

## **2. Activity Report**

Community Support Division, Kesennuma Regional Center

Community Support Division, Ishinomaki Regional Center

Community Support Division, Stem Center

Planning and Research Division, Stem Center

# Report of the Kesennuma Regional Center

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## Introduction

The main initiatives of 2017 are listed for each operation. Since the number of activities for each operation is listed under 1) Activity State by Operation Item in Chapter 1 of the 2017 Report, such details will be kept to a minimum here, with details provided here centered on the operation content.

## 1. Resident support

Resident support services conducted in 2017 included home visits for residents classified as high-risk under the health survey conducted by the Miyagi Prefecture and each municipality, as in previous years, as well as providing ongoing support in response to requests made by each relevant institution and people asking for consultations directly.

Furthermore, one employee has been temporarily transferred to Kesennuma and Minamisanriku, respectively, cooperating with psychological health welfare services and conducting resident support services as part of their work.

### (1) Kesennuma City

Based on the health survey conducted on residents in private rental housing in Kesennuma City, outreach via home visits was conducted for those who are believed to be in a high-risk state from the perspective of K6 and alcohol-related behavior (Table 1).

Following 2016, there has been an increase in direct consultation requests from the person concerned or their families in addition to aid requests from governmental, educational, and other relevant institutions. The content of consultations includes poor adjustment within school for elementary, middle, and high school students and issues related to families, similar to what was seen in 2016. Other consultations that stood out are for those of working age regarding their workplace and tasks, and consultations related to trauma. There were many issues, with some serious in nature. There were many cases in which aid was continuously provided. For this reason, there has been an increase in consultations in which support was given in collaboration with other relevant institutions.

**Table 1: Support provided including health surveys conducted through home visits**

Summary	The main support period and main support targets	The number of support cases (e.g., home visits) conducted by the Kesennuma Regional Center
Home visits based on 2016 health survey of residents of private rental housing	May 2017–February 2018, Focusing on cases with high K6 scores and those who matched with items such as “drinking from the morning.”	27 cases

### (2) Minamisanriku

Home visits were conducted with residents who were believed to be in a high-risk state based on the health survey conducted at Minamisanriku (Table 2).

Furthermore, aid was provided through home visits and phone calls in response to requests made by governmental institutions and other relevant institutions, as well as those made directly by the person in question.

Table 2: Support provided including health survey conducted through home visits

Summary	The main support period and main support targets	The number of support cases (e.g., home visits) conducted by the Kesennuma Regional Center
Home visits based on the 2016 health survey of residents	July–December 2017, Focusing on cases with high K6 scores and those who matched with the items such as “drinking from morning” and “drinking excessively.”	48 cases

### (3) Discussion

Concerning home visits conducted after the health survey in Kesennuma, although there were not many residents in a state that required continuous support, there were several residents who discussed sleep disturbances, feeling down, and concern about their future prospects since the earthquake. Although these were not of such a degree as would impair their lives, this indicated that experiences during the earthquake still affect them.

As the number of residents in private rental housing in Kesennuma decreases, the number of cases that require support based on the result of the health survey is also decreasing annually. However, the number of consultations from related institutions and the number of direct consultations are increasing, with the number of consultation cases in 2017 being the highest in history. During the recovery process following the earthquake, various daily life challenges that threaten the mental health of residents will appear, which leads us to believe that consultations will continue to increase in the future.

At Minamisanriku, relocations to the upland have been in progress, in addition to public housing being built. However, when the situation of residents believed to be in a high-risk state during the health survey was checked during visits, it was found that there were many residents who had received negative impact to their mental health due to financial problems after rebuilding their own home or deterioration in their physical health after moving. When continuous support was needed, it was provided by collaborating with public health nurses from the municipality, supporters, and the LSA. With residents who had difficulties talking openly during visits due to the presence of other family members, ongoing support was provided by arranging an environment that would make it easier for them to talk openly through such measures as providing a private consultation space.

We will continue to provide support to Kesennuma and Minamisanriku in a flexible manner. This includes handling a wide range of issues related to the mental health of the community, regardless of whether there are future disasters, as well as arrangements such as implementing night-time consultation times, depending on the living circumstances of those requiring help.

## 2. Support for supporters

### (1) Kesennuma

#### ① The allocation of specialists to the municipal body

As in 2016, a specialist was also allocated to the municipality in 2017. By providing support for public health nurses' tasks, we conducted an initiative toward reducing the operational burdens of the municipality public health nurses.

#### ② Support related to municipality employees' mental health

Health consultation contact points for municipality employees (including dispatched employees) were opened with a designated staff member assigned between 10AM and 4PM on every third Wednesday of the month at the One-Ten Building in the Kesennuma Municipal Office. In the event that the service was difficult to reach during opening hours due to work obligations and such, alternative flexible operation hours and consultation points were arranged. The number of contact point usages increased over 2016.

We participated in a conference on employee mental health in August 2017, where we shared the consultation state of the municipality employees and discussed future support systems (e.g., support for returning to work after leave, and training).

#### ③ Mental health support for Kesennuma Social Welfare Council employees

Individual interviews with Kesennuma Social Welfare Council employees were conducted based on the results of the Tohoku University Graduate School of Medicine's Department of Preventive Psychiatry (hereinafter, “the Department of Preventive Psychiatry”)’s 2018 mental health survey of Kesennuma Social Welfare Council employees.

### (2) Minamisanriku

#### ① The allocation of specialists to the municipal body

As in 2016, a specialist was allocated to the municipality body in 2017. By providing assistance by supporting Earthquake survivors and performing public health nurse duties, the specialists helped reduce the workload of the municipality's public health nurses.

## ② Support related to municipality employees' mental health

Health consultation contact points for municipality employees were open, as in 2016, twice a month, on the fourth Tuesday (14:00–19:00) and either Saturday or Sunday (11:00–15:00). In addition, consultations were organized by making arrangements around employees' circumstances.

Information about the health consultation contact point was distributed so as to be easily seen by employees. Such measures included posting the information in the *Hitoiki Column* ("Take a Breather Column"), a column related to mental health published in the newsletter distributed every month by the General Affairs Office.

## ③ Mental health support for Disaster Survivors' Life Support Center, Minamisanriku Social Welfare Council employees

Individual interviews with 24 employees of the Disaster Survivors' Life Support Center, Minamisanriku Social Welfare Council (hereinafter, "Disaster Survivors' Life Support Center"), was conducted in November in order to ascertain their mental health state.

Furthermore, there were opportunities to share information about the status of residents that we provide support to, the temporary container-type housing, and the public housing, with the senior citizens' advisory center located in each satellite office and public housing by visiting them irregularly.

## (3) Discussion

Through the dispatch of employees transferred to Kesennuma and Minamisanriku, municipal employees' operations were supported, including especially public health nurses, as well as providing further support to the two municipalities by our Center.

Initiatives assisting recovery from the disaster continue in Kesennuma. The municipality employees have a heavy operation workload, just as before, and are believed to be experiencing accumulated exhaustion in both body and mind.

Even in Minamisanriku, municipality employees are still dealing with excessive workloads. Although the need for mental health support is understood, it was difficult to lead them to avail themselves of the employee health consultation contact point.

By regularly hosting the health advice contact point for Kesennuma and Minamisanriku employees even into the future, we will continue to provide individual psychological support as well as support toward creating a structure for improving the mental health of said employees.

Furthermore, Disaster Survivors' Life Support Center employees are experiencing an increased sense of burden by having to face new issues, such as dealing with residents who cannot be contacted or those who died inside public housing. For this reason, we provided support to reduce their psychological burden when we exchanged info. We will continue to provide support by responding to requests.

## 3. Raising public awareness

### (1) Kesennuma

#### ① Publishing *Sanriku Kokoro Tsuushin*

In *Sanriku Shinpō* (translation: New Sanriku Report), a newspaper with subscriptions mainly in Kesennuma, a column named *Sanriku Kokoro Tsuushin* (translation: Sanriku Soul Communication) has been published monthly since April in collaboration with the Kesennuma Public Health Center (Table 3). Through the newspaper, accurate information on mental health and the announcement of the health consultation contact point was communicated with the general public.

The topics for the articles were decided via discussion with the Kesennuma Public Health Center and by considering factors such as the current state of the region. Topics related to the earthquake were included for the first time in 2017.

After publishing the column, reactions included questions regarding the article and phone calls asking for consultation.

Table 3: Content published on "*Sanriku Kokoro Tsuushin*" in the *Sanriku Shinpō*

Issue	Date published	Content	Writer
Vol. 42	April 2017	Start of the new fiscal year: Let's deal properly with nervousness	Kesennuma Public Health Center
Vol. 43	May	Spring-time malaise!?: The physical and mental disorders most likely to be	Kesennuma Regional Center

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		experienced this season	
Vol. 44	June	Looking after both your body and mind: Let's go for a checkup!	Kesennuma Public Health Center
Vol. 45	July	Dealing with changes in residential environment	Kesennuma Regional Center
Vol. 46	August	Did you know? Appropriate drinking habits: How to deal with alcohol well	Kesennuma Public Health Center
Vol. 47	September	Are you able to sleep well these days?: Promoting health with quality sleep	Kesennuma Regional Center
Vol. 48	October	Is your mind exhausted?	Kesennuma Public Health Center
Vol. 49	November	Taking breaks efficiently—How to rest and take breaks for those with a busy work schedule	Kesennuma Regional Center
Vol. 50	December	On drinking and mental health	Kesennuma Regional Center
Vol. 51	January 2018	Becoming socially withdrawn—it could happen to anyone: Let's think about it together	Kesennuma Public Health Center
Vol. 52	February	Do you know what a gatekeeper is?	Kesennuma Public Health Center
Vol. 53	March	On natural disasters and their impact on the body and mind	Kesennuma Regional Center

\* The “issue published in” refers to the cumulative issue number since 2013.

### ② Hosting the *Koko Café* (Warm-Hearted Café), a mental health interaction project for residents

The *Kokoro Café* is a project that the City of Kesennuma has been running since 2012, with disaster survivors who reside in private rental housing as the main target subjects. The objective of the project is to provide opportunities for residents to interact with one another and to go outside in order to prevent them from becoming isolated, as well as to help them learn stress relief methods as part of self-care methods.

In 2016, the project was held jointly with the City of Kesennuma, with our Center hosting it in 2017. The Kesennuma Citizens' Health Management Center Sukoyaka (hereinafter, “Sukoyaka”) was used as the main venue in collaboration with the Medical Corporation, Testushisa Igawa Association Mitsumine Hospital (hereinafter, Mitsumine Hospital), and it was held by the City of Kesennuma and the Social Welfare Volunteer Center of the Kesennuma City Council (hereinafter, “Volunteer Center”) (Table 4).

**Table 4: *Kokoro Café* Implementation Content**

	Date conducted	Location	Content
1 <sup>st</sup> Session	June 13, 2017 (Tues)	Sukoyaka	Talks on stress & aromatic hand massage experience session
2 <sup>nd</sup> session	June 27 (Tues)	Jonan Branch	Picture-letter workshop
3 <sup>rd</sup> Session	July 18 (Tues)	Sukoyaka	Decorative magnet workshop & exercises
4 <sup>th</sup> Session	August 29 (Tues)	Matsuiwa Civic Hall	Rhythm exercises
5 <sup>th</sup> Session	September 19 (Tues)	Sukoyaka	Workshop on how to make coffee
6 <sup>th</sup> Session	October 17 (Tues)	Ojima Community Center	Workshop on how to make coffee
7 <sup>th</sup> Session	November 7 (Tues)	Sukoyaka	Story time & Music
8 <sup>th</sup> Session	December 12 (Tues)	Sukoyaka	Story on life habits that increase immune system strength
9 <sup>th</sup> Session	January 23 2018 (Tues)	Matsuiwa Civic Hall	Workshop on how to make green tea
10 <sup>th</sup> Session	February 13 (Tues)	Sukoyaka	Story from a chaplain

### ③ Cooperation with the city Health Festival project

Based on Kesennuma Health Plan 21 and the Healthy Eating Promotion Plan, the Health Festival is a project conducted by the City of Kesennuma for the purpose of preventing the deterioration of health and physical functions caused by lifestyle habits and stress to maintain and promote the health of citizens.

During the festival day, a *Kokoro Café* (*Koko Café*) Corner was run under the topic of “finding stress relief methods suitable for you,” with drinks provided, self-experience programs conducted, and awareness-raising panels displayed. The experience program involved a *Sanshin* (Okinawan traditional instrument) performance, breathing methods, and a story time on health, all held as part of a relaxing experience that stimulates the five senses.

Note 1\*: “Story-time” in this paper refers to *Kamishibai*, a form of Japanese street theater and storytelling that involves the usage of large illustrated cards as a visual aid.

## ④ Distribution of awareness-raising materials for city employees

Awareness-raising materials related to mental health were distributed to city employees in December 2017 to provide them the opportunity to be mindful of their own health.

## ⑤ Others

The following mental-health support activities were conducted as part of awareness raising for residents (Table 5).

Table 5: Other public awareness-raising initiatives

Support targets	Support content	Number of implementations
Residents	We participated in and cooperated with regular alcohol abstinence meetings managed by the Miyagi Prefecture-based nonprofit organization Danshukai held in the Honyoshi District.	Participated 11 times/Hosted 12 times
Shishiori District temporary container-type housing/public housing residents	We co-sponsored the 2017 Shishiori District Genkikyoushitsu (translation: Energetic Class) hosted by Miyagi University. We were in charge of opening a mental health advisory contact point and delivering part of the lectures, as well as providing a place in which residents of temporary container-type housing and public housing can interact at a Yasugai, Kesennuma Citizens' Welfare Center.	6 times
Residents	We co-sponsored the Kesennuma District Health-Promotion On-Street Campaign in 2017 hosted by the Kesennuma Public Health Center. We distributed awareness-promoting goods that have a mental health checklist and advisory institutions information printed on them at three supermarkets within Kesennuma City during Suicide Prevention Month.	Once
Persons with dementia and their caregivers, local residents, and staff members of relevant institutions	We co-sponsored Koko-cha, a dementia café hosted by the Miyagi Prefecture Dementia Patient Medical Center. We provided a place in which persons with dementia, caregivers, and local residents can interact once a month at either one of the locations of restaurants within Mitsumine hospital, the One-Ten Building in Kesennuma Civic Hall, and Ysauragi, Kesennuma Citizens' Welfare Center.	12 times
Residents	We cooperated with a Public Awareness-Raising Course on Preventative Care organized by Fukuju-Sou, a Kesennuma Elderly Welfare Center. Talks about mental health through skits and experience-based programs, such as relaxation techniques and exercises, were provided.	3 times
Residents	Activities for men were held and sponsored by our Center and co-sponsored by the City of Kesennuma. A place for giving lectures about health, self-experience, and interaction for men who are prone to isolation were provided for the purpose of improving and promoting psychological health.	3 times
Caregivers & families	We participated in the Families of Dementia Patient Exchange Meeting in response to a request made by the Kesennuma Northern regional general support center. Relaxation and exercise sessions were provided at the San-san Building of the Kesennuma Karakuwa Health and Welfare Center.	Once
Caregivers & families	We participated in a Dementia Round-Table Conference in response to a request made by the Kesennuma Southern regional general support center. Talks and relaxation exercises were conducted at Ikoi, a Motoyoshi Health and Welfare Center.	Once
Residents	Talks on mental health through a skit and experiment-based program, such as relaxation techniques and exercises, were provided in response to a request made by the Kazuno Residents' Association.	Once
Residents	Story-time on mental health was conducted at <i>Iki-Iki</i> (translation: lively) Health Classroom in Nagaisohama, Nagaisohara District, in response to a request by the Kesennuma Health Promotion Division.	Once
Residents	Story-time on mental health and experience-based programs, such as relaxation techniques and exercises, were provided at a resident's association in the Kamizawa District in response to a request made by the Volunteer Center.	Once
Residents	Talks on mental health and experience-based programs, such as relaxation techniques and exercises, were provided at the <i>Iki-Iki</i> (translation: lively) Health Salon, at temporary container-type housing at Kisennume Park in response to a request by the Volunteer Center.	Once
Residents	A regular program on mental health was produced and broadcast in collaboration with Radio Kesennuma, as per their request. The program aired information on mental health and advisory institutions.	13 times

## (2) Minamisanriku

## ① Holding health-themed story-time jointly with the Survivors' Life Support Center

A health-themed story-time on mental health was conducted by the Survivors' Life Support Center during tea-time, and held at temporary container-type housing and public housing. The public awareness-raising campaign was conducted eight times during the year, reaching a total of 83 local residents.

② The implementation of health story-time in conjunction with Minamisanriku regional general support center

In response to a request made by the Minamisanriku regional general support center, story-time relating to mental health and exercise was conducted during tea parties held by local organizations. Public awareness-raising campaigns were conducted twice a year to a total of 28 local residents.

③ Alcohol and Health Class for Residents

From 2017, health classes for residents concerning alcohol consumption using health story-time were conducted via "Free-talk health advice meetings," which were held by the Minamisanriku and Miyagi Nursing Association as part of Minamisanriku's alcohol-related issue countermeasure project. Public awareness-raising campaigns were conducted seven times a year for a total of 45 local residents (Table 6).

**Table 6: Implementation Status of Alcohol and Health Class for Residents**

Session number	Date	Location	Number of participants
1	October 20, 2017 (Friday)	Yodorogi/Niranohama Housing Estate Assembly Hall	14 (14 women)
2	November 14 (Tuesday)	Viva Minamisanriku	0
3	November 21 (Tuesday)	Kanaham Housing Estate Assembly Hall	6 (6 women)
4	December 8 (Friday)	Shizugawa-West (West) Restored Housing Assembly Hall	6 (2 men, 4 women)
5	January 16, 2018 (Tuesday)	Togura Restored Housing Assembly Hall	11 (1 man, 10 women)
6	February 9 (Friday)	Shizugawa-East (East) Restored Housing Assembly Hall	4 (4 women)
7	March 13 (Tuesday)	Natari Restored Housing Assembly Hall	4 (1 man, 3 women)

④ Distribution of awareness-promoting material to municipality employees

Before the long-term holidays at the end of the year, leaflets about promoting mental health were created and distributed to all employees (approximately 450).

⑤ Participating in Minamisanriku Welfare/Health Festival

As in 2016, we opened a booth at the Minamisanriku Welfare and Health Festival, where we presented a panel describing our Center's activities and mental health, as well as presenting stress-relief goods designed to involve all five senses. Furthermore, an eco-bag with the Center's logo printed on it was distributed to 500 festival attendees and stress releasers to 384 booth visitors in an attempt to raise public awareness about mental health.

⑥ Cooperation with Café Azumare (Translation: Come Together) Opening Ceremony

Due to the closing immediately after the earthquake of the salon where the recreation activities that the Survivors' Life Support Center had been conducted, relaxation experiences using music were provided to participating residents in the closing ceremony.

(3) Discussion

Kesennuma saw an increase in public awareness-raising campaign requests in 2017 from relevant institutions and resident associations. This increase can be attributed to further collaborations between the Center and relevant institutions, along with the usage of methods that were easier to understand, including story-time and exercise. In particular, resident reactions toward such mediums for awareness and promotion were very favorable. Furthermore, given that these activities were frequently conducted in small groups involving face-to-face interaction, participants were provided with the opportunity to perceive mental health as something close to and directly impacting them.

There have been instances where holding public awareness and promotion activity has led to consultation. Such activities not only serve to disseminate information about mental health, but also about the places at which consultations could be carried out.

Activities to help raise public mental health awareness in Minamisanriku centered on health story-time about alcohol. These were conducted in public housing and in districts relocated to upland and other pre-existing regions, rather than simply at container-type temporary housing.

Furthermore, public awareness-raising activities were conducted for a wide range of ages by operating a booth at the Welfare and Health Festival in which many residents participated in. By participating in the festival two years in a row, we were able to further learn about the changes in awareness on mental health, as well as the daily lives of the residents who were in attendance.

In the future, we will continue to engage in providing support for residents using the methods that have been accumulated to date.

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

##### **(1) Kesennuma City**

###### **① Listening seminar for those working in the district (e.g., welfare commissioners)**

We cooperated in holding a listening seminar conducted by Takeshi Yamazaki, Vice President of our organization. Titled “Learn to listen well and provide mental support to those around you,” the seminar was hosted by the Omoze District Social Welfare Council and Kesennuma City, with the welfare commissioners and volunteer association members of the district as seminar attendees.

###### **② Training for managers of facilities for the elderly**

We conducted training for workplace mental health for managers in response to requests made by the Keichoan, a special nursing home for the aged.

###### **③ Social Skills Training (SST) at the Employment Support Liaison Committee**

We conducted a talk on SST at the Employment Support Liaison Committee in response to requests made by Kanae, an employment/living support center for persons with disabilities.

###### **④ Mental health training for nursing students**

We conducted a talk on mental health self-care of nursing professions in response to requests made by the Kesennuma Shiritsu Byoinfuzoku School of Nursing.

###### **⑤ Training for municipality employees**

We conducted a talk on mental health self-care as part of the mental health training for municipality employees in response to requests made by Kesennuma City’s Human Resource Division.

##### **(2) Minamisanriku**

###### **① Training for aid workers and LSA at Survivors’ Life Support Center**

Workshops on the topic of relaxation and looking back at past activities were conducted twice a year in response to requests made by the Survivors’ Life Support Center.

###### **② Training for municipality employees**

A training session on the topic of Workplace Mental Health was conducted for 14 employees of the departments that requested it via the General Affairs Division.

###### **③ Training at the Miniamisanriku Family Caregiving/Regional Living Support Workshop**

Talks and relaxation experience sessions were provided under the title of “Talking is Important, Don’t Hold It In” to 19 people during workshops for volunteers in response to requests made by the regional general support center.

##### **(3) Discussion**

Similar to 2016, we conducted training sessions based on demands from relevant institutions. In Kesennuma in particular, there were many requests made by institutions on topics surrounding the mental health of workplace and aid workers.

In Minamisanriku, we met the needs of Survivors’ Living Support Center employees by providing training in accordance with the current state of this Center, which was closed in 2017.

In 2017, we took part in the Family Caregiving/Regional Living Support Workshop held for the first time in Minamisanriku. We provided training to residents, who will be the future bearers of aid work in the region, on the importance of self-care. This training led to conducting awareness-raising activities via story-time in existing regions, expanding our endeavors.

Securing and fostering specialists and other human resources has become a major issue in Kesennuma and Minamisanriku. We therefore aim to contribute to resolving regional issues by taking charge of all possible roles at the Center.

#### **5. Support for various activities**

##### **(1) Kesennuma**

In 2017, we continued to provide support for numerous activities as we strengthened our bonds with various groups and organizations operating in the region via such venues as the NPO/NGO



liaison conference.

We also continued to cooperate with *Wakachiai no Kai* (Association of Sharing) in 2017. This was sponsored by the nonprofit organization Sendai Grief Care Research Association as part of their support to families of the deceased. In the middle of the year, we reflected on our activities, examined how the association should handle itself in light of the regional situation, and channeled these ideas back into the activities held in the latter half the year, in which we saw an increase in participants.

Furthermore, we cooperated with a presentation of the experience of the loss felt by the parties concerned and their supporters and related group work at the East Asian Grief Meeting held by the East Asian Grief Meeting Implementation Committee, as well as providing café space to conduct these activities.

## (2) Discussion

There has been an increase in new participants this year concerning *Wakachiai no Kai*, as well as increases in continuing participants. Although there was a prolonged state until the previous year in which the number of participants was small, we came to recognize once again the significance of continuously holding these meetings and the importance of sharing this with relevant organizations.

Through our participation, the East Asian Grief Meeting became an opportunity to deepen our coordination with these institutions with regard to providing support to the families of the deceased.

## 6. Children's Mental Health Care Regional Base Project

### (1) Main activities

#### ① Conducting mental health-promotion activities for high school students

As an institution that makes up Working, a Mental Health Medical and Welfare Liaison Conference within the Kensennuma jurisdiction, as implemented mainly by the Kensennuma Public Health Center, we conducted mental health promotion activities targeting 11<sup>th</sup> grade students and teachers at Miyagi Prefecture Shizukgawa High School. We provided health education via skits and shared information on the advisory organs within the Kesennuma jurisdiction. We also managed the Working Office in collaboration with the Kensennuma Public Health Center.

#### ② Holding training at daycare centers

We provided information to daycare center employees about how to interact with children using games. In order to help integrate this information with their daily operations, we created T-shirts using stamps made from erasers for Kesennuma Municipal Sekko Daycare Center.

#### ③ Holding training at Resident Association children's group meetings

We conducted public awareness-raising activities relating to mental health in response to a request by the Resident Association children's group meeting. This involved providing abdominal breathing exercises using a blowing pipe, a Christmas-card-making workshop, and speaking panels designed to raise awareness surrounding mental health.

#### ④ Holding training at middle schools

A training session under the topic of communication was conducted for 8th grade students at Kesennuma City Orose Middle School.

### (2) Discussion

The number of consultations by teachers concerning school children increased in 2017. It is believed that there are a number of children who require support concerning their mental health due to the impact of the disaster and about issues related to their household and school life.

We will continue to provide individual support and raise public awareness by attempting to continue cooperating with schools and educational institutions.

# Report of the Ishinomaki Regional Center Activity

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## Introduction

The region managed by the Ishinomaki Regional Center, Miyagi Disaster Mental Health Care Center (hereinafter, “Center”), as of the end of March 2018 included the two cities and a town of Ishinomaki (population: 145,386, number of households: 61,236, area: 554.5km<sup>2</sup>), Higashimatsushima (population: 40,138, number of households: 15,732, area: 101.9km<sup>2</sup>), and Onagawa (population: 6,575, number of households: 3,124, area: 65.8km<sup>2</sup>), with a total population of 192,099, number of households: 80,092, and area: 722.km<sup>2</sup>. Compared to 2017, the population decreased by 1,728 while the number of households increased by 187, indicating an advancement in the shift toward nuclear families.

As of the beginning of 2017, this Center was comprised of a part-time psychologist as president, four full-time psychiatric social workers, one admin, three part-time public health nurses, two full-time psychiatric social workers transferred to Higashimatsushima and Onagawa, respectively, and a full-time occupational therapist currently transferred to Ishinomaki. Our Center is divided into four separate workplaces. At the end of March 2017, the member posted at Onagawa left the job, with one psychiatric social worker being transferred from the Regional Center in October 2017. In the latter half of the year, our Center consisted of eleven members.

In this paper, a summation of the activities of the Center will be presented and reported on.

## The characteristics of our Center’s activities

The resident support provided by our Center in 2017 (excluding by those who were transferred externally) accounted for 57.6% (549.9 hours) of all our activities (954.8 hours) in terms of time, making it the core of our undertakings.

As a general rule, visits and health surveys were conducted by several members. In order to provide the same service to those who we were unable to meet during the week due to work obligations, a public health nurse and psychiatric social worker conducted home visits during holidays. By conducting visits by people of various occupations, we believe that we are capable of carrying out an assessment from multiple angles.

Furthermore, most of our Center’s employees have worked within municipalities in the prefecture, with the average age being 60 years old. We believe that having a young staff member visit paired with an older, more experienced member will serve as a positive experience for the younger staff.

Other activities characteristic to our Center are salon activities (e.g., *Koko Farm*), mental health care workshops, human resource development training for supporters (e.g., suicide prevention workshops), and alcohol-abstinence experience meetings supported by the concerned parties. These activities have been conducted smoothly thanks to the Center’s employees, who actively take on whatever duties are possible.

## 1. Resident support

### (1) Visiting survey

The City of Ishinomaki, our Center’s main area of activities, conducts independent health surveys of residents such as those living in public housing. The aim of this project is to ascertain the state of health and daily living needs of public housing residents, as well as to channel results back to specific health support projects for those who require latent assistance. The results of the research will be used to create the future support structure necessary for public housing residents. This project was conducted based on the 2015 health survey results made during residency application, with specialists visiting individual residents during the period from one to two months after residents move in until all

households had done so. For 2017, subjects were those who had moved into public housing between February 2017 and the end of January 2018.

Employees transferred to the Health Promotion Division, Department of Health, City of Ishinomaki (hereinafter, “Ishinomaki Health Promotion Division”), mainly engaged in providing support for supporters. They organized the public health nurses who had been transferred to the community based on the Local Autonomy Act, conducted health surveys by visiting residents’ homes with the nurses dispatched as per autonomous law, and coordinated requests and contacts with outsourced organizations.

Separate from the health survey form given to each citizen when applying for residency in temporary housing, interview surveys were conducted for those aged 40 and above on items such as: 1) “I feel like I am forgetful” and 2) “compared to one year ago, I feel like I’m forgetting more.” Among those who were suspected to suffer from peripheral symptoms of forgetfulness and dementia (e.g., delusion and depression) and those who consented to be surveyed by the person in question or their cohabiting family members, there were several cases that led to a connection to the Ishinomaki Dementia Initial Concentrated Support Propulsion Project conducted by Ishinomaki Health Department Nursing Insurance Division (hereinafter, “Ishinomaki Nursing Insurance Division”).

As per the requests for conducting public housing residents’ health survey by the Ishinomaki Health Promotion Division, the number of households that the employees from this Center surveyed were 95 out of 110 (implementation rate: 86.4%). The mean age of subjects regarding whom we received requests in 2017 was  $48.0 \pm 21.0$  years old, meaning that there were many relatively young households, with 31 out of 42 households being made up of single men. Furthermore, 21 out of 42 households claimed that they suffered from a mental illness or complained of having mental issues (K6 score of 13 or higher) or psychological disorders (e.g., sleep disorder). Likewise, we often encounter households during our visits whose members reside with parents who have a mental illness or require nursing care among households with other family members. Thus, there are quite a few people in such households who say that they do not feel that well, consult us because they have nobody else to consult despite having concerns about their family or nursing care issues, or consult us because they have stopped working in order to look after their parents. Among these households, we determined that the following required continuation of support: five members of five households who terminated their treatment due to their symptoms worsening because of their illness, six members of seven households that continued their post-earthquake mental health care, two members of two households that received support after applying for welfare services for the disabled, three members out of three households who required help with financial problems, and two members out of two households that required assistance with family issues. We also continued lending support to elderly households and households that resided with elderly parents by sharing information with the regional general support center. Concerning the handling of financial problems, there were cases that were referred to the Japanese Association of Social Workers in Health Services, which had been commissioned by the City of Ishinomaki. There were also households that were found not to require assistance urgently at the time of the survey, but which were believed would require future support. These included single households and people with mental illnesses who were suspected to be solitary or isolated in nature, as well as households with family issues such as social withdrawal. Information on 22 people in 21 households was relayed to the Ishinomaki Health Promotion Division, and on 5 people in 4 households to the Ishinomaki Nursing Insurance Division.

Members involved in disaster survivor health support conducted meetings in 2017 held by the City of Ishinomaki, with the first of these held on September 6, 2017, and the second on December 1, 2017, where they discussed the support structures for social withdrawal and alcohol dependency, which are believed to be the main psychological issues of survivors anticipated to be of future concern. Issues were shared such as the understanding of the implementation of support structures, which included how the consultation contact point was advertised and methods of treatment. Other topics discussed were the worsening of illnesses due to the aging population within public housing and the increase in single households, dealing with those who terminated their treatment due to financial difficulties, and dealing and supporting those who were not yet in a state to receive unofficial services.

## (2) Local resident salon activities (group activities)

### ① Koko Farm Project

The Koko Farm Project was started with the objective of having the survivors of the earthquake recover their mental and physical health by using farm work to provide a place of

recreation and interaction. Five years have passed since it started in 2013. This project is conducted twice a month from March to December on the second and fourth Wednesdays, and as needed during the summer vegetable harvest season, excluding during winter, for about two hours (including a break) from 9AM, cultivating vegetables such as eggplants, potatoes, onions, Chinese cabbage, and leafy vegetables.

The participants were 7 men and 11 women aged between 52 and 88 years. The mean male and female participant ages were 74.3 and 68.6 years, respectively, with the mean age being 70.8 years old.

In 2017, this project was conducted 19 times, with total participants totaling 221 (including the December harvest festival). The breakdown of the participants was 95 men and 126 women, with the average number of participants approximately 12 per session. Those newly participating were one man and one woman, both of whom had lost their families in the earthquake.

Although the Center employees had been driving those who were unable to participate on their own until 2016, employees began to question what would happen should an accident occur. For this reason, we discussed correct procedures during an accident with the Stem Center.

In the discussion conducted before starting the project for the 2017 fiscal year, many opinions from the participants were collected, including: “let’s collect membership fees,” “I feel a lot healthier both in mind and body after participating in farming when I was feeling mentally weak,” “opportunities for me to go out have become few after moving into public housing. The farm activities that take place twice a month are much more enjoyable than anything else,” and “please continue this initiative because I’ll pay the membership fee to reduce the burden on the MDMHCC.”

We proposed that participants use taxis as a means of transportation to and from the farm. Although some participants said that they would like to partially pay for the taxi fare, we came to an agreement after the discussion with the participants that they would use the taxi and not have to pay for it.

A participant suggested donating potatoes, onions, and Chinese cabbage to the children’s food hall (an initiative that provides free meals to children from low-income households), which received the approval of all the participants. We started donating vegetables to the three children’s food halls from 2017, including the Ishinomaki Social Welfare Council and NPO organizations that provide support to children. After the donation, we received a thank you letter from the children. Participants were delighted to see this, with one quoted as saying, “I’m happy that the children enjoyed the vegetables, which make us feel more encouraged thanks to them.”

Five years after conducting the Koko Farm Project, many people have been going outside of their homes in their daily lives, including those who have continuously participated in the project. Many people stated how pleased they were with the project, making us feel that they have been recovering both physically and mentally.

Furthermore, we are able to operate the Koko Farm Project smoothly thanks in large part to the cooperation of farm owners and volunteers with many years of farm experience, all of whom have expressed agreement with the Project’s objectives. In particular, the volunteers provide advice while talking with participants about how to plant vegetables to make the farming tasks easier. Enabling the participants to all work together is believed to be a large factor that leads to their mental health recovery.

We often encounter people with a high K6 level and those with drinking problems. We would like to continue running the Koko Farm Project in conjunction with our home visits so that those who experienced and were impacted by the natural disaster firsthand can interact with one another casually while also coming in contact with nature, in the hopes that they can recover their spirits.

The state of implementation in 2017 is displayed in Chart 1.

**Table 1: Koko Farm Implementation**

Implementation period and time	Number of times implemented	Total number of users	Total number of volunteers	Total number of staff	Total number of participants
April to December Twice a month 9:00–12:00	25	211	39	103	353

The number of times implemented include sessions with only volunteers (four times) and with only volunteers and staff (twice).

## ② Handcraft class

From 2013, we have been conducting a handicraft (collage) class taught by three volunteers with the objective of providing a place for private rental housing residents to interact. In 2017, a total of nine classes were held, with class held once a month from April to December. The total number of participants was 60, with the mean number of participants per class being 7. Although classes were scheduled to be held from 9:30 AM to 12 PM, some participants arrived at the venue prior to 9AM, as they enjoyed talking with other participants and staff members.

One participant stated, “I look forward to coming here and seeing everyone,” while the instructors have said that the participants have been helping one another to improve. After the class, tea and snacks were provided while participants and staff members showed their work to one another, talking freely about the class and their daily lives in a friendly atmosphere. Work created at the class has the opportunity to be presented in the work presentation and exchange meeting held at our Center.

Given that the Center will be relocated to a new government building in March 2018, it was anticipated that finding a place to hold the class would be difficult. After deliberating over the future of the collage class and discussing it with the instructors, we decided to end classes in December 2017.

We have had participants say, “I didn’t have anything to do after moving into the public housing and so I started making collages on my own. By chance, I happened to participate in a collage trial session at the jointly-used government building, and it made me want to participate in the class, too. Although it was only for a short time, I had a lot of fun,” and “I was happy that I could come even if it was just once a month.” The instructor also commented, “I feel sad, but if there is anything you don’t understand about collages, please let me know.” After they finished their tea and the class was disbanded, we saw participants talking to one another, forging a bond over collages, saying to one another, “I live here so please feel free to drop by.”

At first, the classes started as a place in which private rental housing residents who did not have a gathering place could interact with one another. However, as time passed, there were those who started anew, moving into public housing or self-housing restoration. The classes then started transforming into a place in which residents affected by the earthquake were able to get together.

Implementation for the year 2017 is displayed in Table 2.

**Table 2: Handcrafts class (collage class) implementation status**

Implementation period and time	Number of times implemented (farm work)	Type of work and content	Total number of participants
9:30–12:00 April–December Once a month	9 times	Collage-making	60

## ③ Life skills class

The activity was held on the fourth Tuesday of each month at the Ishinomaki Health Consultation Center, with a maximum of five participants per class. The classes were conducted by a total of three people, including two employees from our Center and an occupational therapist who had been transferred to Ishinomaki. The content of the class consisted of two parts: Things that the participants had engaged in or wanted to engage in as hobbies, and handcrafts and cooking. Each part was conducted for one hour. In the handcrafts classes in 2017 we attempted leathercrafts, as per the request of a participant, and created a train fare card holder. For cooking, we tried food that can be easily made at home using seasonal ingredients. Although the classes were small in number, the activities were held in a warm atmosphere in which the participants created artwork and cooked food together, then enjoyed sharing it with one another.

In 2017, one of the participants left due to finding employment, while another participant was unable to continue due to reasons pertaining to their home. For this reason, these participants stopped attending from August onward. When we visited those who had participated, meeting

them at their homes, they said that their physical condition had stabilized after attending the life skill class, with one participant happily stating, “although I had been hospitalized once a year, even my physician said that my condition has improved.” Furthermore, a participant stated that they had opportunities to cook and serve the food they had made in class at home to the delight of their family members. Their role within the household also increased, indicating that they are living their lives more fully. They said that although it was difficult to continue participating in the class at that time, they would like to participate once again should they have the chance.

In terms of the future of the life skill class, we would like to inquire about this further with the Regional Center, as we confirm the needs of the local community as we visit the homes of its residents.

## 2. Changes in support services

The employees who had been transferred to Ishinomaki have been allocated to the Adult Health Section of the Ishinomaki Health Promotion Division, with occupational therapists in charge of the Survivors’ Health Support Project. This involves admin work related to home-visit health surveys at residences such as public housing, acting as a contact point by coordinating with support organizations, reporting, and passing on information to other divisions and institutions after visiting homes. Other work includes forming a survivor support team with the city public health nurses and dispatching supporting public health nurses. As occupational therapists, they provide support to the Disuse Syndrome Prevention Project (also known as the *Yuikko Project*), the Association for Families with Executive Dysfunction, and the early-onset dementia projects.

The staff member transferred to Higashimatsujima is assigned to the Health Promotion Division, Mental Health Welfare Division, Higashimatsujima City (hereinafter, “Higashimatsujima Health Promotion Division”). They are in charge of providing auxiliary support services to the district public health care nurses, individual support for psychiatric cases, consultations regarding children’s mental health care, coordinating support for the families of suicide victims, cooperation and coordination with relevant institutions, planning for projects run by a mental health group, assisting with operations, participating in meetings with relevant parties, supervising supporters, and organizing various resource materials.

The employee posted in Onagawa is posted in the Health Welfare Division, Health Care Center, Onagawa town. Their activity in the latter half of 2017 is as follows, as per their reporting:

We started supporting Onagawa employees’ mental health projects from 2012, as we did in 2017. One such activity was issuing the *Haato Tsuushin* (translation: “Heart Correspondence”) twice a month to all employees as a mental health awareness-raising effort using the office network. Information that could be casually read between work hours was distributed, including stress reduction methods, tips on looking after oneself, and trivia related to health, to benefit employees’ mental health.

Although we had been running Heart Salon twice a month, which is a contact point where employees could consult for advice at any time until September 2017, we determined that the establishment of an individual advisory structure had become well-known due to our previous activities. For this reason, from October 2017 we started providing individual consultations whenever there was a request. In addition, we conducted a stress evaluation service in Onagawa, using a stress check sheet along with a medical questionnaire sheet during employee health examinations. An industrial physician conducted an individual consultation based on the medical examination and stress evaluation results. Our Center’s employee who was posted in Onagawa aggregated the stress evaluation results, coordinated and assisted with the industrial physician’s consultation, and provided other necessary assistance. Although seven years had passed since the earthquake, there were still many live issues, such as the drastic change in the employment environment and the continuing instability of the living environment. We started making adjustments from 2017 so that as many employees as possible could receive a consultation with the industrial physician.

We continued dispatching our Center’s part-time psychiatrist since 2012, with a dispatchment structure being rearranged to one day (full day) every other month from 2017, holding a consultation meeting in the style of MDMHCC Consultation Meetings. We have allowed consultations not only for city residents and their families but also for supporters who provide aid to the lives of the city residents, the comprehensive support center employees, and for public health care nurses. In addition to the dissemination of information via Onagawa press releases, we also disseminated information via conferences in which relevant organizations could gather, making the service available to a wider audience. The content of consultations included relevant psychiatric symptoms (e.g., depression and

insomnia) and dealing with family issues. Having the same doctor handle the cases continuously also led to a sense of security for the residents and supporters who were providing consulting, with there being some members who continued to make use of the meetings. The dispatch structure is coordinated in accordance with the city's requests for each year. In 2018, we are planning to provide lectures with local volunteers by going to the meeting halls of such places as public housing areas, as well as a tea-party organized as a response to requests made by the municipal government where a psychiatrist provides talks on mental health within a new residential community.

Even with regard to residential support, we would like to continue providing support via home-visits by coordinating and consulting with public health care nurses and related organizations, and would like to continue needed support by being mindful of conducting respectful interactions.

In Onagawa, the development of assembly-type public housing was completed in 2017, with most residents planned to relocate to their new living foundations during 2018. Presently, we have heard many people state that although they came to reside in the public housing, interaction between residents has decreased. This indicated that in-depth support would be required for a longer time. We would like to be mindful of providing support that meets the residents' needs in the future by examining what we, as dispatched employees, can do on a daily basis.

At the Center we provide help to supporters by accompanying municipal public health care nurses during home visits, participating in case conferences and area meetings, and providing support for infant health checkups. The stance of the Center is to meet the needs of municipalities as much as possible.

(1) Attendance to case conferences and area meetings

We attend case conferences on issues related to alcohol and mental illnesses after receiving a request from the Miyagi Prefectural Nursing Association of the Ishinomaki City Social Welfare Council in Ishinomaki City (hereinafter: Nursing Association), and the regional comprehensive center within Ishinomaki. We then confirmed the approach toward support provisions of each aid institution, as well as examining cases including the division of roles. Furthermore, we attended area support meetings of the Hebata and Sumiyoshi Districts, with such organizations participating as Ishinomaki City, the Social Welfare Council, the Hebata regional general support center, the Nursing Association, and occupational skills organizations.

We then attempted to share information and examine the needs and situation of the residents in temporary housing. The area meetings were changed to also share information on the residents in public housing, and not just those in temporary housing.

(2) Support for infants' health examination

We conducted a mother-child consultation service by dispatching a public health nurse to the infant health checkup examinations conducted in the Ishinomaki Kahoku block (Kahoku, Kitakami, and Ogatsu) following a request by Ishinomaki City. We provided support a total of ten times in the Kahoku block, with advice on mother and child mental health care provided during the conference held after the examination. We were also in charge of individual care for those who required continuous support.

### 3. Raising public awareness

(1) Hosting an alcohol abstinence meeting experience session in front of Ishinomaki Station

In order to create a structure in which an alcohol abstinence meeting experience session, which we have been conducting from June 2015 at Ishinomaki Kahoku General Branch Office, could be conducted continuously by Danshukai, Alcoholic Anonymous, within Ishinomaki, we conferred with the Non-Profit Organization Miyagi Prefecture Danshukai and the Ishinomaki Municipality. We did this with the approach of 1) moving the meeting to the periphery of a train station or to the city center area, and 2) holding it within the appointed day.

Date and time held: 1:30PM–3PM on the second Thursday of each month

Venue: 1F Conference Room, Ishinomaki City Health Consultation Center

Sponsor: Our Center

Co-sponsor: Ishinomaki Municipality

Cooperating organization: Non-Profit Organization Miyagi Prefecture Danshukai (hereinafter: "Danshukai")

The targets for this initiative were people and their families who aimed to abstain from alcohol

and supporters who were interested in abstinence. Leaflets were distributed at the contact point of consultation institutions. The meetings were held from April after asking for the cooperation of medical institutions within the Ishinomaki area.

Those who had been participating since the time the meetings were held in the Kahoku General Branch Office continued participating using the JR train service and were also joined by new participants. Furthermore, two members who aimed to stop drinking alcohol became regular members, enrolling in Danshukai. In 2017 the total number of participants was 117: This included 35 members wishing to quit alcohol, 35 members of Danshukai, 6 family members, and 41 supporters.

The sessions are currently officially hosted by us with the support of Danshukai. In reality, however, the meetings are conducted autonomously by Danshukai from start to finish. For this reason, we would like to cooperate with the Ishinomaki Municipality to provide support so that Danshukai will become the official host of the meetings as soon as possible.

## (2) Work exhibition and social gathering

This project has been held since 2012 as a work exhibit and social gathering for private rental housing residents. This initiative was held as a place of interaction for people who were forced to relocate to new private rental housing or to temporary container-type housing after the Great Tohoku Earthquake away from regions they were familiar with, since many of these people had fewer opportunities to participate in regional activities.

With seven years having passed since the disaster, there have been more and more people who have commenced new lives by rebuilding their houses by themselves or by relocating to the restored public housing. This Center also had its office relocated to the Hebita District in association with the relocation of the integrated governmental office in March 2018. As a token of gratitude to the survivors who have cooperated with the work exhibition and exchange meetings, we held a meeting to deliver our gratitude (*Kansha no Tsudoi*) on November 14 (Tuesday) at the old Ishinomaki Integrated Governmental Office, in which 99 people participated.

This meeting was co-hosted by the Ishinomaki Public Health Center, received a sponsorship from the Ishinomaki Social Welfare Council, and was held with the objective of serving as an aid for the promotion of mental and physical health of the survivors.

On the day of the event, we received cooperation from the Japanese Association of Social Workers in Health Services, installing a traffic safety section with the cooperation of the Traffic Division of the Ishinomaki Police Department.

The content of the activities were: 1) social exchange section (e.g., café space and hand massage), 2) crafts corner (origami and collage), 3) work presentation (exhibiting work by the participants of the collage class and living skill class held by the Ishinomaki Regional Center). 4) , and health advice (in cooperation with the Miyagi Prefecture Nursing Association), life skill consultation (cooperated by the Japanese Association of Social Workers in Health Services), and an alcohol patch test (conducted by our Center) were held as part of the services provided at the consultation segment, and 5) a traffic safety segment involving the Miyagi Prefectural Police Traffic Safety Education Car (“safety support car”) to provide traffic safety education for the participants.

## (3) Other projects

We received a request to dispatch instructors from governmental and various other institutions. For this reason, we dispatched an employee to the Ishinomaki City Eating Habits Improvement Promotion Member Liaison Conference Workshop and Nanba District Health Promotion Member Workshop.

# 4. Human resource development/training

## (1) Training on alcohol-related issues

With the passage of time after the disaster, alcohol-related issues have begun to surface. We provided a workshop on alcohol-related issues by coordinating with governmental institutions and various aid institutions in addition to inviting a Tohoku Hospital employee as a lecturer.

### ① Ishinomaki Public Health Center

In 2017, we co-hosted a workshop conducted by psychiatrists from the National Hospital



Organization Kurihama Medical and Addiction Center. The workshops provided were “Things You’d Want to Know about Issues with Alcoholism” (63 participants) in August 2017 and “About Brief Interventions” in October 2017 (37 participants).

② Workshop in Ishinomaki

We conducted workshops on CRAFT Program, skills how we should support people who can’t stop drinking alcohol, after receiving a request from the Ishinomaki municipality to learn about alcohol-related issues starting from their fundamental aspects. The workshops were conducted with the cooperation of Tohokukai Hospital and were aimed at Ishinomaki municipality employees, including those working at the General Branch Office.

③ Workshops at Higashimatsushima and public awareness-raising activities via residential visits.

In Higashimatsushima we actively conduct workshops, health consultation meetings, and post-specific medical examination activities in order to promote healthy living and health promotion for the residents, with the municipal public health care nurses playing a central role.

With regard to alcohol awareness projects, we held workshops on how to best interact with alcohol for the members of the Dietary Habits Improvement Promotion Committee. We also engaged in awareness-raising activities during the consultation meetings held by the district autonomous association by having a public health care nurse work in collaboration with the Tohokukai Hospital to provide a mini-talk on alcohol, and by holding an alcohol issue case examination meeting with the regional general support center employee within Higashimatsushima.

Since 2016, Higashimatsushima Municipal public health care nurses, psychiatric social workers, and our Center’s public health care nurses have paired up and visited homes of those aged under 65 whose  $\gamma$ -GPT was 100 or over (40 cases) during the specific medical examination.

Specific medical examination results conducted in 2017 showed that there were nine members whose test values had improved from that of the 2016 exam. There were many family members of the tested residents who were also worried about test results. For this reason, explanations of the health exam data during the home visits were well received by these residents, with the reactions being positive.

In 2017, our Center cooperated with follow-up home-visits conducted after specific examination for approximately a month, starting in late October. There were many people who showed a high value, not just in liver function but also in cholesterol, triglyceride, and BMI values. Given that some citizens needed to improve their dietary habits, we conducted home-visits (39 cases) in pairs formed from public health nurses, nutritionists, psychiatric social workers, and employees from our Center.

Those we visited suffered from some kind of illness, with some living their lives in anxiety. The home visits were received favorably by the residents’ family members as well, partially due to an accompanying nutritionist during the visit. There was feedback stating that “there were many things I learned about my diet habit (including alcoholic consumption) and it was useful.” The visits led these residents to review their dietary habits, continue with their treatments, become motivated to drink moderately, and reduce the concerns of their family members. The specific medical examination follow-up visit served as an opportunity for subjects to once again understand the importance of living healthily.

Although the targets for this initiative were those aged under 65, those in their senior years face many issues, including excessive alcohol consumption. For this reason, examining how to expand the support framework within a region, including through collaborations with aid institutions, is a significant issue we need to address.

Our Center is extremely grateful for being allowed to participate in such a pioneering initiative, and we wish to actively participate in this during the following year as well.

④ Workshops at Onagawa

The workshops in Onagawa were held in cooperation with the Tobu Public Health and Welfare Office and the City of Onagawa from 2015. In 2017, the Onagawa Regional Medical Center made a request to the municipality, with a robust discussion being conducted with 45 participants in October 2017 under the topic of “learning how cooperation between the local community and a specialist institution should be made through case examples in Onagawa,” in which case examples were provided by Regional Liaison Office nurses from the Regional Medical Center. In January 2018 we received a debriefing from Tohokukai Hospital staff members on Treatment Programs for Alcohol Dependency, in which there were 38 participants. In addition, two supporters from the

Onagawa municipality attended practitioner training at Tohokukai Hospital in February 2018.

(2) Various workshops

In the past, we have hosted Mental Health Care workshops for those who provide support to children in the municipalities, including public health care nurses, childcare workers, other parties involved with school (e.g., teachers and school nurses), clinical psychologists, and general citizens in the prefecture. In 2017, however, we provided the following workshops:

- ① Workshop on cooperating in mental health aid activities for children in disaster-affected areas
  - Objective: Through the activities of Kohnodai Hospital immediately following the earthquake up to now, to hear about the future of regional cooperation, as well as the hospital's aid activities and children's mental health, which present an opportunity to examine support for the children and review cooperation within the region.
  - Sponsor: Natural Disaster Mental Health Care, Inc./Network Miyagi Karakoro Station (hereinafter, "Karakoro Station"), and the Ishinomaki Regional Center, MDMHCC
  - Co-sponsor: Ishinomaki City, Ishinomaki City Board of Education
  - Lecture: Children's mental health in Ishinomaki: What I learned/witnessed from five years of aid activities since the Earthquake
  - Lecturer: Naoko Satake (Hospital psychiatrist, National Center of Neurology and Psychiatry)
  - Time and date: August 31, 2017 (Thursday), 2PM–4PM
  - Venue: Big Bang Tsudoi no Heya (translation: "Big Bang Meeting Room"), Ishinomaki Kawakita General Center
  - Participants: Those involved in survivor support, including health, nurturing, and education in the Ishinomaki District
  - Number of Participants: 62
- ② Mental health care workshop
  - Objective: Six years have passed since the earthquake and although tangible outcomes of restoration are being seen, the environment that the children are in remains much the same drastically changed state as immediately following the earthquake. Children, who are the most vulnerable, are prone to experience strain from such a change. Furthermore, because they cannot speak up by themselves, supporters and guardians often only respond once children's problematic behaviors have manifested.  
This lecture will serve as an opportunity to examine how supporters should interact with children that show signs of concern or impatience that may indicate a developmental disorder, as well as how supporters should interact with children. Furthermore, we will examine what we can do to elicit children's strength while being mindful of their mental health.
  - Sponsor: Miyagi Disaster Mental Health Care Center (MDMHCC)
  - Co-sponsor: Miyagi Prefectural Education Committee
  - Lecture: Parent's affection and children's psychological development
  - Lecturer: Makiko Okuyama, Director, Department of Medical Care, National Center for Child Health and Development
  - Date and time: September 22, 2017 (Friday), 2PM–4PM
  - Venue: Aeon Cinema Ishinomaki, Theater 8
  - Participants: Those who are involved in health, nurturing, education, and childcare. Approximately 200 people: Public health nurses, childcare workers, kindergarten/primary school teachers, child welfare commissioners, and foster parents
  - Number of participants: 243
- ③ Suicide prevention workshop

- Objective: In the restored public housing health survey conducted in Ishinomaki, there has been an increase in people whose physical condition has improved since relocating to public housing from temporary housing. On the other hand, there are also many single households, solitary elderly households (those aged 65 and above living by themselves), and unemployed persons, resulting in an increase in the percentage of people with illnesses.  
Regarding those who have committed suicide, the national census conducted by the Ministry of Health, Labour and Welfare in 2016 showed that suicide occurs most commonly among those between their 60s and 70s, who are unemployed, or who have health and financial/life issues. For this reason, the disaster-afflicted area is prone to greater risk factors.  
We invited Dr. Shinichi Tanba from the Aizu Medical Care Center Department of Psychiatry in the Fukushima Prefectural School of Medicine, who has studied suicide related to natural disasters. Dr. Tanba gave a lecture titled “Suicide Related to Natural Disaster: In Search of Clues to Support Suicide Survivors,” providing us with the opportunity to examine the issue of suicide in the Ishinomaki region and how to support suicide survivors.
- Host: Tobu Public Health and Welfare Office, Miyagi Disaster Mental Health Care Center (MDMHCC) Ishinomaki Regional Center
- Lecture: Suicide Related to Natural Disaster: In Search of Clues to Support Suicide Survivors
- Lecturer: Shinichi Tanba (Doctor, Fukushima Prefectural School of Medicine Aizu Medical Care Center Department of Psychiatry)
- Date and time: November 7, 2017 (Tues), 3PM–5PM
- Venue: Kahoku Hall, Sanriku Kahoku Newspaper
- Participants: Approximately 100 members who are involved in health, medical, welfare, education, fire, and police services in the Ishinomaki region.
- Number of Participants: 63

(3) The 17<sup>th</sup> Earthquake Survivor Mental Care Exchange Meeting in Ishinomaki

This exchange meeting held for supporters adopted an executive committee format from 2015. In 2017, an Executive Committee was created for the meeting, comprising members from thirteen governmental and private organizations, including the Tobu Public Health and Welfare Office, Ishinomaki Health Promotion Division, Higashimatsushima Health Promotion Division, Onagawa Health Promotion Division, Ishimatsu Social Welfare Council, Miyagi Nursing Association, Japanese Association of Social Workers in Health Services, Onagawa Stem Consultation Support Center Kurumi, Youth Support College Ishinomaki NOTE, the non-profit organization TEDIC, Shinwakai Disabled Person’s Consultation Support Office Tomo, Inc., Karakoro Station, and our Center.

There were those within the Executive Committee who were feeling mentally and physically exhausted as their work following the earthquake increased due to supporters having to handle issues that were becoming increasingly complex and diverse, and because the residents affected by the earthquake had been scattered. For this reason, we conducted a meeting, as in 2016, with the title Healing Ability II,” with its content focused on stress care and directed solely to the supporters.

A commemorative lecture was given with the title “The Mental Health of Supporters: From the Perspective of Emotional Labor,” for which Seiji Maeda (Chairperson, Faculty of Disaster Mental Health Medical Science, Department of Medical Sciences, Fukushima Medical University) was asked to give a speech.

The survey given during this exchange meeting collected the following opinions on the commemorative speech:

- Although there have been talks and training on the mental health care of survivors, it was good that the speech focused on the mental health care of the supporters.
- Although I have been empathizing with people as if it’s something that comes naturally, I realized that it leads to emotional labor, allowing me to realize once again the importance of looking after one’s own mental health.

- I had not been that aware of the mental and self-care of supporters, so it was useful.
- I was able to learn the importance of the mental health care of supporters from a specialist's perspective.
- I felt once again that looking after the supporters themselves is important in order to allow the support to go on for a long time.
- It was good to hear about the idea that the feeling of guilt and blaming oneself was related to PTSD and stress.

For group discussions, we conducted four sessions: 1) Discussion with Dr. Maeda, 2) Hand massage workshop, 3) Yoga workshop, and 4) Exhaustion level checkup & easy stretching.

Regarding each group discussion, we received the following feedback. 1) Discussion with Dr. Maeda: "I was able to understand more about the topic" and "it was good to learn about the supporters from each region"; 2) Hand massage workshop: "I felt that massage is important when it comes to taking care of yourself" and "I felt very rejuvenated"; 3) Yoga workshop: "I was able to concentrate on my body and was able to relax a lot" and "although there were parts that I felt were a little difficult because it was my first time, I was able to escape from reality a little"; and 4) Exhaustion level checkup & easy stretching: "It was good that these stretches could be incorporated into one's daily life in the future." Judging from the survey, we feel that the goal of Healing Strength II has been more or less met.

We received the following statements concerning the execution committee:

- It was good that the voices of the supporting organizations that practice mental health care on site are well reflected. Although it's good to check up on the status of things by establishing a committee, I feel that one can also check using surveys where the situation permits.
- I think it's good that there's an opportunity for us to express our opinions and thoughts.
- It was good that I was able to learn about the current state of things within the Ishinomaki area and to hear about concerns and resolution methods from each person's perspective.
- It was good we discussed this because I believe that there are ideas and methods that can be gained from discussing it with the Executive Committee.
- We were able to talk frankly in a fun environment.
- It was good that I was able to interact with people from various occupations during the preparation stage.
- I think it's great to create an exchange meeting with various organizations. I hope it will continue in the future.
- As we provide mental health support to the survivors, it is indispensable that trainings focus on treating targets to be supported. It was very worthwhile because I don't think there are many training programs that deeply discuss the self-care of human service providers.

The 2017 exchanging meeting was held after receiving feedback from organizations that operate within the Ishinomaki area and discussing it with them. We would like to keep holding mental care exchange sessions for those affected by the earthquake as a cooperative operation in which supporters participate.

For the meeting to be held in March 2018, we would like to examine the time this meeting will be held so that more people can participate, given that it will be held at the end of the fiscal year.

#### (4) Children's Mental Care Regional Base Operations

We have been holding lectures on understanding the issues that occur among children in disaster-afflicted areas and support methods for supporting and dealing with parents whose lives have changed drastically. From 2013, we have been holding a Mental Care Workshop for public health nurses, childcare workers, kindergarten and elementary school teachers, school-nurses, child welfare commissioners, and foster parents. This 2016 lecture was positioned using the children's mental health care regional base operation plan as its basis.

In 2017, the children's workshops we held were "on cooperating with children's mental health aid activities in afflicted regions," "the mental health care workshop," and "on parents' affection and children's mental development."

Requests for consultation from Ishinomaki related to the children's regional base project is increasing. In Ishinomaki, we handled a total of eleven cases—seven from nursery centers and one each from the governmental institution, elementary school, childcare support center and others—as well as a request to provide assistance to professions such as public health nurses, childcare workers, kindergarten teachers, and teaching staff members. The Mother-Child Health Section of the Ishinomaki Health Promotion Division served as the contact point, receiving consultations from such locations as the nursery center. By coordinating with the public health nurses of the contact point of our Center, we visited and set up conferences with the consulting member.

At Higashimatsushima and Onagawa, vice president of our organisation, who is also a clinical psychologist, and public health care nurses mainly handled individual case consultations after our Center discussed it with the two municipalities.

We would like to continue holding workshops for employees of relevant institutions and continue coordinating with relevant institutions in regard to providing support for individuals.

## Summary

With seven years having passed since the Great Tohoku Earthquake, we are starting to tangibly see recovery in the disaster-afflicted areas, albeit gradually, as indicated by steps such as the completion of public housing. Among people who have been affected by the earthquake, although there are those who have rebuilt their homes on their own or have relocated to public housing, there are also a few people who have yet to regain any prospect in terms of their regaining their livelihood, such as by moving out from temporary container-type housing. As can be seen, a discrepancy in the speed at which people can recover from a disaster is starting to surface. Furthermore, as if to coincide this trend, restoration support organizations are gradually starting to leave the afflicted areas.

With regard to cooperation with other institutions, we conduct regular information exchanges once every two months with Ishinomaki and once each month with Higashimatsushima and Onagawa. Although not regularly, we also engage in information exchanges with public health centers and mental health welfare centers.

By holding the disaster-afflicted mental health care exchange meeting in Ishinomaki in an executive committee format, we were able to discuss the topic with relevant organizations in a frank and upfront manner. We feel that our mutual understandings have deepened, in which each organization is now asking on a regular basis for input from other organizations in the areas they excel in.

The 2017 public housing health survey independently conducted by the City of Ishinomaki during home-visits conducted one to two months after the residents had moved in became an opportunity to discover a wide variety of cases and people requiring support. By coordinating with each relevant institution, we were able to connect these people with the support they require. Given this conclusion, we would like to continue fully cooperating with the Ishinomaki City public housing resident home-visit health survey in 2018.

By visiting those who were aged under 65 and had a score of over  $\gamma$ -GPT100 during the specific medical examination conducted in Higashimatsushima in 2017, we were able to motivate those people to review their dietary habits and treat their medical diseases, as well as provide preventative support including advice on appropriate alcohol consumption. We believe that this pioneering initiative served as a starting point to resolve alcohol issues. Higashimatsushima also oversees many other pioneering initiatives, including all-household social withdrawal research and support for the families of suicide victims. Part of this initiative is handled by our employee who had been temporarily transferred there from our Center, and we are planning to also cooperate actively in 2018.

In 2017, we held a workshop on alcohol-related issues as per the wishes of Onagawa. We would like to continue holding workshops that meet the needs of the city next year as we continue discussions.

Coordination with the three cities within the Ishinomaki area is now smoothly operating and more frequent. This is the result of the daily activities of our employees who had been transferred there. One of the major topics to discuss is how the regional centers should cooperate with temporarily transferred employees and support them.

In conjunction, the organizational/support structures of governmental institutions are also being modified. Six years have also passed by since our Center was established, and thus our activities so far have needed to develop in accordance with the current regional state of restoration. The MDMHCC is an institution whose term of operation runs up to March 2021, and we have to prove what we can pass on and what we have achieved in the region during the ten years of our activities. The collage class

project that was terminated in 2017 fostered an approach that led its participants to engage in regional community activities conducted by the Ishinomaki Social Welfare Council and other similar organizations.

We believe 2018 will be a year in which we will continue to be engaged in our operations as our entire staff will consider and search for methods and approaches in which we can further deepen the cooperation we have established with the institutions/organizations that will continue operating in the region from March 2021 onward.

Our Center believes that our supporters are those who think about the earthquake survivors and cultivate their autonomy by aiding the survivors exhibit the power that each one of them has. We will continue to humbly listen to what those who were affected by the earthquake have to say in 2018 as well, engage in support services so that we can foster the strength of each survivor, and provide continuous support to prevent the isolation of affected residents and allow them to live as fully as possible.

Lastly, I would like to extend my gratitude to everyone who has cooperated in making this paper.

# Report of the Community Support Division, Stem Center

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## 1. Introduction

The Miyagi Prefecture's restoration plan has divided the 10-year span following the earthquake into the three stages of recovery, regeneration, and development. As of 2018, we have entered the development stage, the last part of the plan.

Even at the Miyagi Disaster Mental Health Care Center (MDMHCC), an operation plan has been prepared based on this restoration plan, engaging in support activities aiming for the improvement of regional mental health welfare based on the following five principles:

- (1) The support for the afflicted-sites is conducted as a mental health care activity based on outreach via each municipality;
- (2) Assistance for supporters is conducted multilaterally through consultation and mental-healthcare programs;
- (3) Providing seamless support from children to adults based on the prefecture's restoration plan;
- (4) Developing support activities for regional mental health welfare in accordance to the state of the afflicted-municipality; and
- (5) Summarizing activity outcomes and research that contribute to the countermeasures for future large-scale natural disasters.

Using the remaining time to operate the Stem Center of the Community Support Division (hereinafter, "the Division") to the fullest, we will engage in initiatives for resolving the plan. As a precursor for such initiatives, we need to accurately capture the actual regional status, as it is subject to change on yearly basis, and share the information obtained with the responsible members of the municipality.

This paper will review activity content and its outcome for this Division for 2017, followed by a discussion.

## 2. Our activities

Of the Miyagi Prefecture coastal area, the jurisdiction of this Division covers the southern coastal area that extends from Matsushima to Yamamoto but excludes the Kesennuma and Ishinomaki areas, along with the municipalities in the inland area. The employees that handle the operation consist of 12 people, with managing employees allotted to the department in charge of the disaster survivors of each municipality, providing support that matches the needs of each location.

### (1) Resident support

The residential support provided by our Division has seen a gradual increase in the number of cases handled since we began our activities. The number of cases reached its peak in 2015, but its number has been decreasing since then (Graph 1).

■ Coordinating conferences ■ Support for various activities ■ Support for supporters ■ Human resource development training ■ Resident support ■ Raising public awareness

## Community Support Division, Stem Center Activity Report

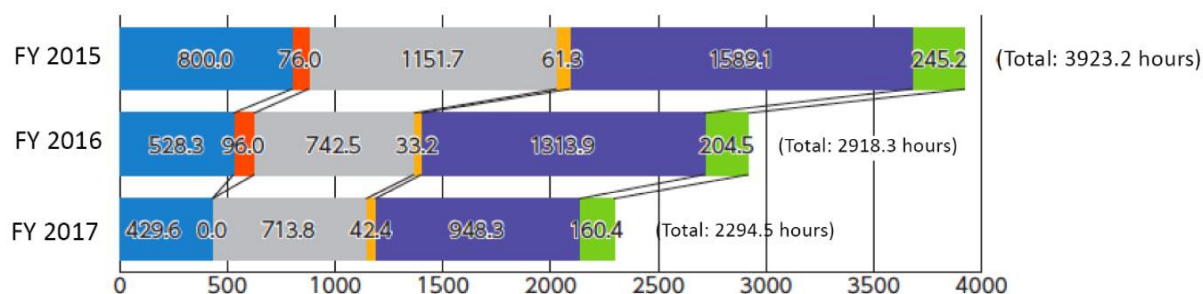


Figure 1: The trend of Community Support Division activity time

In terms of the instigating factors behind consultations (Figure 2), health surveys and requests from a governmental institution were the highest cause, as it was in 2016. This is believed to reflect our Division's stance, which is to respond through collaboration with governmental institution managers in order to align our efforts, which we have consistently done since opening the Center.

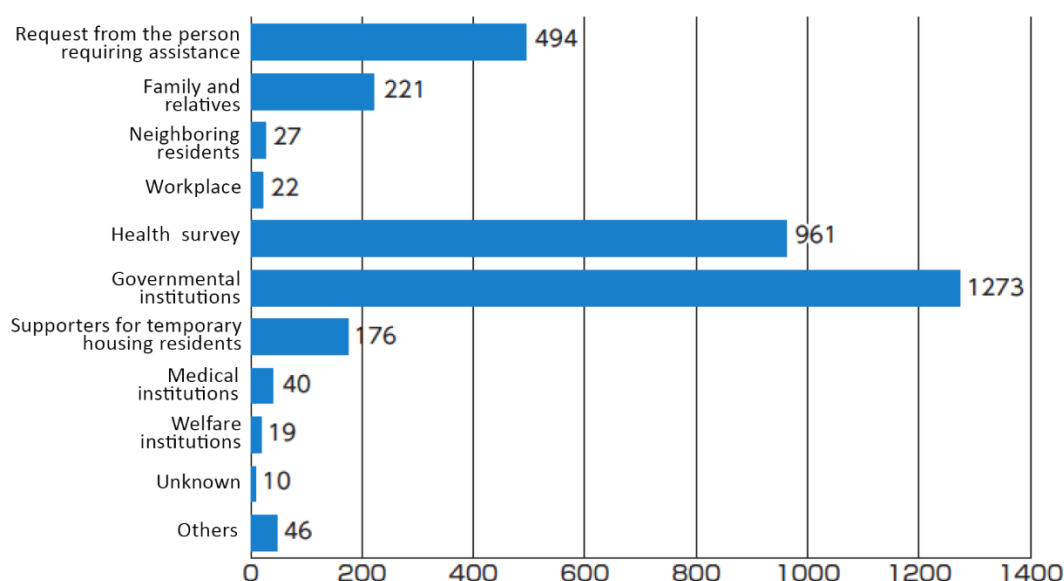


Figure 2: Instigating factors behind consultation requests within the Stem Center operation area (total number of cases)

The background prompts behind consultation requests show that the percentage of psychological disorders, health problems, family issues, and addiction/alcoholism was high, as in 2016. The fact that the percentage of women seeking consultation in relation to family/household issues was large did not change either. The number of consultations attributed to the change in residential environment is showing a declining trend annually.

Among the issues of persons requiring support have to whom we provided support several times or continuously, alcohol-related issues stand out. Each time we hold conferences on the support content within the Division, we examine case examples. Furthermore, in order to clarify the effectiveness of our support services from statistical data, we have been analyzing the background of alcohol-related cases, how to provide support, and the results. However, we only conducted a simple aggregation of the status of support cases for 2017 and did not extend it to statistical processing that could be used for analysis. We would like to continue discussing how the index of support activity evaluation should be considered. The state of support for alcohol-related issue cases in 2017 is presented in Table 2.



## Community Support Division, Stem Center Activity Report

**Table 1: The number of cases within this Division's area of operation by support method (includes employees that have been transferred to other regions) (total numbers)**

Community Support Division	
Home visits	1,258
Coming to the center in person	286
Phone calls	388
Consultation during a group activity	120
Contact via letter	25
Accompanying during a medical examination	17
Others	18
Total	2,112

**Table 2: State of support for alcohol-related issues cases handled at the Community Support Division**

Item \ Actual number of persons	Total	Gender		Age group						Household status		Alcohol-related issues severity level				Support target		Support other than home visits				
		Male	Female	30s	40s	50s	60s	70s	80s	Single	Family	Several	Low-risk consumption	Risky consumption	Harmful consumption	AL-dependency	Person in question	Family	Consu-Itation suppo-rt	Abstinen-c-e meeting support	AA suppo-rt	Associatio-n of sobriety
	57	52	5	2	13	9	18	13	2	22	35	6	14	20	17	49	17	6	3	2	10	

### (2) Support for supporters

The type of help to be provided to supporters was determined first by conducting a survey of the needs of the departments that manage survivors' support at the beginning of the fiscal year, with employees dispatched according to those needs. The composition of the support team and the number of days support was provided is as follows (Table 3):

**Table 3: The number of days providing support and the team composition**

Municipality	Number of people and professions	Support format	Frequency
Matsushima	2/ psychiatric social worker, public health nurse	Dispatch	Once a week
Shiogama	1/ psychiatric social worker 2-4/public health nurses, psychiatric social workers	Temporary transfer Dispatch	Once-twice a week
Shichigahama	2-4/psychiatric social workers, public health nurses	Dispatch	Twice a week (2-4 people) January 2018 onward
Tagajō	2-4/public health nurses, psychiatric social workers	Dispatch	2-3 days
Yamato	2/public health nurse, psychiatric social worker	Dispatch	1-2months, 1 day
Tomiya	2/public health nurse, psychiatric social worker	Dispatch	1-2 months, 1 day
Natori	2/clinical psychologist, psychiatric social worker 2-4/public health nurses, psychiatric social workers	Temporary transfer Dispatch	2-3 times a week
Iwanuma	1-2/ psychiatric social worker, public health nurse	Dispatch	Twice a week
Watari	2/public health nurse, psychiatric social worker	Dispatch	1-2 times a week
Yamamoto	1/ public health nurse 1/clinical psychologist	Dispatch Dispatch	Once a week Once a month

The support team of each municipality deals not only with meeting needs directly requested by various municipality employees, but also by ascertaining the needs of that region by attending such meetings as survivor supporters' conferences. Furthermore, we aim to establish coordination between supporters and share information through case conferences and other meetings.

The number of cases implemented to provide support for supporters in our Division is starting to show a declining trend from FY 2016 (FY2016: 660 cases ➡ FY2017, 430 cases).

In terms of the specific content of help provided to supporters, home visits, sharing the

information with the case manager after a home visit and interview, providing instructions and advice from a specialist's perspective, and case conferences account for a large percentage (Table 4). We aimed to share the status and support required for each municipality and handle cases in collaboration with case managers.

**Table 4: Implementation state for support provided to supporters, number of cases handled within the region of our Division's activities (include those who have been transferred to other regions)**

Content/number of cases		
Reporting after home-visit conference		120
Instruction/advice from a specialist’s perspective		220
Breakdown of specialist’s advice (total number)	Alcohol	32
	Gambling	1
	Depression	19
	Complex grief	2
	PTSD	5
	Abuse	48
	Others	158
Regional issue		11
Workplace mental care		5
Case conference		160
Opening a mental health consultation contact point		28
Assisting with medical examination		23
Supporting admin work		277
Others		17

With regard to instruction and advice given from a specialist's perspective, alcohol, depression, and abuse encompass a large percentage of cases. In particular, alcohol-related problems frequently become an issue in each region, with the community supporters being highly interested in this. Some of the challenges we need to address include "earlier interventions" and "skills for sobriety support." For this reason, this year we held a workshop on sobriety for supporters, which attracted many participants from all across the prefecture. For other issues, we have had to address cases that are difficult to handle. For this reason, we held workshops in 2017 on topics including treatment-care management (Table 5).

**Table 5: List of training programs for supporters**

Municipality	Training content and topics	Main target	Number of times conducted	Number of participants
Shiogama	Lecture for newly-appointed supporter related to mental health in Shiogama: The crux of mental health	Temporary housing residents supporters		7
Shiogama	Workshop for newly-appointed Shiogama employees (mental health-related): The crux of mental health	Government officials		5
Shiogama	Shiogama Municipality new public health care nurse seminar (case example review meeting)	Government officials	2	5 (in total)
Shiogama	Shiogama consultation skill workshop: WHO-edition psychology emergency measure	Government officials		20
Shiogama	FY2017 mental health case review meeting	Government officials	8	22 (in total)
Shiogama	Shiogama consultation skill training: Sobriety support that can be provided in 10 minutes!	Government officials		18
Rifu	Workshop on listening: On listening	Health officers promotion		40
Matsushima	Association of Helping One Another in Life: Volunteer Workshop: The minds of the elderly, their characteristics, and how to communicate with them	Volunteers		24
Tagajō	Tagajō Restoration Mutual-Support Center employee workshop: How to handle people with delusions (senior citizen)	Temporary housing residents supporters		16
Tagajō	Seminar for instructing on the topic of alcoholic consumption: Sobriety support that can be	Government officials		24

## Community Support Division, Stem Center Activity Report

	provided in 10 minutes!			
Yamato	Yamato gatekeeper workshop: Now, you can be a gatekeeper too!: How will you act if someone asked for your advice?	Welfare commissioners		70
Natori	Natori Masuda Nursery Center Lecture: Development assessment, sociability, and attachment	Employees in the child welfare field		15
Natori	Natori Public Health Center, Mother and child's mental health care seminar: How to handle a caregiver who is difficult to support and the case assessment/How to advance individual case conferences/Case example review I & II	Government officials	4	41 (in total)
Natori	Natori Public Health Center, Mother and child's mental health care seminar: How to handle a caregiver who is difficult to support and the case assessment	Health promotion officers		32
Iwanuma	Iwanuma care manager workshop	Employees related to regional general support centers		45
Iwanuma	Iwanuma Smile Support Center workshop: Listening to people's mind/How to approach a person well: How to provide effective communication I, II, & III	Support center employees	3	23 (in total)
Watari	Watari Welfare Commissioner Children's Commissioner Council Regular Meeting: The understanding and handling of mental disorders	Welfare commissioners		65
Watari	Okuma Preschool Inter-School Training: Mental care of employees	Employees in the child welfare field		20
Watari	Watari Residential care support managers liaison conference workshop: Seminar for improving communication skills	Employees in the elderly welfare field		49
Yamamoto	Workshop for Yamato Welfare Commissioner: Let's Learn to Protect It!: Mental health	Welfare commissioners		32
Yamamoto	Yamato Children's Center employee workshop: Health-care for supporters and how to watch over children	Government officials		8
Yamamoto	Designated resident nursing support managers liaison council workshop: Responding to addiction	Employees in the elderly welfare field		13
Shikama	Shikama regional council workshop on measures for children requiring aid: Preventing child abuse and coordinating with relevant institutions	Welfare commissioners		45
Kurihara	Kurihara regional welfare support center life supporter workshop: How to interact with users	Support center employees		16

In this period when seven years have passed since the earthquake, there are more municipalities engaging more often in tasks such as reporting on the content of the support they have given so far and creating and organizing a support registry and case resource material. Staff members within our Divisions are also increasingly engaging in such tasks. Here at this Division, we also believe that this is an important role, given that such material is expected to serve as important resource material for examining disaster support in the future.

### (3) Raising public awareness

The public awareness-raising activities in which the Community Support Division is involved in are mainly: 1) Regional resident exchange project (salon activities), 2) public awareness-raising training for residents, and 3) opening the mental health consultation contact point.

#### ① The operation of a regional resident exchange project (salon activity)

The Natori Health Salon (Association of Sobriety) and Watari Men's Club were projects that were created due to supporters wishing to create a place for men, who are prone to becoming isolated due to the change in their residential environment, where they can mingle with one another in a relaxed social environment. Our Center has cooperated and participated with the Shiogama Hot Salon and Iwanuma Support Center Salon, which are projects sponsored by the city. The achievement and activity content of the 2017 regional residential exchange projects our Division

sponsored are presented in Table 6.

**Table 6: Salon activities that we operated or cooperated in**

Municipality	Name of the activity	Subjects	Sponsored by	Number of times	Number of participants
Shiogama	Shiogama Hotto Salon	Other general citizens	City of Shiogama	2	26
Shichigahama	Shichigahama <i>Ohanashi</i> (translation: “talking”) Salon Dandan (Hanabuchiham District)	Public housing residents	City of Shichigahama	1	
Natori	Natori Health Salon (Association of Sobriety)	Other general citizens	MDMHCC	12	131
Iwanuma	Utsukushima Salon (Salon aimed at those evacuating from Fukushima Prefecture to Miyagi Prefecture)	Other general citizens	MDMHCC	11	159
Iwanuma	Iwanuma Smile Support Center salon activity	Public housing residents	City of Iwanuma	3	29
Iwanuma	Iwanuma Tamauranishi exchange meeting	Public housing residents	City of Iwanuma	1	29
Watari	Watari Men’s Club (a gathering of men under 70 living by themselves)	Public housing residents	MDMHCC	2	22

#### 【Natori Health Salon (Sobriety Group)】

Objective: Seminar on sobriety (its objective is to maintain physical and mental health)

Main target: Natori citizens/residents who are middle-aged men with a tendency to consume alcohol excessively.

Participants’ age group: 60s: 4, 70s: 8, 80s: 1

Frequency held: Once a month.

The program has a two-part structure, with part one involving salon activities such as men’s cooking and mingling with peers and part two involving a sobriety program. The sobriety program was handled by the Miyagi Prefecture Sendai Public Health and Welfare Office Iwanuma Branch, in which advice is given to participants while checking their drink journal.

#### 【Watari/Men’s Club】

A gathering aimed at single men aged under 65. Activities such as cooking and exercise were conducted in collaboration with the Health Promotion Division for mental and physical health purposes. It was concluded in 2017.

#### 【Shiogama/Hot Salon】

Held at two neighborhood associations. Mainly centered on recreation and was dealt with by installing a consultation booth.

#### 【Utsukushima Salon】

This activity was held at the Iwanuma General Welfare Center I-Ai Plaza, for those who have relocated from Fukushima Prefecture to the southern region of Miyagi Prefecture. In addition to plans made based on the season, cooking and ikebana flower arrangements were also conducted. Through such activities, programs to collect information on the state within Fukushima Prefecture and site relocations to are conducted.

We provided support with the aim of participants becoming familiar with life in their newly relocated sites.

#### ② Public-awareness raising training for residents

Lectures to raise public awareness among residents and similar activities were conducted as per requests from the municipalities.

#### 【Yamamoto/Health-promotion class】

This class is to be conducted in all administrative districts for five years, hosted by the City of Yamamoto, with 2017 being its second year. The classes involved lectures by psychiatrists, making small ornaments and doing light exercise with an occupational therapist, and a mini-lecture on stress by a psychiatric social worker.

#### 【Natori municipality employee mental health workshop】

A workshop named “Workplace Mental Health: Health Care of the Mind” was conducted with the cooperation of the Department of Preventive Psychiatry in the Tohoku University Graduate School of Medicine for all employees. Resource materials on sobriety were distributed to all participants.

**【Watari Dementia Salon Talk】**

This activity was conducted for general citizens in response to the request by the regional general support center. Named Dementia *Gatten* (translation: “understanding dementia”), it discussed such topics as how to approach people with dementia and key considerations when interacting with them.

**【Shiogama Nutrition Class for Thinking about Health】**

We were in charge of the lecture on “Tips on Relieving Stress: Mental health you can do from today!”

**【Shikama Town Mental Health Promotion Lecture】**

At the lecture titled “Is Your Heart Healthy?” held for the welfare commissioners, health promotion members, and city residents, we discussed various countermeasures for dealing with stress and various other issues.

③ Opening the mental health consultation contact point

We handled consultations at the Mother and Child’s Mental Health Consultation, a Natori City project (implemented three times). Even during the stress examination conducted during the Iwanuma Comprehensive Health checkup, we opened a consultation contact point and handled consultations from residents (implemented five times).

④ Other raising public awareness projects

We provided information on how to deal with stress by appearing on Natori community radio shows.

We established a consultation booth at the Energetic Yamamoto Everyone’s Health Festival, held in Yamamoto, conducting an alcohol patch test to disseminate knowledge on alcohol consumption.

(4) Human resource development

Concerning various issues about which we have received requests from the municipality, we conducted a human resource development program with the aim of disseminating knowledge.

The content of main activities conducted in 2017 includes four research studies on issues related to suicide prevention measures (4 cases) and support skill training (14 cases). The breakdown of support skill training includes dealing with people with delusional disorders, issues relating to children (e.g., child abuse), psychological first aid (PFA) training, and sobriety. In particular, there were many requests for cooperation on improving skills for dealing with addiction-related issues. For this reason, we co-sponsored the sobriety support improvement seminar with Miyagi Prefecture Sendai Health Welfare Office, Iwanuma Branch. We had 71 supporters participating in this seminar, indicating that they had a great deal of interest in this topic.

(5) Research

In 2017, we summarized the achievements we had made in conjunction with Tagajō since the earthquake, aiming to present it at an academic conference in 2018.

(6) Support for various activities

We participated in a Natori sobriety association activity. Although in 2017 it was named the Association for Abstinence, it became a regular Natori meeting in April 2017, being held once a month in the Natori Health Center. We attended the meeting as a mediator so that residents we support would have an easier time participating.

**3. Discussion and the community’s future tasks**

We found the following to be the key characteristics of our Division’s initiatives after reflecting on our achievements in 2017.

① Sobriety support

Each municipality has several case examples of alcohol-related issues, with there being many supporters who felt that it was difficult to cope immediately after the earthquake. In order to address such needs, here at the Center we have been providing in-hospital training in cooperation with Tohokukai Hospital. In 2017, we have been engaging in several more initiatives focusing on sobriety.

First, in order for several employees of our Division to learn the HAPPY program, a sobriety program, these employees attended the “2017 Brief Intervention & HAPPY Program Workshop” at the Hizen Psychiatric Center, National Hospital Organization. In addition to utilizing the concepts here to support residents, we also continuously conducted sobriety programs in a salon activity held once a month. Furthermore, training for the “sobriety support you can provide in 10 minutes,” which is essentially a shortened version of the HAPPY program, was hosted in collaboration with the Iwanuma Branch of the Miyagi Prefecture Sendai Public Health and Welfare Office. Here, we invited Dr. Takahiro Fukuda from the Saga Prefecture Medical Center Kosei-kan as the lecturer. We saw attendance that far surpassed our predictions from across the prefecture, as well as receiving requests from various municipalities to conduct lectures for public health nurses and nutrients. These results proved the high level of interest in sobriety support programs.

Even among those who have obstinately refused to practice abstinence, there are a quite a number of people who are more willing to moderate their alcoholic consumption. Even supporters who kept being rebuffed when they proposed abstinence anticipated this program as an opening to establish a relationship. Alcohol-related issues require various types of support in accordance with each phase. By expanding the understanding of sobriety support, we expect to see a spread of secondary prevention in alcoholism-related support. This is expected to also prevent an increase in serious alcoholism (alcohol use disorder). We are planning several initiatives related to sobriety support in 2018 as well and would like to continue working to disseminate the relevant knowledge and knowhow.

On the other hand, handling people who have already attended the training is also an issue. Only when attendees of sobriety training use what they learned during their daily routine and become fixed practitioners in the community can we gain credibility for the workshop. By examining the possibility of holding follow-up training for attendees and establishing networks in different areas, we would like to increase the number of practitioners capable of handling alcohol-related issues within the prefecture.

## ② Handling difficult example case

Each municipality deals with various complex cases. Our Division’s staff members have put these cases together as case examples. In addition to securing the time to reflect on these cases regularly along with municipality employees and other relevant parties, we aim to reduce our workload burden by tackling these cases as a team from a management perspective. We secured time for supervision and case reviews in order to prevent the work burden of each of our Division’s employees from growing too large.

In the municipality we work at, there are many occasions on which our Division’s staff members accompany workers from the municipality during home visits as part of the support provided to supporters. We receive feedback stating that having knowledge and know-how being passed on by our Division’s employees makes this practice worthwhile. Furthermore, we have been told that exchanging opinions with others from various professions, including clinical psychologists and psychiatric social workers, helps determine policies after considering information from a wider perspective.

Because our organization has a limited timeframe, it is to be expected that the issues we handle will be passed on to employees of the region in the future. We believe that handling the issues that the community faces together with local institutions and reporting on our achievements is a significant task we need to undertake.

## ③ Various issues caused by community restructuring

As people relocate from temporary housing to public housing, the human relationships they had formed at temporary housing become severed, which may result in residents losing

opportunities to engage in daily activities and feeling more isolated.

There still remain many people impacted by the change in living conditions, including people who face extreme difficulties in their daily lives due to difficulty traveling (e.g., grocery shopping) and those who have moved from one prefecture to the next to avoid harm caused by radiation and finally decided to settle in Miyagi Prefecture.

On the other hand, we have lost some opportunities to conduct outreach support (e.g., home visits) due to many external aid institutions leaving and decreases in health surveys, which had been conducted more frequently in the past. We are losing opportunities to find, intervene, and resolve issues within the community.

Currently, salon activities targeting these people are still being held. However, based on our daily practice we keenly feel that latent needs remain high besides those of the current participants. How we will approach these latent, potential needs is an issue that we cannot continue to overlook. We would like to examine how to address this issue by referencing the response policies of each municipality and community regeneration plan.

#### ④ Research

Summarizing the achievement of support activities that we have conducted in different municipalities will serve as important information when examining the state of natural disaster support in the future. We believe that summarizing our past initiatives in various formats and publishing this will be a significant task for the future.

## 4. Summary

Seven years have passed since the Center began conducting our activities. At the afflicted site where we had worked, self-housing restoration, construction of restored housing, and other relocation measures were being steadily conducted. At the same time, the so-called Scissors-like Gap, discrepancy of recovery, in the current state is becoming more serious. For this reason, the issues of each region are starting to become latent, in which case we fear that they would become even more difficult to see.

In particular, issues related to alcohol are deeply rooted in each municipality. When we listen to the life stories of people with alcohol abuse issues, we learn that each of them have stories of a harsh past. We can see that despite feeling that life is difficult, they are attempting to overcome yet another rough trial from the natural disaster. As we provide support for their restoration process, which is by no means simple, we cannot help but feel the importance of time and of people helping one another.

Natural disasters greatly change peoples' living environment, highlighting various issues related to regional mental health welfare. We believe that the issues that we face right now and how each community will face these issues, which are becoming difficult to see, will greatly impact the future of regional mental health welfare.