Public Interest Incorporated Association
Miyagi Prefecture Social Welfare Association

Miyagi Disaster Mental Health Care Center

2016 Bulletin

5th edition

Miyagi Disaster Mental Health Care Center

Miyagi Disaster Mental Health Care Center

Living in the Community

Hiroo Matsuoka
President of Miyagi Prefecture Association of Psychiatric Social Workers,
Public Interest Incorporated Association
(Department of Preventive Psychiatry, Tohoku University Graduate School of Medicine)

The prefatory note in 2015, entitled "Five Kinds of Stress," introduced scholarly advances concerning the various kinds of stress that people experience. I am presenting today because very interesting research has recently been reported relating to mental health problems that people have because of stress, and the kinds of regions where difficulties are arising as those problems intensify.

Many psychological disorders do not suddenly appear one day but begin gradually over years from nonspecific symptoms and behavioral changes, which put increasing strain on one's ability to have a social life, until it collapses into a state of "illness." Looked at another way, people are confronted with various stresses, and although at first they have used their strength to battle to overcome stresses (recently referred to as "resilience"), when the power relationship of stress and resilience starts to reverse, this leads to various changes that make stress intolerable. Even now, the people who live in areas impacted by various problems have repeatedly battled stress with resilience. People persevering in this situation may simply not talk about their symptoms, and their mental health problems may go unnoticed. However, when difficulties arise with living in the community, gradual changes in social functioning can also present themselves, and this can lead to behavioral changes presenting themselves without the individual being aware of it.

Very interesting research has examined community functioning after the onset of full-blown schizophrenia. This research was carried out in Israel; although healthy young men aged 16–17 were recruited for the study, psychiatric follow-up surveys were carried out on average 25 years later, and follow-up evaluations were carried out over a long period of time in three domains of community functioning: "social activity," "independent behavior," and "functioning in school or work." Social activity evaluated the ability to make friends ("How many good friends do you have?," "Do you generally prefer to be with or without a group of companions?," etc.); independent behavior evaluated the ability to solve problems in social life ("How do you deal with interpersonal stress?"); and functioning in school or work evaluated the ability to fulfill obligations and responsibilities at school or at one's place of work ("Do you follow a routine at school or work?"). Those who had been hospitalized for schizophrenia had lower social activity and functioning in school or work 8–15 years before the onset of the illness, and about 5 years before the onset of the illness their social activity had suddenly dropped and their independent behavior had also begun to decline.

These results are consistent with research into schizophrenia, and although a link cannot be found to wider mental health problems in areas suddenly struck by disasters, people who already had problems with social life and functioning in school or work may be a high-risk group for mental health problems. Thus, when further deterioration of social life (e.g., a sudden pull toward misanthropy) and reduction in independent behavior (e.g., bewilderment when met with the smallest of problems) are observed, it might be possible to guess that an attack of mental illness may be imminent. This kind of evaluation of social functioning may be helpful when evaluating mental health problems in people who do not talk about their own symptoms.

1. DEVELOPMENTAL TRAJECTORIES OF IMPAIRED COMMUNITY FUNCTIONING IN SCHIZOPHRENIA. VELTHORST E., ET AL.: JAMA PSYCHIATRY 73(1): 48–55, 2016

Six Years After the Earthquake

Akira Kodaka – President, Doctor
Miyagi Disaster Mental Health Center (MDMHCC)

We present here the fifth edition of the Bulletin of the Miyagi Disaster Mental Health Center (hereinafter, "this Center"). Six years have passed since the earthquake, and likewise this Center has been active for almost six years. In that time, as with all areas struck by disaster, this Center has been watched over, guided by, and received many kinds of support from all of the people affected. I would like to express our deep gratitude. We have passed the midpoint of the ten-year reconstruction plan and the situation in the areas struck by the earthquake has changed; accordingly, our activities have also changed, and we have entered a phase of once again sorting out the goals of our activities moving forward.

The areas struck by the earthquake have experienced a variety of challenges on the road to resettlement. The number of people living in temporary housing (including privately-rented housing) has hardly fallen and remains high, and migration to emergency public housing has brought many people a sense of insecurity, leading to the major questions of how to build relationships with people in new places and how to build communities there. Support for isolated elderly people is also a major problem, and there have been reports of people dying alone in emergency public housing. Another major problem is supporting children who have grown up amid the stress following the earthquake disaster.

Municipal governments in all areas struck by the disaster are turning to face these issues, and despite their troubles are fervently considering once more how to advance mental health care and psychiatric social work in the region. We believe that from now on, activities should advance based on support for supporters of people in areas affected by the earthquake, but at present we are once again considering what we will leave behind for the future.

Our planned activities are limited to the remaining four years. Since 2016, we have formulated our management plans for the remaining four years with the cooperation of all the areas and people affected by the earthquake, and have officially carried out our public duty with the understanding of the Association of Psychiatric Social Workers, the steering committee, and the prefecture. We aim to implement our plan of action with everyone's support and guidance.

Without going into too much detail here about the management plan, the following three points are important:

First, we aim to help to strengthen capacity and contribute in areas struck by the earthquake while being mindful of what will remain in the future. We deal with problems in the region along with everyone else, so although building up activities related to mental health is itself the most important item, we must also reexamine each of our activities from the point of view of what will remain in the future, and advance activities that have profound significance for people who are suffering as a result of the earthquake.

Second, for posterity various materials or records of practice will remain in the form of research and study activities. From the perspective of mental health care activities, recording and preserving experiences of earthquake disasters is our obligation to history. To do so, in 2017 we carried out organizational changes and set up a structure that has been implemented as a research division. Concentrating internal and external efforts, we hope to move forward with the advice and guidance of all people involved.

Third, we are tackling the issue of how to create a community psychiatric social work service after the earthquake disaster. There are also problems that are faced in each prefecture (and nationally), not just in the towns and cities affected by the earthquake. Through our daily activities, and through our survey inquiring into coastal cities and towns in 2016, we get the impression of a strengthening sense of impending crisis in all areas. As part of the implementation of mental health care following the earthquake, we keenly felt the importance of community psychiatric social work services in the future, and have been fervently considering how to create a structure for the long term; although this has yet to take shape, it is certainly a topic of great worry and unease.

According to a 2014 nationwide survey, the rate of increase of mental health disorders was far greater in Miyagi Prefecture than the national average. We are preparing integrated structures for health care and social welfare, from primary prevention through to tertiary prevention, and we believe that vigorous, concrete, and meticulous support will be needed in the long term to facilitate relief activities focusing on areas struck by the earthquake, which have continued to face a variety of problems since the disaster. Looking toward the end of the reconstruction plan, it will be necessary to put more efforts into advancing the work of preparing for this. New prefectural plans for community medicine and disability social welfare began in 2018, growing out of a 2017 study, but these must incorporate an ideal image of community psychiatric social work services after the earthquake.

Since 2017, the implementation of a “mental health care forum” has been included in management plans. This was conceptualized as a place to discuss how to build community mental health and welfare structures after the earthquake and, while sharing future plans and the initiatives implemented so far by people in every city, paint a vision of the future for prefecture-wide political measures and initiatives in each region.

Through various opportunities, and united with everybody affected, we hope to look to the future, envision the form of community mental health and welfare services that fulfill people’s hopes for peace of mind in the future in all areas struck by the earthquake, and plan activities that will be effective.

I thank you for your continued guidance, support, and encouragement.

Contents

Chapter I:

State of activities at

Miyagi Disaster Mental Health

1. State of activities
    - Trends over the last five years and looking ahead
    - Report on Kumamoto Earthquake disaster support activities

2. State of activities listed by project for 2016

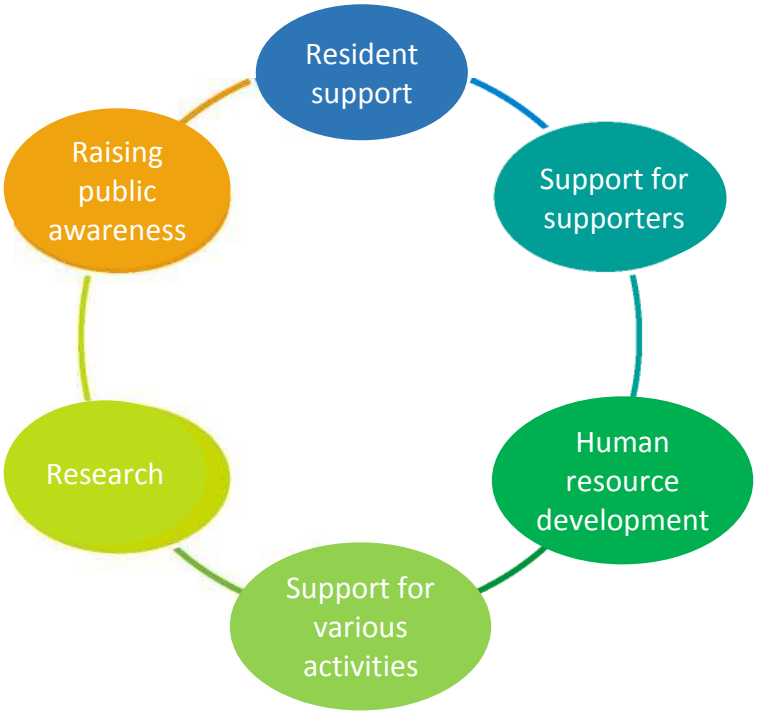
3. Initiatives of each department
    - Kesennuma Regional Center Community Support Division
    - Ishinomaki Regional Center Community Support Division
    - Community Support Division, Stem Center
    - Planning Division, Stem Center

4. Initiatives in organizations such as partnerships and groups
    - Tohoku University Graduate School of Medicine, Department of Preventive Psychiatry
    - Medical Corporation Tohokukai, Tohokukai Hospital
    - Japan Social Worker Association for Alcohol-Related Problem
    - Nonprofit Organization Miyagi Prefecture Danshukai

AUDIT	AUDIT (the Alcohol Use Disorders Identification Test) is a screening test for discovering and correcting alcohol drinking patterns to prevent damage to health, developed by the WHO
DPATs	Disaster Psychiatric Assistance Teams, set up because of the need to provide highly specialized psychiatric care and support mental health activities in cases of natural disasters or mass casualties due to incidents or accidents. N.B. Summarized in the Ministry of Health, Labour and Welfare's HP *Saigaihan Seishin Iryou Chiimu (DPAT) Katsudou Youryou Ni Tsuite (Summary of the Activities of Disaster Psychiatric Assistance Teams (DPAT))*
DMIHSS	The Disaster Mental Health Information Support System is an information sharing tool that uses the Internet to carry out activities efficiently during a disaster; it is a system with functions for callouts and allocation of deployment, recording activities, and tallying. During a disaster, using DMHISS, all kinds of information can be reported concerning adjustments to DPAT deployment and activities.
HAPPY program	The HAPPY Program (Hizen Alcohol Problems Early Intervention Program) is a program developed by National Hospital Organization Hizen Psychiatric Center for intervention with high-volume drinkers. It comprises three short-term programs tackling this through means such as video lessons and health diaries. HAPPY stands for: H - Hizen, A - Alcohol, P - Problems, P - Program, and Y - Dr. Yuzuriha Takefumi.
PFA (children's and adults') (Psychological First Aid)	Psychosocial methods linked to support needs to prevent mental anguish from worsening among victims during emergencies such as disasters and terrorist attacks. Children's PFA refers to age-appropriate psychosocial methods for children's developmental stages.
BI	Brief Intervention refers to individual, short-term counselling (5–30 minutes) carried out as a method of preventive intervention for alcohol use disorders. The goal is to bring about changes in the target person's drinking behavior using interview (intervention) methods such as motivation interviews and coaching. The target people are heavy drinkers, and the goal is often not to abstain from alcohol but to reduce intake. Outward refusal and resistance are relatively rare.

LSA (Life Support Adviser)	LSAs do things for elderly people who live in public housing such as silver housing (assisted living facilities for elderly people) such as minding services (checking on their wellbeing), civic guidance or consultation, responding in times of emergency, communicating with relevant organizations, and support with community-building. The standard is to have one LSA for every 30 households. They belong to organizations such as social welfare service corporations, and in many cases they are qualified for roles such as care work.
Resilience	Resilience can mean flexibility, stability, or the ability to recover. In the terminology of psychiatry and psychology, it is described as "the ability to endure, flexibly respond to, or overcome external shocks such as adversity, hardship, or strong stress," and it is often envisioned as "bouncing back like a bamboo plant, which does not snap even when strong winds blow."
World Cafe	A method for shared discussions about each person's experience and ideas, with an atmosphere just like being in a café; participants engage in free dialogue in small groups at tables, and everyone other than the café master changes seats.

Miyagi Disaster Mental Health Care Center activities are carried out supported by the following six projects.
Each bulletin mainly reports on one of the following projects.



Resident support

Consultation and support aimed at preventing mental illness and improving mental health in victims of disasters

Consultation and support activities for victims (interview consultation, telephone consultation)
Planning and managing events for residents of affected areas

Raising public awareness

Public awareness and information about mental health

Workshops and lectures for ordinary residents
Salon activities for residents of affected areas
Making and distributing pamphlets for public awareness
Distributing information through PR brochures, website, etc.

Research

Investigations and research to understand the circumstances of affected areas and victims

Support for supporters

Support maintaining supporters' own health and mental health activities, for government personnel and temps

Sending professionals to municipal governments
Consultation, supervision, and participation in case meetings
Establishing mental health services for supporters
Support with clerical work

Human resource development

Spreading information and training for mental health professionals and supporters

Training related to post-disaster mental health
Training in support skills
Case meetings
Social gatherings for disaster mental health care

Support for various activities

Cooperation with support groups Sponsorship and backing aimed at supporting activities