

**Miyagi Disaster Mental Health
Care Center Management Plan**
(2017–2020)

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Management Plan
(2017–2020)**

**(Public Interest Corporation)
Miyagi Prefecture Mental Health & Welfare Association
Miyagi Disaster Mental Health Care Center**

Contents

1. Purpose of plan
2. Basic principles and policies
3. Reconstruction status of disaster area and future tasks
4. Policy for future initiatives
5. Components
 - (1) Support for local residents,
 - (2) Support for supporters,
 - (3) Raising public awareness,
 - (4) Human resource development,
 - (5) Research studies
6. Plan implementation

1 Purpose of plan

The Miyagi Disaster Mental Health Care Center (MDMHCC) was founded in December 2011; the Stem Center was then established; and the following April the MDMHCC opened regional centers in Ishinomaki and Kesennuma. During the period of the restoration plan, within the framework of the restoration period, activities have advanced around the axes of the following six projects: 1) Support for local residents, 2) support for supporters, 3) raising public awareness, 4) human resource development, 5) research studies, and 6) support for various activities.

Six years after the earthquake, within the disaster area, although each area is different, people are moving from temporary housing into public housing and reconstruction is progressing, while at the same time there are still problems in daily life and many people who have mental health problems. As circumstances change, there is a need to assess and make needed modifications at this time.

In addition, the reconstruction plan for prefecture, approximately 10 years after the earthquake, has entered the final stage of the period of regeneration, with a view to the development period from 2018 to 2020, with the 2020 fiscal year as its final term. The ten-year reconstruction plan has passed the point of no return, and as these activities wind down it is also a time for us to clarify the goals we set as we move forward. Based on an awareness of these circumstances, the center has clarified its operational goals for its next four years, formulated an action plan, and compiled a management plan. In the course of this work, we reviewed past activities and conducted internal studies, asked the local authorities in the disaster area about the current and future activities of the center, and also directly exchanged opinions. We also looked at survey results for each prefecture.

What became clear in this process is that certain evaluations have been made about the activities of our center, and that in the future we will focus on support for both victims and supporters. In constructing a regional mental health welfare system, there is a strong demand for support for victims and supporters, human resource development, and related issues. In order to respond to these demands, we need to advance our activities based on the action plan specific to the end of the term.

In addition to support activities for disaster areas, the center has a historical mission to leave behind the details of its activities and lessons learned and to gather and pass along our experience for future disasters. We summarize the facts and lessons concerning the management and practices of our center, compile and analyze the data obtained from these activities, examine the quality of these activities, and summarize them from the standpoint of reporting and research.

We also have a responsibility to make policy recommendations drawing upon the compilation of activities on the basis of pre-disaster preparedness, the response at the time of the disaster and thereafter, and the construction of a mid- to long-term regional mental health welfare system based on the experience gained during the disaster.

Mental health care after the earthquake was not limited to support only for the afflicted areas, and has gone beyond the framework of the reconstruction plan. In the long term, in the wake of the earthquake the regional mental health and welfare system will likely expand to reach a wider area and continue to develop in form. As a cornerstone of this work, we have formulated a management plan, and we think that we should first tackle the final phase of the reconstruction plan.

Akira Kodaka, President
Miyagi Disaster Mental Health Care Center

2. Basic principles and activity policies

We have established the following policies, which encompass the basic principles of our center, taking into account both past policies and the entity for which it is being established, the Miyagi Prefecture Mental Health & Welfare Association (Public Interest Corporation).

“Improving community mental health and welfare in affected areas”

The basic policies that govern the center’s activities have been presented in the context of management policy until now, but they are laid out once again below.

- (1) Support for victims is developed through mental health care activities centered on outreach conducted through cities and towns.
- (2) Support for supporters consists of multilateral support such as consultations and mental health programs.
- (3) Enactment of a plan to provide “uninterrupted support for everyone, from children to adults” is based on a prefectural reconstruction plan.
- (4) Support activities are provided for community mental health according to circumstances in disaster-affected cities.
- (5) Summarize activities that will contribute to future measures and research to deal with large-scale natural disasters.

3. Reconstruction status of disaster area and future tasks

I Reconstruction status of disaster area

In the six years that have passed since the Great East Japan Earthquake, the situation of the area has substantially changed. According to a survey conducted by Miyagi Prefecture, as of the end of November 2016, the number of people in prefectural temporary housing was 14,465, and the number of residents in private temporary housing was 10,416. As of April 2012, the number of people in prefabricated temporary housing units was 53,269 people, and the number in private leased housing was 67,753; since that time, these numbers have declined greatly (Fig. 1).

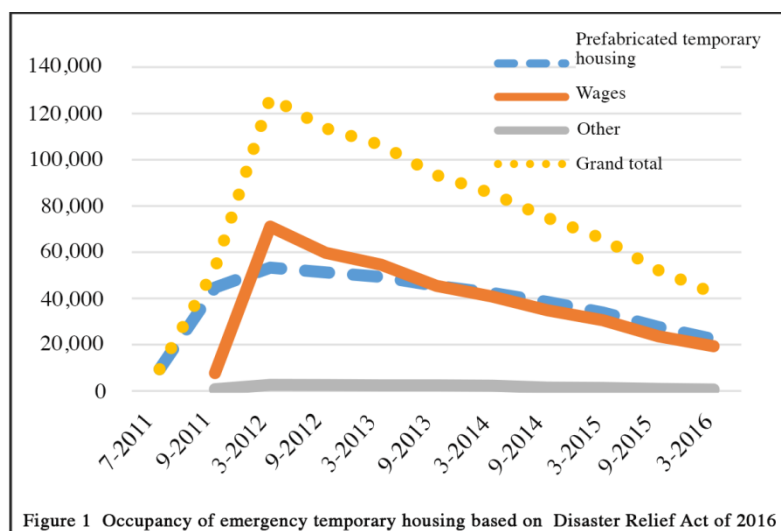


Figure 1 Occupancy of emergency temporary housing based on Disaster Relief Act of 2016

Meanwhile, the maintenance of post-disaster public housing has also been underway, and within the 21 municipal towns of the prefecture, 12,039 houses underwent maintenance service, with the completion rate reaching 75.3%. *In Miyagi Prefecture the “reconstruction period” is defined in the plan as a period of ten years from the time of the earthquake, which is divided into three periods: restoration, regeneration, and development. During the restoration period, the foundation of daily life and public facilities are restored, and this period focuses mainly on support for victims, not only providing support to those who were directly affected but also enhancing support for those whose lives and businesses were indirectly affected; during the regeneration period we will improve infrastructure within the prefecture; and during the development period we are establishing a period of intensive advancement. (Excerpt from the “Miyagi Prefecture Recovery Plan.”)* According to this plan, the regeneration period has one year left after having begun in 2017, and the development phase will be carried out in 2018–2020. The steps toward recovery appear to be steadily advancing. The actual situation, however, involves several issues. The move from disaster housing to public housing is proceeding, but many residents are confused about their new lives and many feel isolated because they are not familiar with the community.

Mental health factors (K6) in the health survey have not returned to pre-disaster levels, and the above-mentioned plan that is advancing each year is not necessarily synchronized with the mental health levels of residents.

II. Work to date in the Miyagi Disaster Mental Health Care Center

In response to mental health issues in the disaster area, the Miyagi Disaster Mental Health Care Center (hereafter referred to as the “Center”) opened the Miyagi Disaster Mental Health Care Center Stem Center (hereafter referred to as the “Stem Center”) in December 2011; the following April this was followed by the Miyagi Disaster Mental Health Care Center Ishinomaki Regional Center (hereafter referred to as the “Ishinomaki Center”) and the Miyagi Disaster Mental Health Care Center Kesennuma Regional Center (hereafter referred to as the “Kesennuma Center”).

By the time the Kesennuma Center and Ishinomaki Center opened and full-scale operation commenced throughout the entire prefecture, more than one year had passed since the disaster, and at that time several support groups had already developed activities in various areas. For that reason, the starting point for our

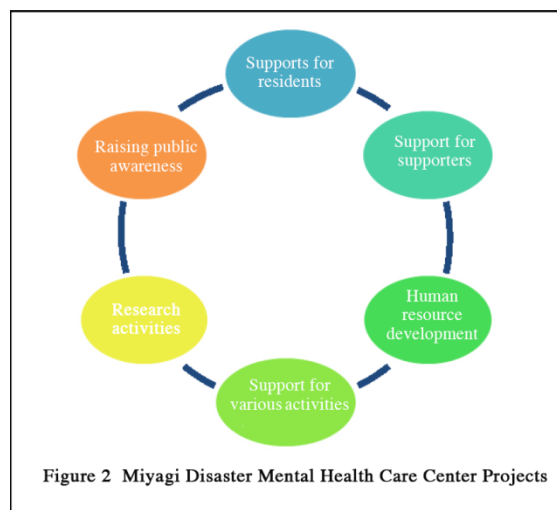
activities was to seek the role that would be most beneficial for the region while supporting the activities that local government officials and regional support organizations had been working on. The circumstances and needs differed greatly from region to region, and it was a matter of finding our way forward on a daily basis.

We work in six areas: 1) support of local residents, 2) support for supporters, 3) human resource development, 4) raising public awareness, 5) research activities, and 6) support for various activities (Fig. 2).

After the earthquake, Miyagi Prefecture conducted a health survey among residents of prefabricated and other temporary housing, and a follow-up was carried out by each local government. The role of the Center at that time was often to cooperate with such follow-ups and to conduct subsequent visits and interviews as needed in **support of local residents**.

In addition to providing personal assistance skills and case studies for supporters such as visiting staff members, centering on support for individual local residents, outside employees were dispatched to local governments as **support for supporters**; in addition, we convened meetings to exchange ideas and conduct various trainings, including stress management, efforts that were directed toward cultivating **human resources**.

Also, since concern in the region was high concerning PTSD, alcohol-related problems, grief reactions, and other issues, we issued various brochures and magazines as part of raising public awareness. Throughout all of our work, while keeping in mind our main focus on post-disaster mental health care, we flexibly responded to a wide range of support needs not limited to the aftermath of the earthquake.



III. Issues gathered from Community Support Division and opinion exchange meetings with coastal municipalities

Activities at the Center so far have consisted mainly of projects providing support for local residents, support for supporters, human resource development, and related issues. From now on, however, for the purpose of creating a new community, we will be providing support for various local activities, as well as summarizing the problems and practices in the disaster areas that have been encountered until now and conducting research training projects for the purpose of transmitting this information to future generations.

Now that six years have passed since the earthquake, we need to review the priorities and results of our efforts again, and take actions commensurate with the current situation at this time. In order to understand the current situation in the disaster area and clarify what the Center will do in the remaining period of the reconstruction plan, the Center issued opinions on regional issues from the Community Support Division of each regional support section; in addition, we conducted questionnaire surveys and created opportunities for opinion exchange for the relevant municipalities.

The following items are particularly noteworthy among the issues identified by the Community Support Division.

(1) Response to alcohol-related problems.

Since the earthquake, local authorities have been concerned about alcohol-related problems, and initiatives such as workshops for support personnel and self-help groups have been conducted. The sense of struggle among supporters is still deeply rooted, however, and self-help groups are being launched in several areas, but there are still situations where local communities have not been able to act on their own initiative.

(2) Issues related to the move to reconstructed housing.

While moving to reconstructed houses in various areas, there have been examples of cases where human relationships cultivated in temporary housing were truncated, as well as cases of people feeling isolated because they were unable to adapt easily to the new residence. It is necessary to work toward helping people build new relationships at their new addresses.

(3) Issues due to withdrawal of support groups.

In the six years since the disaster, withdrawal of support groups from the prefecture continues. As a result, at times the places where people used to gather or mingle are lost. Collaboration with local support organizations and a smooth transition calls for consideration so that the needs of residents will not be neglected.

(4) Problems concerning children.

The problems of withdrawal and truancy due to changes in living environment have become apparent; there have also been reports of bullying and parental abuse. Responses that include educational officials are needed.

(5) Health administrative staff.

The results of a survey administered for administrative staff from the Council of Social Welfare showed that although improvements have been observed from the time immediately following the disaster, the situation is still worse than it was prior to the disaster. Staff have been extremely busy with their work since immediately after the earthquake, without sufficient recovery from the stress of that time.

In addition, from the questionnaire survey and opinion exchange meeting conducted by the Center in December 2008 for those in charge of the 13 municipalities in the coastal area, the following tendencies became clear.

(1) Changes in health survey

Among requests made to the Center so far, many have had to do with prefectural projects such as visits and interviews to follow up on the health survey conducted by the prefecture. This survey was conducted among residents of prefabricated and temporary housing; it made clear that while their numbers have decreased since they peaked in 2014, health surveys for those in disaster public housing peaked in 2017 but are now gradually returning to normal (Fig. 3). Since some municipalities do not have temporary housing, the proportion of follow-up work after the health survey will likely decrease in the future.

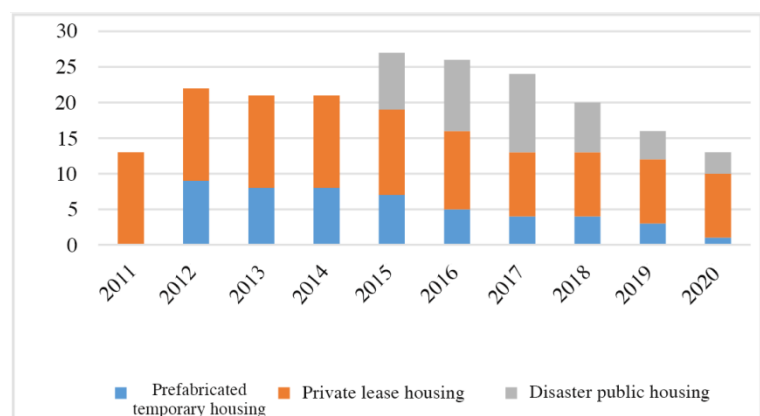
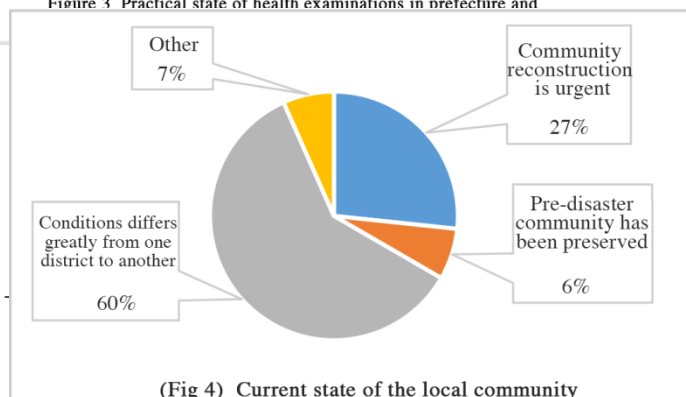


Figure 3 Practical state of health examinations in prefecture and



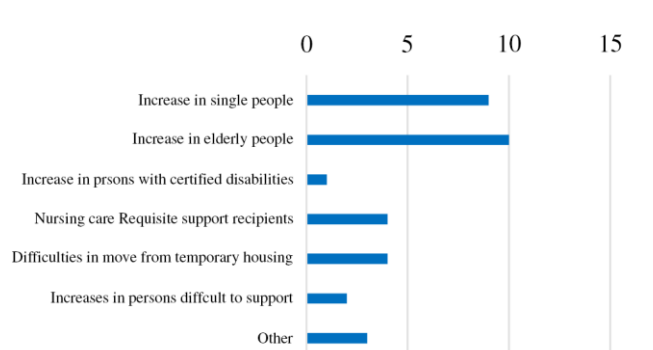
(Fig 4) Current state of the local community

(2) Changes in the local community

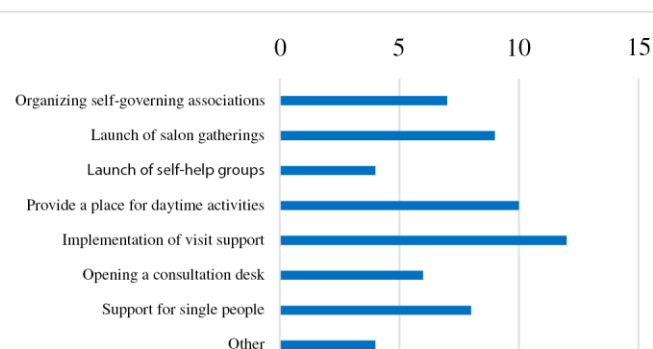
In the question items concerning the local community, the percentage of respondents who replied that “the community prior to the earthquake has been maintained” was low, while many responses indicated that the community is in the process of being restructured, or that various situations require certain specific responses (Fig. 4).

Respondents noted that it was necessary to consider individual responses to situations, such as the organization of indoor appliances in disaster public housing, as well as the coordination with towns as they had existed before the disaster and subsequently with the presence of disaster public housing. Regarding the features of households, many responses pointed to an increase in single persons and the elderly (including in-home nursing care providers and requisite support recipients) (Fig. 5).

For residents for whom isolation is a concern, it was suggested that the response not address each individual, but rather that it be directed toward the entire local community. In addition, on the question on the method for accomplishing this concerning the “content of community support,” it became clear that responses range from individual support such as the opening of an individual consultation counter and home visits to flexible responses to local community issues, including salon gatherings and self-help groups (Fig. 6).



(Fig. 5) Features of households



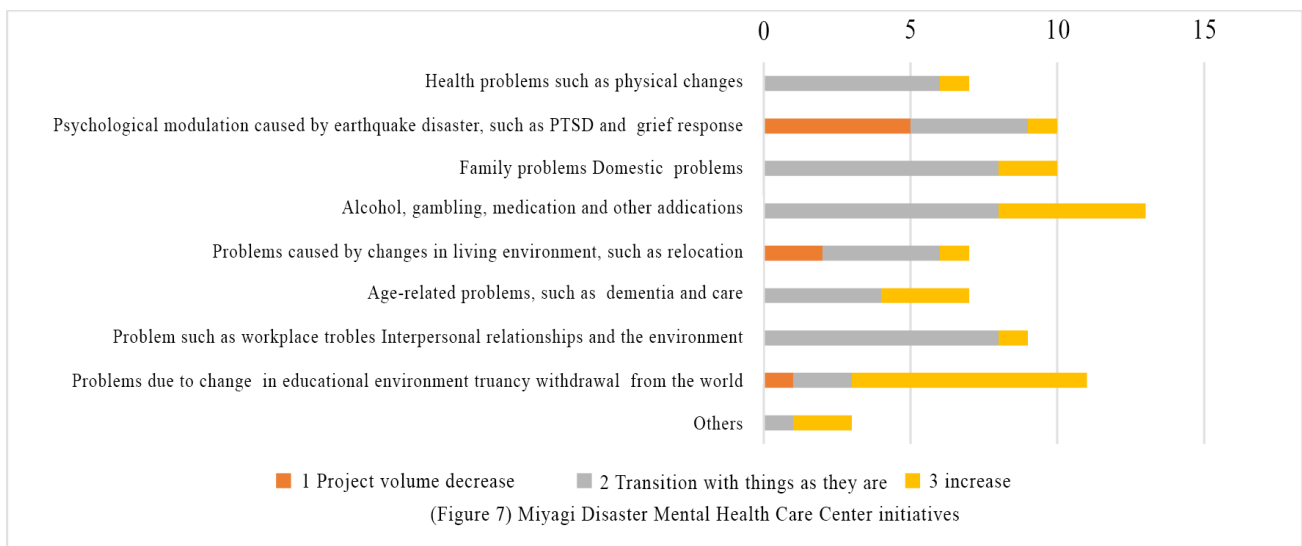
(Fig. 6) Community support content

(3) Regarding the efforts of the Miyagi Disaster Mental Health Care Center

① Issues concerning support for local residents.

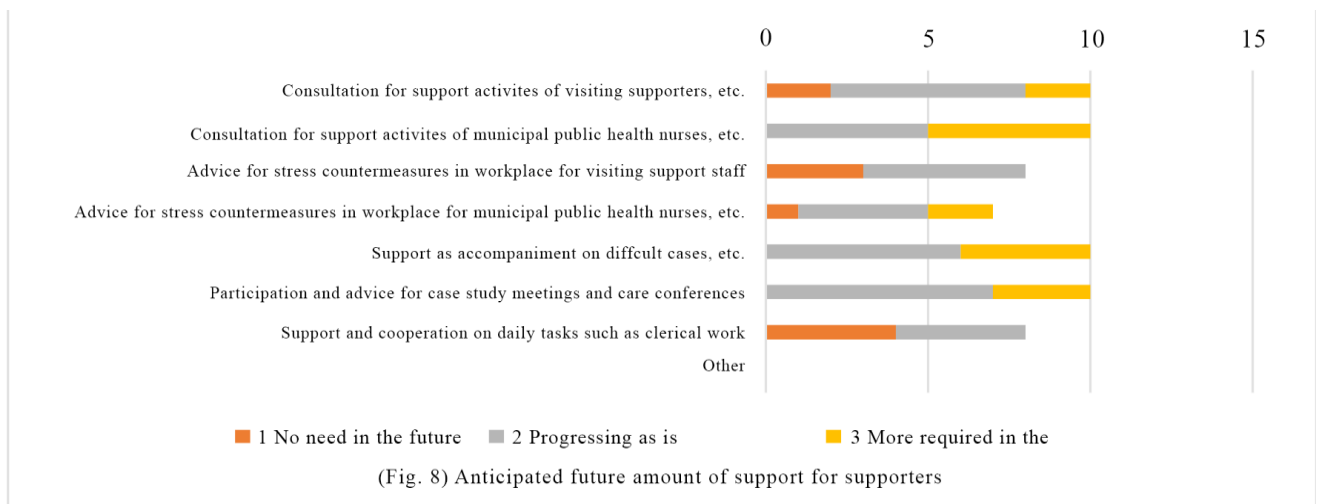
We confirmed how we anticipate future project volume prospects for efforts implemented by mental health care centers in collaboration with each local government (Fig. 7). Factors that were expected to decrease in the future included only “mental changes caused by the earthquake disaster, such as PTSD and grief responses.” On the other hand, many responses stated that “problems due to changes in the educational environment, such as truancy, withdrawal, and other childrearing problems” would only be expected to increase.

Regarding other responses, the percentage of respondents who stated that “generally things will stay as they are” is high, and it seems that current support efforts should continue.



② Future tasks and prospects concerning support for supporters

We confirmed how to estimate the shift in volume of work involving support for supporters that we have been implementing until now (Fig. 8). Only three items, “consultation with public health nurses and others,” “accompaniment for difficult cases,” and “participation in case study meetings,” were not answered as having “no need in the future.”

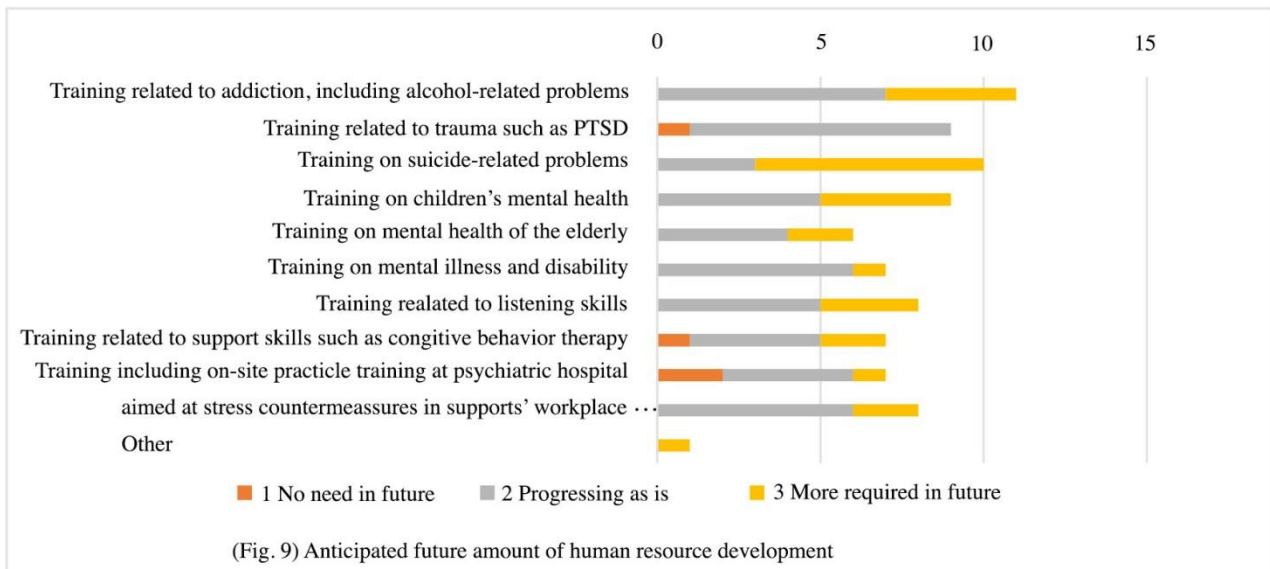


The percentage of answers stating that “2. Things will continue to change as they are” for all topics was high. In addition to consultations on regional support, we observe a strong need for cooperation and advice for cases that are difficult to deal with.

③ Issues and degree of support in our human resource development project.

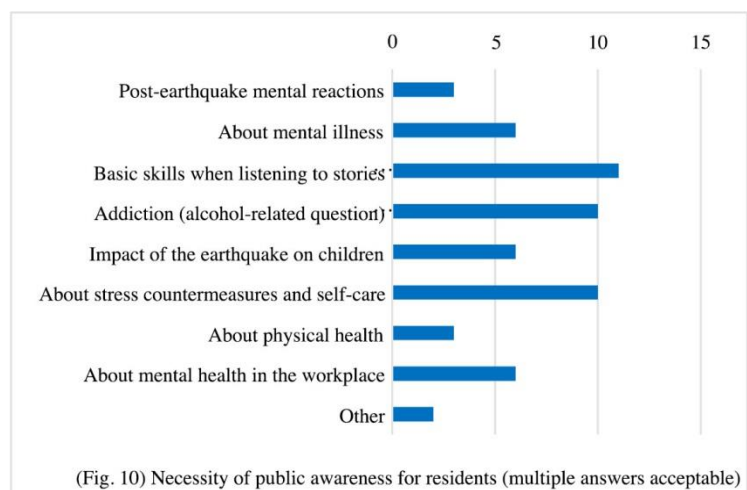
Based on the results of the human resource development project that the Center has been conducting so far, we confirmed the necessity of this work in the future (Fig. 9). Overall there were a small number of responses indicating “no need in the future”; among the items that drew many responses affirming that it “will be necessary in the future” was “suicide-related problems.” For most other items, most respondents indicated that they are “fine as they are.”

④ Raising public awareness



We confirmed the prospects for future needs concerning the theme of projects for raising public awareness that we have discussed (Fig. 10).

In addition to voices of supporters calling for necessary information such as “basic listening skills” and “stress care and self-care,” many others called for raising public awareness of alcohol-related problems.



(4) For many other

Questionnaire items, although the percentage of respondents who wish to continue receiving support is high, in the comments participants listed many specific activities that they would like to see our Center continue, which has resulted in supporting numerical data.

(5) Survey summary.

In this survey, many respondents indicated that they wanted to continue receiving support in the areas indicated in the questions. Also, from the results collected from the Community Support Division directors within each regional division and the questionnaire results from local officials, it was confirmed that these groups hold similar views on local issues and their future prospects.

4. Policy on future initiatives

■ Regarding trends in regional needs

- Improvement of the residential environment and related issues is progressing due to factors such as the progress of earthquake disaster reconstruction projects, as well as maintenance of basic infrastructure, movement from temporary housing to public housing, and disaster prevention group relocation; future health survey support is also gradually declining.
- As local communities change and rebuilding becomes an urgent task, the number of various individual issues to be addressed is increasing.
- Support for local residents affected by the disaster. Although there are some changes in efforts toward resident support, there were many requests for the continuation of current support, and it is necessary to consider prolonging the response in anticipation of the need for disaster public housing.
- As for support for supporters, there were requests for strategies to deal with difficult cases in addition to the continuation of support, and the needs for support are changing.
- As for human resource development, current support continues in many areas, and there were also many requests for efforts concerning suicide as a theme of training for necessary future work.
- Regional municipalities and other areas. Reconstruction of regional mental health welfare is in process; as needs diversify and increase, there are active continuing requests for support.
- There are diverse needs for raising public awareness and related issues, based on the viewpoint of community development, which is a major problem for the future.

■ Perspectives on future initiatives

Regarding the policy for future initiatives, in addition to the results of surveys and opinion exchanges targeting city municipalities for core activities and regional centers and future plan formulation, we have organized them as follows, based on policy trends.

- Advance projects while pursuing consistency within earthquake reconstruction plans
- Detailed response to regional needs according to reconstruction status
- Promoting unbroken care for all ages, from children to adults
- Response to new issues and needs that are becoming more diverse and complex
- Strengthen collaboration with universities and specialized agencies to respond with greater sophistication and specialization
- Strengthen support for rebuilding the regional mental health and welfare system
- Advance initiatives to build inclusive regional care
- Secure an appropriate management system that responds to the progress of the plan and regional needs

■ Direction of project deployment.

The Center has established five projects as a mission from the time of its establishment: local resident support, support for supporters, raising public awareness, human resource development, and research activities.

In the course of future development, we will continue to support victims, provide support for supporters from administrative and other supporting organizations involved in reconstruction, and raise public awareness for local residents. Keeping in mind changes in regional needs due to changes in the environment and the passage of time, we will develop projects with a focus on our priorities.

In our research activities, we will systematically pursue research projects such as policy recommendations and analysis for the compilation of results from previous single-year projects and the creation of activity records as archives for posterity.

【Support for local residents】

- Since the Center was established, we have been deploying support for victims mainly through outreach, and even now we are engaged in a high level of activity; new tasks and the needs of municipalities have also increased, so we will position our work with a focus on key priorities.

【Support for supporters】

- Support activities in affected areas are diversified along organizational lines, such as administrative bodies, welfare organizations, and Non-profit organization (NPO). Although the withdrawal of support organizations continues, they are still important players in local reconstruction. Therefore, we will deal with the situation as a priority with highly specialized support that responds to various needs. In addition, as support by means of dispatching specialist staff directly to municipalities, in the future we will continue the “seconded employee system” that was implemented in 2012. Furthermore, although we have decided to eliminate temporary (prefabricated) housing, we are considering measures such as prolonging support and securing capable people in from municipalities, and overall we plan to respond flexibly to future needs.

【Human resource development】

Training is needed to upgrade the skills of those providing support; although the volume of activity is gradually declining, it is essential to rebuild a sustainable system for regional mental health activities, and we will continue to advance projects as a priority measure and as a response to new issues.

【Raising public awareness】

Temporary housing has been developed for the general population, and going forward, given the risks I have pointed out concerning the move from temporary to public housing and disaster prevention group relocation, we will continue to pursue projects as opportunities arise from a preventive point of view.

【Research activities】

We are systematically engaged in research activities focusing on policy proposals and analysis for the compilation of past single-year projects and the creation of activity records for archives intended for posterity.






5. Implementation plan

Keeping in mind local circumstances such as the status of reconstruction in the disaster area, we will continue our support activities. In addition, the following five projects will be implemented, keeping in mind the support of the system established for the reconstruction of community mental health welfare.

(1) Support project for local residents

Activity policy



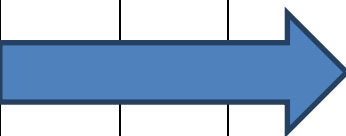

As a feeling of isolation deepens from changes faced by residents or communities with the psychological burden after the disaster, citizen support activities (visit and telephone consultations, etc) are conducted in cooperation with relevant organization for residents who have psychological burdens due to various factors, connecting them with necessary social resource in improve mental health.

Project content	Main Responsible Party	Yearly Plan			
		2017	2018	2019	2020
1.Support for prefabricated temporary housing tenants in response to a request from the municipally, we will visit residents who require follow-up based on the results of the necessary social resources.	Each regional support section				
2.Support for residents temporary rental housing in response to a request from the municipally, we will visit the residents who require follow-up as a result of the health survey, and support them by connecting them to necessary social resources.	Each regional support section				
3.Support for residents of disaster public housing in response to a request from the municipally, we will visit the residents who require follow-up before or after moving in, and support them by connecting them to necessary social resources	Each regional support section ☆Priority project				
4.Support for residents participating in group activities etc. We will respond to residents who want consultation at social gathering activities such as exercise classes or medical examination sites, and support them by connecting them to necessary social resources	Each regional support section				
5.Consultation support to residents We will respond to phone inquiries from residents other than temporary housing and municipal disaster housing residents, interview to necessary social resources.	Each regional support section Planning division ☆Priority project				

(2) Support for supports project

Activity policy





Professional advice and self care is administered to municipal officials and supporters who feel a heavy burden due to the project they are carrying out, with the goal of reducing the psychological burden through training. We also dispatch professionals to coastal municipalities and cooperate in responding to mental health issues faced by local governments.

Project Contents	Main Responsible Party	Yearly Plan			
		2017	2018	2019	2020
1. Assistant Consultation we will give advice from the viewpoint of mental health concerning difficult cases, business management, etc., and provide effective support.	Each Regional support section ☆Priority project				
2. Dispatch of professional staff to local governments In accordance with requests from local governments, we will dispatch the professionals necessary to cope with mental health problems after the disaster.	Each Regional support section ☆Priority project				
3. Mental health support for supporters In response to requests from municipalities and other entities, we will establish mental counseling staff and provide self-care training and other mental support.	Each Regional support section				
4. Support activities by agencies specializing in alcohol-related issues In order to respond appropriately to alcohol-related problems in the disaster area, we will rely on specialized agencies (Miyagi	Planning division Tohokukai Hospital Miyagi Prefecture Abstinence society				

(3) Public awareness project

Activity policy


In order to further deepen residents' understanding and interest about the mental health issues raised by the earthquake we actively promote public awareness by disseminating information. Also, we give people opportunities to learn more about mental health by offering a casual meeting place and talking to residents who work during the day.

Project Contents	Main Responsible Party	Yearly Plan			
		2017	2018	2019	2020
1. Lectures and Workshops for local residents we hold trainings and lectures on mental health, such as training that addresses requests from municipalities, etc., and self care for those who work.	Each Regional support section				
2. Establishment of mental health consultation desk We will set up a consultation desk and promote public awareness at places and events concerning municipal residents' medical examinations so that we can obtain necessary support and information at an early stage.	Each Regional support section				
3. Local community exchange support We will provide opportunities for salon gatherings and productive activities for residents who tend to become isolated, in order to improve physical and mental health.	Each Regional support section				
	☆Priority project				
4. Disseminate mental health information We will utilize information magazines, distributed items, Internet home pages, etc. to disseminate information on mental health and deepen the understanding of citizens	Planning division				

(4) Human resource development project

Activity Policy

We will continue to conduct specialized training to improve skills of supporters related to post-disaster mental health. In addition, we will offer various opportunities for training that meet the challenge to effectively address future mental health issues.

Project content	Planning Division	Yearly Plan			
		2017	2018	2019	2020
1.Supporting the mental health of supporters Supporters themselves deepen their understanding of mental health after the disaster and hold training to learn from supporting victims	Each regional support section ☆Priority project				


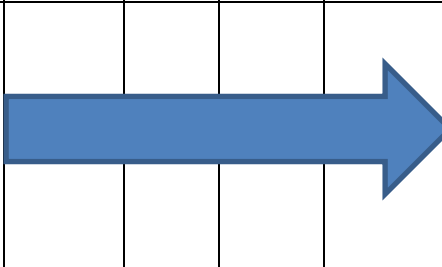
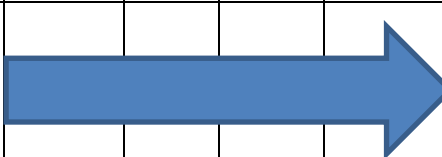
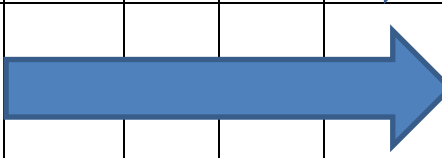
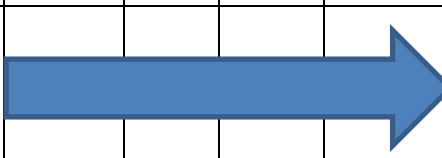
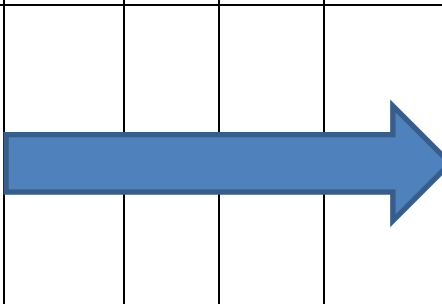
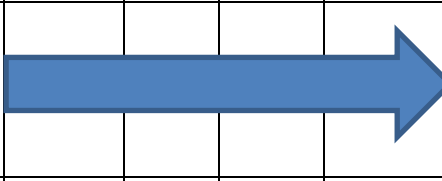
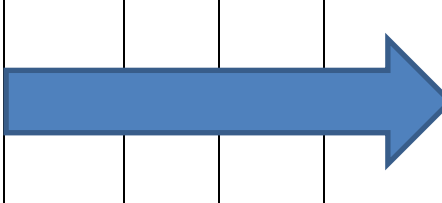
2. On-site training alcohol-related problems Mainly targeting municipal officials conduct on-the -job training to acquire professional knowledge and skills within alcohol specially hospitals	Planning Division				
3. Field training on mental health network (new) For staff who provide interpersonal assistance in disaster area, training is conducted with the aim of gaining specialized knowledge and skills in regional mental and health and regional.	Planning Division				
4.	Tohokukai University Academic teaching Planning division ☆Priority project				
5. Care Exchange Meeting of Disaster Mitigation Holding Miyagi Sharing Reconstruction issues information exchanges with the aim of supporters, we aim to create a network to provide more flexible and detailed support.	Each regional support section Planning division ☆Priority project				
6. Hosting a joint training course for care centers in three prefecture We will conduct exchange and information sharing for mental care centers such Miyagi, Fukushima and Iwate and conduct training to improve mutual knowledge and skills.	Planning Division				

(5) Research project

Activity Policy

In order to contribute to future disaster countermeasures, we will initiate efforts during a concentrated period of the survey research project review. In addition to consolidating the result of research and policy recommendations. we will prepare an official record that compiles elements such as forum dissemination of information for public awareness through long term activities for the sake of succession.

Project content	Main Responsible Party	Yearly Plan			
		2017	2018	2019	2020
1. Policy recommendation research For the purpose of reflecting on administrative measures, we will conduct investigative research to make suggestions and recommendations.	Each regional support section Planning division ☆Priority project				

<p>2.Research support activities We will conduct research to prepare guidelines and manuals for supporters and related organization working to support victims.</p>	<p>Each regional support section Planning Division ☆Priority project</p>	
<p>3.Specific issues for deepening research studies We will conduct academically valuable research on the background of special events concerning the Great East Japan Earthquake..</p>	<p>Each regional support section Planning Division</p>	
<p>4.Database utilization research We will conduct retroactive research through the use of a database of project statistics and multivariate analysis from the Miyagi Disaster Mental Health Care Center.</p>	<p>Each regional support section Planning Division</p>	
<p>5.Research on public awareness models The Miyagi Disaster Mental on Health Care Center will conduct research on real case studies of the post-disaster support it provided</p>	<p>Each regional support section Planning division ☆Priority project</p>	
<p>6.Official activity record formulation project We will summarize and record the past 10 years of activities and research of the Miyagi Disaster Mental Health Care Center.</p>	<p>Planning Division ☆Priority project</p>	
<p>7.Miyagi Disaster Mental Health Care Center forum We will assess the reconstruction of the community mental health and report on our finding from the Miyagi Disaster Mental Health Care Center, Tohoku University and Miyagi prefecture, and create opportunities to deepen residents' understanding of the citizens about post-disaster mental health care.</p>	<p>Planning Division Tohokukai Hospital ☆Priority project</p>	
<p>8.Health surveys for municipalities and social welfare associations In response to a request from the coastal municipalities and mental health status of staff and offer advice on necessary measures.</p>	<p>Tohokukai Hospital Added lectures Planning Division</p>	
<p>9.Publication of Miyagi Disaster Mental Health Care Center bulletin The annual bulletin will publish the activities and research of the Miyagi Disaster Mental Health Care Center</p>	<p>Planning Division</p>	

6. Concerning promotion of the plan

- As for the operation of the Progress Management Center, planning, deliberation of results, and related activities have been carried out from its inception by a steering committee established to include external committee members. External committee members who have participated come from a wide range of fields, including academic experts, representatives of administrative and professional organizations, and the like. The management plan will also be evaluated and deliberated from the standpoint of transparency and fairness.

- **Flexible operation.**

Management plans were formulated based on the situation and needs trends as of fiscal year 2016, and in the future, keeping in mind the changing situation based on a field-oriented approach, decisions will be based on the needs of prefectures and municipalities as our top priority as we move forward with flexible initiatives.

- **Implementation structure.**

As for the volume of work, although the needs of each project are not uniform, it is assumed that there is a gradual trend toward reduction as the recovery plan progresses overall.

At the same time, local governments are concerned that these efforts will be prolonged. With regard to the implementation structure, based on the needs of various regions we will conduct a range of activities, aid for supporters, and other work focusing on priority projects, and we will plan organizational operations keeping in mind the balance of occupations while securing a personnel structure that corresponds to the volume of work involved.

- **Adjustment to policy trends.**

Since the Center is positioned as part of a disaster recovery plan, specific measures are carried out during targeted periods according to the implementation plan and financial measures are taken collectively; both will be managed so as to ensure consistency with policy trends.

Source

Source of statistical data: Published based on information found on the web pages of Miyagi Prefecture, the Ministry of Internal Affairs and Communications, and the Ministry of Health, Labour and Welfare.