

State of Activities

Trends over the last five years and looking ahead

Report on the Kumamoto Earthquake disaster

support activities

Trends over the last five years and looking ahead

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1. Introduction

The Miyagi Disaster Mental Health Center (hereinafter, “the Center”) was established in Sendai on December 1, 2011. Since its establishment, numerous staff members have examined needs in areas struck by the earthquake, made business plans, and carried out interviews involving the staff members. In April 2012, the Ishinomaki Regional Center and the Kesenuma Regional Center were founded, and together with the Stem Center they began regular activities. In the following I will address these collectively.

2. Toward the acceptance of the Centers in the community

When the Centers were established, we decided that the basis for our activities would be the six pillars of “resident support,” “support for supporters,” “human resource development,” “support for various activities,” “research,” and “raising public awareness.” Resident support is based on carrying out visits through cities and towns. Support for supporters is also carried out through the cities and towns. However, even facing the community, we were often asked by supporters or staff at administrative bodies, “What do you do at the Disaster Mental Health Center?,” and it took a lot of time for the existence of the Center to be recognized and the work of community support to go smoothly.

In 2012, disorder continued in the cities and towns struck by the earthquake, and there was a state of labor shortage. We carried out support not only as part of the specialist activities of the Disaster Mental Health Center, but also as far as possible responding to the needs of the areas struck by the earthquake. Moreover, we proactively attended the area meetings and salons that we were already carrying out in areas struck by the earthquake, and built connections with various relevant organizations and bodies and supporters.

Moreover, from 2011 the prefecture started to carry out annual health checks for residents of temporary housing, and the cities and towns referred people to the Centers for follow-up interviews if those health checks revealed that they needed support. Through those follow-up interviews, our relationships with cities and towns were strengthened, and the Centers became recognized and trusted. Through these activities, gradually requests came in from towns and cities such as problem case consultations and training lecturer deployment.

3. Personnel

In April 2012, when core activities began at the Centers, there were 50 personnel: 30 full-time and 20 part-time. These were mainly recruited through interviewing specialists who had been found around the country. Some had connections in the prefecture and others didn’t, and their ages ranged from their twenties to their sixties, and they had worked in various occupations and also had a wide range of years of experience. Almost all specialists who had a passion for support in disaster areas worked in the same place doing the first interviews. These staff organizations were characteristic of “Disaster Mental Health Centers” established for a limited time after a large earthquake. Each division in the Centers concentrated efforts on forming teams that valued communication. Moreover, once a month all staff members held assembly meetings and established as many opportunities for interaction as possible.

Above all, we sensed the importance of paying attention to the mental health of staff members, because support and mental health care in areas struck by disasters is very stressful work. The managers paid attention to the mental health of staff members through actions such as understanding their working conditions, carrying out staff interviews with each person at least once a year, and providing opportunities for training outside of the prefecture. From 2016 onwards, the president introduced “staff development interviews,” and the staff’s psychological care was planned through interviews carried out by their direct supervisors three times a year. We believe that it is very important to pay attention to and create structures for staff members’ mental health.

4. Training

In April 2012, beginning teachers' training was held once a week. This was for all staff members, and was a good opportunity for them to meet together. In 2014, workshops were held in monthly general meetings for all staff. The contents were mainly designed in response to staff requests. Even the experienced staff were often inexperienced in disaster site support, so training was very important.

As the years passed, trainings attended by all staff together became less and less common, but in their place, single workshops were carried out for each regional center or division.

5. Relocation system

The intent of the relocation system has been recorded in detail in the section about the relocation system in the fourth edition of the bulletin. The relocation system officially started in April 2014. It is a support system whereby the Centers search for specialist staff such as psychiatric social workers, and temporarily transfer them to cities and towns affected by the earthquake to make up for staff shortages there. Their status is Center staff, but their duties are carried out in whatever form was indicated by the cities or towns to which they were posted. Based on the needs of the areas struck by the earthquake, 13 relocated staff members were deployed to as many as six cities and two towns. This system was very highly valued by the cities and towns that received the relocated staff. However, there was no legal basis for relocation under municipal law, and different staff members understood this "relocation" differently, so the system was not designed well enough, placing a large burden and a lot of hardship on the relocated staff. The problems and future structure of the relocation system need to be discussed further.

6. Future trends

The prefecture formulated a 32-point plan for reconstruction after the earthquake in 2011. The Centers were founded through assistance payments from the prefecture, and activities began at the Stem Center based on these reconstruction plans.

From 2016, we followed a reconstruction plan from the prefecture entitled "seamless mental health support from child to adult" (*kodomo kara otona made kiremi no nai shien*), and the Centers took charge of the "Regional Projects for Children's Mental Health Care" (*kodomo no kokoro no kea chiiki kyoten jigyou*). Requests increased for such services as counseling about children, and staff consultation in institutions such as kindergartens on how to respond to problem children.

In 2016, an inquiry survey was carried out through questionnaires and interviews in order to understand needs in areas struck by the earthquake. Regarding resident support, people expressed the opinion that there was a need for long-term mental health care, including care for children. Regarding support for supporters, many asked for advice with cases of hardship. Bringing together the results of this study, we formulated a management plan for the Centers from 2017–2020.

The activities emphasized in the management plan include concluding the Centers' activities and researching what should be left behind afterwards. The Department of Preventive Psychiatry was established as a three-year program at the Tohoku University Graduate School of Medicine through a donation from the prefecture in October 2011, but this was extended by another three years in October 2014 and is expected to be extended by another two and a half years in October 2017. As a specialist organization, the department is an important partner to the Center when carrying out research, and we believe this cooperation will become increasingly important going forwards.

The number of staff as of the end of March 2017 is 48 full-time and 23 part-time, and 7 of the full-time staff have relocated to the cities or towns. Our budgeted scope has gradually decreased, and our number of staff will have to decrease going forward. We believe it will be important to clarify the order of priority for our projects in order to consolidate.

Report on Kumamoto Earthquake disaster support activities

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1. The story from earthquake to deployment

At 21:26 on April 14, 2016, a magnitude-7 earthquake struck, with its epicenter in Kumamoto Prefecture. 28 hours later, on the 16th, another magnitude-7 earthquake struck, the largest ever recorded, and following that a succession of earthquakes followed in a wide region, including the Aso District of Kumamoto Prefecture and Oita Prefecture.

At the time of writing, on April 18, 2017, 225 people have died (from the 2016 235th report on the state of damage due to issues such as the earthquake in areas of Kumamoto), and at its peak the number of evacuees was over 180,000.

In response to this, Miyagi Prefecture decided to dispatch DPATs (Disaster Psychiatric Assistance Teams), and Miyagi Psychiatric Center first responder teams departed for Kumamoto on the 18th. Since it is necessary to take wheeled vehicles that can be used on-site and support materials such as medical supplies, they actually took 1500 kilos all the way to Kumamoto Prefecture. Afterwards, the second and third responders took over the wheeled vehicles and support materials that they had brought to the site, and took turns continuing support activities for one week each.

Miyagi Disaster Mental Health Care Center staff (one psychiatrist, two psychiatric social workers) formed teams with nurses deployed from Medical Corporation Kokorono Hospital Furukawa Green Hills, and these acted as the fourth responders (Photograph 1). On May 3rd, following the transfer of air lanes from Sendai to Fukuoka, they travelled by high-speed bus from the hotel in Kurume City which they had gone to from the airport. That evening, they took over from the Sendai team of third responders, who had returned to their hotels after finishing their support activities (Heartport Sendai). The materials made on-site were handed over to the logistics officer of the Sendai team (the coordinator). They were introduced in detail to images and maps of the present state of the towns of Mashikimachi and Kousamachi for which they were responsible, and points to remember concerning support activities were clearly specified. Although there was considerable tension and unease about the support activities from the following day onwards stretching on for a week, there was also a strong sense of duty associated with properly taking over the activities that had been carried out by the prior Miyagi team.

Photograph 1: The farewell party



2. Beginning of support activities

The first day of support activities was May 4th. This also happened to be during Golden Week, so we left our lodgings a little early, shortly after 6 am. However, contrary to our expectations, there was no significant traffic on the highways, and we arrived at the meeting place, the Mashikimachi Health and Welfare Center, quite a bit earlier than the meeting time. The Mashikimachi Health and Welfare Center was an evacuation shelter, so there were many evacuees and supporters from outside of the prefecture coming in and out, and a peculiar buzz hung in the air. There were collapsed buildings and tower blocks nearby, and the marks left by the earthquake remained pronounced.

Apart from the various teams related to medical care and welfare that flowed into Mashikimachi, which was very severely damaged, support activities were also being carried out by multiple DPAT teams. We

decided that when counselling related to mental health had been provided to residents, all teams would report to the Miyagi Prefecture team, and the Miyagi Prefecture team would triage with the DPAT teams. Communication was carried out by cellphone and DMIHSS (Disaster Mental Health Information Support System), but personally I as the manager was not experienced using iPads or DMIHSS, and we were in an area with bad radio wave reception, so communication with organizers was not necessarily smooth.

To respond to cases continuing on from the day before, we visited several safe shelters. Movement was unexpectedly difficult because we were in an unfamiliar place, highways had collapsed, and our navigation system was old. We were contacted from a phone number that was not stored in our phone. “This is the team. There is someone from safe shelter X who would like you to come over, but how long would it take for you to get here?” I didn’t remember hearing the person’s name before, and the location of the safe shelter didn’t come to mind, so I had no idea how long it would take to get there. The first day of support we didn’t know our left from our right, and the day continued in chaos.

We believe that our experiences in the Great East Japan Earthquake did come in handy to some extent. However, we learned that carrying out activities in an unfamiliar place can be very hard work. It brought home to us how much hardship was experienced by people who came to support us with the Great East Japan earthquake.

3. Experiencing DPAT (extract from results of Miyagi Prefecture meeting)

From April 18 to May 29, 2016, a total of 33 people were dispatched as eight DPAT teams from Miyagi Prefecture. These were nine temporary staff, eight nurses, four public health nurses, three psychiatrists, six psychiatric social workers, and three office workers. There were 101 people providing consultations (among them 88 providing medical examinations and 20 prescribing medicine), and apart from responding to residents, the main activities were adjusted to suit the circumstances during the time of deployment, such as referrals related to support such as public health nurses, referrals to primary school teachers, lectures and staff consultations for Mashikimachi administration, and coordination of activities for DPATs in other administrative divisions.

When I was deployed, it was right at the time when Hiroshi Kato from the Hyogo Prefecture Disaster Mental Health Care Center was also visiting Kumamoto Prefecture, and under his coordination we were able to convey to people connected with Kumamoto Prefecture some of the initiatives from our experiences during the Great East Japan Earthquake and the Miyagi Disaster Mental Health Care Center. You learn a lot about disaster support through experience. Just as I had benefitted in a variety of ways from instruction from Hyogo and Niigata, I hope that my experiences might in some way have benefitted people.

In the questionnaire survey for people dispatched from Miyagi Prefecture, “Inquiry into DPAT activities responding to the 2016 Kumamoto Earthquake,” 56.3% (18 people) of the people from the teams deployed at this time from Miyagi Prefecture stated that they had prior experience of support, but many of these were during the Great East Japan Earthquake (Table 1), so these support experiences were at home, so to speak. Moreover, only 28% (9 people) had received training in DPATs, and many people, myself included, had no experience of such training (Table 2). Moreover, since a high proportion of the initiatives had not previously been required, such as “training for deployed workers” and “creating a deployment system,” it might be necessary to further strengthen the creation of systems that assume deployment outside of the prefecture.

Table 0-1: Number of people deployed with experience in other earthquakes

Name of Earthquake	People	Ratio
Great Hanshin Earthquake	3	9.3%
Chūetsu Earthquake	0	0.0%
Northern Miyagi Earthquake and Miyagi-Offshore Earthquake	2	6.3%
Iwate-Miyagi Nairiku Earthquake	5	15.6%
Great East Japan Earthquake	18	56.3%
Other	1	5.6%

Table 0-2: Training received in each deployment team

Deployment team	Training experience		Total
	Some experience	No experience	
1	4	1	5
2	2	2	4
3	2	2	4
4	1	3	4
5		3	3
6		4	4
7		4	4
8		4	4
Total	9	23	32

The survey responses also mentioned, “In carrying out support activities, we took care to ‘avoid burdening local supporters.’” In a place in chaos, there are times when supporters advocate for their own wants and when local supporters are overwhelmed. If we could manage to be considerate to people in their home town, then that would simply mean that we had put to good use the lessons we learned in the Great East Japan Earthquake.

Works cited

“*Heisei 28 nen Kumamoto jishin hassei ni tomonau saigaihaken seishin iryou chiimu (DPAT) haken katsudou chousa ni tsuite* (Inquiry into DPAT activities responding to the 2016 Kumamoto earthquake),” Miyagi Prefecture Welfare Division for Persons with Disabilities, Miyagiken Seishin Public Health Center.

