

Project of Cooperating Agencies and Organizations

Tohoku University Graduate School of Medicine,
Department of Preventative Psychiatry

Tohokukai Hospital

ASW

Miyagi Danshukai

Activities related to disaster psychiatry and health by the Department of Preventative Psychiatry, Tohoku University

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At the psychiatry laboratory of Tohoku University, the whole laboratory, including the Department of Neuropsychiatry and the Psychiatry Department at the hospital, have been providing support since the Great East Japan Earthquake and conducting research with the Department of Preventative Psychiatry that was set up in October 2011 with a donation from Miyagi Prefecture as the driving force. The active members in FY2016 were Takahashi, Shoji, Usukura, Abe, Mitate and Saito of the Department of Preventative Psychiatry; Matsuoka and Matsumoto of the Department of Neuropsychiatry and Katsura; and Sakuma, Wada, Hamaie, and Sunagawa of the Psychiatry Department of the hospital. Additionally, Ueda, who is seconded to Sendai Municipal Hospital, was also involved in the activity. Many of our activities were conducted in collaboration/co-operation with the MDMHCC, and the staff were also working as part-time staff for the MDMHCC.

In response to the Kumamoto Earthquakes of April 14, 2016, the psychiatry laboratory of Tohoku University sent staff as part of the Miyagi Prefecture DPAT to the second wave (April 23-29, Matsumoto and Katsura), to the sixth wave (May 13-19, Wada and Shoji), and to the eighth wave (May 23-29, Ueda and Abe). The second wave engaged with establishing a support regime in Masushiro-cho for the future activities of the Miyagi Prefecture DPAT; the sixth wave was engaged with preparing for the conclusion of support, and the eighth wave was engaged with the provision of mental health training for municipality staff and with the conclusion of support. After the conclusion of deployment, we continued to engage in activities to develop the DPAT regime in Miyagi Prefecture and to provide support for various projects. For Miyagi Prefecture, it was the first-ever deployment of the DPAT, and there were many challenges. However, by making the most of the support experience at the Great East Japan Earthquake, we think that we contributed towards supporting victims in Kumamoto Prefecture.

We have continued to implement support and research in our job areas in the affected areas, and we continue to provide regular health check-ups, health consultation at workplace, advice for human resource managers, and training sessions for staff from the social welfare council and ae municipal hospital. On the other hand, since a period of time has passed since the earthquake and since the stress check system has begun to work in earnest, we terminated the health survey with local authority staff in FY2017. However, we continue to provide support to the extent possible for mental health in workplace. We also conducted discussions with those in charge and implemented training sessions. We are analyzing the research data accumulated so far longitudinally, and we continue with our research that would be beneficial for post-disaster support for supporters in the future. Local supporters are victims, in addition to experiencing chronic stress due to their continuous work. We intend to continue providing support based on demand and to support the continuous enhancement of mental health measures at workplace.

We have continued to examine the feasibility of the “Skills for Psychological Recovery, SPR, a support program specialized for the recovery period following the disaster with help from the Hyogo Mental Health Care Center, and we are also engaged with disseminating it. In FY2016, we invited

Professor Tomoko Osawa, an SPR trainer, to a two-day training session in December. Supporters in the mental health and welfare area who played a key role in the community participated in the training session. The training session was received favorably, and we plan to hold another one in FY2017. As for research into the SPR's feasibility, we have finished with intervention and evaluation and are now engaged with data analysis.

Regarding the "Training Session on Mental Exercise," a training program for general public that applies the cognitive behavioral approach, the intervention part was completed in FY2015. In FY2016, we carried out data analysis and conference presentations, and we are currently writing up the papers for submission. Additionally, in FY2016, we held a training session twice for the general public on a support basis. In particular, the second session focusing on communication skills was attended by many supporters of the affected areas as part of their own mental health management.

Regarding the "Class to Improve Psychological Support Skills" aiming to spread the cognitive behavioral approach in Miyagi Prefecture, in FY2016, in addition to the conventional case examination, we offered a series of mini lectures throughout the year for new participants. Many participants were very keen on the lecture series, and they would continue to attend the lecture in the evening after work, which led to a degree of achievement. On the other hand, the degree of acquisition of cognitive behavioral therapy varied, and there are future challenges in reference to the lecture content and its level of advancement.

We continued to be active with the mental health training session for school teachers in order to strengthen young people's mental health. We held workshops on knowledge about and response to mental illness and improved communication skills among students, parents, and teachers of high schools and specialist colleges in co-operation with projects implemented by the Miyagi Prefecture and Aoba-ku, Sendai. We regularly attended the study group meeting at the MDMHCC and provided support for its research activities and co-operated with their surveys.

In addition, we engage with communication and activities for raising public awareness in and outside the prefecture by providing the lectures in the training session as part of suicide prevention measures taken by local authorities in Miyagi Prefecture and in the mental health program at workplace. We also present the situation of mental health in the affected areas and survey results at academic conferences and symposiums. In May 2016, the Department of Preventative Psychiatry played a central role in hosting the fifteenth Japanese Society for Traumatic Stress Studies Conference in Sendai. Latest research findings in the trauma field including post-disaster support were presented by researchers across Japan, and specialist-delivered lectures were provided. We also contribute to the public debate on how to prepare for future disasters through our involvement with committees and study groups on the disaster regimes of Japan, including Miyagi Prefecture, and abroad.

In FY2016, by experiencing support for the Kumamoto Earthquakes, we deeply felt that our experience of the Great East Japan Earthquake and recovery support in its aftermath is useful and valuable for the future. We, the Department of Preventative Psychiatry, Tohoku University, will continue to collaborate and co-operate with the MDMHCC in order to meet various needs such as the enhancement of community mental health in Miyagi Prefecture, the enhancement of the preventative psychiatric approach and socio-psychological support, measures for psychological trauma, and responding to disaster mental health care.

On support for the affected areas provided by alcohol-related problem specialist organizations

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1. Introduction

Work on alcohol-related problems that started in the immediate aftermath of the earthquake and continues till today is a major community challenge. Since the immediate aftermath of the earthquake, responses to alcohol-related incidents and preventative measures have been given due attention. The continued provision of opportunities for supporters including local authority staff to learn knowledge and concrete measures is necessary. It is also necessary to support the setting up of mutual support (self-help) groups such as the establishment of the danshukai.

MDMHCC has concluded a commissioning contract with three specialist organizations (Medical Corporation Tohokukai, Tohokuai Hospital; ASW; and Miyagi Prefecture Danshukai) in order to appropriately deal with these alcohol-related problems in the community and tackle the alcohol-related problems in accordance with the community's needs. Below, we present reports from each organization about the support given so far.

2. Outline of activity

(1) Medical Corporation, Tohokukai Tohokuai Hospital (hereafter, Tohokukai Hospital)

Six years have passed since the earthquake, and here, we report on the support provided for alcohol-related problems in collaboration with the MDMHCC.

Substance dependency such as alcohol and drug dependency is described as an illness that gradually directs the person consuming the substances to suicide. Against the criterion that desire can be controlled, a negative label that "those who die because they like drinking" becomes a barrier for support. It is rare for this barrier to be explicit, but it is implicit on the part of supporters and medical professionals. "The narrative of the patient" "stains" this understanding.

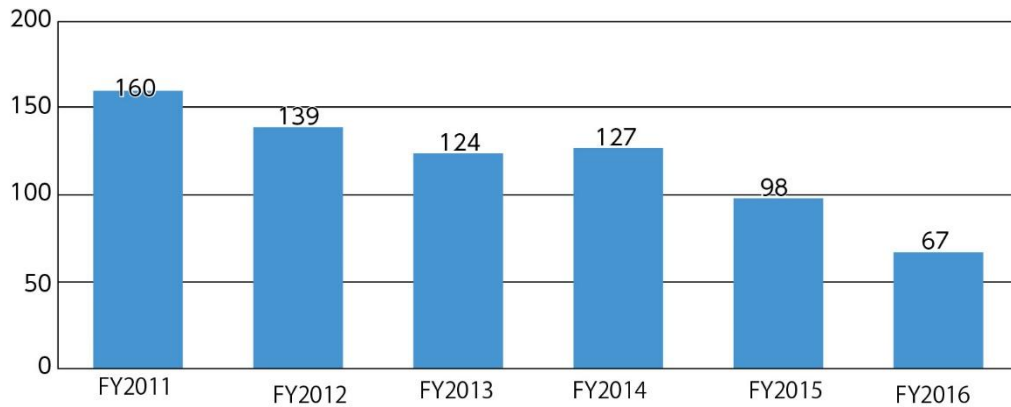
The patient refuses to receive medical attention even when complications occur and increasingly becomes weak because he/she keeps on drinking. Upon having a patient who is increasingly isolated in front of us, we, the supporters, become more apprehensive about "Why do you drink in your situation?" However, when we listen to the patient, our question changes to "How have you managed to recover in your situation?" Lament and irritation with the unchanging patient vanishes with change in the supporters' understanding. This brings a change in the relationship with the patient. The ground work for a non-brief intervention to prevent dependency is thus completed.

Based on this perspective, we have been recently focusing on mutual support (self-help) groups to begin functioning in the coastal affected areas, by asking patients to tell their stories at the supporters' training sessions and through case examinations.

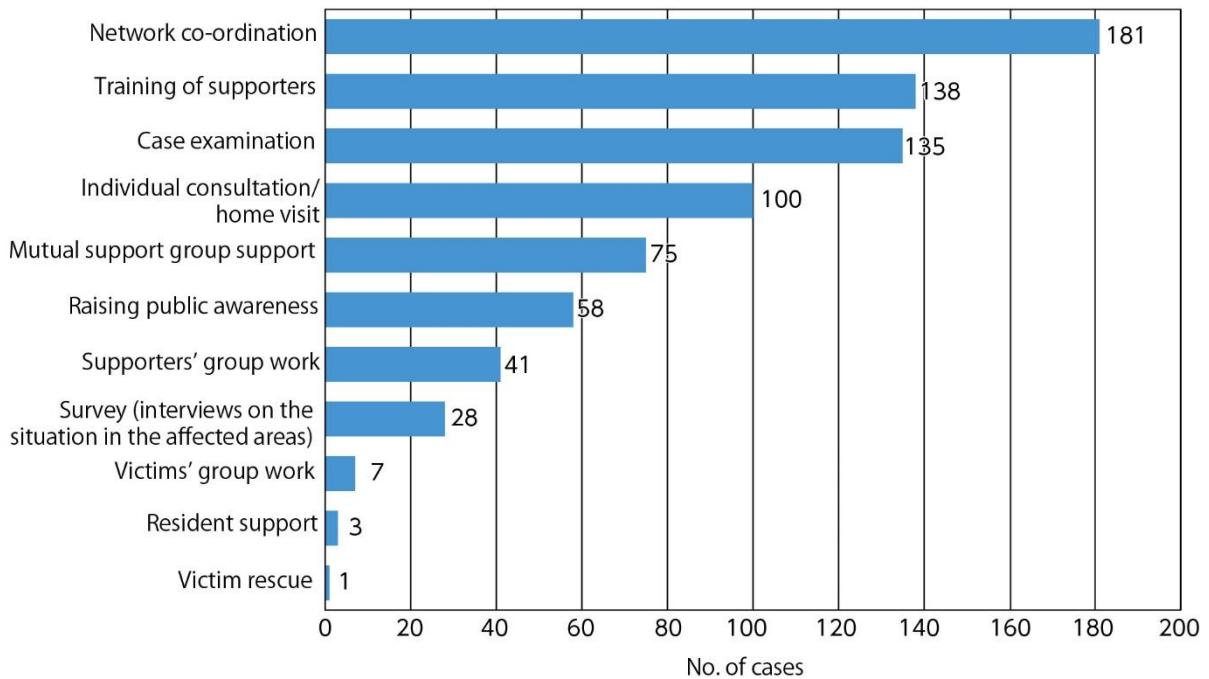
The number of cases that come to us is certainly reducing but we continue providing support to improve the quality of community response.

The number of supported cases for the past six years is 715, and a total of 1,386 staff members have engaged with support provision.

The outline of support as a whole is as follows:



**Figure 1: Annual change in the number of supported cases
From March 2011 to March 2017, N=715
The FY starts in April and ends in March.**



**Figure 2: Number of cases by support type
(a case can contain multiple support types), From March 2011 to March 2017**

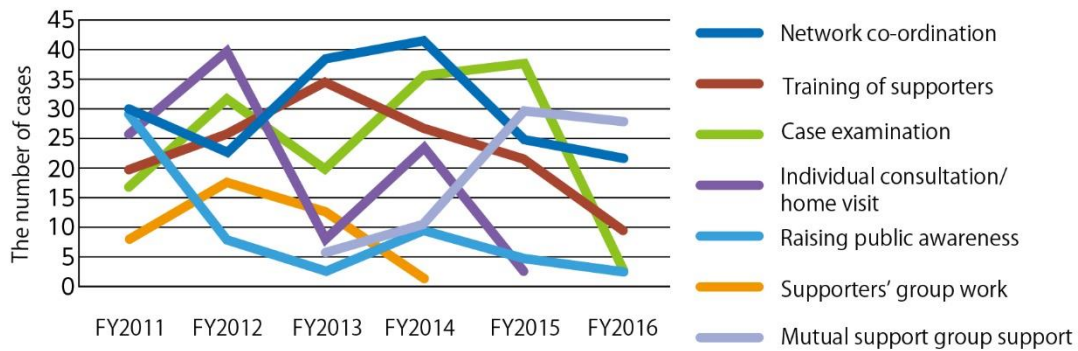


Figure 3: Change in the number of major supports

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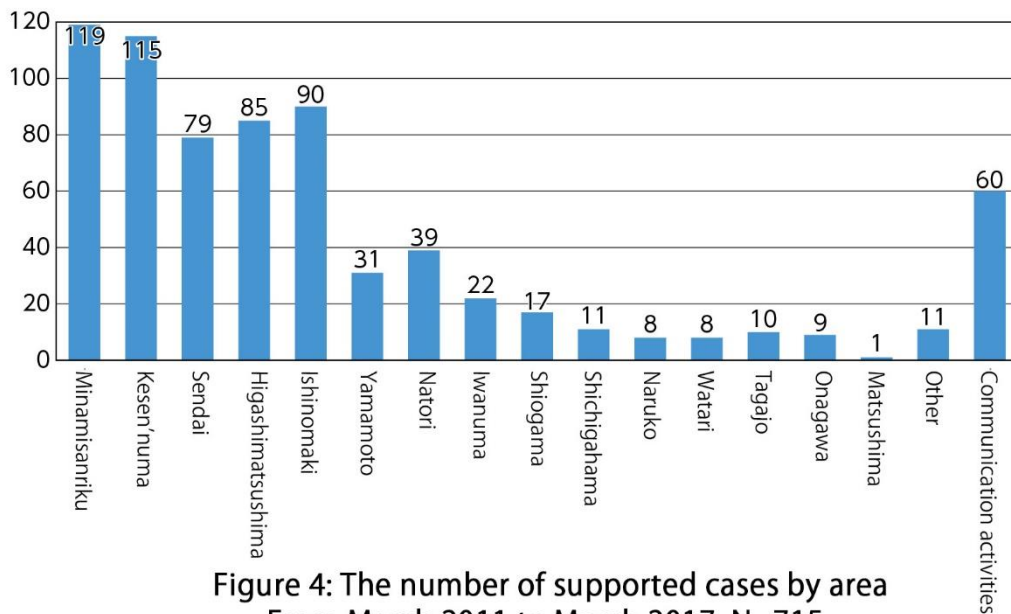


Figure 4: The number of supported cases by area
From March 2011 to March 2017, N=715

(2) Japan Social Worker Association for Alcohol Related Problems (ASW)

In the aftermath of the Great East Japan Earthquake, from September 2011, the ASW started to provide support for post-disaster alcohol-related problems in collaboration with the Health Promotion Division of Ishinomaki and the Center of MDMHCC. The project was concluded in FY2016.

When beginning to provide support, both the ASW and the Health Promotion Division were sensing and attempting to identify the best way to support the victims. In FY2012, the second year, our support started to focus on “consultation” and “training of supporters.” While the ASW continued to send its members, there was a limit to the association’s capacity, and because there was a limit to individual support for the victims, it became a priority for the local supporters to develop their capacity to deal with mental health problems in the community.

Alcohol-related problems were described as “problems we do not want to be involved with, if possible” for the local supporters before the earthquake, and those who repeated alcohol-related problems were “those we do not know how to relate to.” However, when the experienced ASW members accompanied public health nurses in their home visits to the evacuation center and container-type temporary accommodation and when they related to the family and those had alcohol-related problems, the public health nurses began to feel that they learned how to relate to the client. We repeatedly planned training sessions on “alcohol-related problems” and sent

lecturers to the event. In designing the session, we discussed with the people on the ground how the local demand could be identified so as not to turn the training sessions into an imposition from the external supporters. The public health nurse of Ishinomaki-shi, who was in charge of the project, was also frank about changes in the community's demand as the process of recovery proceeded, and we always had an enthusiastic and frank discussion. The "consultation of individual cases" concluded in the previous FY, and from FY2015, we only provided planning and implementation of continued training. This was because the support institutions that were set up in Ishinomaki-shi after the earthquake became established in dealing with mental health issues in the community. The content of training had shifted from basic knowledge of "alcohol-related problems" to practical issues such as "how to run a liaising meeting."

FY2016 was our last year of support provided, and we planned and delivered the following training sessions :

Table 1: Human resource development training: "Training sessions to improve practical skills to deal with alcohol-related problems"

	Theme	Date	No. of participants
First	"Early Detection of Alcohol-Related Problems and Basic Understanding for Supporters"	August 23, 2016	47
Second	Lecture on "Understanding and Response of the Family with Alcohol-Related Problems" and case examination	October 20, 2016	42
Third	Lecture on "Support for Those with Alcohol-Related Problems: Assessment and Support Plan" and case examination	December 9, 2016	55

Training was delivered by Naoto Okazaki, Sakae Fujita, Sumie Okaga, and Noriyuki Kobayashi (volunteer). The participants were public health nurses, care supporters, nurses, psychiatric social workers, staff of consultation and support institutions, and life protection case workers.

At the case examination session, the participants provided cases, and the theme was "we are providing continued support and would like to review the future direction," which suggested that local supporters had mastered how to respond to alcohol-related problems and had developed their skills through these post-earthquake sessions. For the ASW, the project has turned out to be a valuable asset in which we learned how to support in response to developing local needs.

(3) Nonprofit Organization Miyagi Prefecture Danshukai

① Introduction

Six years have passed since the Great East Japan Earthquake, and in terms of recovery, people are moving from temporary housing to public housing. Nevertheless, the severity of physical, psychological, and social problems caused by the earthquake have increased their severity.

We, the prefectural Danshukai, have been engaged with setting up Danshukai meetings in collaboration with the MDMHCC, local authorities, and medical professionals in order to tackle the worsening of alcohol-related problems in the affected areas where the future prospects were bleak owing to various problems.

② Outline of activities in each area in the prefecture

a. Danshukai in Motoyoshi Area, Kesen'numa-shi

Home visit at the container-type temporary housing -> a meeting to discuss abstinence -> regular meeting of danshukai

The tasks required to raise awareness about the ill effects of alcohol and to establish a danshukai transformed into a regular danshukai meeting run by the prefectural danshukai from May 2014 owing to the enthusiasm of local clients and supporters and repeated discussions. Since then, the Motoyoshi meeting has been held on the third Monday of the month in principle, and from May 2016, the regular meeting is held in “Motoyoshi Health and Welfare Center Ikoi.” Not only the local residents who had been participating since the time of “The Meeting to Discuss Abstention,” but also staff from the community support division of Tohokukai Hospital in Sendai attend every meeting.

b. Training session on alcohol-related problems in the Kahoku area of Ishinomaki

A training session entitled “Let’s Listen to Those who are Abstaining from Alcohol” was held in March 2015, and the meeting has been taking place on the second Thursday of the month at Ishinomaki Kahoku Comprehensive Center/Health Center modelled on the regular meeting of danshukai. It also incorporates the reading of “Principles and Norms.” The participants include patients and their families, staff members of the mental health care center, governmental institutions, the community support division of Tohokukai Hospital, all of whom tell their story. There are more than 15 participants every time. We had a meeting to discuss what to do in the next FY in February 2017, and it was decided to move the venue to Ishinomaki Town Center because the number of those with alcohol-related problems in Ishinomaki had been increasing and the problem had worsened since moving into public housing. From April 2017, the meeting will be held in the meeting room of the Ishinomaki Health Center.

c. Training session on alcohol-related problems in Natori Area

In response to an increased interest in the regular danshukai meeting in Natori, Iwanuma and Watari, the Sen-nan Branch of the Prefectural Danshukai has facilitated a regular meeting modelled on danshukai at the Natori Health Center. The meeting is held on the second Monday of the month. Participants consist of danshukai members, local clients and their families, staff of the mental health care center, local supporters, and medical professionals. More than 10 participants attend the meeting each time. They read the “Principles and Norms” and tell each other their stories. At the discussion about what to do in the next FY, it was decided that the prefectural danshukai would host the meeting.

③ For the future

We feel that our activities are really small in comparison to the scale of the areas affected by the earthquake. However, we also believe that it is our mission to keep telling our stories and recover. We reaffirm that strengthening collaboration with the local authorities and medical professionals and improving trust with supporters who have been tirelessly working on the problem despite many difficulties in the affected areas is the first step to reduce alcohol-related problems.

3. Summary

So far, MDMHCC has been tackling alcohol-related problems in collaboration with three organizations: Tohokukai Hospital, the ASW, and the Prefectural Danshukai. We believe that the capacity of supporters including staff members of the MDMHCC and local authority staff has certainly been expanded through the collaborative work. Additionally, the birth of a new danshukai, our utmost wish, has been made possible because of our collaboration.

On the other hand, the project commissioned to the ASW was concluded at the end of FY2016, and there has been a decrease in the number of cases in the project commissioned to Tohokukai Hospital. This can be understood to mean that the “commissioned project as support for supporters in the affected areas” has come to a natural end. However, while the frequency of support has decreased, the content of support is demanding and requires extensive care. Regarding the support for the “future danshukai,” repeated training sessions for the supporters and meetings of clients are held for

achieving a realization. There appears to have been a shift in focus from quantity to quality of support in FY2016.

When we look at Miyagi Prefecture as a whole, we can see that the work on alcohol-related problems now covers a larger area. We have already received a request for training sessions from the inland for FY2017. As the regime to support alcohol-related problems in the community develops, collaboration with the support organization will become even more important. From now on, it is necessary for the whole prefecture to engage with “measures against alcohol-related problems in peacetime” and not “measures against alcohol-related problems after the earthquake.” We speculate that this would also lead to raising of the bottom line of mental health in community.

Lastly, ASW has been engaged with support activities in the Ishinomaki area since the earthquake. Since its activities will conclude at the end of FY2016, we would like to thank them for their support as we conclude this report.