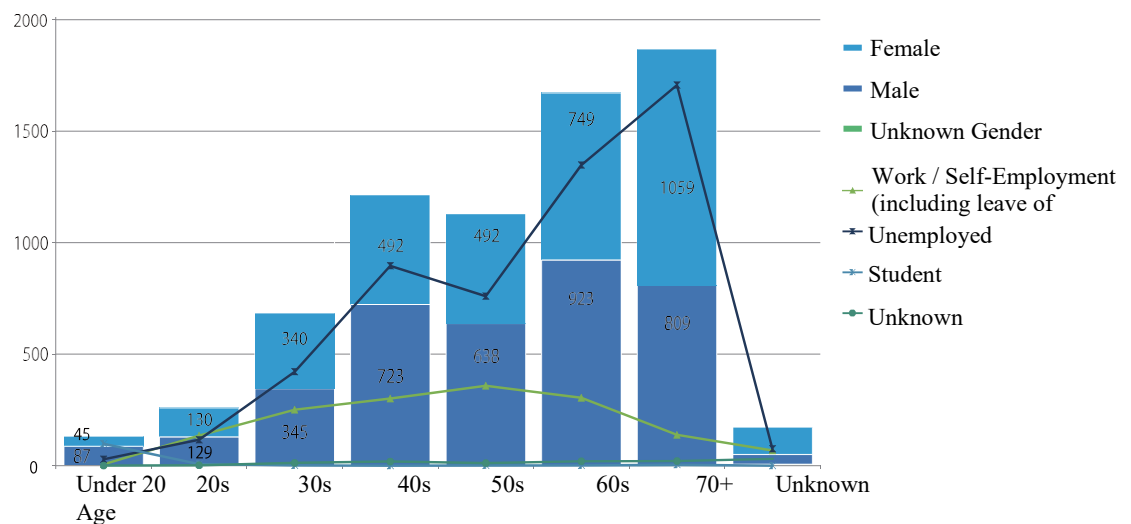


Figure 5 Number of Support Targets by Gender and Age (cumulative number; N = 7,135)

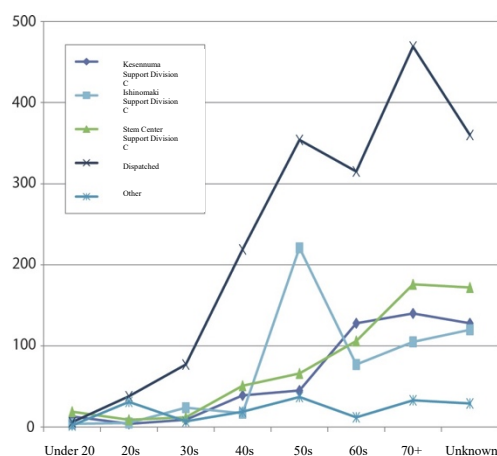


Figure 6 Number of Male Support Targets by Age Group (cumulative number; N = 3,698)

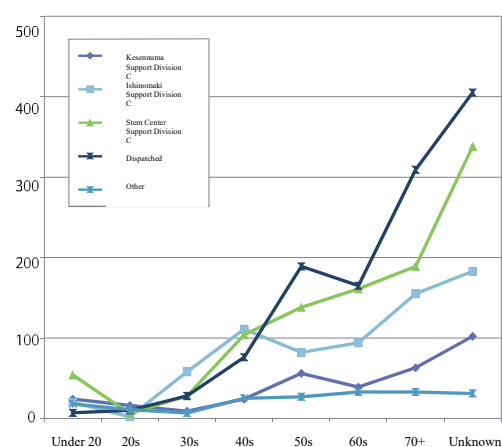


Figure 7 Number of Female Support Targets by Age Group (cumulative number; N = 3,430)

c. Disaster Status

The disaster status of the Great East Japan Earthquake shows that many people suffered housing damage (Figures 8 to 14).

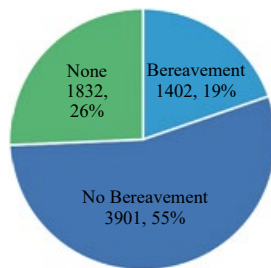


Figure 8 Bereavement Status
(cumulative number; N = 7,135)

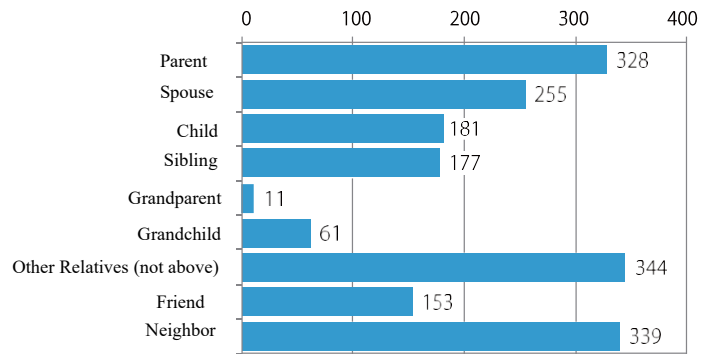


Figure 9 Bereavement Details
(cumulative number, multiple selections; N = 1,402)

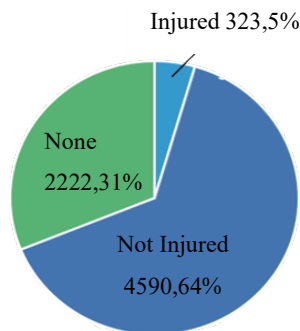


Figure 10 Whether Individual or Relative(s)
Are Injured (cumulative number; N = 7,135)

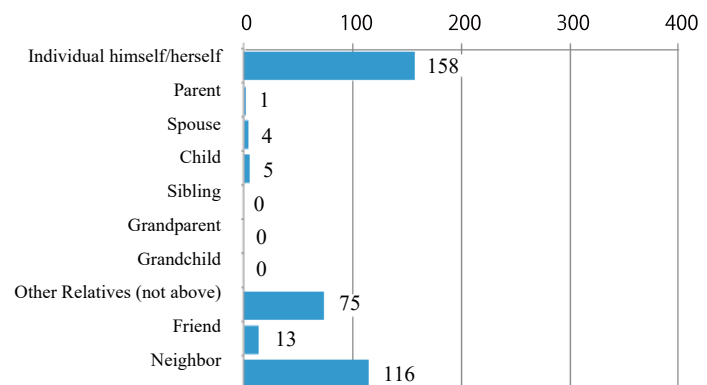


Figure 11 Injury Details
(cumulative number, multiple selections; N = 323)

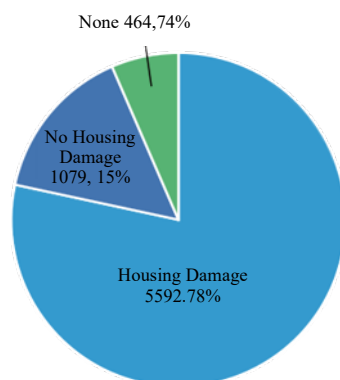


Figure 12 Whether there was Housing Damage
(cumulative number; N = 7,135)

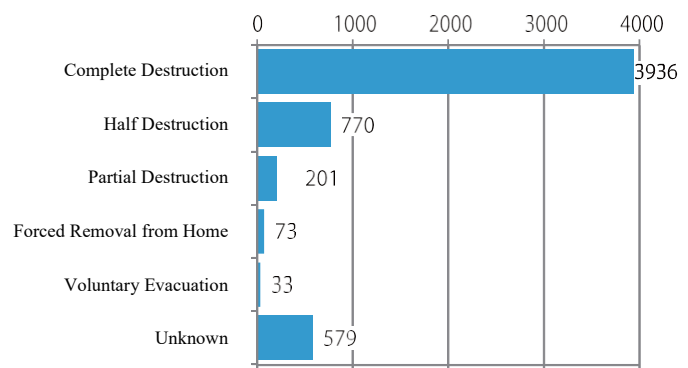


Figure 13 Housing Damage Details
(cumulative number; N = 5,592)

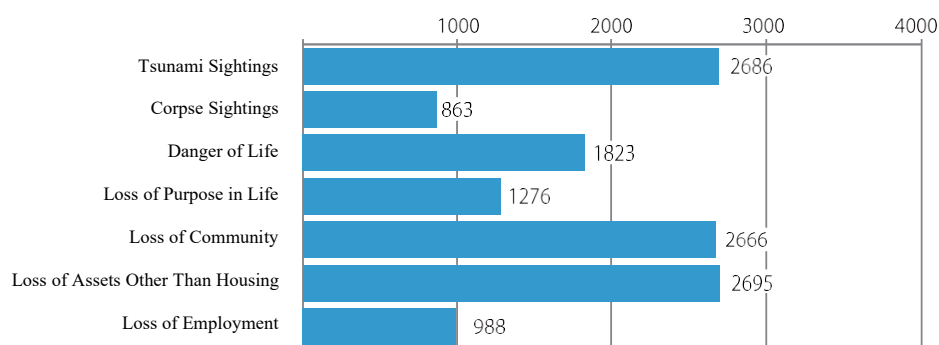


Figure 14 Other Effects of the Disaster
(cumulative number, multiple selections; N = 7,135)

d. Living Situation

The total number of people living in container type temporary housing and apartment type temporary housing is 3,625, accounting for 50.8% of the total (Table 5, Figures 15, and 16). Other housing included relatives and acquaintances' homes, housing facilities, while some were hospitalized. Household statuses showed a total of 4,634 people (69.4%) living with their families, while 48.5% of container type temporary housing and 51.9% of disaster public housing residents lived alone (Figure 17).

Table 5 Current Living Environment
(cumulative number; N = 7,135)

Living Environment	Number of Cases
Home	2,949
Container Type Temporary Housing	2,418
Apartment Type Temporary Housing	1,207
Disaster Public Housing	262
Other / Unknown	299

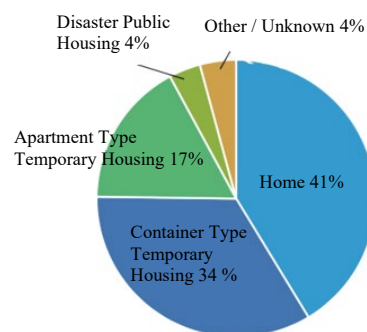


Figure 15 Current Living Environment Distributions
(cumulative number; N = 7,135)

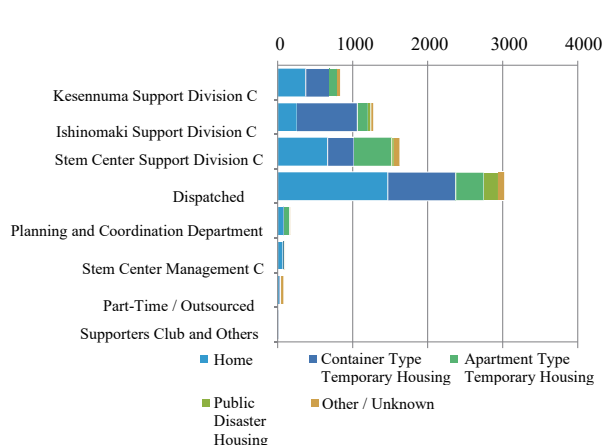


Figure 16 Current Living Environment by Department in Charge (cumulative number; N = 7,135)

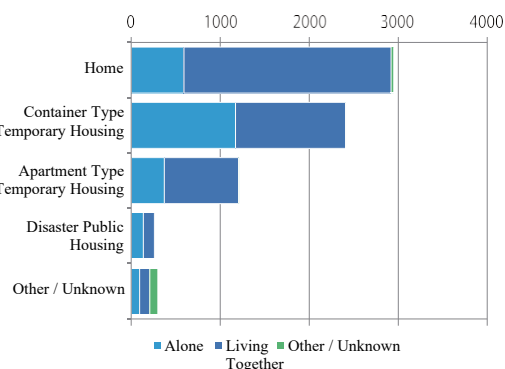


Figure 17 Current Living Environment and Household Status (cumulative number; N = 7,135)

e Consultation Background

The background of consultations varied widely (Figure 18). Some municipalities didn't provide support for high-risk persons, and 1.3% of the respondents answered that they had no particular problems.

Following consultations on mental and physical problems such as mental variation (28.2%), addiction (21.7%), and health problems (24.6%), there were many consultations regarding changes in the living environment (20.7%), family/household issues (17.2%), and economic / lifestyle reconstruction issues (11.9%). In FY2013, "Health Issues," "Changes in the living environment" and "Mental variation" were the top three items, but in FY2014, addiction issues too were ranked high.

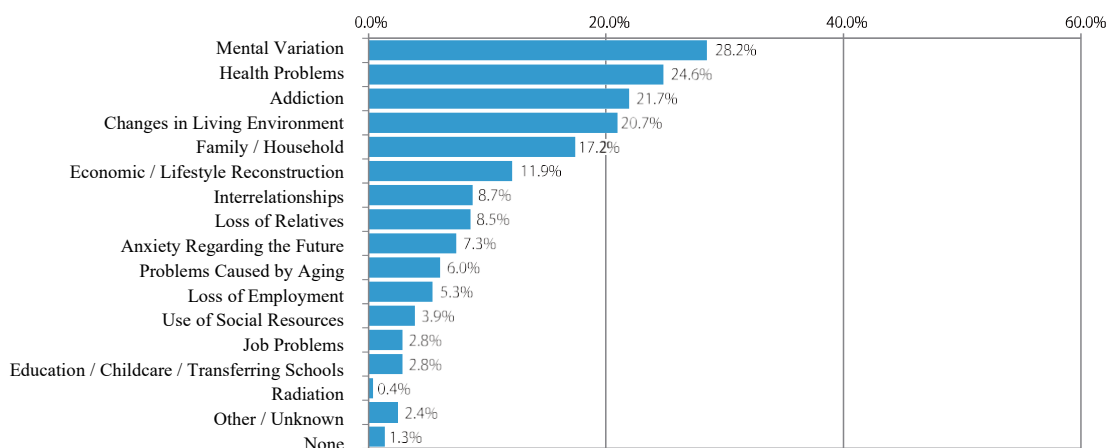


Figure 18 Percentage of Consultation Backgrounds with Valid Responses (cumulative number, multiple selections; N = 7,135)

f Mental Variation

As for the presence or absence of mental symptoms at the time of support, 29.1% had symptoms related to mood and emotion (Figure 19). The breakdown of mood and emotional symptoms was mainly depressed moods, frustration, and reduced motivation. The percentage of mental variation was almost the same as in FY2013, with no major changes observed.

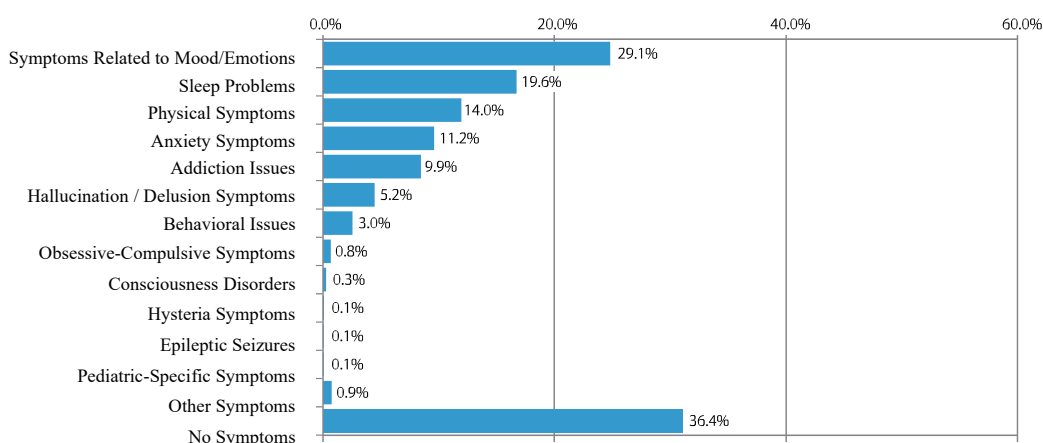


Figure 19 Percentage of Mental Variations with Valid Responses (cumulative number, multiple selections; N = 7,135)

g. Psychiatric Consultation History, Disease Name, Onset Time, Current Treatment Status

A total of 2,653 individuals (37.2%) have had a psychiatric consultation in the past (Table 6). Of the 2,224 patients with a confirmed disease name, 1,503 (67.7%) developed the disease before the disaster. Looking at individuals for which the name of the disease has been confirmed, F2 (schizophrenia / schizophrenia type disorder and

Table 6 Psychiatric Consultation History and Current Treatment Status (cumulative number; N = 7,135)

Psychiatric Consultation History		Number of Cases
With Consultation History	(Ongoing Treatment)	1,990
	(End of Treatment)	169
	(Treatment Interruption)	439
	(No Treatment)	24
	(Unknown Treatment Status)	31
No Consultation History		3,917
Unknown Consultation History		565

delusional disorder) > F3 (mood disorder) > F1 (psychological and behavioral disorder caused by the use of psychoactive drugs) (Figure 20). The number of cases handled in F1 was about twice that of FY2013, and as mentioned above, consultations regarding addiction increased. In F3, onsets before the disaster were similar to those after the disaster, and this tendency was similar in FY2014. In FY2013, the proportion of onset in F4 (neuropathy / stress-related disorder and somatoform disorder) was almost the same, but in FY2014, pre-disaster onset increased.

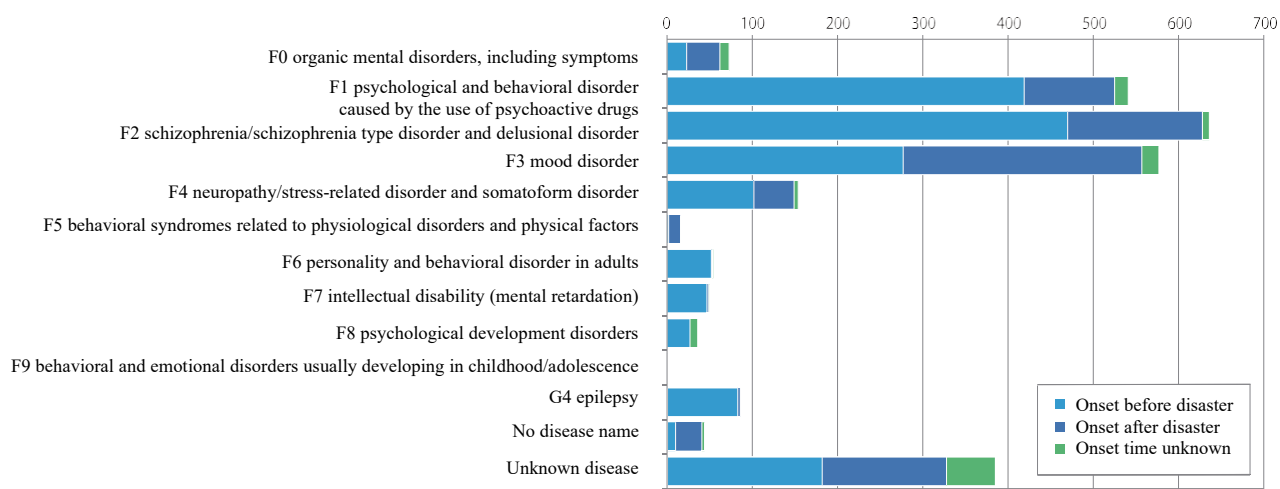


Figure 20 Number of Cases by Disease Category for Individuals with Psychiatric Consultation Histories and Disease Names (cumulative number; N = 2,653)

② Regarding Support Contents

a. Support Methods

As for support methods, there were 4,309 support visit cases, accounting for 60.4% (Table 2). There were also many telephone support cases by dispatched employees (Figure 21). The percentage of consultations by visiting the center and group activities was low. Other activities included consultations via email.

b. Consultation Recipients

Consultations from the person of interest accounted for 86.1% of the 6,144 cases. There were also 888 consultations from family members and relatives (12.4%), as well as from acquaintances and workplaces.

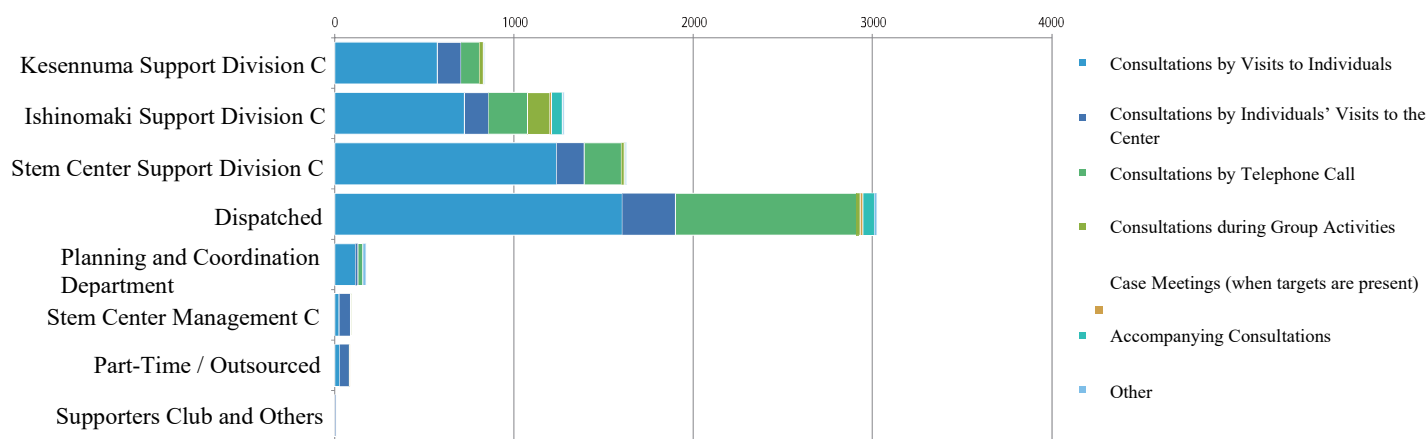


Figure 21 Number of Cases by Support Method for Each Department in Charge
(cumulative number; N = 7,135)

c. Other Attending Organizations

Of the 1,714 cases attended by other organizations, 45.6% were assisted by local government officials and provided support (Figure 22). The next category is support center and temporary housing support staff, which accounted for 27.3%. The ratios varied greatly depending on the regional centers and the dispatched employees, and each type of cooperation had unique features (Figure 23).

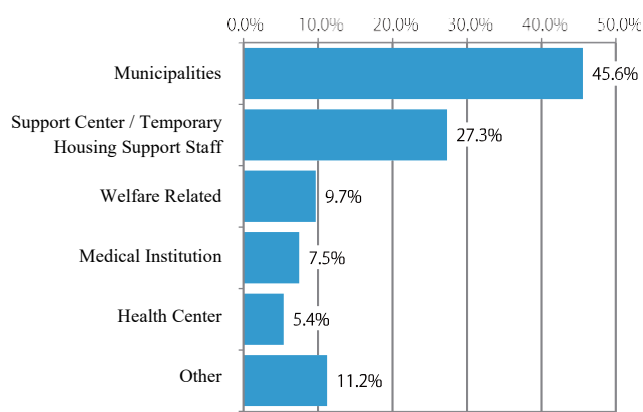


Figure 22 Percentage of Other Attending Organizations with Valid Responses (cumulative number, multiple selections; N = 1,714)

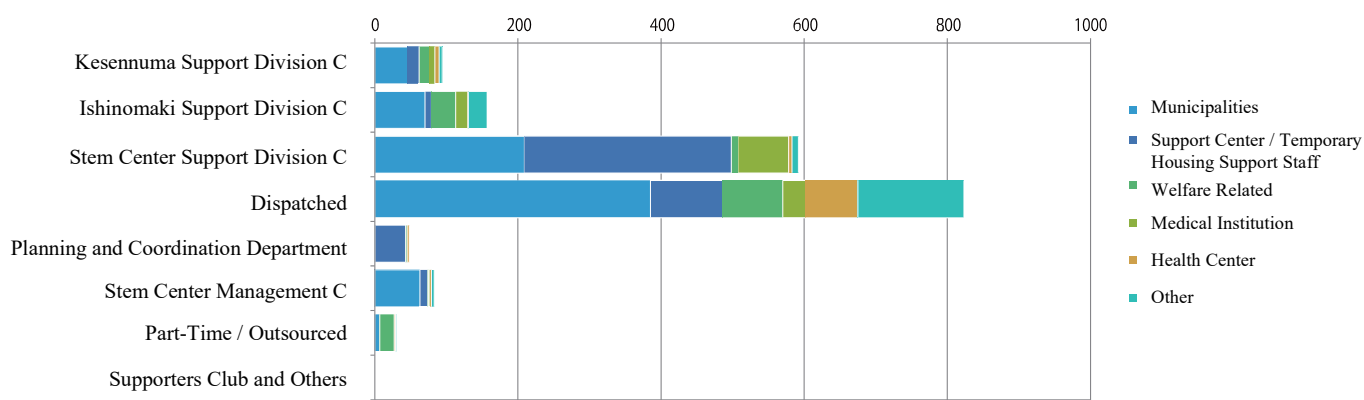


Figure 23 Other Attending Organizations Details for Each Department in Charge (cumulative number; N = 1,714)

③ Regarding Finished Support

The number of cases in which support was finished at our center in FY2014 was 1,636 (Table 7, Figure 24). The final support outcome for improved situations was 1,448 cases, which accounted for 88.5% of the total. Of the 144 cases referred to other organizations, 43.1% were transferred to the department in charge of municipalities

Table 7 Outcome (N = 7,135)

Correspondence Status		Number of Cases
Continuous (cumulative)	Regular Consultations	3,448
	Necessary Consultations	2,029
	Other	4
Finished (Actual)	Improved Situation	1,448
	Referred to Other Organizations	144
	Denial of Support	44
Other		18

Out of a total of 5,481 cases determined to be supported by our center, 3,448 (62.9%) had regular interviews and 2,029 (37.0%) had interviews when necessary.

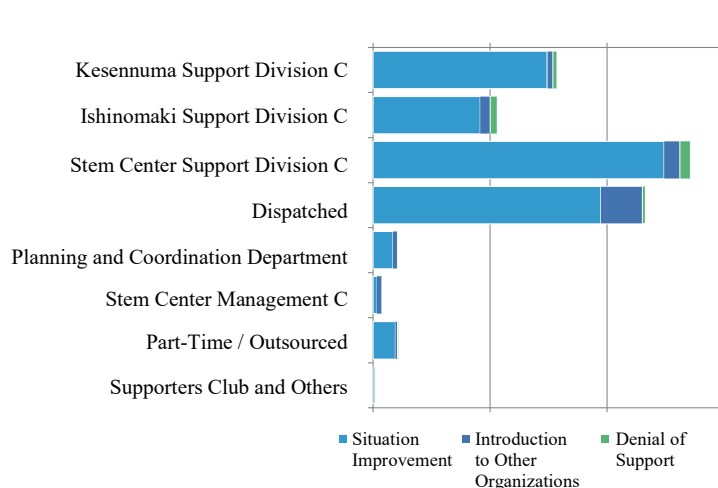


Figure 24 Outcome for Each Department in Charge (N = 7,135)

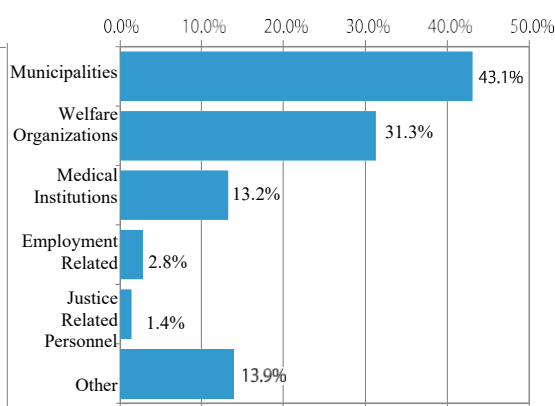


Figure 25 Percentage of Number of Valid Responses from other Institutions (N = 144)

(2) Camping for children and their parents in the affected areas

Day camps for elementary school students and their parents in the affected areas, which have been ongoing since FY2012, were also held in FY2014. In FY2014, the purpose of the event was for parents and children to be able to feel refreshed in a new environment, for them to increase their interest in mental health, and to improve their self-care abilities. Participants were 20 children and 5 parents (4 all-day participants, 1 left midway). Recreation and psychological education were provided for elementary school students, while mini-lectures, yoga, and hand massages were provided for parents. Besides, in FY2014, effective planning and management were achieved through cooperation with the Boy Scout Miyagi Federation Sendai District.

(3) Conclusion

Compared to FY2013, the number of cases handled has increased by more than 1,000 cases. In addition to the impact of the increase in the number of center staff, it is felt that the expertise of each center staff is better understood, and the role is clarified.

Follow-up rates after the health surveys which have continuously been high prompted the support of disaster victims. It can be seen that we work closely with local government officials to provide a lot of support centered on visiting support. Four years have passed since the earthquake, and the background of consultations has changed. The third most common “Change in Living Environment” has been replaced by “Addiction.” “Economy / Lifestyle Reconstruction” has dropped in ranking. Over the years, issues in the living environment have gradually calmed down while new issues have emerged.

It is expected that occupation in disaster public housing will further accelerate in the future. In FY2014, half of the disaster public housing and container type temporary residents’ consultations were with single persons. A survey conducted by the Miyagi Prefecture points out the high risk of single persons. It is thought that interactions are unlikely to surface with single-person households as their move into disaster public housing continues, which will be an issue for FY2015 and beyond.

3. Support for Supporters

Support contents include activities aimed at providing stress care and health promotion, as well as professional advice to supporters dispatched as professionals to municipalities.

(1) Overview of the Implementation of Support Activities for Supporters

① Support Contents

There were 616 cases of guidance/advice from a professional perspective, followed by 474 cases of administrative work support (Table 8, Figure 26). Regarding the details of guidance/advice from a professional perspective, “other” was the most common category (Table 9, Figure 27), but included cases with schizophrenia, dementia, developmental problems, and guidance; and advice for general support.

Table 8 Support for Supporters Activity Status (cumulative number; N = 1,915)

Support Contents	Number of Cases	Number of Targets
Post-visit/interview report	221	315
Advice/guidance from professional perspective	616	2,098
Regional challenges	59	235
Workplace mental health care	71	322
Case meetings (when targets are present)	261	1,345
Establishment of mental health consultation desk	45	50
Medical examination support	58	390
Clerical work support	474	848
Other	110	815
Total		6,418

Table 9 Details of Guidance / Advice from a Professional Perspective (cumulative number, multiple selection; N = 616)

Professional Guidance / Advice Details	Number of Cases
Alcohol problems	120
Gambling problems	4
Drug problems	0
Depression	74
Complicated grief	14
PTSD	11
Abuse	36
Other	415

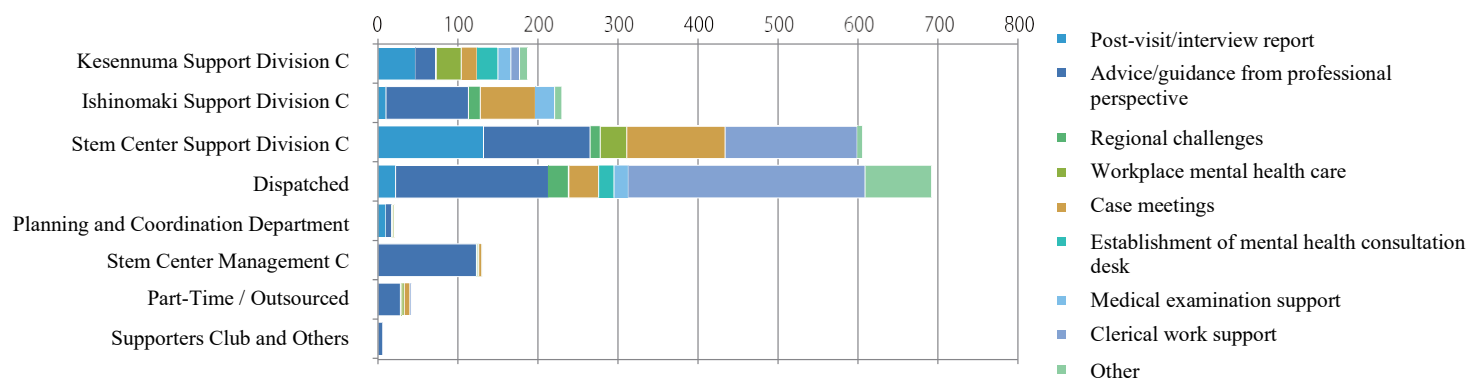


Figure 26 Support for Supporters Activity Status for Each Department in Charge (cumulative number, multiple selections; N = 1,915)

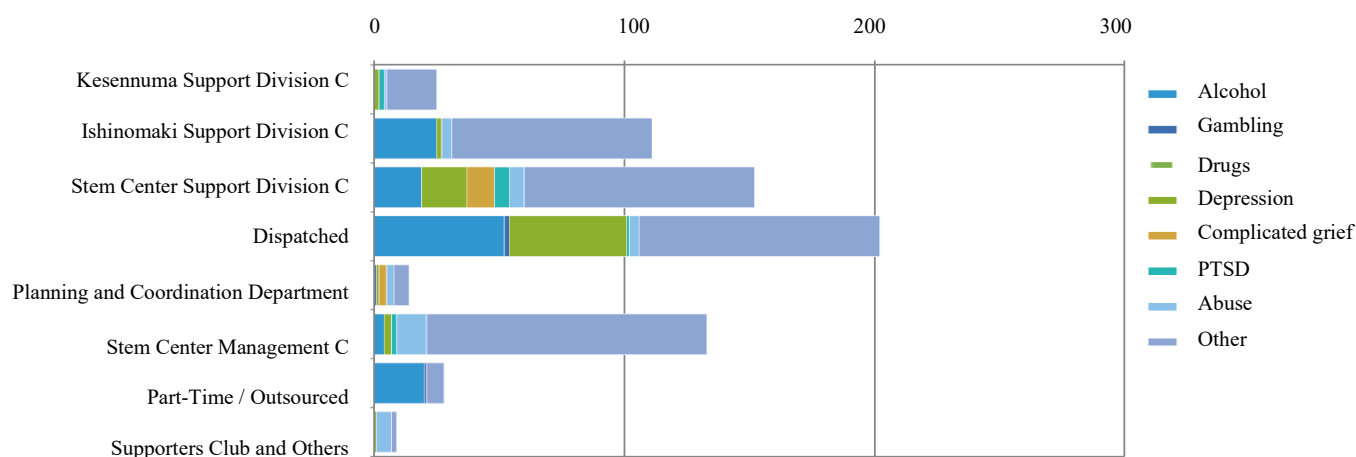


Figure 27 Details of Guidance / Advice from a Professional Perspective for Each Department in Charge (cumulative number, multiple selections; N = 616)

② Support Targets

The support was mainly provided to government officials (Figure 28).

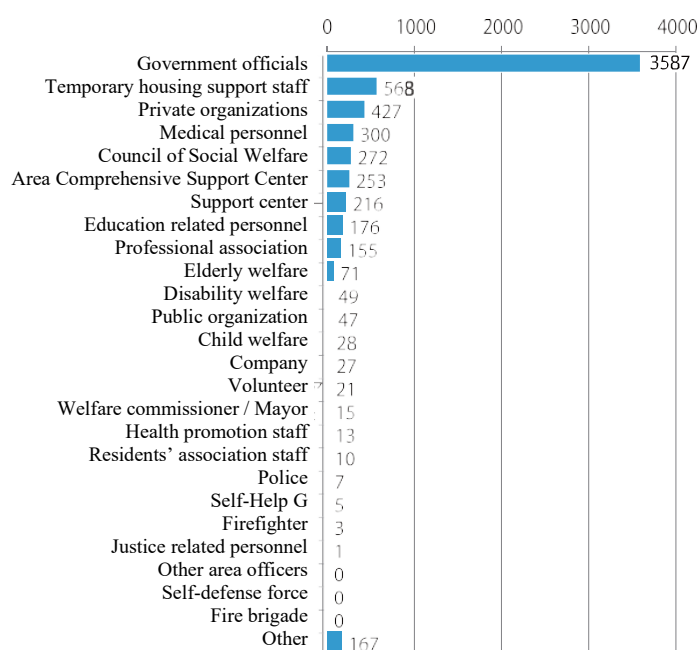


Figure 28 Support Target Details (cumulative number; N = 6,418)

(2) Assignment of specialists to municipalities (seconded)

At the request of municipalities, specialists were dispatched as seconded staff members (Figure 29). Dispatched staff were stationed in cities and towns and worked to reduce the workload of the staff members in charge. Specifically, they provided support for health surveys and continued support after the surveys through one-on-one support by visits, calls, and individuals visiting the center, as well as participation in various meetings and administrative support. They also provided practical support for specialized consultations such as supervision, alcohol consultations, and mental health consultations.

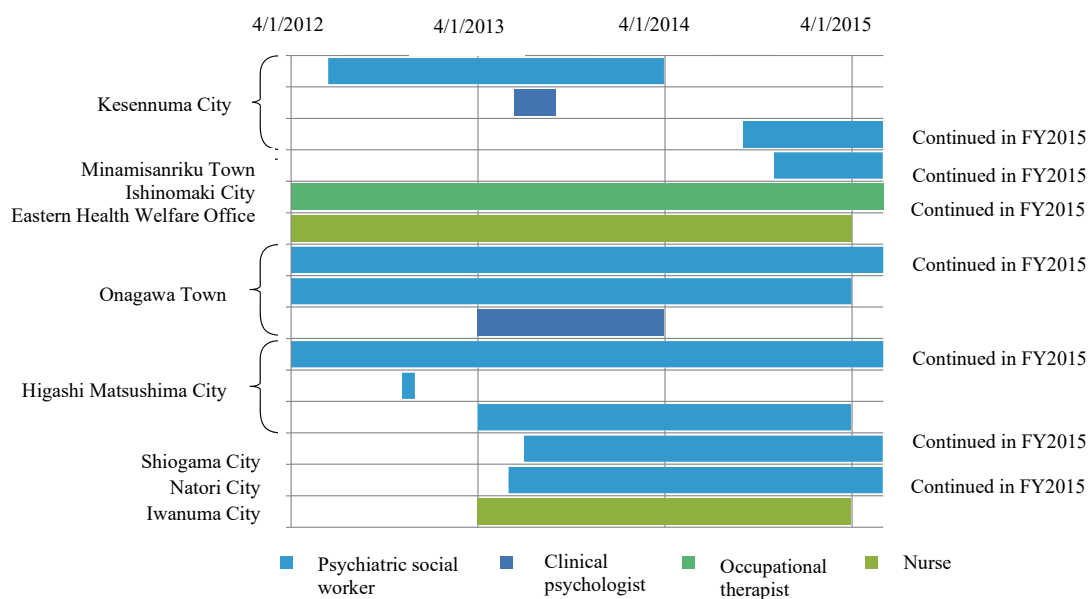


Figure 29 Dispatch Status of Dispatched Employees

(3) Conclusion

Supporters in the stricken areas may have tough lives as they are disaster victims. Additionally, supporters who visit for assistance from outside the prefecture may feel burdened by living and working in unfamiliar environments. Needless to say, it is the supporters who support the residents in the affected areas, while caring for their mental health. It is considered necessary to continue to provide support from various aspects in the future, by reducing the burden of the supporter's workload and providing technical support such as supervision and case studies.

Dispatched staff have been stationed at their respective administrative organizations, allowing them to work closely with municipalities and their respective projects. It is thought that the deepening connection with the local government officials is a factor in the increased number of dispatched employees, as compared to FY2013.

While being staff members of the center, the dispatched staff members must understand the situation in each area and have the ability to respond flexibly in cooperation with the personnel in charge. This role is expected to become increasingly important and difficult as the local landscape changes. As the center, we hope to further value and work on logistics support.

4. Raising Awareness

To deepen citizens' understanding of mental health, we published public relations magazines, spread information through our website, created educational pamphlets, and conducted workshops and lectures (Table 10).

Table 10 Status of Activities to Raise Awareness (N = 392)

Contents	Number of Times	Number of Targets
Distribution of products to raise awareness	17	—
Website management/updates/sharing of information	27	—
Training to raise awareness	63	2,009
Café activities	179	2,439
Activities to raise awareness utilizing mass media	10	—
(Television / Radio)	(2)	—
(Newspapers / Magazines)	(8)	—
Other	0	—
Establishment of mental health consultation desk	65	97
Presentations at academic societies and professional organizations	1	100
Corresponding with the press	19	—
Handling inspections	10	—
Other	5	—
Total	392	4,645

(1) Publication of Public Relations Magazine

In order to spread awareness about the roles and activities of the center and the Tohoku University Department of Preventive Psychiatry, the “Miyagi Disaster Mental Health Care Center Newsletter” was published four times (July, September, December, March) mainly for supporters in the affected areas, and distributed to about 800 locations, including related organizations in the prefecture (Table 11). In addition, a public relations magazine the page has been set up on the website so that users can browse issues from the past to the present at any time.

Table 11 PR Magazine Publication Status

Volume Number	Month of Issue	Number of Printed Issues
9	July	5,000
10	September	3,500
11	December	2,410
12	March	2,400

There were also inquiries regarding training and event announcements thanks to public relations magazines.

(2) Creating and Distributing Pamphlets

Since FY2012, we have been creating and distributing pamphlets dealing with issues such as PTSD, alcohol, depression, and insomnia that have been of concern since the earthquake. In FY2014, a total of three types were created, one for heavy drinkers and two for mental and physical health during the reconstruction period. A total of thirteen have currently been distributed. Following local needs, each center also created and distributed its pamphlets and educational goods (Table 12).

Related organizations (municipalities, Area Comprehensive Support Center, Sendai City Mental Health and Welfare Center) requested additional issues. Besides, there were cases in which telephone numbers were referred to in various pamphlets, leading to telephone consultations.

Table 12 Pamphlet Creation Status

Distributed Areas	Title/Content	New/Reprint	Number of Issues
Whole Prefecture	Miyagi Disaster Mental Health Care Center General Brochure	Reprint	3,000
	“Dementia - to support everyone-”	Reprint	5, 000
	“Let’s learn how to interact with alcohol”	New/Reprint	12,000
	“Mental health during reconstruction”	New	30, 000
	“To everyone moving -for your mental and physical health-”	New	30, 000
Kesennuma Regional Center	“Let’s start Promoting mental health”	New	1,600
	“For mental and physical health”	New	200
(Kesennuma/Minami sanriku Area)	Pen for awareness	New	300
Ishinomaki	Pocket tissues for awareness (Additional)	Additional	2,000
Regional Center	Pen for awareness	New	1,000
(Ishinomaki/Onagawa/Higashi matsushima area)	“Let’s start Promoting mental health”	New	2,000

(3) Raising Awareness Using the Internet

The website was opened in FY2012 and is operated for purposes such as spreading information to the general public regarding the center and sharing information on the training sessions and lectures. The website was updated twice a month, with an average of 37 views per day. In FY2014, there were a total of 13,433 views.

(4) Training to Raising Awareness

At the request of municipalities and related organizations, mental health training was conducted for residents (general residents and professionals) (Table 13).

Table 13 Details Regarding Training to Raise Awareness (N = 63)

Contents	Number of Times	Number of Participants
Post-earthquake mental health	3	320
Regarding mental illnesses	11	242
Basic skills for listening (attentive listening)	2	108
Regarding addiction (such as alcohol problems)	12	326
Impact of disasters on children	4	183
Stress and mental health care/regarding self-care	21	352
Regarding physical health	6	97
Regarding mental health at work	3	341
Regarding the stricken areas and our center's activities	1	40

(5) Café Activities

We worked with residents to conduct café activities and cooperated with support and administrative organizations (Table 14).

Table 14 Café Activities (N = 179)

	Each Center's Community Support Division				Other	Total
	Kesennuma	Ishinomaki	Stem	Dispatched		
Sponsored/Co-sponsored Cafés	24	39	0	2	2	67
Helping with Other Institutions' Cafés	16	0	17	78	1	112

(6) Utilizing Mass Media to Share Information

Through mass media (TV, radio, newspapers, magazines, etc.), we conducted activities to share information regarding mental health issues and the center's activities. In particular, FY2014 was commemorating the 20th anniversary of the Great Hanshin-Awaji Earthquake, and hence there were many related reports. Alongside discussing how the lessons of that event had been passed on, we also introduced the activities of the center.

(7) Co-sponsoring and supporting various training sessions and events

- 3 co-sponsored
- 3 supporting

(8) Conclusion

While providing high-risk approaches to those who are at-risk, spreading information relevant to the local population also has important implications for the population approach. However, if the means for delivering information is biased, important information may not be delivered. A variety of methods have been used thus far, such as the distribution of pamphlets and public relations magazines, the Internet, mass media, and café activities, and an e-mail magazine is scheduled to be issued from FY2015. We hope to try and improve the information network by taking multiple approaches.

4. Human Resource Development

We conducted projects to spread knowledge on various issues and develop human resources for professionals and supporters related to the field of mental health (Table 15). We also held various workshops and dispatched instructors to municipalities and other organizations.

Table 15 Human Resource Development Status (N = 171)

Contents	Number of Times	Number of Participants
Disaster social gathering	3	155
Media conference	1	22
Addiction-related issues	32	1,198
(about alcohol)	(29)	(641)
(about other addictions)	(3)	(557)
Support skills training	53	1,276
(how to listen attentively)	(15)	(463)
(stress and mental health/about self-care)	(17)	(423)
(other)	(21)	(390)
Mental health training for supporters	8	558
Workplace mental health training	9	248
Mental health training for children	15	664
Regarding health training for the elderly	2	44
Suicide prevention-related training	8	208
Training about mental illnesses/disabilities	12	411
About the situation in the stricken areas and the center's activities	11	415
Case studies	7	31
Other	10	322
Total	171	5,552

(1) Social Gatherings

A “Disaster Mental Health Care Social Gathering” was held to exchange and share information with related personnel such as the administrative and support staff. As the transition to public housing for disasters gradually progressed, this provided an opportunity to think about building a new community based on the lectures and group work of those involved in disaster relief. In FY2014, the event was held in Sendai City, Ishinomaki City, and Minamisanriku Town.

(2) Media Conferences

The theme of the conference was "Measures for suicide prevention in the disaster-stricken areas and the media's approach ~how to collaborate in the future~." We discussed how we could work together in the future and spoke about understanding the media and mental health initiatives from the time of the earthquake to the present. In FY2014, the conference was sponsored by the center in cooperation with the National Center of Neurology and Psychiatry.

(3) Earthquake-related Training

Various training sessions were conducted to acquire knowledge and skills, and building a network to address issues related to the earthquake. Regarding training on addictions, especially alcohol, as in FY2013, training was conducted for the staff of this center at Tohokukai Hospital, an alcohol specialty hospital. In FY2014, we conducted a training on alcohol-related issues for municipal staff in the Sendai Health and Welfare Office and the Iwanuma branch office to improve the responsiveness of local government officials who are at the core of the region.

(4) Co-sponsoring of various training sessions and events

- 10 co-sponsored
- 4 supporting

(5) Conclusion

Since the opening of the center, the contents of various initiatives that have been undertaken for human resource development have also changed over time.

Social gatherings, which are held as a place to exchange information and for interaction especially for those who have busy schedules, were implemented in FY2014 with the theme of transitioning to disaster public housing and creating a new community. Although this was the first event held in Minamisanriku Town, there were many participants, including supporters and local welfare officers.

The theme of the media conference was on suicide prevention in disaster-stricken areas and how we could work with the media. We discussed with the mass media, such as local newspapers and community FM, about how various local initiatives, such as support for bereaved families, could connect and work together. The training sessions on themes related to the earthquake were conducted for administrative staff at Tohokukai Hospital, a specialized alcoholic hospital.

The challenges that arose in the region over time and the themes that related personnel seek are changing. Going forward, we will continue to focus on the needs of the region, identify the themes that are currently being sought, and create useful projects.

5. Other

(1) Support for various activities

We co-sponsored and supported training sessions and other activities requested by various organizations to support the activities in cooperation with municipalities, health centers, various support organizations, and related organizations that were active in the prefecture.

(2) Research

A research project was conducted to understand the situation of affected areas and disaster victims. A part of this was conducted as a subsidiary research project for research for the Ministry of Health, Labor and Welfare (shared research).

① Health Survey for Local Government Officials

At the request of the municipalities, a health survey was conducted for local government officials in Minamisanriku Town and Kesennuma City. Subsequent follow-ups and data analysis was conducted in cooperation with the Tohoku University Preventive Psychiatry Endowed Course and the Kesennuma Regional Center.

② Health Survey for Municipal Social Welfare Councils

At the request of the Miyagi Prefectural Council of Social Welfare, a health survey was conducted for the staff members of six municipal social welfare councils (Kesennuma City, Higashi Matsushima City, Shichigahama Town, Yamamoto Town, Onagawa Town, and Sendai City). Subsequent follow-ups and data analysis was conducted in cooperation with the Tohoku University Preventive Psychiatry Endowed Course and each regional center.

③ Management of Research Group

For the research project to run smoothly, a research group was organized to establish a support system for research in this center.

④ Construction of Statistical System

In addition to elucidating the overall results by collecting business reports, a statistical system was constructed to clarify the needs and necessary support in the areas after the earthquake. A support system for system input was established, and based on the statistics accumulated in the database, a report on the aggregated data was made. Besides, to know the actual number of support services, a system was added to assign IDs to business reports.

⑤ Bulletin Publication

1,200 copies of Bulletin No. 2 (FY2013) were issued as a report on activities at this center and were distributed to about 850 related organizations.

⑥ Presentation of Research

Abstracts and symposiums were presented in academic societies (Table 16).

Table 16 Research Presentation

	Presentation Contents	Number of Times
	Camp-related projects for children and parents in the affected areas	4
	Miyagi Disaster Mental Health Care Center Activity Status	1
Abstract Presentation	Disaster area support system during the reconstruction period	1
	Support for disaster victims through “gatherings”	1
	Group practice with supporters	1

	Occupational Therapists Association disaster relief of Three Prefectures	1
	Related to support victims and post-disaster community mental health activities	6
Symposiast	Related to suicide	1
	Related to child support	1
Contributions		1

(3) Other Activities

① Staff-wide Meetings and Training Sessions

In addition to preventing the dispatched staff from being isolated, these sessions were held a total of five times on the fourth Friday of every other month (May, July, October, January, February) as an opportunity for sharing information among the regional centers. Two of them were conducted at the regional centers. The contents were examined and implemented based on a questionnaire for staff members from FY2014.

② Three Prefectures' Mental Health Care Center Meetings

Workshops and study sessions were held to exchange information with the mental health care center staff in Miyagi, Fukushima, and Iwate Prefectures, which were established in the wake of the Great East Japan Earthquake.

- Three Prefectures' Mental Health Care Center Meetings (June, December)
- Miyagi Fukushima Joint Study Session, Information Exchange (August, February)

8. Conclusion

In addition to the reports listed above, we have also spent a lot of time attending meetings and coordinating and discussing with various organizations. In FY2014, more than 2,000 such cases were reported. In addition to respecting the intentions of the local government officials and working closely with various supporters in the region, it can be said that we are all respectfully engaged in rebuilding the region together.

While relocation to disaster public housing and the formation of new communities are in full swing, the affected areas are entering a new phase, such as the reduction of container type temporary housing. While maintaining the basic stance we have valued in our efforts over the past three years, we will continue to respond flexibly to the needs that arise in new situations.