

# **Activity Report**

Community Support Division, Ishinomaki Regional Center



# Report of the Ishinomaki Regional Center

Miyagi Disaster Mental Health Care Center (MDMHCC)  
Community Support Division, Ishinomaki Regional Center  
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## Introduction

As of the end of April 2017, the Ishinomaki Regional Center (hereafter, “the Center”) is in charge of Ishinomaki (Population, 147,000; Number of households, 61,198; Area, 554.5 km<sup>2</sup>), Higashimatsuyama (Population, 40,151; Number of households, 15,563; Area, 101.9 km<sup>2</sup>), and Onagawa (Population, 6,675; Number of households, 3,144; Area, 65.8 km<sup>2</sup>). In total, the Center is supporting a population of 193,827,79,905 households in an area of 722.2 km<sup>2</sup> with 12 staff members (including 3 seconded staff members).

Our staff members mainly work in Ishinomaki (excluding those seconded to Higashimatsuyama and Onagawa). On April 1, 2005, Ishinomaki was recreated by becoming incorporated with Monou; Kanan; Kahoku; Kitakami; Ogatsu of Monou, an adjacent administrative district; and Oshika, Oshika-gun.

In FY2016, with a part-time psychiatrist as the president, the Center provided support for the community with 12 staff members: 4 full-time psychiatric social workers, 1 administrative clerk, 3 part-time public health nurses, 2 full-time psychiatric social workers seconded to Higashimatsushima-shi and Onagawa-cho, and 1 full-time occupational therapist seconded to Ishinomaki-shi. Staff members work in four different sites, and we have maintained communication via monthly all-center conferences.

This article describes and reports on the Center’s activities and offers a discussion.

## Activity reports

### 1. Resident support

#### (1) Survey by home visit

The Center’s resident support (excluding what is offered by seconded staff members) constituted 63.5% (at 1,021.0 hours) of the total activity period of 1,607.2 hours.

In Ishinomaki, the focus of the Center’s activities has been a health survey via home visits of the residents of the municipality’s public housing. This survey has been conducted since FY2015 with the following aims: to capture the health conditions of the residents of public housing and their support needs, to link the findings to concrete health support projects for those whose needs are already known and who need follow-up, and to incorporate the survey findings into developing the support regime required by the residents of public housing. In FY2016, we were again asked to help with the health survey via home visit projects for the residents in the municipality’s public housing and all the public housing that was located in urban areas.

The participants were all households that had moved in between January and end of February 2016. Between April 2016 and March 2017, the center conducted the health survey for 165 households (284 persons) in Ishinomaki’s public housing. Of 165 households, the survey was completed for 121 households, and continued (including re-visits) for 24 households and 20

households who could not be contacted. Further, 80 households were surveyed by the seconded staff member or by the accompanying staff members from the Center when they carried out home visits.

The number of surveys by home visits of the residents of public housing requested by Ishinomaki has reduced by 45% from FY2015 to FY2016, including the ones carried out by the seconded staff members.

The people the Center was asked to survey through home visits included single men, those with mental health issues, those with a score of more than 13 points on K6, and those who were suspected of alcohol abuse. We provided advice on available services and health issues to those who had mental health issues and those who said they were anxious. When mental health care and general advice was necessary following the earthquake, we repeated the home visits in order to gather information and to pacify the residents. After conducting the assessment, we referred these people to relevant facilities. We shared information with the municipality about those who we thought needed to be reported to the authority through the Care and Health Unit, by referring to the Comprehensive Community Support Center and by attending the area meetings.

Our reflections on the survey by home visit are as follows:

- Compared to the responses to the questionnaire, there were more people whose physical and mental health had actually improved due to moving into public housing.
- The proportion of single-person households, two-person households, and single-elderly-person households was high.
- Among the surveyed, many residents were aged 65 years or older.
- The proportion of those without a job/employment was high.

In public housing, the municipality and the Social Welfare Council have been promoting continued monitoring and a mutual-support regime. Activities to re-build a new community are still thought to be highly important.

In addition to the health survey by home visit of the residents of public housing, we conducted a health survey of the residents of 22 container-type temporary households (25 persons) in FY2016, a health survey of the residents of 29 apartment-type temporary housing (31 persons), and a survey by home visit of 37 households (43 persons) as part of the “Health Survey with Residents of Public Housing” conducted by the prefecture and municipality. We decided to repeat the visit with 24 households who participated in the health survey of the residents of Ishinomaki public housing and 4 households who participated in the health survey of the residents of container-type temporary housing.

The health survey of the residents of container-type temporary housing was conducted in order to capture their health conditions and link those needing follow-up to health support projects because more than six years had passed since they had begun to live in the temporary housing and various health issues were expected to emerge. Although some people who have started a new life in public housing or rebuilt their houses by themselves on the one hand, there are also people who do not have the prospect of starting a new life while living in the container-type temporary housing or apartment-type temporary housing and were becoming increasingly depressed about the future because they could not move into public housing regardless of the number of times they apply. In other words, new, more complex, and diverse problems are emerging. We repeated the visits with those who complained about psychological anxiety, and we referred those who found it difficult to handle the procedures to apply for public housing to the relevant support bodies.

## (2) Community salon activities (group activities)

### ① Koko Farm Project

The “Koko Farm Project” started in FY2013 and continued into FY2016, and the participants met twice a month (second and fourth Thursdays) for about two hours from April to March,

excluding the winter period, and grew pumpkins, onions, radish, cucumbers, and eggplants. They engaged with the whole process from sowing, planting, fertilizing, watering, and weeding to harvesting.

After working on the land, all the participants enjoyed a tea break, which acted as a venue for socializing. In the last meeting in December, the participants and staff held the “Harvest festival,” while reflecting on the activities conducted in the year.

The meeting was conducted 18 times, and the total number of participants was 200 (including the Harvest festival). The average number of participants per meeting was about 11, and a total of 20 people (8 men and 12 women) participated. Due to the weather and how the crops were growing, there were schedule changes, and at times, they worked on non-designated work days. At times, the number of participants was very low. In this project, two volunteers with extensive agricultural experience participated for a total of 49 times, including the preparatory meetings.

At the Harvest festival, the following reflections were observed: “I am gradually recalling the work that I used to do on the field,” “I feel assured when I come here, to the farm, and see others,” “I can join in without worrying too much because no one will accuse you if you do not know what to do and feel depressed,” “I was quite depressed until I joined this project but I have been feeling calmer since I joined the farm project,” and “I hope that we can continue next year.”

In FY2016, the living environment of many participants saw major changes such as moving into public housing and rebuilding houses. Those participants who moved to public housing have said: “At public housing, there is no community, and I have significantly fewer opportunities to go out” and “Koko Farm gives me the opportunity to go out.” These views suggest that participation in the Koko Farm Project serves as an opportunity to go out and socialize.

Some participants have left the Koko Farm Project because they moved to public housing or because they began to use care insurance service due to their age. One such participant who could no longer participate due to moving houses was very sorry that he/she could no longer participate in Koko Farm and said the following: “Through the involvement with Koko Farm, I was in touch with soil, and I have regained my ability to think positively by socializing with others” and “I think I will be okay in my new place.”

More than four years have passed since we started the Koko Farm Project. We have observed that those who were traumatized by the Earthquake and had very few opportunities to socialize have gradually regained the energy to rebuild their lives, and the Koko Farm Project has played an important role by providing the participants opportunities for socializing and pleasure.

#### ② Handicraft class (Chigiri-e [collage of torn pieces of paper] class)

Since FY2013, we have been conducting the “Handicraft class (Chigiri-e class)” (hereafter, the Chigiri-e class) in order to provide a venue for socializing for the residents of the apartment-type temporary housing.

In FY2016, the class was held once a month and for 11 times in the year (one class was cancelled due to a tsunami alert), and the total number of participants was 77.

The participants were actively involved from the preparatory period, and they enjoy conversations. During the tea break, they show their work to each other and comment on it. The class is therefore held in a calm environment.

The participants have made the following statements: “I have finally found my place. I always wanted to have a place for socializing,” “I like the uncompetitive environment,” “I like it that no one asks me about the earthquake,” and “Because instruction is given such that I can always complete what I am working on, I want to join again.” Three volunteers acted as the instructor, and they said the following: “(The level of participants) is improving every year,” and “I am happy because I am also encouraged.”

Those who could not complete their piece during class take it back home to complete it, which suggests a very high level of motivation among the participants. Since FY2014, the instructors have facilitated their participation in the annual “cultural festival” in other areas by exhibiting their works, which suggests improvements in their relationships with other areas.

③ Life class (originally Handicraft class)

Since September 2015, the Center has been holding the Handicraft class (renamed “Life class” in May 2016) to support women who are not good at forming relationships due to mental health issues or poor social experience in order to encourage them to regain confidence and to take the first step towards independence. The class is held once a month on the fourth Tuesday in the Ishinomaki Health Consultation Center and is attended by a maximum of five participants. In FY2016, a total of 16 people participated, and the class was run by 2 staff members from the Center and an occupational therapist seconded to Ishinomaki. The class has two sessions – one on handicraft and one on cooking – based on the participants’ past hobbies and what they want to try out. In the handicraft session, they made aprons using the sewing machine, worked on tile craft, created wreaths, and so on. In the cooking session, seasonal ingredients were used. From September 2016, the participants have been completing the “reflection sheet.” The participants were asked to write what they thought went well and what they would like to try out next in the sheet so as to aid their own reflection. The comments thus collected are used to plan the future activity and think about the support regime.

One comment found in the reflection sheet shared by the participants said, “I enjoy creating my piece of work together with other participants.” It appears that the participants were finding pleasure in looking at others’ work, thinking about one’s own work, and in working while having a conversation with others in the Life class because they used to work on their own at home.

The class has become a place where participants praise each other’s work and socialize without worrying by working on the same thing, which then generates the initiative to do something else. The Life class seems to act as a place where the participants increasingly feel positive about themselves while engaging in communication.

Since the participants want to “continue coming to the class” and since the Center also views the class as an important place for the participants’ socialization and self-actualization, the class is set to continue for FY2017. For FY2017, we are thinking of incorporating outdoor activities in order to increase the number of opportunities for the participants to go out and to extend the scope of their activities. Because the Life class has a small number of participants, it is easier to obtain feedback from them, and we can ensure that each view is taken into account. We would like to continue working towards “regaining one’s self and independence,” the aim of the Life class, while ensuring that we remain aware of the participants’ changing needs.

## **2. Changes in support**

The Center provides support by accompanying the public health nurses in home visits, participating in case conferences and area meetings, and supporting infant check-ups.

(1) Participation in case conferences and area meetings

The members of the Center have attended case conferences regarding alcohol-related problems, mental health related problems, dementia, and disputes among neighbors when requested by Ishinomaki, the Social Welfare Council, Miyagi Nursing Association, the Comprehensive Community Support Center, and medical facilities to discuss what support should be given along with other support organizations and to decide about the division of labor. We have also attended the area support meetings in Hebita and Sumiyoshi areas with Ishinomaki, the social welfare council, the nursing association, and professional bodies in order to share information and study the residents of temporary housing. As an increasing number of people have moved to public housing, the area meetings’ agenda has changed from sharing information about the residents of temporary housing to sharing information about the residents of public housing.

(2) Support for infant health check-ups

Upon request from Ishinomaki, the Center sent a public health nurse and clinical psychologist to the infant check-up organized in the Kahoku block of Ishinomaki (Kahoku, Kitakami, and Ogatsu) in order to provide mother-and-child consultation. Support has been offered 10 times in the Kahoku block and at the conference that is held after the check-up. In addition to providing advice about psychological care for the mother and child, we provide individual support for those who need continued support.

**3. Educational activities**

(1) A training session on alcohol abuse in Kahoku Area, Ishinomaki

The Center has been conducting the “Training session on alcohol abuse related issues in Kahoku Area (Experiencing the danshukai meeting)” with the Kahoku Comprehensive Branch from June 2015 at the Kahoku Comprehensive Branch of Ishinomaki, in co-operation with Miyagi Prefecture Danshukai and Tohokukai Hospital. A review was held at the end of FY2016, and it has been decided to conduct the “Experiencing the danshukai meeting” in the Health Consultation Center of Ishinomaki-shi from FY2017. The background to this is summarized in “4. Human resource development/training.”

(2) Hinamatsuri Café

The “Exhibition and Socializing Event” was held primarily with the residents of assumed temporary housing in FY2016 as the “Hinamatsuri Café” with more emphasis on socializing.

The “Hinamatsuri Café” was held on Friday, March 3, 2017 at the Ishinomaki Joint Office. It was co-hosted with the Ishinomaki Public Health Center and supported by the Ishinomaki Social Welfare Council.

For the first time, we set up a help desk with the support of the Miyagi Nursing Association and the Japanese Association of Social Workers in Health Services. A total of 103 people participated. The event consisted of the following:

- ① Socializing Corner (café area and hand massage)
- ② Experience Corner (origami, chigiri-e)
- ③ Exhibition (works by those participating in the Chigiri-e class and Life class held by the Ishinomaki Regional Center)
- ④ Help desk

We also offered health consultation (with the co-operation of the Miyagi Nursing Association), life consultation (with the co-operation of the Japanese Association of Social Workers in Health Services), and alcohol patch test (the Center).

In the Chigiri-e Experience Corner, some participants from the Chigiri-e class explained how to make a chigiri-e piece to the visitors looking at their work. The exhibition thus provided a new opportunity for socializing. With help from chigiri-e instructors, the visitors were encouraged to try chigiri-e at the Experience Corner, which was very popular. Some visitors who tried out chigiri-e said that they wanted to try learning it, indicating their intention to join the class. Four visitors joined the class from March 2017.

At the reflection session with the Miyagi Nursing Association and the Japanese Association of Social Workers in Health Services, the following opinions were expressed:

- Such opportunities are necessary.
- I saw visitors smiling myself, which gave me a sense of achievement after the event.
- I was healed because I also “participated.”
- Please hold the event again.

In FY2017, we aim to improve the event by collaborating better with interested parties about the time of holding the event.

(3) Other projects

We received requests to send instructors from the government and other institutions. We sent our staff as instructors to the training session for the Ishinomaki Liaison Council for the Improvement of Food Life, the training session for health promoters in Watanami Area, the FY2016 Area-wide Care Conference of the Yamashita Area Comprehensive Support Center of Ishinomaki-shi, a special care home for the elderly, and the training session for the staff of Moto Akai no Sato.

#### **4. Human resource development/training**

We describe the major characteristics of the Center's services below:

##### **(1) Training on alcohol abuse related issues**

As time has passed since the earthquake, alcohol abuse problems have begun to surface. In collaboration with governmental institutions and various support organizations, we held training sessions on alcohol abuse related issues with lecturers invited from Tohokukai Hospital and the Japan Social Worker Association for Alcohol Related Problems (hereafter ASW).

###### **① Ishinomaki Public Health Center**

The Center co-hosted a series of three training sessions with the ASW members as lectures. A total of 119 members participated. The training session with the ASW members ended in FY2016.

###### **② Training sessions in Higashimatsushima, educational activity by home visit**

The training sessions in Higashimatsushima were planned by the municipality's public health nurses, and two sessions (one co-hosted with the Community Building Council and the other hosted by the center alone) were conducted. A doctor from Tohokukai Hospital gave a talk on the theme of "How to live with alcohol well." The plan for FY2017 is for public health nurses to engage with educational activities by providing a "mini lecture on alcohol" during the health consultation meetings in the area.

We followed up those who had two or more items scored in the CAGE which was involved "Questionnaire on Mental Health," which was part of the specialized health check-up and also those who had been consuming alcohol from the morning individually up to FY2015. In FY2016, two different role holders made up with the public health nurses/psychiatric social workers of Higashimatsushima, and members of the Center conducted home visits for those who were under the age of 65 and had a value of more than 100 for  $\gamma$ -GTP.

The Center helped out with the Concentrated Home Visit Initiative in November 2016, following which the municipality staff members continued to carry out home visits till February 2017. When we started, we were not very sure if the residents would welcome us. However, we were positively received; the high degree of awareness of the people was seen in the fact that phone calls were received from households where a "We missed you..." note was left. Residents also made phone calls and visited us.

Among those with high  $\gamma$ -GTP, some had liver illness, some did not use alcohol, and some were suspected to be influenced by lifestyle and medication. However, because we had health check-up data, it was easier to provide an explanation that was received positively by the client. This also served as an opportunity for the resident to reflect on his/her own health and the relationship between his/her lifestyle and the use of alcohol. Since we prioritized moderate drinking over teetotalism, the residents were more favorably inclined towards us. Since the residents experienced some worry about the results of the health check-up, they were ready to accept our preventative intervention for improving their diet, for encouraging them to seek medical attention for internal diseases, and for practicing moderate drinking.

We achieved our goal for the project, namely, "to raise questions about excessive and continuous drinking and to inform and educate about the appropriate way to use alcohol, including moderate drinking and the importance of non-alcohol days." Our participants for this



round were those below the age of 65; however, because many elderly people abuse alcohol in the area, our next major challenge is identifying how to expand the scope of our support.

This was the first time that we were able to help out with home visits to those under 65 years of age and with more than 100  $\gamma$ -GTP, as identified in the specialized health check-up in Higashimatsushima, and we learned a lot. Most of those with high test results were already thinking that their drinking could be problematic, and it helped us raise questions about excessive and continuous drinking, which in turn was effective in motivating them to practice moderate drinking. As members of the Center, we are deeply grateful to receive an opportunity to participate in a pioneering initiative, and all the members have resolved to actively co-operate in the next FY.

### ③ Training sessions in Onagawa

We have held training sessions in Onagawa since FY2015. In FY2016, we held two sessions. The first session was delivered by the President of Tohokukai Hospital on the theme of “Medical collaboration in reference to alcohol abuse problems,” and the second session was delivered by a member of Alcohol Anonymous (AA) on the theme of “What those with alcohol problems are thinking.” The positive outcomes of these sessions were as follows: a) we learned about the methodology to use when facing alcohol abuse related problems in various positions in the community. b) Because of the collaborative relationship we established among specialist medical facilities, it became easier to liaise with one another.

As for training sessions for FY2017, it was decided that first, each staff member would implement what they had learned over the past two years and that they would then identify the problems to be addressed through training.

### ④ Training sessions in Ishinomaki

A request was received from Ishinomaki to teach the basics of alcohol abuse problems, and we held training sessions with the municipality’s staff members including the Comprehensive Branches. With assistance from Tohokukai Hospital, we held training sessions in the form of case examinations and lectures on addiction problems.

#### a. The alcohol training session (“Experiencing the Danshukai meeting” session) at the Kahoku Comprehensive Branch, Ishinomaki

A lecture on “How to live with alcohol well” by a doctor from Tohokukai Hospital for patients, general public, and supporters was held on April 15, 2015. In May, a session entitled “Experiencing the Danshukai meeting” was held, and from June, we co-hosted the “Training Session on Alcohol Abuse Related Problems in the Kahoku Area (Experiencing the Danshukai meeting)” with the Kahoku Branch and with support from the Miyagi Prefecture Danshukai and Tohokukai Hospital. We held 13 sessions, including lectures in FY2015, and a total of 329 people including supporters participated. In FY2016, we held 13 sessions, including lectures, and a total of 182 including supporters participated.

#### b. Proposal for future activities in Ishinomaki

We held the Experiencing the danshukai meeting sessions at the Kahoku Comprehensive Branch for two years from FY2015 to FY2016. Since the Mental Health Care Center was established for a fixed term of 10 years, we now conduct our activities with two missions: to provide support for the victims and to think about how we should bring the danshukai until the Center close.

We believe that one of the missions of the Center in dealing with alcohol abuse problems is to support the construction of a regime that enables the “danshukai” to continue its activities in Ishinomaki.

The Kahoku Comprehensive Branch has requested us to continue hosting training sessions there, and we discussed at the Center if this would generate support for the creation of “a regime in which the danshukai can work.” The following two points were identified as challenges.

The first was the venue. We thought that by moving the venue “near the station” or to the “city center,” it would become more convenient for participants. It would also make it easier for us to seek assistance from the Kodama Hospital and Kashima Memorial Hospital.

The second was about the ease for in-patients to attend the session. We examined the timings of the session and concluded that it had become urgent to set up a danshukai to be held during the day.

In order to achieve the above, we need to continue providing support for the danshukai to become more independent with continued assistance from the Miyagi Prefecture Danshukai and medical support from Kodama Hospital, Kashima Memorial Hospital, and other psychiatric and psychosomatic clinics. Continued collaboration with Karakoro Station as a support organization, the Health Promotion Unit, the Health Department of Ishinomaki, and Tobu Health and Welfare Bureau is needed.

This means that Ishinomaki and support organizations in the private sector would unite to provide support for patients with alcohol dependency, and we hope that the Mental Health Care Center would play its role adequately.

The future direction is summarized in the further details of the project, “Why Don’t You Have a Chat with Those Who are Abstaining from Alcohol?”

### **Further details**

#### **The “Why Don’t You Have a Chat with Those Who are Abstaining from Alcohol?” project**

##### **1. Aims:**

It is said that alcohol abuse has begun to surface in the areas that were hit by the Great East Japan Earthquake, and we can think of many underlying factors. We have found a fair number of people with alcohol problems when we conducted a health survey by home visit.

The rebuilding of the community, including those who have rebuilt their houses by themselves and those who have moved into public housing, has begun, but there are people who continue to live with the psychological trauma caused by the earthquake in their new homes and those who do not have a prospect of rebuilding their life as they are stuck in apartment-type temporary housing or container-type temporary housing. New problems, such as the widening of the gap among individuals in the process of rebuilding, have started to emerge and are becoming increasingly complex and diverse.

Following this, isolation, irritation, despair, uncertainty, and anxiety could pose a risk of using alcohol as a means of escape. In order to deal with this, people need to talk their feelings out, and we need a place to conduct such an exercise.

The Nonprofit Organization Miyagi Prefecture Danshukai (hereafter Prefectural Danshukai) and the Center of the Miyagi Disaster Mental Health Care Center (hereafter MDMHCC ) will continue to engage with activities to support self-help groups by co-operating and collaborating with interested parties in the Ishinomaki Area and by hosting the “Experiencing the danshukai meeting” sessions.

- 2. Hosted by: Miyagi Mental health and Welfare Association and Center of the MDMHCC**
- 3. Supported by: Ishinomaki-shi**
- 4. Co-operation: The Prefectural Danshukai**
- 5. Partner institutions: Ishinomaki Public Health Center, Kodama Hospital, Kashima Memorial Hospital, psychiatric clinics in Ishinomaki, Karakoro Station**
- 6. The event: A meeting to think about abstaining from alcohol**
- 7. Date and time: On every second Thursday from 13:30 to 15:00**
- 8. Venue: Meeting Room, on the first floor, Ishinomaki-shi Health Consultation Center**
- 9. Participants: Those who want to abstain from alcohol and their family; supporters interested in abstaining from alcohol**

## **10. Communication: Handing out the flyer at the consultation desks, asking for co-operation from medical institutions in the Ishinomaki Area**

### (2) Training on mental health care

We hosted a lecture entitled “To Stay Close to Children: How to Relate to Them in Order to Develop their Talent” by Ms. Mariko Tanaka, Professor Emerita, Department of Counseling, San Francisco State University (CEO of InnerCore 9) on October 14, 2016 at Aeon Cinema, Ishinomaki. The target audience comprised public health nurses and nursery teachers involved with children in the prefecture, school staff such as teachers and school nurses, clinical psychologists, and general public from the prefecture. A total of 158 people attended the lecture, and the response to the questionnaire was largely positive with many participants expressing the desire to have the lecture again next year.

### (3) The Sixteenth Disaster Mental Health Care Social in Ishinomaki

In Ishinomaki, with respect to those who have rebuilt their houses by themselves and those who have moved to public housing, the initiative to rebuild a new community has been taken by the Social Welfare Council and local authorities. On the other hand, some people continue to live with the psychological scars from the earthquake in their new home, and some do not have a clear prospect of rebuilding their life stuck in apartment-type temporary housing and container-type temporary housing. Consequently, new, complex, and diverse problems such as growing inequalities among victims are emerging.

The first “Disaster Mental Health Care Social” was held in Sendai on Saturday, July 2 in the year of the Great East Japan Earthquake. The event aimed to bring together supporters working hard in the affected areas to exchange information and to boost moral for the future.

The event targeting supporters is managed by the implementation committee composed of 13 governmental and private bodies: in addition to the organizations composing the FY2015 Implementation Committee and the Center, we asked the Stem Consultation Centre Kurume of Onagawa-cho and Ishinomaki-shi, Youth Support College Ishinomaki NOTE, non-profit organization TEDIC, and Disability Consultation and Support Office to join.

Many supporters from the implementation committee, staff members of the police, fire brigade, local authorities, and the Social Welfare Council felt that their workload had increased since the earthquake because the problems were becoming more complex and diverse and because the affected residents were geographically scattered. They said that they were physically and psychologically fatigued and that the event focused on providing stress care for the supporters.

The venue was Big Bang, Kahoku Comprehensive Center, Ishinomaki-shi, and the event started at 13:30 on Friday, March 17, 2017 with the “The Power to Heal” being the main theme. The memorial lecture was given by Professor Shoyu Takahashi (Professor of Medicine, University of Tsukuba, Doctor of Disaster/Community Psychiatry) entitled “How to Care for Supporters’ Stress.” A total of four sessions were held: the first was by Professor Yasuhiro Uji’ie (Professor of Human Development, Sendai Shirayuri University) entitled “The Key in Thinking about the Community,” the second entitled “Monks’ Café” was by Mr. Hidenari Hachimaki (Head monk, Hofuku-ji, Onagawa-cho), the third was “Hand Massage” by Ms. Masuko Ishibashi and Sumiko Ishimori (School and Salon Smile Heart), and the fourth was on “Yoga” by Ms. Kaoru Hayashi and Yuko Sato (Keisei Co.). The total number of participants was 103, and the event was a great success.

We organized the event ourselves in consultation with the organizations active in Ishinomaki Area. We aim to continue holding the Disaster Mental Health Care Social as a collaborative project with supporters.

## Discussion

Six years have passed since the Great East Japan Earthquake, and the recovery of the affected area has gradually become noticeable as public housing has become complete. While some have rebuilt their houses by themselves and some have moved to public housing, some people who do not have a clear prospect of rebuilding their lives are also living in temporary housing. It has become clearer that the inequalities among the victims in the recovery process are widening.

Additionally, while the population is declining, the number of households is increasing. As a result, the number of members in a household is declining, implying a rapid spread of the nuclear family.

Regarding collaboration with other institutions, we have been conducting monthly information exchange sessions with Ishinomaki-shi, Higashimatsuyama-shi, and Onagawa-cho. While they are conducted irregularly, we have been in contact with the public health centers and the mental health and welfare centers. By organizing the Disaster Mental Health Care Social in Ishinomaki via setting up an implementation committee, we have created a venue to open our hearts, and our mutual understanding has deepened, as can be observed from our practice of asking for help from organizations in the areas in which they excel for our daily activities.

According to the FY2016 health survey with the residents of public housing in Ishinomaki, a health survey by home visit within one or two months of moving in offers an opportunity to identify various and diverse cases and those who need support. We managed to collaborate with other organizations and provide the necessary support. Because of this, we will fully co-operate with the health survey by home visit with residents of public housing in Ishinomaki in FY2017.

Home visits of those who were of or under the age of 65 years and who were identified as having more than 100  $\gamma$ -GTP in the specialized health check-up in Higashimatsuyama-shi in FY2016 became a pioneering project that addressed alcohol abuse by providing preventative support such as advice on what to eat, motivating the residents to seek medical appointment for internal diseases, and recommending moderate drinking. We are planning to actively co-operate in FY2017.

In FY2016, upon Onagawa-cho's request for systematically implementing an alcohol abuse strategy, we hosted training sessions on alcohol abuse problems. In the current FY as well, we would like to provide training that meets the need of the municipality while continuing to have a dialogue with them.

The Center adopts the following view: "Supporters, according to us, are those who care about the victims, those who support the victims to regain independence by making the most of the skills they have." We would like to engage with support by carefully listening to what the victims say and to stay close to them so that we can develop "the skills they have." We would like to continue providing support through projects such as the handicraft class, Koko Farm, and "Hinamatsuri Café" to prevent the victims from being isolated and to encourage them to lead an active life.

Regarding alcohol abuse related issues, we would like to pursue our projects in collaboration with the Miyagi Prefecture Danshukai and other organizations to develop "Experiencing the Danshukai meeting" into a self-help group.

Regarding support for children, we are due to implement the "Mental Health Care for Children: Community Base Project Plan" from FY2016, and we will continue providing training with the help of staff members of related organizations and will liaise with other organizations for providing individual support.

As time has passed since the Great East Japan Earthquake, the infrastructure in Ishinomaki Area has gradually developed, indicating signs of recovery from the disaster. Simultaneously, recovery support organizations have begun to withdraw from the affected areas. In addition, the reorganization of governmental organizations, support regime, and so on is on-going. More than five years have passed since the establishment of the Center, and we need to make changes to our activities to respond to the state of recovery. We envisage FY2017 as a year in which all our staff members reflect on and explore what the Center can do while engaging with our work.