

# **Activity report**

Community Support Division, Stem Center



# Activity Report, Community Support Division, Stem Center

Miyagi Disaster Mental Health Care Center (MDMHCC)  
 Community Support Division, Stem Center  
**Iku Aamakasu** – Manager, Public Health Nurse  
**Yukie Oba** – Assistant Manager, Public Health Nurse  
**Akemi Kayama** - Assistant Manager, Occupational Therapist

## 1. Introduction

The Community Support Division, Stem Center, MDMHCC comprises 15 staff members. Two of them are seconded to Natori and Shiogama.

MDMHCC is in-charge of the entire prefecture except the Ishinomaki and Kesen'numa areas. We have been providing regular support in seven coastal municipalities affected by the tsunami, and for inland communities, we have been providing needs-based support.

The current article reports on the activities undertaken by the Community Support Division in FY2016 along with some reflection on our support activities.

## 2. Our activities

As Figure 1 presents, the largest proportion of activity hours of the Community Support Division in FY2016 based on the six main components was “resident support.” Upon comparing data for the three years from FY2014 to FY2016, while the number of hours has decreased, the proportion has not significantly changed. As for “support for supporters,” while there is no difference in the proportion of hours, the content has been changing every year. Below, we describe these situations according to the six pillars of the Activity Policy of the MDMHCC.

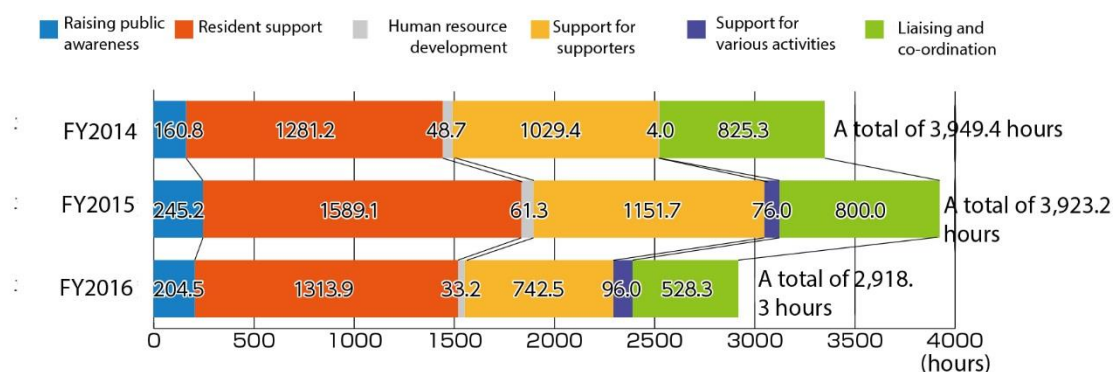


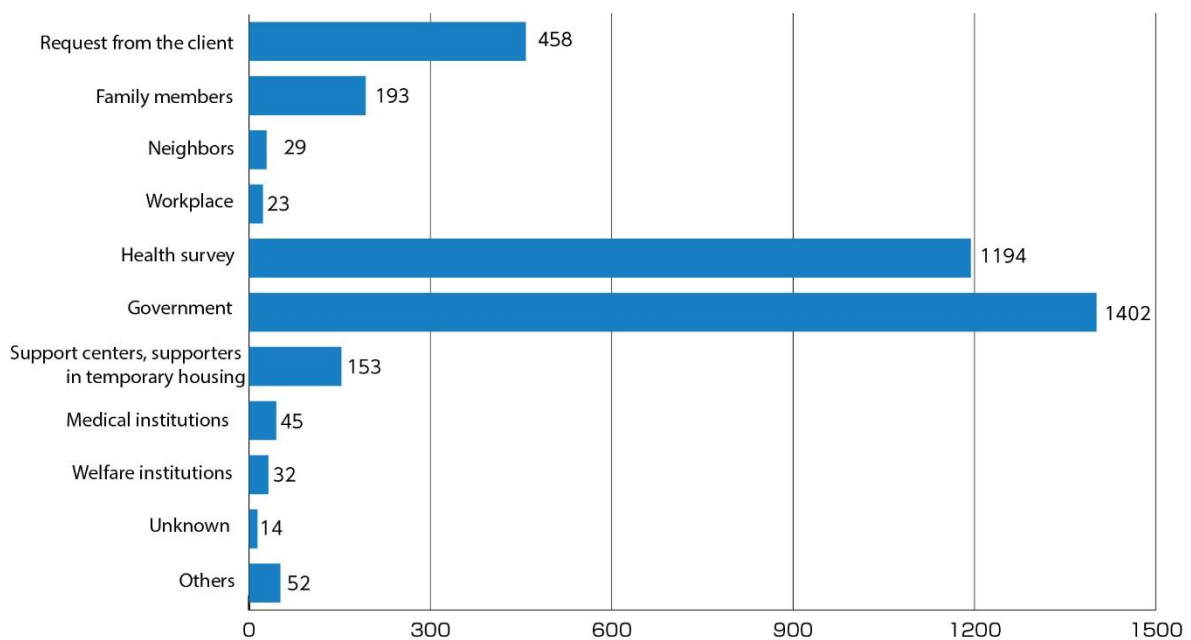
Figure 1: Changes in the number of activity hours of the Community Support Division

### (1) Resident support

Table 1 presents the “number of times support was provided” and “support content” in FY2016, and Figure 2 presents the “reasons for consultation.”

**Table 1: The number of cases handled and type of support (total)**

	Community Support Division	Secondment (Shiogama-shi/Natori-shi)
Home visit	1,191	131
Walk-in	141	92
Telephone	266	98
During group activity	77	36
Letters	16	
Case conferences (with the client present)	3	6
Accompanying the client for medical appointment	8	22
Other	25	9
<b>Total</b>	<b>1,727</b>	<b>394</b>



**Figure 2: Reasons for consultation in the Stem Center's activity area (total number of cases)**

As Table 1 indicates, the main type of support is home visit.

Regarding reasons for consultation, home visits and consultation upon “request from governmental organizations” exceeded “the health survey (post-survey home visit to those with high risk)” for the first time in FY2016. Many of the referrals from the “Government” were elderly people who were suspected of abuse, had symptoms such as delusion, and those with alcohol-related problems.

Upon chronologically comparing the number of home visits, as Table 2 presents, the total number peaked in FY2015 and is now decreasing.

**Table 2: The number of home visits by the Community Support Division from FY2016 (excluding those by the seconded staff) (total)**

	FY2013	FY2014	FY2015	FY2016
The number of home visits	1,064	1,239	1,624	1,191

Additionally, the actual number of clients who were visited by the MDMHCC and their characteristics extracted from the business statistics are presented below.

The actual number of clients receiving support in FY2016 was 952. Of this, 339 clients were in receipt of continued support (35.5%). Furthermore, the number of those who had received continued support from the previous year (FY2015) was 169 (49.9%), which accounted for about a half. The total number of times support was provided was 1,545, and the average number of times support was provided was 4.6 times.

In terms of age, the highest proportion was those in their seventies or older, followed by those in their sixties and those in their forties, respectively. A total of nine clients were younger than 20 years.

Regarding reasons for consultation, many cited changes in mental health, health problems, and family problems.

The proportion of those who said that they had experienced changes in mental health was higher among those who had received two or more visits (221 out of 339, 65.2%) than those who had received only one visit (236 out of 613, 38.5%).

The above suggests that the continued support cases include a large number of those with changes in their mental health. In particular, requests for support provision for those with alcohol abuse related problems were often made as “difficult cases.” Because of this, it was considered necessary to share information on how to handle alcohol abuse issues in the Community Support Division as a whole, and the following tables were created to represent the current situation of support provision.

**<Capturing the current situation of support provided to those with alcohol abuse related problems>**

- ① Aim: To clearly identify the target of support provision in order to provide appropriate support
- ② Method: To capture the outline of support topics by classifying the alcohol abuse related problems into four categories:
  - a. Drinking with a little risk: Potential for providing advice at the specialized health check-up
  - b. Risky drinking: To aim for moderate drinking
  - c. Harmful drinking: To aim for moderate drinking for those who need treatment for lifestyle diseases
  - d. Alcohol dependency: Needing treatment in the specialist institution, aim for abstention
- ③ Results

The clients with alcohol abuse related problems were spread across all age groups. Many lived with their families. (Table 3) (Table 3 presents the cases for which MDMHCC provides continuous support)

**Table 3: Support provision for those with alcohol-related problems**

Categories		A little risk (persons)	Risky (persons)	Harmful (persons)	Alcohol dependency (persons)	Total (persons)
Total		15	10	20	18	63
Age	20s	1	0	0	0	1
	30s	1	0	1	1	3
	40s	2	4	5	2	13
	50s	2	1	2	7	12
	60s	8	2	8	6	24
	70s	0	3	4	2	9
	80s	1	0	0	0	1
Family Structure	Single-person household	4	3	12	7	26
	Living with a family	11	7	8	11	37
Support Subject	The client only	12	6	15	10	43
	Family only	3	3	3	2	11
	Both client and family	0	1	2	6	9
Support other than home visit/ telephone	Support for medical appointment	0	0	0	4	4
	Danshukai support	0	0	0	4	4
	AA support	0	0	0	2	2
	Sesshu-no-kai	2	2	2	0	6

④ Discussion

We need to devise support methods that respond to the length of drinking history and life situation and provide support not only to the client but also to the family.

Regarding our future challenges, in order to evaluate intervention methods and effects of interventions on clients, we need to learn to use the “Alcohol Abuse Recognition Test AUDIT,” a screening method of alcohol abuse to ensure the state of the client.

(2) Support for supporters

We regularly send our staff members to the Victim Support Unit of the local authorities to gather information about their problems and challenges, and we discuss these with the staff on the ground to explore the measures to be taken. A team composed of a few staff members was put in charge of an area to carry out this task.

① Support team composition and the number of days of support

Matsushima: Two from a pool of psychiatric social worker, occupational therapist, and public health nurse, once a week

Shiogama: Two from a pool of psychiatric social worker, occupational therapist, and public health nurse, once or twice a week

Tagajo: Two from a pool of a public health nurse, psychiatric social worker, and clinical psychologist, three days a week

Yamato:	A public health nurse and psychiatric social worker (2 staff members), once a month
Tomiya:	A public health nurse and psychiatric social worker (2 staff members), once a month
Natori:	One of a clinical psychologist and psychiatric social worker took turns (up to September 2016, only the psychiatric nurse was available) One or two from a pool of public health nurse, psychiatric social worker, and occupational therapist, four days a week
Iwanuma:	Two from a pool of a clinical psychologist, occupational therapist, and psychiatric social worker, two days a week
Watari:	Two from a pool of a public health nurse and psychiatric social worker, twice a week
Yamamoto:	One or two from a pool of a public health nurse and occupational therapist, once a week

② Kinds of support provided

The major type of support was the case examinations. Support planning included conferences, case reviews, and administrative work. As it was the sixth year since support provision had begun, many municipalities were engaged with the case management of existing cases and had begun to conclude support provision. As a result, the amount of administrative work including the creating of support ledger and production of materials for case review is on the increase.

Table 4 lists the training sessions conducted to develop support skills. It can be observed that there is an increasing demand for inter-personal skills such as abuse prevention and responding to families with problems such as alcohol abuse.

**Table 4: The list of training sessions to develop skills**

Training type	Training session title
Support skill training	PFA training for children (Miyagi Prefecture Disaster Prevention Managers' Meeting) (Save the Children Japan)
	Training on mother-and-child health at Natori-shi Health Center, "Diagnosing the Mother and How to Deal with Her" (first)
	Training on mother-and-child health at Natori-shi Health Center, "Diagnosing the Mother and How to Deal with Her" (first)
	Tagajo-shi Case examination meeting "How to Examine a Case and How to Liaise"
	Training session on child abuse "Supporting Families with Complex Problems"
	FY2016 Training session for the Area Council to Deal with Children Requiring Protection in Iwanuma-shi, "Understanding Difficult Parents and How to Deal with Them"
	FY2016 Training session for Mental Health and Welfare Practitioners of Local Municipalities, "Symptoms of Mental Health Disorder and How to Deal with Them"
	Training session for supporters of disaster victims in Watari-cho, "What is Needed for the Community to Become Vitalized"
	Training sessions for the welfare commissioners of Yamamoto and Watari areas
Training on mental health at workplace	Internal Training Session for Okuma Nursery, "On Mental Health Care for Staff"
	Training session for the managers of Yamamoto-cho, Mental Health Management Seminar (the same content repeated for two days)

	Mental health seminar, “Measures to Maintain the Mental Health of Staff Providing Line Care,” a seminar for managers (Sendai Air Base, Japan Coast Guard, Second Division)
	Mental health training session for managers of Natori-shi town hall, “Developing Workplace Using Psychology” (the same content repeated for two days)
	Mental health training session for the staff of Yamamoto-cho Social Welfare Council
Training on dealing with suicide	Training session for the volunteers of Shiogama Kokoro no Kenko Zukuri (Shiogama Nurturing Mental Health)
	Follow-up lecture for supporters of nurturing mental health, “On Improving Communication Skills”
	Training session on nurturing mental health, “How to Raise Children Well in the Community”
	Study session for the welfare commissioners of Misato-cho, “If You are the Discoverer of a Suicide: from the Perspective of Traumatic stress”
Training on mental illness/disorder	Training for the newly recruited public health nurses of Shiogama-shi
	Training session on developmental disorder education (advanced) “Developmental Disorder and Medicine” (Miyagi Comprehensive Education Center)
Training on children’s mental health	Lecture at the Masuda Nursery, Natori-shi “Children Who Concern Me”
Training on the situation of the affected areas and the MDMHCC activity	Training for newly appointed public health nurses (Shiogama-shi)

(3) Raising public awareness

① Lecture series for the residents

Up to now, we have mainly collaborated with local authorities in reference to suicide prevention, but in FY2016, the local authorities took the lead in hosting events as part of their business. We continue to receive a number of queries and requests about choosing the speaker and theme from local authorities, to which we respond. Table 5 presents the training sessions and lectures delivered by us.

**Table 5: Lectures targeting residents**

Training session title	Municipality
Training session for new recruits of Shiogama-shi, “On Stress”	Shiogama-shi
Shiogama nutrition lesson to think about health, “How to Resolve Stress: ‘Mental Health Care’ We Can Start Today”	Shiogama-shi
Takadate Community Center, Safety in life class “On Stress, On Sleep, How to Care for Fascia”	Natori-shi
Yammoto-cho, mental health class (the same content repeated five times in different areas)	Yamamoto-cho
Mental health lecture, “Let’s Get to Know Young People’s Minds: Young People Who Find Life Difficult”	Shibata-cho

② Setting up of a mental health help desk

In Matsushima, we set up the “How tired are you? Corner,” a mental health help desk at the residents’ comprehensive health check-up, and provided consultations for those who identified



using the K6 screening tool or those who wanted to have a chat. Table 6 presents the number of consultations and content of queries. We continued to provide support for eight of these cases.

**Table 6: The implementation of mental health consultation after the mental fatigue check-up in Matsushima**

Age	Number (real number)	Content	(total)
10-19 years	1	Earthquake-related	2
20-29 years	0	Family problems	14
30-39 years	4	Physical problems	9
40-49 years	2	Mental health issues	14
50-59 years	5	Finance	1
60-69 years	9	Social life issues	1
70-79 years	8	Work-related issues	1
Total	29	Care-related issues	1
		Others	4

③ Providing socializing opportunities for residents

As many have moved on, we provided opportunities for socializing to those residents facing isolation through salon activities and so on.

In Natori, we set up the “Health salon (sesshu no kai)” with residents who used alcohol and had health worries. We implemented the moderate drinking program with help from the Iwanuma Branch of the Shiogama Public Health Center, and we liaised with residents and provided support for continuing the program with help from Natori. The group is composed of approximately 15 people. They have gradually begun to discuss what to do next, and the group has started to serve as an opportunity for socializing. The members have begun to participate and have experienced some positive effect on their health as well. They regularly meet once a month.

In Watari, we delivered “Men’s Club,” a travelling educational program. The program aimed to enhance mental and physical health and offered cooking and exercise. The program was held once a month with the Health Promotion Unit of Watari.

In Yamamoto, we delivered the “Nurturing Mental Health Class,” a travelling educational program. In order to meet the residents’ request for “the opportunity to exercise,” we planned and delivered an enjoyable activity with an occupational therapist with the aim of socializing and relaxation.

In Matsushima and Shiogama, we held a salon called “Goen-kai” for those living in privately rented housing. As privately rented accommodation is scattered, it is difficult to deliver support, and because there is not much interaction among residents, the isolation risk was high. Therefore, we delivered the event with a view to provide opportunities for socializing, having fun, and going out. While the number of participants was small, we obtained feedback that we managed to establish relationships among the participants.

We think that the residents have recovered “their own skills” through these salon activities and revitalized relationships.

Table 7 presents the implementation of each salon activity.

**Table 7: Implementation of socializing salon activities for residents**

Activity title	Municipality	Target	No. of times held	Total no. of participants
Natori Health Salon (Sesshu-no-kai)	Natori	Residents	12	116
Watari Men’s Club (meeting for single	Watari	Residents	11	26

men younger than 65 years old)				
Goen-kai (Salon for residents of apartment-type temporary housing)	Shiogama	Residents of privately rented accommodation	4	15
Utsukushima Salon (Salon for those who have evacuated from Fukushima to Iwanuma)	Iwanuma	Residents of privately rented accommodation	10	155

(4) Human resource development

Table 5 lists the specialist training sessions provided by the Community Support Division to improve supporters' skills. As for themes, responding to mental illness and responding to alcohol-related incidents were themes carried forward from FY2015. For FY2016, municipalities asked for lectures on the theme of "Support for Parents Who are Raising Children."

(5) Research

In FY2016, we summarized our support activities and presented two papers. First, we presented a poster at the fifteenth Japanese Society for Traumatic Stress Studies Conference on the following themes: "Report on Support Provided for the Victims of the Great East Japan Earthquake in Tagajo I: On Liaising Among Multiple Institutions and Jobs" and "Report on Support Provided for the Victims of the Great East Japan Earthquake in Tagajo II: Characteristics of Those Who Need Continuous Support." Second, we presented a paper at the symposium at the 38<sup>th</sup> Japanese Society for Alcohol Related Problems Conference in Akita on the theme of "Encouraging Moderate Drinking in Natori: The Establishment of a Health Salon and its Effect."

(6) Support for various activities

① Danshukai (Alcoholic Anonymous)

We regularly held the "Meeting to Achieve Abstinence (danshu)" at the Public Health Center, Natori. As a preparatory stage to establish a danshukai as an umbrella body for supporters in the community, the event was held with co-operation from the Prefectural Danshukai and Medical Corporation Tohokukai, Tohokukai Hospital. The number of participants in each month is small, and although everyone does not manage to continue attending, one participant has been attending since the start. One of the factors for this is that the supporter was continuously engaged and deepened the relationship with the participant. Families who saw the advertisement by Natori and staff members of local hospitals also participated, and awareness about the families and supporters increased. From FY2017, the event will be held as Natori Danshukai hosted by the danshukai. MDMHCC will continue to co-operate to motivate the clients who they encourage to attend the meeting and to communicate about the meeting to various institutions in the community.

② Utsukushima Salon

Utsukushima Salon is a socializing salon for evacuees from Fukushima hosted by Smile Support Center, a support organization for the recovery of the victims of Iwanuma. Before the earthquake, the participants lived in Minamisoma, Futaba, Namie, and so on. Because the salon has now become established as a venue for socializing among those who are in similar circumstances and because it serves as a means for obtaining information about their home towns, the participants wanted to continue holding the salon, and it is held regularly every month. Users are increasingly coming from all parts of the Sen'nan area. While the demand is increasing, Iwanuma, which used to hold the event as part of resident support, decided to end its support as a local authority in FY2016 and were looking for a successor. In FY2016, we supported the activity as a co-host, and in FY2017, we plan to implement the activity as our own project with help from the Smile Support Center.

③ Child victim support event, "Genkikko"

We participated in the play event for children affected by the earthquake, provided consultation to families, and responded to parent-and-child queries (participated thrice).

④ Support for residents in temporary housing in Shimogama

Staff seconded to Shiogama are regularly conducting Shiogama’s projects such as “Hotto Salon” and “Consultation on rehabilitation” and have carried out educational activities such as self-stress test.

**Table 8: Support for various activities**

Activity title	Municipality	Target	No. of times held	Total no. of participants
Natori Meeting to Achieve Abstention	Natori	General public	12	28
Shiogama Hotto Salon	Shiogama	General public	5	24
Shiogamashi Consultation on Rehabilitation in Temporary Housing (Iboishi Temporary Housing Community Center)	Shiogama	Residents of temporary housing	4	6
Hokushin-kai Salon, Kitahama Prefectural Housing, Shiogama	Shiogama	General public	1	9
“Natori Genkikko,” a salon for children affected by the earthquake in Natori	Natori	General public	3	135
“Meguriai-no-kai,” a group of earthquake victims	Natori	General public	1	9

### 3. Summary

It has been six years since the earthquake and moving out of temporary housing peaked. Health problems and worsening of health conditions because of the prolonged evacuation as well as changes in environment are predicted. Individual problems have also diversified, which require multi-faceted and comprehensive responses.

Against this background, the Community Support Division has been discussing the following: “What kind of support and for what kind of people is needed as mid-to long-term support?”

The situation of our clients worsens every year, and they have diverse problems that reject a simple response and require time and effort. We hope to continue providing support for each individual to stay close to them.

We also think that in the mid- and long-term, we need to establish preventative measures in accordance with the situation on the ground. For this, we need to continue discussing with various institutions, as a task for the next FY.

Six years since the earthquake, and we continue to hear from the residents. While some are relieved and make statements such as “Finally, all the procedures for life infrastructure are completed” and “Finally, I feel I can talk about how hard it was,” for many residents, the earthquake continues to have an impact, as the following statement indicates: “I remember the earthquake as if yesterday.”

We believe that it is still necessary for us to visit these residents, listen to them, and to stay close with them in an empathetic manner, which is why we continue with our work.



# **Activity Report**

Planning Division, Stem Center



# Report of the Planning Division, Stem Center

Miyagi Disaster Mental Health Care Center (MDMHCC)

Planning Division, Stem Center

**Tetsuro Higuchi** – Manager, Psychiatric Social Worker

**Yukino Miura** – Assistant Manager, Office

## 1. Introduction

From FY2016, the “Planning and Co-ordination Department” became the “Planning Department,” and along with it, the Planning Division and Co-ordination Division were re-organized as the “Planning Division.” The Planning Division was again put in charge of research and works related to statistical systems that had been carried out by the Co-ordination Division, and the tasks were divided as follows: the planning group was in charge of the planning of training sessions in reference to human resource development and communication activities for raising public awareness, and the statistics/research group was in charge of the statistical systems and research. Additionally, the “Mental Health Care for Children Community Base Project” was newly commissioned by the Miyagi Prefecture and the Planning Division engaged with communicating the relevant sections about the project and arranging lecturers for events when support was requested to local authorities and nurseries.

Furthermore, the “Miyagi Disaster Mental Health Care Center Management Plan (hereafter, the Management Plan)” was drafted in order to set operational goals for the period from 2017 to 2020. The Management Plan was to be implemented for four years from 2017, but some projects related to it were implemented in 2016.

Here, we reflect on the Planning Division’s activities in FY2016, focusing on one of the basic principles of the Management Plan, “Unbroken support from children to adults.” We deliberate on what we need to do in FY2017 and the next four years.

## 2. Activity Report for FY2016

### (1) Resident support

#### ① The day camp with parents and children from the earthquake-affected areas

From this FY, the eligibility was extended to parents and children from a total of three municipalities, taking into consideration changes in circumstances such as the rebuilding of houses in the inland area and moving to public housing. The aim of the project was to improve their ability to take care of themselves while raising awareness about mental health by making children spend time in nature and by spending care-free time away from the everyday life for parents.

As part of disaster prevention education, the program involved the cooking of “Alpha Rice (cooked and dry packed rice)” and starting fire to prepare for lunch. In terms of recreational activities, a range of programs were organized to exercise well while enjoying it: some required co-operating with the group members, and some required 100% participation. In “Lessons on mind,” a psychological educational program, we practiced yoga focusing on breathing techniques. The aim was to learn a method for calming oneself down when one is irritated or upset.

This year, there were 12 returning children, and 8 new joinees.

② Other resident support

We provided help for “Utsukushima Salon,” (a salon activity for those evacuated from Fukushima to Miyagi Prefecture), which the Community Support Division of the Stem Center had co-hosted with a support organization in Iwanuma. In addition, when necessary, we provided individual consultation via telephone, walk-in, and home visit.

(2) Support for supporters

① Support activities for the affected areas by alcohol-related problem specialists

We conducted case examination meetings and training sessions and supported the launch of self-help groups by commissioning Tohokukai Hospital, the ASW, and the Prefectural Danshukai. More details of these activities are reported in the “Activities by the collaborative institutions and organizations” section in Bulletin No. 5.

② Supporters’ Club

In FY2016, two members of the Supporters’ Club helped with health consultation and children’s camp. Six more have newly signed up, and we are planning to ask for their co-operation for research activities from FY2017.

(3) Raising public awareness

① Creation of a pamphlet

We revised the pamphlet of the MDMHCC, which had not been updated since its establishment (3,500 copies published). In revising the pamphlet, we included information on the new project, “Mental Health Care for Children Community Base Project” and integrated supporters’ and general versions into one. Additionally, we distributed available leaflets during training sessions, home visits, and health consultation in order to spread knowledge and raise awareness about the help desk. In particular, 4,200 copies of leaflets on the four types of alcohol-related disorders were distributed, which was significantly higher than the number of other leaflets distributed.

FY2017 is the sixth year since the earthquake, and it is designated as the “final year” in the Prefecture’s recovery plan. We strive to capture new demands from residents and supporters and to produce new leaflets with knowledge and information in response to these needs.

② The newsletter

With an aim to communicate MDMHCC’s role and activities, we published the “Miyagi Disaster Mental Health Care Center Newsletter” twice in FY2016, and 2,400 copies were published and distributed to approximately 800 institutions and facilities in the prefecture both times.

The first issue carried an address from President Kodaka, the newly appointed President of MDMHCC. The newsletter featured alcohol-related problems and carried articles on the activities of each division and the treatment given in specialist hospitals. The second issue had an article by Dr. Toraiwa President of the Ishinomaki regional center, and it featured each division’s activities in FY2016.

We plan to make the most of the newsletter in FY2017 as a means of deepening shared understanding of mental health care in the recovery period with supporters by reporting on the activities of each regional center and other institutions.

③ The center’s web site

We communicated the MDMHCC training sessions and the projects that MDMHCC was co-hosting or supporting, published the newsletters issued in FY2016, and reported on the activities of each regional center through MDMHCC web site. We updated the contents, included the introduction of the new President, and updated the organizational chart.

As the use of blogs has increased, the number of users who access it per day has increased compared to the previous year. We plan to continue transmitting information that helps supporters and residents to deepen their understanding of mental health in FY2017.



[Reference] Miyagi Disaster Mental Health Care Center, <http://miyagi-kokoro.org/>

④ Responding to media queries

Following the Kumamoto Earthquakes in April 2016, there were many media queries and requests for visits. When the earthquakes hit, media organizations queried if the earthquake victims in Miyagi Prefecture were affected. In addition to media queries, we welcomed visits from the Kumamoto Prefectural Council in October and Kumamoto Mental Health Care Center in February.

Media queries around March 11 included, in addition to those from newspapers and magazines, an opportunity to report on our activities so far through a special program on TBC Radio. At “the 14<sup>th</sup> Earthquake Mental Health Care Social Miyagi,” we responded to queries from three media organizations including NHK Sendai. We also welcomed visits from a trauma center in South Korea and a group of Nepalese postgraduate students studying disaster psychology.

Overall, the queries were about usual mental health issues and new disasters. There were queries and visits from high school students and university students, and the number of visits was 15, which was higher than usual (9 visits in FY2015). We need to respond to these queries and requests, acknowledging the increased interest not only in post-disaster mental health care but also in mental health care in general.

⑤ Sending lecturers to the ‘Health Promotion Lecture Delivery (Mental Health)’

Upon request from the Miyagi Branch of the Japan Health Insurance Association (hereafter, Kenpo), we implemented this project to widely promote mental health at workplace. Both full-time and part-time staff members of the MDMHCC acted as the lecturer and delivered talks on mental health at the workplace and self-care. The target was ten businesses with more than 50 employees, and a total of 325 employees participated.

In the run-up to the lecture, we reported on the MDMHCC’s activities and communicated the importance of mental health care in the disaster-hit areas. In addition to the lecture, the program contained practicals, such as self-test and self-care, and we also distributed a pamphlet with the list of consultation bodies in Miyagi Prefecture.

In FY2017, we attempted to prioritize businesses in the earthquake-affected areas and in areas that showed signs of being affected by the earthquake. In order to achieve this, we will conduct discussions with Kenpo.

(4) Human resource development

① The Earthquake Mental Health Care Social Miyagi

The “Earthquake Mental Health Care Social Miyagi” (hereafter, the Social) in FY2016 was held in Sendai, Minamisanriku, and Ishinomaki. The Planning Division was in charge of the 14<sup>th</sup> Social in Sendai-shi, in co-operation with the Community Support Division of the Stem Center.

The theme of the 14<sup>th</sup> Social was “Continue to be connected up to now and from now on,” and a total of 33 organizations and 53 individuals who were active in the prefecture participated. We held the World café on the theme of “community building to prevent isolation,” and President Kdaka delivered a lecture on the theme of “supporting the community.” At the world café, we asked organizations that were engaged with community building and providing places for children to act as the café master to start the discussion. To the questions from the facilitators such as “What do you do to stay connected?” and “What is the secret to staying connected?,” the participants exchanged honest views, which were summarized by the group (Photographs 1 and 2).

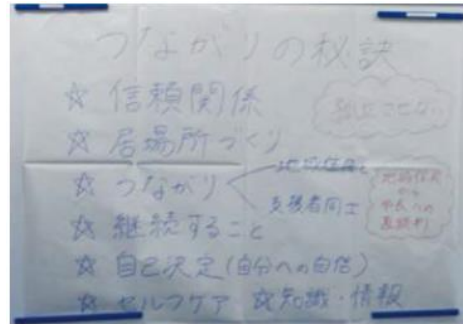
The responses to the questionnaire included the following: “I have discovered a new perspective from a variety of community supports,” “it is important to be connected; it is valuable to meet,” and “what impressed me most was ‘mutual support in the community with few suicides and building an environment that helps you let go.’” This suggests that the participants

managed to share “various ideas to be connected” in thinking about new community building and that they shared an understanding that being connected would facilitate more effective support.

Photograph 1: “What I do to stay connected”



Photograph 2: “The secret of connection”



② On-site training on alcohol-related problems for local authority staff

In FY2016, the target local authorities stopped being limited to the coastal areas and began to include all local authorities in the prefecture as well. Three-day on-site training sessions were held six times at Tohokukai Hospital to which the project was commissioned. There were applications from 18 local authorities, of which 8 were from inland local authorities who had become eligible for the first time.

Participants provided feedback useful for future support: “I have learned about the treatment and recovery process, and I will use this knowledge to review the current support goals,” “I have managed to form an image of recovery. I want to provide long-term support,” and “I want to hold a supporters’ care conference in the community with help from a hospital.”

③ Thematic training sessions for supporters

We held the “Training on mental exercise” for supporters in community twice, in August and February. The first one was a four-day course and the second was a one-day training session. Lectures were provided by the Tohoku University Graduate School of Medicine, Department of Preventative Psychiatry (hereafter, Tohoku Preventative Department). We focus on the knowledge of self-care for supporters and understanding of the basics of cognitive behavioral therapy.

In the first one, training was delivered to the applicants in order to enable them to practice what they were trained for after the conclusion of training. The second session was over-subscribed. We plan to deliver this in response to the demand in FY2017.

④ Specialist training for supporters of disaster victims

We provided training sessions for professionals engaged with providing support for disaster victims with an aim to learn about psychological support methods to support the victim’s recovery in the recovery period. In December, we invited Ms. Tomoko Osawa (Hyogo Mental Health Care Center) as the lecturer and delivered the “Mental Health Care Cognizant of Recovery in the Disaster Recovery Period: Training on Skills for Psychological Recovery (SPR)” together with the Tohoku Preventative Department.

⑤ The meeting of the Disaster Mental Health Care Centers from Three Prefectures

As a collaborative event for the ‘Fifteenth Japanese Society for Traumatic Stress Studies Conference’ held in Sendai in May, we planned a meeting of the Disaster Mental Health Care Centers from the three prefectures at the conference venue. Furthermore, we set up an exhibition space for various organizations working in the affected areas in the three prefectures and for reporting on their activities. On the day, in addition to the exhibition of works of art and panels from the MDMHCC and other organizations, we organized a stage presentation about the activity and product sale. This contributed to the deepening of the relationship among exhibiting organizations and conference participants.

(5) Support for various activities

In FY2016, in addition to providing support for the seminars held by the external organizations active in the prefecture, we organized practical sessions for the graduate students of Tohoku University. We also co-operated with the Hyogo Mental Health Care Center for their research (ten staff members participated in the interview).

(6) Research

① Running the research group and research implementation

Continuing from the last FY, in collaboration with the Tohoku Preventative Department and with the assistance of external, part-time staff members, we continue to engage with research. We presented four papers at the Fifteenth Trust Conference and other venues in FY2016. There are two on-going research projects as of FY2016: “Examination of Male Gatherings in the Disaster-Affected Areas” and “A Study on Cross-Sectional Support for Children Born after the Great East Japan Earthquake and their Families.” We will continue to be engaged with these in the next FY.

② Publication of Bulletin No. 4

Issue No. 4 of the Bulletin summarizing MDMHCC’s activities and research outcomes from FY2015. It was edited by the Bulletin Editorial Committee that monitored its progress and discussed the content. A total of 1,200 copies were printed. They were sent to 912 institutions within and outside the prefecture.

③ Co-operation with the health survey of the staff members of municipal social welfare councils

In collaboration with the Tohoku Preventative Department, we conducted a health survey with the municipal social welfare councils that requested for it. In FY2016, we carried out a health survey, conducted post-survey individual consultation, and offered training on mental health upon request from four social welfare councils (Shichigahama, Onagawa, Kesen’numa, and Yamamoto).

(7) The Mental Health Care for Children Community Base Project

The “Mental Health Care for Children Community Base Project (hereafter, Mental Health Care for Children Project)” commissioned from FY2016 comprises “consultation,” “deployment of specialists” “training,” and “research.” The first thing in which the Planning Division was engaged was raising awareness of the project with local authorities and related institutions in the prefecture by distributing project flyers.

We also arranged lectures as part of the deployment of specialist work and planned training sessions. We held the “Training Session on Psychological First Aid for Children (PFA) (hereafter, training on children’s PFA)” twice. In order to deliver our training session, we attended the one for instructor development held by the Save the Children Japan (hereafter SCJ). We also co-hosted training sessions to foster instructors with SCJ. We trained a total of 12 instructors including through the co-hosted training sessions, and we have secured 4 instructors for MDMHCC.

Regarding research, we summarized the responses to the questionnaire by the participants of the children’s camp.

(8) Other activities

① Training for staffs

a. Plenary meetings

Since MDMHCCs establishment, we have been holding plenary trainings as an opportunity for staff members who work in three separate locations to come together, to share an understanding of the current situation, and to acquire the necessary knowledge.

In FY2016, we held three plenary training sessions (twice in Sendai, once in Ishinomaki), which included a plenary meeting and regular staff training. The plenary

meeting focused on reports from each unit on the progress of their projects and the participation in training activities. With respect to regular staff training, in May, an external speaker talked about “The Use of CRAFT (the strengthening of craft and community and family training)” in Sendai; in September, a head monk from an affected area spoke about “Changes in the Victims’ Psychology” in Ishinomaki. In February, the President delivered a lecture on “The Future of the Disaster Mental Health Care Center.”

In order to communicate the needs to be shared at the plenary meeting, we held additional three meetings using the online conferencing facility in order to encourage the participation of staff members of each regional center from their location.

b. Training for new recruits

In FY2016, three training sessions (in April, June, and November) were held for a total of eight new recruits with an aim to help them capture the situation in the affected areas and to understand MDMHCC’s role and its operation. Two lectures entitled “The Basic Stance of the Disaster Mental Health Care Center” and “Post-Earthquake Development up to the Present and the Challenges” were held, and each division and regional center described what they did.

c. Others including recommended training sessions

In order to support staff development, we communicated information about external training sessions and encouraged staff members to take them as recommended training sessions. In addition, each community support division compensated the reduction in the number of plenary training sessions by organizing their own training sessions.

② The construction of business statistics system

The accumulation of resident support data with individual-identifying IDs began in FY2015. As this progressed well, it has become possible to capture the actual number of clients. We therefore report on our activities and the characteristics of support subjects based on the centralized resident support database. With regard to the running and building of systems, we constructed the “Individual Support System” by integrating the “ID Ledger and Activity Record System” and “Resident Support in the Statistical System.” This resulted in us having only one site to register data and for those who did not register the activity report to view it. Owing to the development and revisions undertaken in the year, the work load necessary to input data and to run and manage the system was reduced.

In the current FY, we will continue accumulating activity report data, conduct an analysis of the state of individual support and various activities, and carry out a chronological analysis so as to capture demand by area.

③ Drafting the management plan

In order to achieve consistency with the Prefectural Earthquake Recovery Plan drafted in June 2011, we participated in drafting the management plan from FY2017 to FY2020. The basic ideal was “the improvement of community mental health welfare in the affected areas,” and the following basic policies were drawn up based on it:

- a. We provide victim support in the form of mental health care mainly through outreach activities via local authorities;
- b. We provide multi-faceted support for supporters including consultation and mental health;
- c. We implement “Unbroken support from children to adults” based on the prefectural recovery plan;
- d. We provide support for community mental health in accordance with the situation of the affected local authorities;
- e. We summarize the outcomes of our activities and research so as to contribute to drafting countermeasures for large-scale natural disasters in the future.

### 3. The Policy and Plan for FY2017

FY2017 is the first year of the management plan, and therefore, the role of research in examining MDMHCC's activities so far and making policy recommendations becomes even more important. In order to strengthen the research regime, the "Planning Department" is to be renamed the "Planning and Research Department," and the "Planning Division" is to be renamed the "Planning and Research Division" for a fresh start. We will work on strengthening our research while collaborating with each community support division. In addition, as we enter the second year of the Mental Health Care for Children Project, we need to work on it even harder.

The current year is an important one in which we will shape the way in which community mental health and welfare is provided in collaboration with other institutions. We intend to carefully examine our activities so far and engage with our business in reference to the management plan in order to respond to the community's current demand and for the future improvement of community mental health and welfare.

#### (1) Resident support

The Planning and Research Division will undertake the following activities for the benefits of residents who are experiencing various worries and challenges after the earthquake:

- ① To provide consultation support activities (by home visit, walk-in, or telephone) for residents as and when required and to link them to necessary social resources.
- ② To hold the Utsukushima Salon (for those who have evacuated because of the tsunami or nuclear accident) in collaboration with the Community Support Division.
- ③ To implement the day camp project for the children in the affected areas.

#### (2) Support for supporters

We focus on reducing the amount of psychological burden on supporters by providing professional advice and training that leads to self-care for local authority staff and supporters.

The Planning and Research Division will commission some projects to external specialist organizations (Tohokukai Hospital, Danshukai) in terms of alcohol-related problems and work with them to hold case examination meetings and training sessions, and to support self-help groups such as Danshukai. As for the Supporters' Club members, we will facilitate their collaboration with the events we organize so as to make the most of their expertise and experience.

#### (3) Raising public awareness

We will work not only to support victims but also residents and supporters to deepen their understanding of mental health and to improve it. We will also communicate various challenges such as inequalities in the recovery situation in the affected areas and changes in the community within the prefecture and beyond.

We will also engage with the "implementation of the delivery of talks on mental health in the workplace (health promotion talk delivery)" and the "production and distribution of the pamphlet to raise public awareness" from a preventative point of view.

In addition, we will actively engage with communication through the newsletter and blog, transmit information through media, and accept media queries and visits.

#### (4) Human resource development/training

The Earthquake Mental Health Care Social Miyagi, which began to be held immediately after the earthquake and which has already been held 16 times, will be held in FY2017. We expect the event to provide opportunities to deepen the relationship among supporters and various institutions, to share various community challenges, and to link it to collaborative support.

We plan to continue holding the training session on alcohol-related problems, a project commissioned to Tohokukai Hospital, in response to the demand from support organizations in the prefecture. Interest in alcohol-related problems remains high, and we will continue holding training

sessions after FY2017 so as to increase the number of supporters who can deal with alcohol-related problems. We also plan to organize other training sessions for supporters depending on the demand from the community.

We also look into the possibility of holding a “Training Session on Psychological First Aid (hereafter PFA training)” based on the WHO version as an opportunity to acquire the support techniques necessary at the initial stage of a disaster. We think that this is important when preparing for future disasters and plan to have sessions to train instructors/trainers.

#### (5) Support for various activities

We will provide support for events organized by various organizations that are active in the prefecture in FY2017. Support for activities is understood to be the entry point, and we keep in sight the provision of information about mental health to them and the necessity to respond to their requests for training sessions and individual consultation.

Regarding accepting the placement for medical and welfare students, when a request is made, it will be carefully considered, and we will co-operate to the extent possible.

#### (6) Research

In FY2017, the Planning and Research Division will be created as a consequence of reorganization. The research group in the Planning and Research Division will be in charge of research and will begin work. FY2017 will be the year in which the engagement with “Research Projects that Contribute to Anti-Disaster Policies in the Future” will begin in a comprehensive and focused manner, and the following projects are planned:

##### ① Summarizing research findings

While maintaining a regime that ensures the stable running of the business statistical system, MDMHCC engages with summarizing the available statistics for research use.

##### ② Health survey with the social and welfare council

In collaboration with the Tohoku Preventative Department and community support divisions, we will continue implementing the survey and providing follow-ups.

##### ③ Drafting official activity record

We will begin to work on summarizing MDMHCC’s activities and research for the future.

##### ④ The Miyagi Mental Health Care Forum

We will hold a forum for MDMHCC; related local authorities; and related organizations such as the Tohoku Preventative Department, to reflect on the support we have provided so far and to think about how to rebuild mental health and welfare for the future.

##### ⑤ The Bulletin of MDMHCC

We will publish the “Bulletin of Miyagi Disaster Mental Health Care Center, No.5” as an activity report for FY2016.

#### (7) Mental Health Care for Children Community Base project

The Mental Health Care for Children Project commissioned in FY2016 will be implemented in response to the community’s demand with continued help from external supporters.

We will also hold the “Children’s PFA training session” not only in Sendai but also in various places in the prefecture, and upon request, we will look into transforming it into a business.

#### (8) Other

##### ① Staff development

In FY2017, we will hold the plenary training session comprising the plenary meeting and staff regular training session thrice a year (twice in Sendai and once in Kesen’numa). The regular training sessions will be held on a common theme to be shared by all the staff. In planning the plenary meeting, we will ensure that we secure enough time for staff members’ socializing and for exchange of views.

The plenary meeting will be held six times; some are stand-alone events, and some are delivered using Internet conferencing technology. In order to share each center's activities, each division will have a discussion on a theme beforehand so that there is adequate opportunity for discussion.

Additionally, we will continue publicizing external training opportunities and encourage staff members to participate systematically. This is for the purpose of staff development.

② The construction of business statistics system

We continue to accumulate business report data, conduct an analysis of the situation of individual support and various projects, and carry out a chronological analysis so as to capture each community's demand. For this purpose as well, we will work on developing a stable system and network environment.

③ The implementation of the management plan

We will engage with the implementation of the management plan, taking into consideration the diverse demand from the community to ensure that our support activities for the next four years will be flexible and effective.

#### **4. Discussion**

Reflecting on FY2016, we can say that because of drafting the management plan, we were able to develop our projects while taking into account FY2017 and beyond. We looked into the "PFA training session" based on the WHO version as a new human resource development project, but since we were freshly commissioned with the children's project, we decided to prioritize the "Children's PFA training session."

Because we need multiple instructors to implement the children's PFA training session, we trained instructors first with help from SCJ, and we now have several PFA instructors in MDMHCC. We also implemented training sessions with the trained instructors. We expect that the WHO-version PFA training session to be implemented in FY2017 will also train several instructors who can then be deployed in the prefecture, which means that the opportunity to receive PFA training in the prefecture will expand and that the number of participants will increase. We believe that the training of instructors of mental health-related training, not restricted to PFA, is hugely significant as "a resource to be preserved for the community in the future."

Furthermore, we engaged with projects with a view for future development such as the strengthening of research regime, the expansion of eligible areas for the training sessions on alcohol-related problems, and planning of specialist training from a new perspective.

It is essential in FY2017 to examine MDMHCC's activities regarding their effect what needs to be retained with a view to "preserve resources for the community in the future," while continuing with the activities so far. For this purpose, we think that it is necessary for the Planning and Research Division to engage with research.

#### **5. Conclusion**

MDMHCC will conclude its activities at the end of FY2020. Following this, we need to engage with our work thinking about the next four years. In order to achieve the mission "to improve community mental health and welfare in the affected areas," the basic ideal in the management plan, we intend to engage with our work as the Planning and Research Division without being restrained by "what we have done so far" and by thinking about "what is needed in the future."

In response to the Kumamoto Earthquakes of 2016, a new "Kumamoto Mental Health Care Center" has been created. We strive for opportunities to share information not only with Iwate and Fukushima but also with Kumamoto so as to contribute to our future activities.

