

Chapter III

Contribution

What the Miyagi Disaster Mental Health Care Center brings to the region

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Seven years after the earthquake, the Miyagi Disaster Mental Health Care Center (MDMHCC) has become a natural part of helping local supporters and residents. Because the area was not yet stable when the organization was launched, however, it required considerable effort and ingenuity to make its existence known and to get its activities underway. Further, it has been able to carry out its activities only thanks to the cooperation of the municipalities struck by the disaster and those concerned outside of the prefecture. I have been involved with the Miyagi Mental Health and Welfare Center and have connected with MDMHCC from this position. There are two strengths of its activities that should be mentioned. The first is its proximity to the disaster area. Because of the focus on outreach assistance to the site, the activities of MDMHCC seem to have a closer relationship to the community than other organizations of this kind. The other strength is that MDMHCC has brought consensus in the face of many opinions and has always stood by the municipality to provide support.

The second point is MDMHCC's multidisciplinary mental health and welfare team, comprised mainly of public health nurses, which can handle any kind of prevention or individual support. This team provided cooperative support during the time of the earthquake, and since then, community supporters have accumulated valuable experience in collaborating with professionals. In writing this, I ask the MDMHCC to continue its cooperation. It has been a strongly supportive and dependable organization.

Although the organization's various activities have already been mentioned, public health nurses have also provided invaluable communication among staff and connection with MDMHCC; I was particularly struck by comments such as "I am grateful for the male staff (especially alcohol)," "mental health has spread," "we got advice on projects and how to organize our thoughts," and "the region is depleted, but we were empowered."

Next, regarding cooperation with other professionals, people said, "the burden of public health nurses became lighter because they are specialists in mental health fields," "the professional assessments and wide range of support methodologies are helpful," and "they convey information from both outside and within the prefecture from a broad overview perspective." In particular, regarding individual support to for mentally handicapped persons, "MDMHCC is professional" and "MDMHCC perceives the illness, and the public health nurse sees the person as a whole." We asked about the future, and people divulged their true feelings: "I think about MDMHCC leaving, and I know we need to walk on our own, but. . ." and "public health nurses alone cannot be replaced."

These responses indicate the difficulty not only of manpower but the security of this specialty. I look back at what MDMHCC has brought to the area. In collaboration with local supporters and professionals who started with providing support to victims, the breadth of their mental health and welfare activities expanded and gained additional support. On the other hand, I have realized anew the potential breadth of community mental health and welfare needs because of the breadth of their activities and the need for their manpower.

Looking ahead, in anticipation of the transition from disaster relief support to peacetime regional mental health and welfare activities, it is a major challenge to maintain and deepen the expertise gained from the activities cultivated during this period, as well as secure specialists in the region. The time has come for all of us to think about what we can do to meet the needs of these communities.

