2017 Activity Review

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Introduction

For seven years now, the Miyagi Disaster Mental Health Care Center (MDMHCC) has been providing mental health care services in six focus areas in local areas affected by the earthquake, with the Stem Center, which opened first in December 2011, and the Kesennuma and Ishinomaki Region Centers in April 2012. Since 2017, we have also taken charge of community initiatives aimed at children's mental health, with programs intended to provide continuous mental health care to children throughout adolescence up to adulthood as part of Miyagi Prefecture's "Vision for the Future and Earthquake Disaster Recovery Plan."

Below, we review statistics on MDMHCC's activities throughout the fiscal year of 2017 and focus on the current issues of areas affected by the earthquake. Additionally, looking at trends over the past years, we consider the current state of mid- to long-term support provided and goals for the future.

1. 2017 Statistics

Table 1 shows statistics relating to MDMHCC's activities in 2017. Resident support cases had been on an upward trend since the Center first began its activities up to 2015, until 2016 when the number of cases decreased. However, in 2017 the number began increasing again. (Number of cases per year: 7,680 in 2015; 6,752 in 2016; 7,237 cases in 2017.) In contrast to the Stem Center Resident Support Division and Ishinomaki Region Center, whose case numbers have decreased since 2016 (Stem Center Community Support Division: 1,727 cases; Ishinomaki Region Center: 1,341 cases), both the number of cases at Kesennnuma Region Center and the number of outsourced cases has increased. (Cases in 2017: 1,235 at Kesennuma Region Center; 2,233 transfer cases.) From this, it is apparent that there are differences in each region when it comes to circumstances and appropriate programming.

No significant changes were seen in other areas of provided services from 2016.

Table 1: Number of cases by affiliation

	Divisions				Planning Dept.	Stem C Mgmt.	Temporary or Contract	Other	Total
	Kesennuma	Ishinomaki	Stem	Municipal Transfers					
Resident Support	2100	918	1602	2471	50	65	14	17	7237
Support for Supporters	82	139	430	700	1	109	3	28	1492
Raising Public Awareness	166	47	61	18	61	37	8	1	399
Human Resource	11	19	20	21	21	62	15	3	172
Support for Various Activities	6	1	0	0	0	5	0	0	12
Planning and Research	0	0	0	1	1	8	0	0	10
Meeting Liaison	631	126	384	467	223	41	4	0	1876

2. Area of Focus Development

The effectiveness and results of MDMHCC's six focus areas are reviewed below.

(1) Resident Support

Various community support programs aimed at local residents were initiated with the aim of improved mental wellness in affected areas and a preventive approach to mental health care.

① Target Demographics

a. Number of Support Cases and Comparing Response Methods

Table 2 shows the total number of cases of each type of response method. MDMHCC provided various types of consultation and support via home and walk-in visits, phone, etc., based on requests from residents, municipalities, and various disaster relief organizations. The total number of cases increased from 6,671 in 2017 to 7,121 in 2018. Outreach remains the primary form of connection to those seeking support, with home visits making up the largest number of cases. The number of cases of walk-in visits has increased significantly, while other forms of support correspondence remain relatively even. (Numbers differ as Table 1 excludes support correspondence by mail.)

Looking at the breakdown, the number of home visits has decreased from 3,068 in 2017 to 2,913 in 2018, while the number of walk-in visits has greatly increased from 1,211 to 1,700. Cases of telephone counseling have also increased from 1,843 to 2,131. This increase in walk-in visit and telephone counseling cases can be thought to reflect the Center's adapting to the changing needs of patients.

The number of patients who were directed to the Center via home outreach or the health survey has also decreased (Table 3). (1,425 cases in 2016; 926 in 2017; 671 in 2018.) There has also been an increase in the number of patients referred by family or a public organization or who otherwise found the Center on their own. Before, many of the Center's cases were follow-ups in response to individual government referrals following the prefectural health survey. Furthermore, although a new health survey this time directed at public housing residents has now begun, the number of surveyed households has decreased, and the response rate is also lower. From this, we can expect the downward trend of home visit support cases to continue.

Table 2: Number of cases by support type (Excludes mail correspondence; N = 7,121)

Support Type	Cases
Home visit	2,913
Walk-in visit (at counseling help desks, etc.)	1,700
Telephone counseling	2,131
Group activity	203
Case conference (for those seeking counsel)	29
Accompanied doctor's visit	97
Other	48
Total	7,121

Table 3: First time visit referral sources (Multiple choice; N = 1,313)

Referral Source	Cases
Health survey, Door-to-door visit	671
Administrative agency	308
No referral	258
Family member	122
Physician, Welfare Center	29
Support center, Temporary support staff	19
Other (Neighbor, Workplace, Unknown, etc.)	123

b. Sex, Age, and Employment Demographics

Looking at the demographic breakdown of support targets by age, the most served demographic is the 60-to-70 age group, making up 1,348 cases. Unemployed persons make up around 60% of the 20s, 30s, and 40s age groups, and about 75% of the 50s and 60s age groups. (Figure 1)

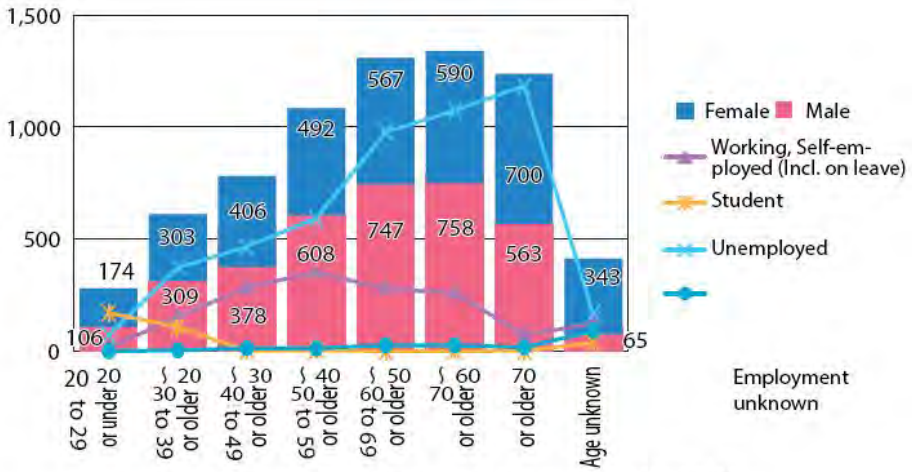

Figure 1: Support targets by sex and age group (Total; N = 7,121)

c. Disaster Casualties Current Status

Although the total numbers have decreased, the ratios of support targets by bereavement status is largely the same (Figure 2). Regarding type of bereavement, there was no particular change in the numbers of those who identified as bereaved partners, siblings, and extended family members, but there were fewer cases of bereaved neighbors (Figure 3). The total numbers of those who reported dealing with a disaster-related injury to self or a close relative (Figures 4 and 5) or housing damage (Figures 6 and 7) have decreased from 2015 to 2018, while the percentages have hardly changed.

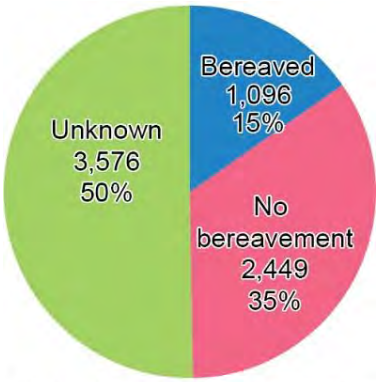

Figure 2: Bereavement status (Total; N = 7,121)

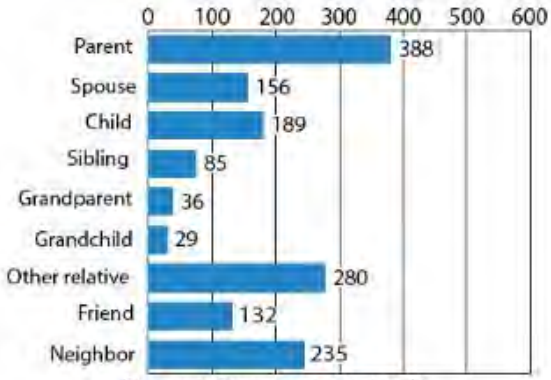

Figure 3: Bereavement details (Multiple choice, Total; N = 1,096)

Figure 4: Injury to self or close relative (Total; N = 7,121)

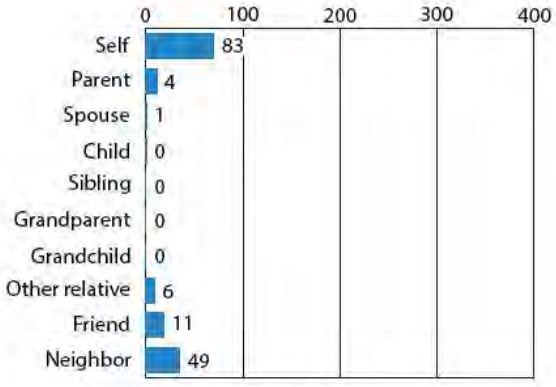

Figure 5: Injury details (Multiple choice, Total; N = 1,096)

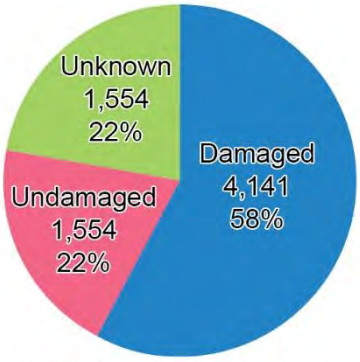

Figure 6 Housing damage
(Total; N = 7,121)

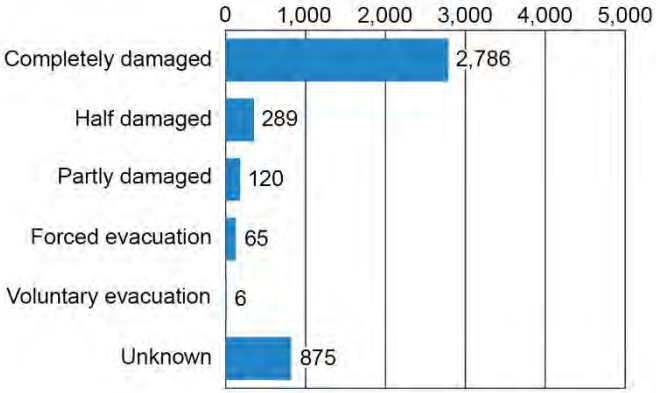

Figure 7: Housing damage
(Total ; N = 4,141)

d. Housing Status

With regard to the housing situations of support targets, the numbers of those who live in container-type temporary housing and apartment-type temporary housing has continued to decrease from 2016, while the number of cases of those in public housing are increasing (Figure 4). Container-type housing in particular has seen its numbers nearly halve every year since 2015. (1,898 in 2015; 908 in 2016; 439 in 2017.) The number of those with their own home has increased by more than 900 since 2015. The housing situation also differs by region. 70% of Kesennuma Region Center's patients live in their own homes and 16% in public housing. At Ishinomaki Region Center, only 25% live in their own homes and 55% in public housing. The Stem Center sees 51% of its patients living in their own homes and 33% in public housing. (Figure 8)

The number of single-member households is increasing across all types of housing. The degree of those in container-type housing or apartment-type housing has increased considerably by 13 points since 2016 (Figure 9).

Table 4: Current housing situation
(Total; N = 7,121)

Housing Type	Cases
Own home	3,983
Prefab housing	439
Private rental home	292
Emergency disaster housing	2,114
Other, Unknown	293

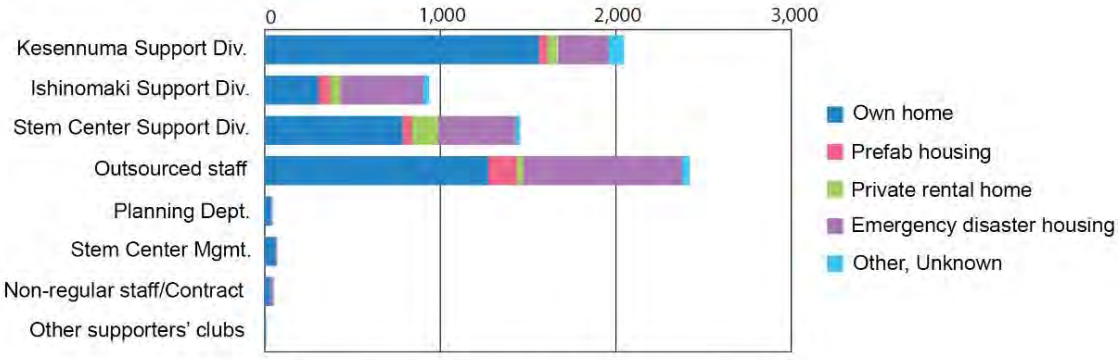

Figure 8: Current housing situation by division (Total; N = 7,121)

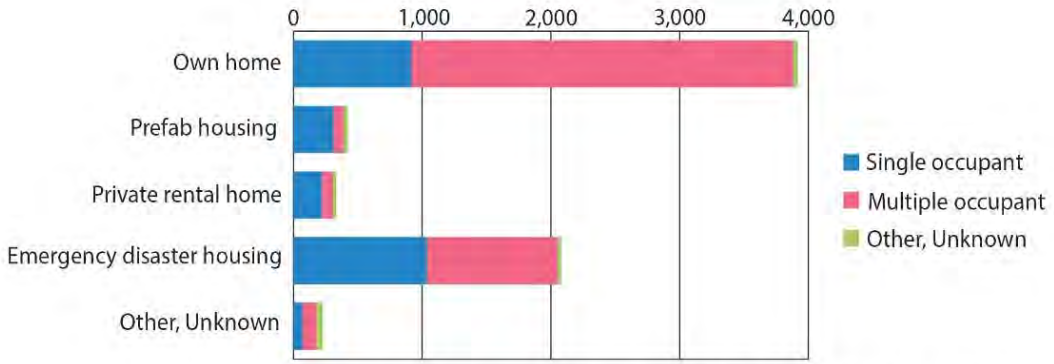

Figure 9: Current housing and household situation (Total; N = 7,121)

e. Backgrounds of Clients

From 2015 continuously through to 2017, the most common concerns and topics of counseling were "changes in mood," "health problems," "family and household concerns," and "addiction" (Figure 10).

"Interpersonal relationship issues" were less common than "issues due to lifestyle change" and "financial concerns" in 2015 and 2016 but became more prominent in 2017.

Otherwise, while "anxiety about the future," "financial concerns," and "employment concerns" became less common, the rate of "mood swings" has increased by 7.7 points and surpassed 3,000 cases for the first time. "Issues due to lifestyle change" appears to be less of a problem with each year (20.7% in 2014; 18.9% in 2015; 13.5% in 2016), accounting for only 7.3% of cases in 2017. This is likely due to the steady improvement of housing development.

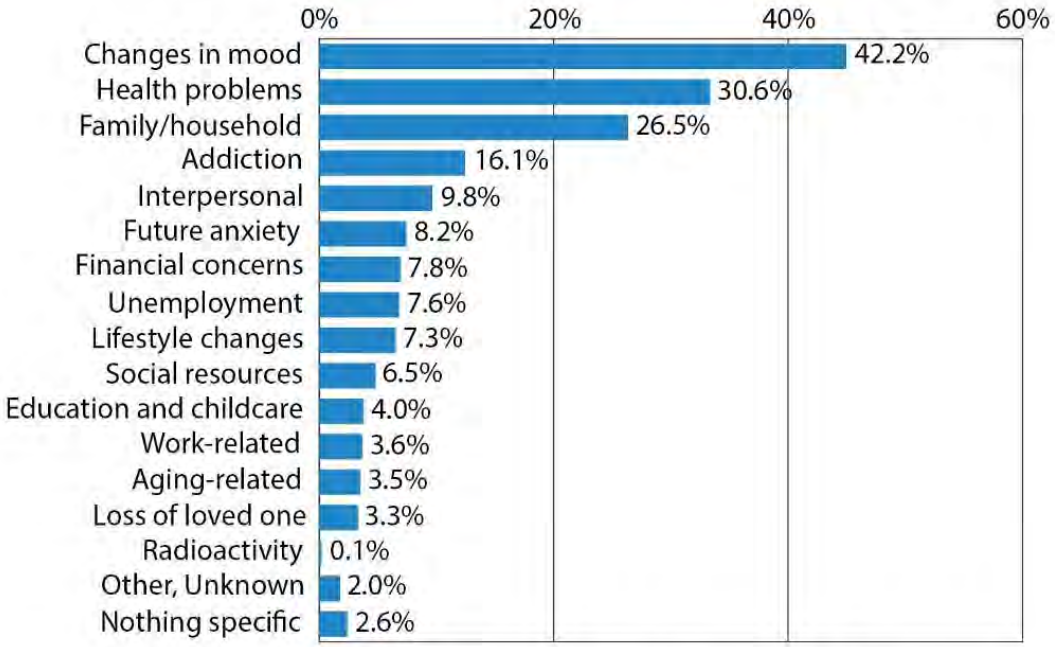

Figure 10: Percentage of valid responses for each counseling subject matter (Multiple choice, Total; N = 7,121)

f. Psychological Symptoms

Looking at specific mental health-related symptoms from the concerns regarding "changes in mood" in these three years (Figure 11), it is apparent that although "anxiety" has overtaken "physiological symptoms" in 2017, overall there has been little change.

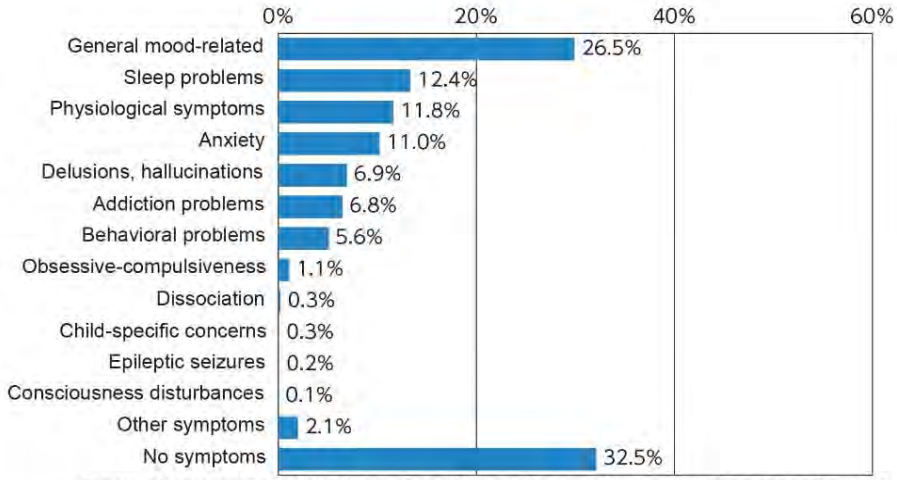

Figure 11: Percentage of valid responses for specific symptoms regarding change in mood (Multiple choice, Total; N = 7,121)

g. Medical History, Time of Onset, Treatment History

The percentage of those with a known medical history has increased each year, from 35.8% (2,716 cases) in 2015 to 44.1% (2,948 cases) in 2016 and 46.8% (3,335 cases) in 2017 (Table 5).

Although cases of "F2: Schizophrenia, Schizotypal, and Delusional Disorders" have overtaken cases of "F3: Mood (Affective) Disorders," F3 cases have not decreased and in fact have been on the rise year by year (729 cases in 2015; 806 cases in 2016; 888 cases in 2017). Moreover, it is apparent that many cases of "F3: Mood (Affective) Disorders" and "F4: Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors" manifested after the disaster (Figure 12).

Table 5: Medical history and current treatment plan of support targets (Total; N = 7,121)

Psychological Medical History		Cases
Existing medical history	(Currently in treatment)	2,350
	(Treatment ended)	269
	(Treatment interrupted)	610
	(Untreated)	21
	(Treatment history unknown)	85
No medical history		2,764
Medical history unknown		1,022

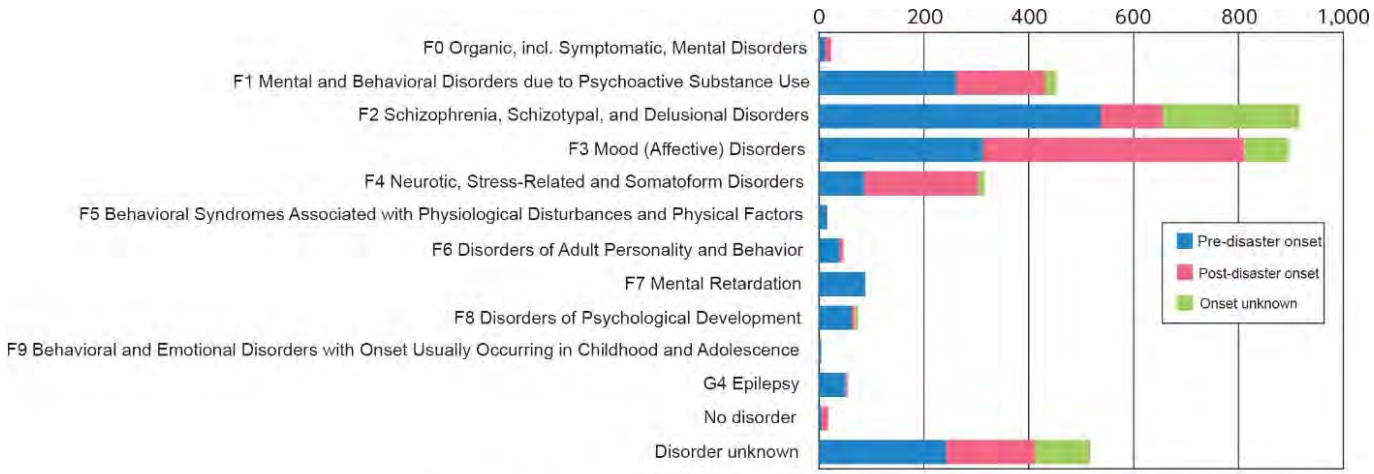

Figure 12: Cases by diagnosis for those with medical histories (Multiple choice, Total; N = 3,335)

② Description of Support Provided

a. Cases by Support Method and Division

From the data below, we can see that the number of cases served by the Kesennuma Region Center is increasing, particularly the number of walk-in visits, which has come to exceed the number of home visits. The number of cases served by the Ishinomaki Region Center and Stem Center are decreasing, but the high proportion of home visits (50.3% for Ishinomaki Region Center and 65.3% for the Stem Center) remains unchanged from last year (Figure 13).

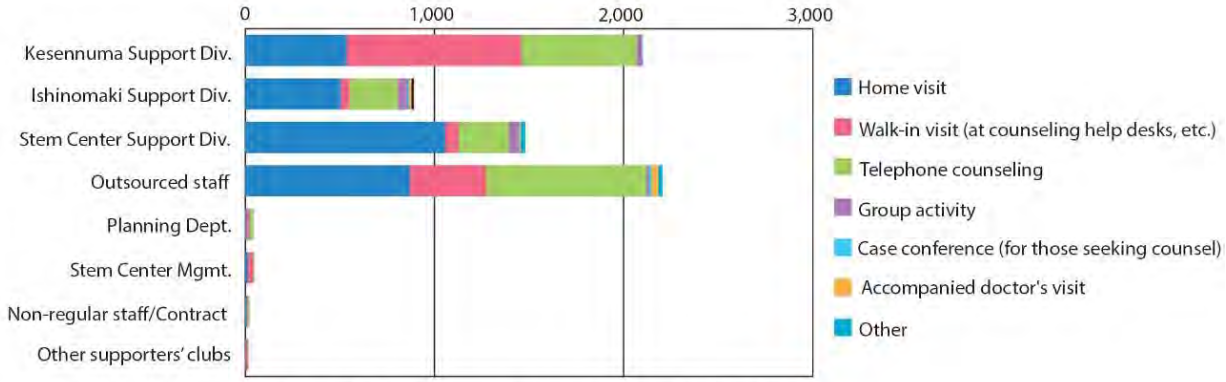

Figure 13: Cases by support type and division (Total; N = 7,121)

b. Support Targets

82.6% of all cases are of persons seeking counsel for themselves. The next most prominent group are those seeking counsel for relatives at 11.3%. These are typically the most common demographics in any given year. In 2016, the number of cases of government officials or “other parties” seeking counsel decreased slightly (Figure 14).

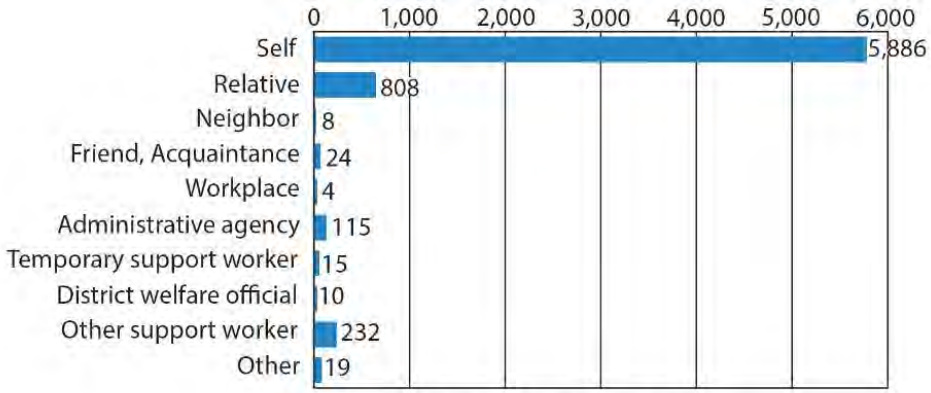

Figure 14: Support targets (N = 7,121)

c. Affiliated Organizations

The percentage of municipal affiliates has increased year by year, with 45.6% in 2014, 52.8% in 2015, 65.7% in 2016, and 72.8% in 2017 (Figure 15). Such data may be a reflection of the shrinking role of temporary support staff and support centers established after the earthquake, with local governments preferring to aid in relief efforts through existing administrative channels.

MDMHCC is also cognizant of the role municipal support staff have provided as we look toward the end of our role and prepare for the handover of our services to local governments.

In addition, it should be noted that there are differences in the significance of the affiliations with welfare centers and other health care centers depending on the region (Figure 16).

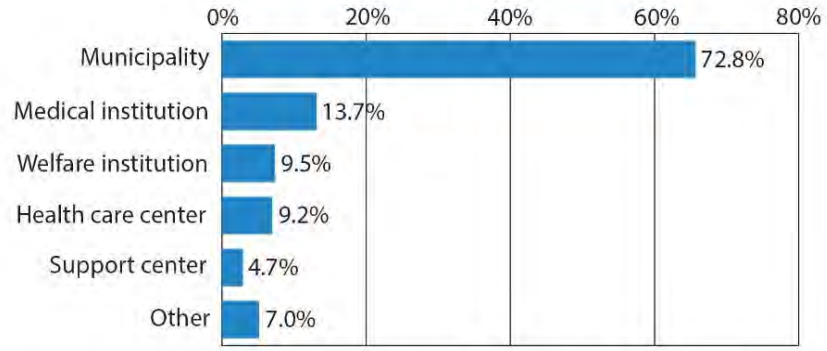

Figure 15: Percentage of valid responses for affiliated organizations (Multiple choice, Total; N = 1,508)

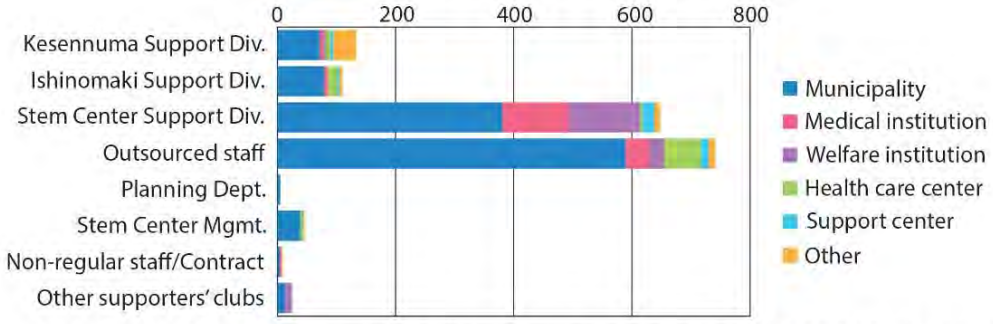

Figure 16: Breakdown of affiliated organizations by division (Multiple choice, Total; N = 1,508)

③ Support Case Termination

In 2017, 1,224 support cases (17.1%) were closed, a decrease of 184 cases since 2016. Compared to 2016, a higher percentage of cases closed with an "improved situation" status, but the number of such cases decreased by 178 (Table 6). Additionally, of closed cases referred to another organization, the percentage of referrals to municipal organizations remains high at a level similar to that of 2016, particularly in contrast to years prior to 2016 when most referrals were to other health care organizations, before dipping in 2017, when welfare center referrals became more common (Figure 17).

Table 6: Case outcomes (N = 7,121)

	Status	Cases
Continuing	Fixed-term	3604
	Continuing basis	2291
	Other	0
Closed	Situation improved	1081
	Referral to another org.	107
	Denial of support	36
Other		2

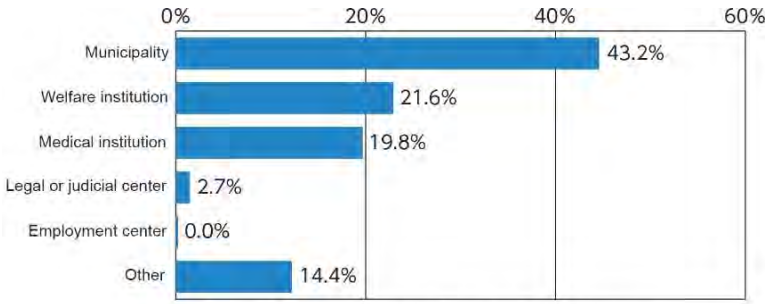

Figure 17: Valid responses for referrals to other organizations.
(Multiple choice, Total; N = 107)

④ Miscellaneous Resident Support

Regarding resident support programming, various community social events or "Gatherings" to address different community needs have been held in addition to the usual one-on-one counseling services provided, such as the field vegetable gardening gathering, "Koko Farm" (Ishinomaki Regional Center); the meet-and-greet socializing event for migrants from Fukushima Prefecture, "Utsukushima Salon" (Stem Center); and the apartment-type housing resident get-together, "Kokoro Café" (Kesennuma Regional Center).

Statistics on gathering events are included in the "Social Activities" section of (3) Raising Public Awareness.

⑤ Summary

2017 was the first year a decrease in overall resident support cases was seen. With the development of recovery efforts leading to a decline in temporary housing residents, the completion of public housing construction, etc., it was thought that the health care needs of residents would continue to decrease. In fact, 2017 has brought about an increase of support cases. Cases involving both adults in their 40s – the so-called prime of one's life – and young people under age 20 have increased, with the number of cases dealing with under-20s increasing for the third consecutive year. Despite home reconstruction efforts and the availability of public housing providing stabilization of the housing situation, there remain many complications in people's lives regarding work, education, and more. As various support groups shutter their doors over time, it is likely that the number of people needing support will only continue to rise in the future.

As people deal with the anxiety and instability of the life changes they have experienced on the road to recovery, the lasting effects of disaster on mental health are clear. From the Center's counseling records, cases of people dealing with "mental health concerns" have exceeded 3,000 for the first time. In the seven years since the disaster, the number of relief effort support workers has decreased. Community restructuring is under way as more people move into public housing and disaster relief is being shifted to the care of existing government projects.

Under such circumstances, fine-grained support measures are needed to aid disaster-affected areas, and MDMHCC aims to center its work on support for local communities.

(2) Support for Supporters

To provide aid to support workers in affected areas, training sessions and counseling sessions are held and specialists are dispatched to local governments.

① Targets of Staff Support

As in previous years, administrative organizations far surpass any other type of organization, which seems to point to the continuing role of various municipal governments in disaster relief efforts. At the same time, child welfare organizations have surpassed health care organizations and private organizations. In addition, there is increasing support for committee members and ward officials (Figure 18).

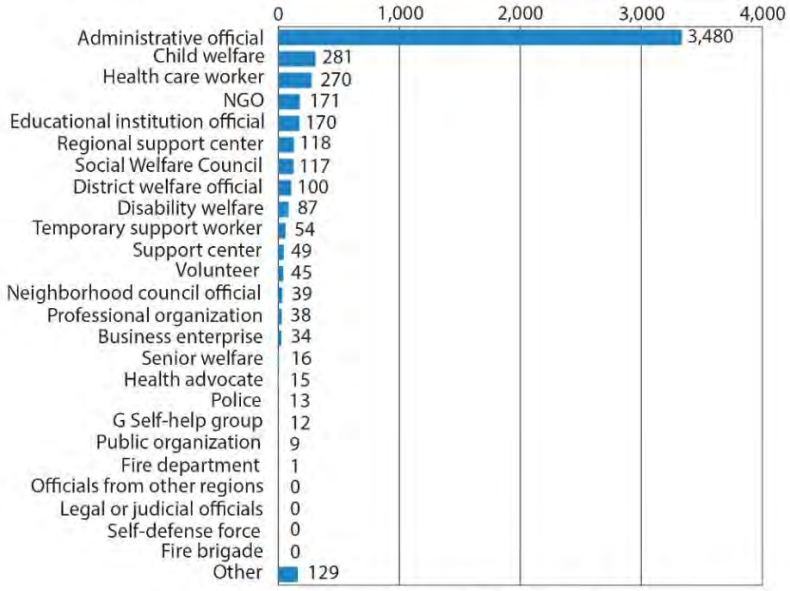

Figure 18: Support targets (Total; N = 5,248)

② Types of Support

Support cases for support staff numbered 1,492 in 2017, continuing the annual decline in numbers since 2014 with 1,915 cases, 2015 with 1,606, and 2016 with 1,549 (Table 7).

The number of cases involving "professional guidance and advising" has decreased since 2016. 57 of cases concerned alcohol problems, which marks a decline overall although they still make up a high percentage of all cases (107 in 2015; 90 in 2016). There was also a large number of cases concerning abuse (60 cases). At the same time, the broad category "Other" has been on the rise for three years in a row, which includes many cases involving advising on cases of children's mental health (Table 8).

Table 7: Support cases for support staff case types (Total; N = 1,492)

Support case info	Cases	Targets
Post-visit/interview report	166	287
Professional guidance/advice	367	1,352
Regional problems	25	174
Workplace mental health	11	16
Case conference (aimed at support staff)	280	1,276
Setting up a counseling help desk	89	134
Health exam support	34	517
Administrative support	447	848
Other	73	644
Total	1,492	5,248

Table 8: Professional guidance/advice topics (Multiple choice, Total; N = 367)

Topic	Cases
Alcohol-related	57
Gambling problems	1
Prescription medicine	1
Depression	23
Complicated grief	2
PTSD	5
Abuse	60
Other	265

The breakdown of forms of support for supporters shows that although the relative numbers for each division remain much the same, the number of cases of transfer staff has seen a considerable rise (615 in 2016 to 700 in 2017). In the Stem Center Community Support Division, it is understood that the proportion attending case meetings is higher than at the Kesennuma or Ishinomaki area centers. Among seconded staff, the number of cases attended by a case meeting has increased greatly (50 in 2016, 138 in 2017). As in 2016, both the Stem Center Community Support Division and transfer staff cases saw large numbers. Types and numbers of cases of support for supporters are likely greatly impacted by regional circumstances and local government policies. (Figure 19)

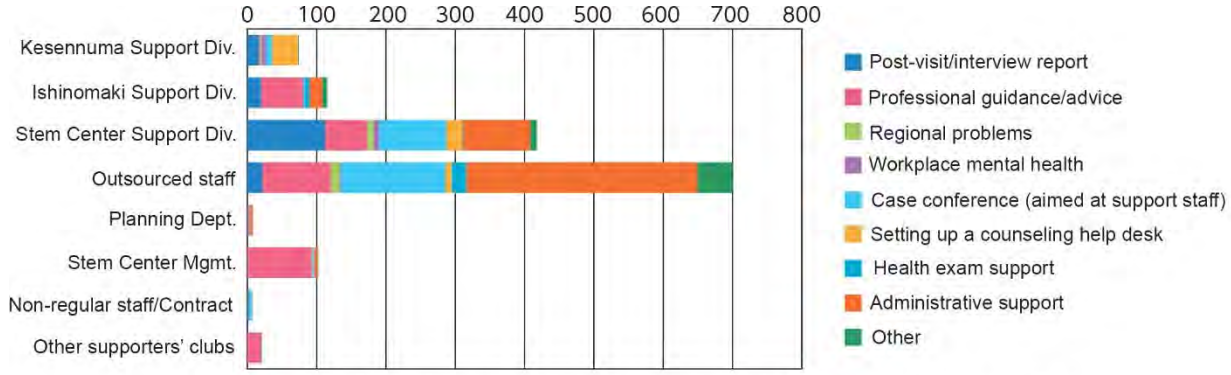

Figure 19: Support for supporters cases for each division (Multiple choice, Total; N = 1,492)

In terms of receiving specialist guidance and advice, transfer staff and the Stem Center Community Support Division saw large numbers of cases concerning alcohol problems. Additionally, in 2017 the Stem Center Management saw numbers of cases concerning abuse at a similarly high rate as the year before. The large number of "Other" cases is due to the increase children's mental health care guidance cases for cases other than abuse (Figure 20).

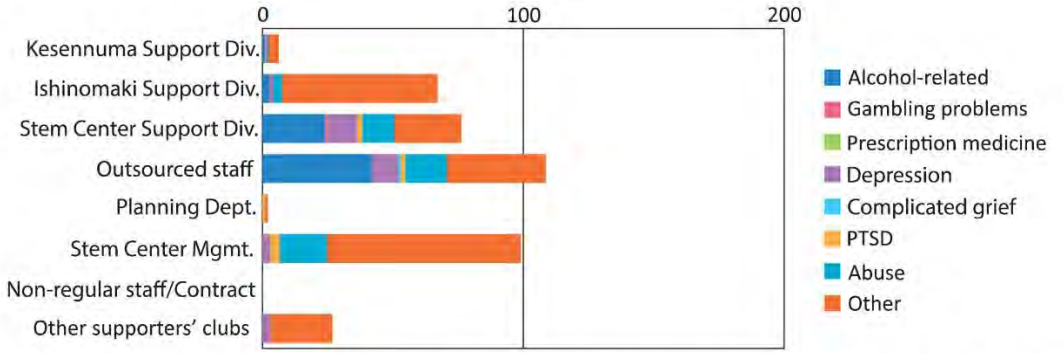

Figure 20: Professional guidance/advice topics for each division (Multiple choice, Total; N = 367)

③ Professional Aid for Local Governments

In response to requests from local governments, in 2017 MDMHCC again dispatched 8 employees as transfer workers to 7 municipalities. They were largely psychiatric social workers, although there were also 1 occupational therapist and 1 clinical psychologist included among them.

④ Summary

With the decline of support workers from external organizations, the increasing demand for support services for certain support workers (such as the rapid increase in support cases for transfer workers) was concerning. However, it must be noted that the overall number of cases has been on the decline for the past three years. "Report following home visit or interview" cases have decreased from 246 in 2016 to 166 in 2017, likely due to the decrease of home visits overall.

Cases of "specialist guidance and advice" have also decreased to 367 from 411 in 2016. Cases involving alcohol problems have decreased but remain relatively high. Furthermore, cases categorized as "Other" have continued to increase over the past three years, which include cases concerning children's mental health care such as supervising child protection case study conferences.

Meanwhile, the number of "mental health help desk" and "health exam" cases are on the rise, with health exam support persons seeing a considerable rise of 517 people. This is likely due to the increase in support workers seeking specialist guidance regarding infant health exams. The need for support for supporters dealing with children's health care is expected to increase accordingly.

In continuation from 2016, 8 staff members were deployed as transfer workers to 7 municipalities. The number of programming cases have increased overall since 2016, providing some on-site relief for local governments. In light of the eventual cessation of MDMHCC services, such deployments are important for joint planning for the future with local governments.

(3) Raising Public Awareness

① Means of Spreading Public Awareness

We aim to raise public awareness of mental health and wellness following disasters through various means, including distribution of flyers, media appearances, community educational workshops, social events, etc. (Tables 9, 10)

In addition to PR magazines introducing MDMHCC and its regional activities issued September 2017 and March 2018, the Center has also reissued its own pamphlets. Details regarding training sessions, workshops, conferences, and other events are also posted on the MDMHCC home page to reach widespread audiences. The Center also maintains a blog and mailing list for regular online updates.

Table 9: PR Magazine Issues

Issue No.	Month	Copies printed
17	September	2000
18	March	2000

Table 10: Pamphlet information

Distribution area	Title, Contents	Print Type	Copies printed
Prefecture-wide	MDMHCC Pamphlet	Reprint	1500
	MDMHCC Pamphlet (Revised ed.)	Reprint	2000
	Let's Know! How to Engage with Alcohol	Reprint	4000

② Educational Workshops

In response to requests from local governments, 84 mental health workshops (for both support workers and general community members) were held. Workshops aimed at the general community involved not only lectures, but also made use of presentations involving images, music, exercise, etc., to make them more readily accessible to all residents. The total number of events held has decreased since 2016, although the number of events related to addressing alcohol problems increased by 4, with 25 events held. As for workplace support, 13 lecture events reaching 495 persons were held to address mental health in the workplace, such as the collaboration on the "Deploying Presenters for Mental Health Building Seminars" project with the Miyagi division of the National Health Insurance Association (Kyoukai Kenpo) (Table 11).

Table 11: Educational workshop topics (*N* = 84)

	No. held	Total attendees
Emotional response to the earthquake	2	78
Mental illness	1	31
Basic listening skills workshop (for bereaved families, etc.)	2	22
Addiction problems (incl. alcohol)	25	104
Earthquake's effect on children	7	550
Stress and mental health care, self-care	34	823
Physical health	0	0
Workplace mental health	13	465
Current status of affected areas and MDMHCC programming	0	0

③ Salon Events

Community-centered social events where residents could talk and communicate with each other – called "salon" events – totaled 132, with 117 events being directly organized or co-organized by the Center and 15 events with the Center in an assisting role to another organization. This is a decrease since 2016 (Table 12).

Table 12: Salon events (N = 132)

	Center Division				Other	Total
	Kesennuma	Ishinomaki	Stem	Outsourced		
MDMHCC held or jointly held	38	31	37	1	10	117
Cooperation with another org.	4	0	5	6	0	15

④ Summary

The primary purpose of public awareness activities is to provide education and spread information on better understanding mental health care to community members. We do this via a variety of means including pamphlets and other paper publications as well as through the Internet. MDMHCC also responds to media requests in order to further publicize the important role of mental health care following the earthquake. We believe that mental wellness practices adopted into daily life are beneficial for keeping up overall mental health, and this is the aim of public awareness efforts.

At the same time, our social events not only to provide education on mental health care, but also provide validating spaces for people to experience various new things in a social environment. In this way, they can be thought of as a type of group therapy for local communities, acting in fact as a form of Resident Support. Social activities are an effective way of combatting the isolation often felt by residents during the process of building a new community.

Spreading public awareness about the effectiveness of social activities in combatting isolation is of great benefit for many community members, and it is important to keep this in mind as we continue social event programming.

(4) Human Resource Development

A key area of focus for MDMHCC is developing human resources for mental health care specialists and support workers working in disaster relief, allowing network-building through conferences and other types of programming. 172 such events or programs were held, an increase from 152 in 2016. The number of attendees has also increased.

Training workshops and lectures aimed at local governments and other organizations providing support services were held at levels similar to previous years. Alcohol-related problem training was conducted at the request of various regional organizations both in coastal and inland areas. Staff who have undergone sobriety-related training in other prefectures presented these new approaches to public health nurses at 3 different sessions across Miyagi. Training related to alcohol problems included 24 sessions on addiction-related problems and 3 sessions on "support skills (for supporting alcoholics, etc.)," for a total of 27 sessions. (Table 13)

Table 13: Human resource development activities (*N* = 172)

Description	No.	Attendees
Earthquake relief conference	1	56
Media conference	0	0
Addiction problems	24	433
(Alcohol)	(24)	(433)
(Other addictions)	(0)	(0)
Support skill workshop	53	1718
(Listening skills)	(6)	(114)
(Stress and mental health care, self-care)	(5)	(528)
(Other)	(42)	(1076)
Supporter mental health workshop	9	260
Workplace mental health workshop	16	352
Children's mental health workshop	22	1245
Senior mental health workshop	1	56
Countering suicide workshop	16	24
Mental illness/disorder workshop	4	555
Affected areas and MDMHCC programming	6	604
Case study	17	148
Other	3	96
Total	172	5547

① Conferences

The "Miyagi Earthquake Relief & Mental Health Care Conference" was held by the Ishinomaki Region Center in the city of Higashimatsushima. Both running the event itself and the planning process presented many opportunities for different groups and organizations to connect with each other, and an executive committee was formed. The planning process involved spending time with many local groups and joint discussions right up to the day of the event.

As in previous years, the "Miyagi Earthquake Relief & Mental Health Care Conference" was held only once, although with three different regional sessions. However, a "Miyagi Mental Health Care Forum" event was held for the first time. An outline of items related to the forum is reported on in (5) Research.

② Professional Training

The Center conducted 53 training sessions for support workers to gain specialist insight and master technical skills related to their support work.

The MDMHCC was the principal organizer of the all-day Training of Trainers (TOT) workshop on WHO Psychological First Aid (PFA), a technical workshop focused on early-stage approaches to mental health care. We were able to train 7 PFA instructors at this TOT session. A separate session focused on children's PFA was also held jointly with Save the Children Japan.

In addition, we have continued our collaboration with the Tohoku University Graduate School of Medicine Department of Preventive Psychiatry from 2016 by jointly holding the "Exercise for Heart & Mind," "Skills for Psychological Recovery," and "Psychological Skill Training" training sessions.

③ Summary

Up to now, our efforts in human resource development have involved the planning and implementation of development and training programs centered on sharing techniques and knowledge relevant to the support services required in disaster relief. In 2017, as we finally reenter a period of stability, training has centered on the concepts of "prevention" and "preparation" in particular. With alcohol-related problems, the implementation of the former is the sobriety-related training, while the latter is the PFA training (including children's PFA training). Both are relatively accessible and practical approaches; it is important that non-specialists and those working closely with residents in the community be able to easily adopt these approaches.

Nonetheless, it is also important to continue providing more specialized training. Practical alcohol-related problem training and interpersonal skill training must include following up on cases.

Even more so than technical training and continuing education, providing networking opportunities for support workers is indispensable for future community development, and it will become increasingly important to hold conference-type events.

(5) Research

As we enter a time for the MDMHCC to reflect on its seven years of service, we have changed the name of the Planning Division to the Research Division to promote survey research and other research projects. External advisors and reviewers were invited to form an ethics committee and improve the research quality.

In addition to implementing health surveys for local governments and the Council of Social Welfare in cooperation with the Tohoku University Graduate School of Medicine Department of Preventive Psychiatry, we have also conducted several research surveys regarding programs and services like resident support programs, supporter networking, social events, etc. We are also currently carrying out the "Longitudinal Support Study on Children Born after the Great East Japan Earthquake and Their Families" in collaboration with the Iwate Prefecture Children's Center.

8 research projects and 2 symposiums have been announced in 2017 (Appendix).

Looking back on support services in the six years following the earthquake, a forum centered on the future of community-based mental health care in Miyagi, the "2017 Miyagi Mental Health Care Forum," was held. The forum focused on the mental health care services provided during the six years after the earthquake and future goals. A symposium on similar matters was also held following reports from local governments, the Center, and the Tohoku University Graduate School of Medicine. Attendees were able to connect and exchange ideas and information, and the MDMHCC and its activities were introduced at the event through an exhibition area.

(6) Support for Various Activities

Many of the Center's activities were made possible with the sponsorship and cooperation of various other support organizations. The Center also took on interns from various educational institutions.

3. Summary

Seven years since the earthquake, residents of container-type housing and apartment-type housing have continued to move into disaster public housing. However, the needs of those who cannot move must still be addressed. Furthermore, those who do move form part of a bigger picture of community rebuilding, and the change in lifestyle and environment can render them especially prone to isolation.

At the same time, the number of temporary support workers is on the decline as external support groups begin to withdraw from the area, increasing resident support demand for administrative workers. This is likely the cause for the increasing activity seen from administrative organizations with regard to support work.

As for salon events, although they are still actively being held in different communities, they too are on a decline. Both salon events held by the MDMHCC and other organizations are decreasing in number, with the number of salon events held or jointly held by the Center this year being lower than

in 2016. Nonetheless, they continue to be run. Besides salon events, other social events like meet-ups have been taking place in different regions. Such meet-ups are important by providing opportunities for isolated persons to connect and form bonds in a new community.

It is difficult to pinpoint the effects of the results of counseling cases, which now number over 7,000. Even with further training and consultation, it is difficult to assess to what extent diverse needs could be addressed. We feel that there is a constant change in the challenges different communities face as time goes on, and the Center's role is in providing support services in line with the views of both community members and local support workers. Some problems that have been identified since the Center's opening – such as alcohol-related problems – still persist. As scissor-like disparities become more apparent, it is our humble desire to continue our work to address the continuing needs of local communities.

Report on the 2017 Miyagi Mental Health Care Forum

Research and Planning Division, Stem Center, MDMHCC

Introduction

In March 2017, Miyagi Disaster Mental Health Care Center (MDMHCC) established its planned services for the next four years based on Miyagi Prefecture's policies for reaching the 2020 reconstruction goals. In 2017, the organization-wide "Miyagi Mental Health Care Forum" research project was established to contribute to research on disaster relief measures, with project administration centered at the Stem Center.

The 2017 Miyagi Mental Health Care Forum had the main theme of "6 Years of Post-Disaster Mental Health Care Services and Future Goals" and a secondary focus on "Examining Post-Disaster Mental Health Care via Survey Research." The forum took place on November 29, 2017, with the support of Miyagi Prefecture and the city of Sendai, and it hosted a total of 130 attendees who were primarily support staff from local governments.

1. Content of the Forum

(1) Objective

The main goals of the forum were to provide a platform for institutions like the MDMHCC or Tohoku University to report on their activities in the six years following the earthquake; exchange of information and ideas from speakers from other organizations; and jointly consider future rehabilitation aims and plans in community mental health and welfare. For the next few years up to 2020, the forum will continue to be held in hopes of becoming a cornerstone of the synthesis of mental health care approaches for those psychologically affected by the earthquake and discussion of the future of mental health care in the region.

(2) Date: Wednesday, November 29, 2017 10:00a.m. – 3:30p.m.

(3) Location: TKP Garden City Sendai, 13F Halls 13A & 13B

(4) No. of Attendees: 130 (50 internal or municipal administrative staff)

(5) Program: (Table 1)

Title "Six Years of Post-Disaster Mental Health Care Services and Future Goals"

Subtitle "Examining Post-Disaster Mental Health Care via Survey Research"

Table 1: Miyagi Mental Health Care Forum Program

Photo 1: Practical Reports **Photo 2: Social Exchange**

Part 1 Practical Reports (10:00a.m. – 12:00p.m.) Opening Address: *Yuichi Watanabe* Community Support Department Director	Conference Address Practical Reports 1. *Chika Chiba* Associate Chief, Regional Welfare Division of the City of Tagajo 2. *Kaori Hoshi* Health Promotion Division of the Town of Watari 3. *Akemi Akasaka* Technical Vice-Director, Sendai Health and Welfare Office Iwanuma Branch, Miyagi Prefecture 4. *Wataru Shoji* Tohoku University Graduate School of Medicine Department of Preventive Psychiatry 5. *Naru Fukuchi* Director, Planning and Research Division, MDMHCC
Part 2 Symposium (1:00p.m. – 2:30p.m.) Opening Address: *Kazunori Matsumoto* Vice President	Keynote (1:00p.m. – 1:30p.m.): *Hiroshi Kato* Director, Hyogo Mental Health Care Center Discussion (1:30p.m. – 2:15p.m.) Conclusion (2:15p.m. – 2:30p.m.): *Hiroshi Kato*
Part 3 Social Exchange (2:30p.m. – 3:30p.m.)	Attendee group discussion Forum Closing Remarks
Exhibit area	Panel Exhibits & Slideshows (9:30a.m. – 3:30p.m.)

(6) Event Operations

While the inaugural assembly of the Miyagi Mental Health Care Forum was held by the Stem Center mainly under the direction of the Planning and Research Division, assuming the event's continued operation into the next four years, future renditions have been planned to be held by the different regional centers and their Resident Support Divisions.

2. Programming

(1) Part 1: Practical Reports

Considering the subtitle and secondary theme of "Examining Post-Disaster Mental Health Care via Survey Research," Chika Chiba, Associate Chief of the Regional Welfare Division of the City of Tagajo, spoke on the current and future outlooks of inter-organization or inter-field support projects and team approaches, as well as the role of public health nurses in the disaster relief support network. Kaori Hoshi, leader of the Health Promotion Division of the Town of Watari, spoke on the role of health surveys not just as a means of data collection, but also as a tool to facilitate at-home support to residents, and the importance of conferences to bring the different fields involved in support work together and unify their approaches. Akemi Akasaka, Technical Vice-Director of the Iwanuma branch of the Sendai Health and Welfare Office of Miyagi Prefecture, reported on the use of arts and crafts as an at-home educational tool for families identified by the health survey to be afflicted by problems related to alcohol. Wataru Shoji from the Tohoku University Graduate School of Medicine Department of Preventive Psychiatry reported and followed up on the health survey aimed at staff of the Social Welfare Council. Finally, Naru Fukuchi, Director of the Center's Planning and Research Division, reported on the state of mental health care support in the period since the earthquake.

(2) Part 2: Symposium

① Keynote: "Victim Support during Disaster Recovery"
Hiroshi Kato, Hyogo Mental Health Care Center Director

② Discussion: Hiroshi Kato and speakers from Part 1: Practical Reports took the stage and took comments from the audience, as well as discussing topics such as the significance of the health surveys, current approaches to health care, alcohol problems in the community, and children's mental health support. The contents of the discussion are summarized later in this document.

(3) Part 3: Social Exchange

A space was provided for attendees to mingle, review and discuss the topics mentioned during the symposium, and share their daily support work experiences with each other. Attendees appeared to be quite active in engaging with each other during this time.

(4) Panel Exhibits & Slideshows

Slideshow exhibits from the MDMHCC and its regional centers were displayed throughout the event. These exhibits introduced the Center and its past and current work to the attendees, who were able to view them before the start of the forum, during intermissions, or in the free Social Exchange time, and ask questions regarding their contents. There were attendees still looking at the displays during break times and the Social Exchange time, and staff were spotted fielding their questions.

3. Attendee Questionnaire Results

Questionnaires were included among the pamphlets handed out to attendees before the start of the forum, with their responses meant for administrative use following the event. Questionnaire responses cannot be published here, but the results can be summarized as follows. The event was generally found to be "Quite good," with many remarks stating, "I was able to better understand the current circumstances and next steps [for mental health care]."

4. Summary

The Miyagi Mental Health Care Forum Report aims to become a key event in the synthesis of current approaches to mental health care for disaster-affected individuals by mental health care centers, Tohoku University, Miyagi Prefecture, and municipal institutions, as well as in examining the future prospects of mental health care in the region. The inaugural Forum was held in 2017 by the Stem Center in the hope that its operation would continue for the next four years. Under the theme of "Examining Post-Disaster Mental Health Care via Survey Research," municipal bodies and health care institutions were able to report on their activities through a practical reports session and discussion followed via the symposium. The practical reports session saw deliveries on the significance of the health surveys and their results, as well as the necessity of cooperation among different support workers and the current state of inter-city collaborative efforts on the matter.

Speakers from different municipalities remarked that the Forum provided a good opportunity to share their work with other support workers that had been previously hard to come by. There were many attendees (around 50) who were presumably support workers from administrative organizations, and the questionnaire results point to a generally high level of satisfaction toward all parts of the event (including the practical reports, symposium, social exchange, and panel exhibits and slideshows). The questionnaire results also showed that the event programming was effective in giving attendees an opportunity to listen to others' work in the field and then actively share and discuss the contents.

The symposium also facilitated a great deal of discussion. However, the subject matter tended to focus on the issue of alcohol-related problems with less discussion of other topics. It is important for future forums to also facilitate other topics (such as support worker fatigue, demand for various types of survey research, support worker coordination, *Hikikomori*, PTSD treatment, grief support, and children's mental health.).

Symposium Discussion Remarks

Matsumoto: With the subtitle of this year's forum "Examining Post-Disaster Mental Health Care via Survey Research" in mind, I would like to begin by focusing on the health survey research conducted. Despite known disadvantages to health surveys such as difficulty in their implementation and lack of understanding of "high-risk" criteria, the pros and cons were considered and a health survey aimed at residents of emergency temporary housing was conducted by the prefecture. I believe other health surveys may have been conducted as well. For the sake of future disaster relief efforts, we must see how useful the results of this survey research may prove, and if not, how to best proceed. I would like to invite some speakers to the stage now who have more to say on these matters.

Chiba: In Tagajo, the prefecture has conducted not only a health survey, but also a survey of the state of disaster victims living in isolation in the city. Based on the results of the two health surveys discussed this morning, we have extracted the following three criteria to follow up on.

The city-wide disaster victim survey was carried out by what was then the Life Rebuilding Support Center. Home visits and other forms of support were also provided based on responses to an item on survey regarding current health status.

It was decided that the city survey questions and format would be revised by the Life Rebuilding Support Center every year until 2016, whereas the health survey questions remained the same every year for five years. This allows for ease of comparison when looking at, for instance, changes in alcohol consumption or percentage of individuals deemed by K6 assessments to be high-risk.

Hoshi: In Watari, the health survey was conducted on a rolling basis. Survey respondents were citizens of the town and visited door-to-door, where they could inform us of their current living and health situations, feelings, concerns, etc. and respond to us directly on-site, with attention paid to more serious situations. In this way, the survey was not a simple questionnaire, and participant responses up to a given point could be considered as the survey continued.

Many residents live in apartment-type housing outside the township, but because of insufficient manpower to conduct home visits on them all, we requested the prefecture to conduct a prefectural health survey to most adequately grasp the full health situation of its residents. The prefectural health surveys were conducted on a large scale on residents of temporary housing and public housing. However, the citizen response to the original survey was quite good, with many earnest and detailed responses, making us believe that continuing to proceed this way is the best way forward. Although we are recently finding that many are not responding to the K6 assessment, it appears that the overall responses to the survey have been quite earnest since the beginning, with results that are telling.

Akasaka: The prefectural health survey was carried out by cities and townships without direct involvement from health centers. Nonetheless, health centers make use of this system of municipality-managed operations for their own support services. For example, after conducting a health survey in a designated municipality, those deemed "K6 high-risk" or any other residents otherwise needing a follow-up check can be provided further care by both the government and health care center. The health survey provides an opening to address additional issues. This proved to be highly effective in cases such as a household with alcohol problems or a *hikikomori* where accompanying a municipal official could open doors for further counseling.

The health survey data was also incredibly useful for analyzing and understanding a community's issues. We would definitely like to make use of anything in the results that could be implemented in future policymaking.

Shoji: Although the last three speakers reported on the health surveys aimed at residents, what I would like to discuss today is the health survey of other support workers that Tohoku University conducted with the cooperation of municipal governments.

Our survey was originally conducted for both research and support purposes, but the research portion of our work has now concluded and providing "support for supporters" remains our sole objective. The

survey made it clear that support workers face heavy workloads and a great deal of stress. Of course, we kept in mind how organizations could benefit from the survey when considering things like how to design, implement, and follow up on it.

Although the survey's original focus was specifically on supporters' work following the earthquake, it eventually shifted to topics about mental health in the workplace in general. In that respect, we can consider becoming a platform for change in attitudes toward workplace mental health issues another accomplishment of the survey.

Fukuchi: I would like to speak on the pros and cons of health surveys. In my opinion, conducting the health surveys was overall a good idea. Although the health surveys served to identify high-risk persons, as Ms. Akasaka mentioned, they also provided valuable information on community needs and the overall picture of what has been going on. There are areas, though, that struggle with issues of manpower when having to make home visits as more high-risk persons are identified, and who feel that as these numbers increase, they start feeling like a quota.

I believe the reason for this kind of aversion to surveying is due to there being areas we are unfamiliar with when it comes to the standards of screening, identifying, and following up with high-risk individuals following a large-scale disaster or emergency situation. As a result, there are those who question the point of these types of surveys after a disaster.

The usefulness of survey research is not limited to just understanding the impact of a disaster. We conduct surveys in cases of, for example, bullying or suicide cases at schools, or when there is an incident in a workplace, etc., as well. They are a result of human innovation, and one way of looking out for our collective wellbeing, and I believe it is very important for us to adopt surveys as a necessary part of our standard practice in response to emergency situations.

Matsumoto: Thank you very much. To summarize the agreed upon points, it is necessary to consider how to make use of surveys not just as a simple questionnaire but also as a catalyst for outreach and connection with its target respondents. And for issues of manpower, we must change the structure of future surveys and come up with new solutions for municipalities' existing approaches to survey research.

In addition, regarding surveys as an intervention strategy, Dr. Kato spoke in the keynote on how individuals can be identified as high-risk based on on-site assessment rather than whether they simply meet a number of points on a paper assessment.

For our audience members who would like to share their opinions based on their related experiences or otherwise, would you please raise your hand?

Makabe: Hello, I'm Makabe from the Miyagi Prefecture Support Center Office. Our support centers have been established in various communities following the Tohoku Earthquake, and our staff numbers, which have exceeded 1,000 during busy periods, include many support workers employed mainly by the Social Welfare Council who are related to earthquake victims and new to the field.

The Support Center Office was set up to back the activities of the various support centers across the prefecture where these support workers work at as a whole, and the prefecture has entrusted our administration to the Miyagi Prefecture Social Welfare Association. Starting with support worker training, we continue to coordinate with designated administrative bodies and associations (the Social Welfare Council). Our active support staff currently numbers around 400 but continue to shift into other roles such as LSA (Life Support Advisors).

We have heard about the health surveys as a public need, but it also seems like everyone is on the same page regarding concern about the potential for confusion when residents are getting so many different surveys to fill out from the university and NPOs. Hearing this, I thought that there should be some adjustment to how the surveys are conducted.

Additionally, at the support center we have been discussing the need to hear our staff's thoughts on not only identifying issues through the surveys, but also addressing residents' aspirations regarding their living situations and roles in their communities. Perhaps there need to be items on the survey regarding future goals.

I would like to ask Dr. Kato and the other speakers for their thoughts and advice on these two matters.

Matsumoto: Thank you for your question. You have pointed out some very important issues. I also believe it must be disconcerting for residents to be inundated with so many surveys. As different organizations draft their surveys independently, there are surely points that overlap and the schedules on which they are conducted must be disorganized from a resident's point of view. Dr. Kato, do you have any experiences you would like to speak on, or otherwise any opinions, regarding this issue?

Kato: As stated, a lot of surveys take place especially in the early period of a disaster, many of which don't seem to have a clear purpose and can be invasive and not ethically accounted for. Such was the case following the Great Hanshin Earthquake, with an overwhelming number of questionable surveys taking place.

There have truly been many so-called researchers coming to disaster-affected areas and disturbing residents for their own gain. I would like to see survey research following the proper ethical considerations, and I hope we have been able to control the situation a bit by having surveys ethically approved through the proper avenues, with the purposes of data collection properly outlined and communicated back to respondents.

After the Tohoku Earthquake, psychiatric academic societies released comments on the surveys. Those who read the comments were able to give proper consideration to surveys; it's those who did not who are the problem. Conducting research without keeping an eye on such literature is very problematic and I think it's very important for the media to report on these problems, and for us to demand higher ethical standards from survey researchers.

As for the other point regarding respondents' aspirations and goals, I think that is indeed very important and would be valuable to include in surveys. In one survey following the Hanshin Earthquake, sociologists proposed the question, "When did you stop regarding yourself as a victim?" The responses were very interesting. For those whose homes were completely destroyed, they could not regard themselves as anything but victims even 5, 7 years after the disaster. These considerations of the future lead me to believe it would be good to include questions about not only PTSD and depression, but also hopes and goals for the future.

Matsumoto: Thank you. It is certainly a problem that residents are getting so many surveys not only regarding mental health, but also physical health, building reconstruction, community rebuilding, and more. Even with the proper ethical considerations, the sheer volume of surveys is still an issue from a respondent's point of view. From the researchers' side, I think many surveys are being conducted without knowing how to establish a point of contact, how to ensure non-invasiveness, when the best times to conduct the survey would be, and so on.

Even though each survey may have real significance, the end result is still disruptive to community members. We must consider better approaches to survey research in the event of disaster with residents' perspectives in mind. I believe this is one of the issues that MDMHCC's Dr. Kodaka raised at the beginning of this forum.

On another note, I'm of the personal opinion that surveys should not just be under the jurisdiction of researchers but should involve the residents themselves in the design process. As residents would have a better sense of the significance of a survey, they could help us directly in their design and there would be a better channel of communication between residents and researchers.

Would anyone else like to contribute anything? It doesn't have to be related to the current topic.

Fukui: I'm Fukui from the Japanese Association of Social Workers in Health Services and we're involved in support services in Ishinomaki. In our daily work, we deal with issues affecting those trying to rebuild independent lives, such as problems related to alcohol, addiction, and in particular gambling.

A common theme in our work is considering whether the dependency problems were existing problems that were exacerbated by the earthquake, or new problems that arose from the earthquake. In Ms. Akasaka's presentation, she mentioned being shocked by the numbers when looking at the newest data on alcohol use. Has the earthquake exacerbated an existing trend? What is the difficulty in treating these problems? Should we be approaching those who had existing dependency issues differently? I am interested in hearing everyone's thoughts on these questions with regard to the survey results.

Akasaka: Among those we have established counseling relations with following the survey – whether in person at the center or by phone – I have seen an increase in those dealing with problems with addiction outside of alcohol, including those related to gambling, spending or shopping, etc. In my morning talk on arts-and-crafts as a form of in-home psychoeducation, the psychoeducation is meant to address not only alcohol dependency, but addiction in general, and involves the participation of the whole family, not just the person of concern.

At the Iwanuma branch, the feeling is that rather than people who began drinking due to the earthquake, there are cases of those who have always had latent issues that then came to the surface due to a catalyst related to the earthquake, such as losing their home or job. However, I think there are still more counseling cases for people that don't have anything to do with the earthquake.

Matsumoto: Would Dr. Kato like to add anything?

Kato: Along with raising awareness and working with family associations and sobriety groups, it is very important to coordinate with local physicians and health care practitioners. People struggling with alcohol dependence have poor liver function and are likely to make frequent visits to the hospital, so I feel it would be valuable for medical associations and hospitals to educate their staff on addiction problems. After the Hanshin Earthquake, attempts at coordination with physicians were made, but we were told they were too busy to take on such responsibility and there was little collaborative support for alcohol dependency. In one interesting case, I was asked to advise a sake brewing company on alcoholism but was completely ignored. "We're the ones selling it, so no thanks." Cigarettes have public health warnings written on the box, so why not do the same for alcohol?

Matsumoto: Alcohol-related problems were regarded as a major factor in the solitary deaths that occurred after the Hanshin Earthquake. We can see alcohol becoming an issue again with the Tohoku Earthquake, but I think what is relatively new this time is the presence of the sobriety program, which has been established based on a degree of evidence. The proof could be seen even at this very event, with audience comments from this morning remarking on their "significant effectiveness." As Dr. Kato mentioned, it is very important to try new approaches.

It is clear from our experience that disaster and addiction issues are strongly connected, so it is something that we should be prepared for in future disasters. In the future it will be difficult to see the direct relationship between disaster and addiction, but as the whole community becomes weak, as mentioned in Dr. Fukuchi's story, various problems will arise in weak people, so indirectly I think that it is an indispensable matter. I think this is also necessary for raising problems and issues in the future. I think that it is necessary to incorporate the programs introduced to Mr. Akasaka all over the prefecture.

In addition, I hope to hear more and more opinions from you.

Sano: I'm Sano, a school nurse from Shizuoka.

Since I'm quite a ways away from the disaster-affected area, hearing about the prevalence of issues related to alcohol today was completely new information for me.

I have a few things I'd like to ask. Since problems with alcohol are largely seen in men in their 50s and 60s, I was wondering what sort of impact or influence this has on children, and if children's problems are screened for in the health exam. For children identified as having health issues, are they able to be connected with local health care workers or specialists and receive the support they need?

Matsumoto: Thank you. Yes, we have not been able to discuss issues pertaining to children much today, and I think it would be good to hear more on that subject. Does Dr. Fukuchi have anything to say on this topic?

Fukuchi: Thank you for the question. I'd like to respond as someone who specializes in children's psychiatry. The prefectural health survey currently uses the K6 scale in assessing mental health, but this scale is not designed to assess those under 18 years of age. The surveys are sent out to households where they are usually filled out by one representative of the household. There were cases of reports of children as young as three exhibiting anxiety,

but this data could hardly be used, and we were unable to check up on these reports.

However, we are fortunate in Japan to have a system where nearly 100% of children have access to education, which acts as our primary point of contact to reach out, and psychiatrists or counselors are able to intervene at nursery centers, elementary, middle, and high schools in emergency situations to provide support to children of concern.

Matsumoto: Has the health center or municipality had any experiences with children?

Hoshi: There were some cases that were more closely related to the mental health of the mother. In Watari, much as Dr. Fukuchi described, health care centers mainly focus on schools when it comes to providing support for children, so the survey tends to focus on the parents.

Kato: A survey was conducted six years after the Hanshin Earthquake that touched on children's health. Parents were able to describe any concerns they had about their children's wellbeing along with their own problems. The results showed a very high correlation between troubled children and households with troubled parents, pointing to the importance of concurrent support for parents while providing support for children. For instance, it would be helpful to provide after-school childcare options for those in temporary housing.

As Dr. Fukuchi mentioned regarding schools as an avenue for support, after the Tohoku Earthquake, a significant increase in school counseling staff was found to be very beneficial. The Board of Education also worked hard during the Hanshin Earthquake to enlist a "rehabilitation teacher" at every school and followed the care of children identified as at risk or of concern for around 10 years.

Matsumoto: Would anyone else like to share their thoughts regarding children's issues?

Arakawa: I'm Arakawa, a public health nurse from Natori. In the second year after the earthquake, the Miyagi Pediatric Association sent a clinical psychologist to perform checkups on infants as part of a project on mother and child mental health care. A mother and child mental health care survey would be filled out as part of the checkup. This was a five-year endeavor, and after the first and second years, children's mental health issues were able to be identified and gradually addressed. We could see that as issues with the parents became clearer, supporting the parents was in fact very important for the mental health of the children and their overall development. After this five-year project, the industry is continuing to develop in the city and clinical psychologists are still continuing their work, so I think it's very important to support parents like in the case I've mentioned.

There have also been cases where, once parents' problems were identified via a health survey, the problems of the children in the household would become apparent, or a home visit would reveal that the problem was even more extreme, like cases of abuse. It's important to be prepared with a variety of intervention plans.

Matsumoto: Thank you very much. It seems that the work in Natori shows the importance of looking at care for mothers and children when providing children's support. This case shows an example of work that began as a part of the city's budget then continued as a new project of its own.

Does anyone else have any questions?

Omiya: Hi, I'm Omiya, a public health nurse from Sendai's Wakabayashi ward office where I work on supporting victims of the disaster.

This may be somewhat unrelated to mental health issues per se, but I would like to speak on some of the prefecture survey results. In our ward, we looked at the results for the K6 assessment, day drinking, discontinuation of treatment, and ageing questions, and this year (2017) we've been following up on respondents who reported "lacking counsel or a confidant" and "households with comprising a single person or couple aged 75 or older." After listening to the stories of these people during home visits, we've started some "salon"-type community social events with exercise as the base theme, but we've recently been facing the issue of a lack of engagement from the elderly citizens that we've been hoping would come out to these events. I was wondering if anyone has any advice or suggestions on how to address this problem.

Matsumoto: Thank you. I think this may be our most difficult question so far. Dr. Kato, what would you do to address the lack of engagement from intended participants?

Kato: As mentioned earlier, there really is a problem of participants in gathering type of events being primarily outgoing women, with little engagement from those most in need of support – single men. I think all communities face this problem.

I have heard of several approaches to attempting to address this problem. One was the "Ojikoro" program aimed at middle-aged men in Ishinomaki, and I'm curious about how that turned out, if there's anyone who knows more about it. In any case, we can only do what we think of, meaning we just have to try different things, I suppose.

Matsumoto: Karakoro Station's Ojikoro initiative is quite well known for its name, as well. Is anyone here able to speak more on it?

Karakoro Station

"Ojikoro" is a monthly social salon aimed at middle-aged men dealing with alcohol problems or isolation. In the morning, everyone is split into groups to make lunch together, and the afternoon is recreational free time. The event fosters connection and communication in the community, and every fall, there's an excursion to the Ishinomaki seaside where a fishing contest is held.

In the beginning, there were only about 3 attendees, but now the monthly numbers exceed regularly exceed 20. The name "Ojikoro" is an abbreviation of "*Ojisan* Exchange at Karakoro Station." Participants are referred through home visits, no different from other organizations. We first build rapport during home visits, inviting them with the assurance that familiar supervising staff would also be there. There are times when the men will be put off by the number of people after one visit, in which case we try and encourage them to try again. For those who still will not go, we then try and focus on other methods of support rather than pushing them.

Matsumoto: Thank you for the detailed explanation. It's wonderful that focused efforts on engagement were able to bring the numbers up from just 3 to over 20. I think it could be considered a successful example of how creative programming and repeated outreach translated into successful results. It would be great to hear more about this on another occasion.

Our time is almost up, but I would like to turn to something Dr. Kato brought up earlier. As a part of thinking about support exit strategies, the need to support people affected by disaster will continue regardless of how budgeting changes in the future. I would like to open up the floor for free discussion on anything regarding future issues. Let's take people one at a time.

Chiba: We have quite a few worries related to the transition to regular work. In Tagajo, the city's general disaster victim survey already ended in 2016, outreach to high-risk individuals is declining, and we are now focused on how to proceed with our support services with those left. Among them, we are beginning to connect with those newly identified by the household health survey as people struggling with alcohol problems or *hikikomori*. Support for alcoholics or suicidal people is not something that can be dealt with instantly, and there are many support workers who are currently working with such people a step at a time for incremental change. I think providing this sort of personalized support will only get more difficult in the future as we wait for the transition to regular work and numbers of available public health nurses dwindle. As we receive advice from city staff, the mental health care center would like to continue providing support into the future.

Another thing is the support for alcohol issues. Although we have already met with many individuals who are clearly alcohol dependent, based on the city's data analysis I think in the future we must also approach those who have been identified as being at risk for alcoholism even if they are not yet at the stage of full dependency and stage early intervention through education and awareness initiatives.

I transferred to the Disability Welfare Department back in April, and I think it would be good to continue such initiatives in collaboration with health departments who oversee health exams.

Hoshi: In Watari, our support center has already closed. Although its services have ended, we continue to carry out victim support liaison meetings. In the morning, we discussed

three of these meetings, and it is work I would like to continue in the future.

Conferences especially are an opportunity for specialists to consider the direction of support work together and receive advice on approaches to support and other challenges.

Akasaka: I think the role of the prefecture will be to support municipalities, but cities and towns will be burdened with new responsibilities and it would be good to provide whatever support is possible as we transition to regular work, for instance in anti-alcoholism measures during health exams and such. Also, in a shared role with the prefecture and municipalities, the public health centers can continue to provide at-home psychoeducation and specialist consultation on alcoholism or *hikikomori*, etc.

Additionally, as a charge of the municipality, the public health center currently attends municipal meetings once a month, which we would like to be an opportunity to meet and discuss issues related to the transition to regular work and other things to consider for the future.

Shoji: Regarding what Dr. Kato was saying about research ethics, I think that is something we are sure to keep in mind as we continue to conduct survey research. In fact, when we asked the Social Welfare Council to carry out a survey, we asked when they expected to be able to do it and were told by a supervisor that they would need 4 months' notice due to the press of business. That was very difficult to hear, and I had conflicting feelings about whether we were in fact inducing more stress through our work.

As Dr. Kato mentioned earlier, along with reminding everyone involved in research of the importance of research ethics, today's event was a good opportunity to communicate the importance of preparation, where we more clearly articulate what we need from surveys sent out to organizations, public offices, schools, etc.

Fukuchi: I think I speak for mental health care centers in general when I say we will respond to whatever orders come our way in earnest to the extent that we can within the budget.

At the same time, as a health care practitioner I am very conscious of Japan's problems with mental health and psychiatry. I think mental health care services up to now have operated on the framework of specialists seeing patients that come to them, where seeking counsel on *hikikomori* at a hospital was not possible without the person in question making the appeal themselves. The disaster has demonstrated the need for direct outreach to persons of concern and the importance of building rapport. I think there's been a change to a new attitude of, "Rather than wait for them to come to us, we will go to them."

I think it'd be a great waste to think of these changes in the field as applicable only to the disaster, and such preventive and community-based approaches should become the norm of mental health care. Ideally, there should be no need for mental health care clinics or hospitals, and our goal should instead be a decrease in the number of inpatients. I think preventive outreach toward community members will build better, more sustainable communities, and that is the future we should be aiming at.

Matsumoto: Dr. Kato, if you have anything to add?

Kato: We have focused quite a bit on alcohol-related problems today, but I think there is something else we also must not forget, and that is just the sheer impact of trauma that follows a disaster like an earthquake. PTSD is not something that has come up much today, but it is core to many of the problems discussed. In my experience as someone who was affected by the Hanshin Earthquake, looking at the reports following the Tohoku Earthquake, I am sure there are many people suffering serious cases of PTSD. Although they may be able to ignore many problems by developing coping mechanisms to get by in society, symptoms are likely to take hold when the problems can no longer be avoided. Looking at various counseling cases, it does seem the number of cases of PTSD are relatively few, but we must not forget that for those few, it is a very grave issue that they are constantly coping with in their lives. I hope that in seven or ten years, Miyagi Prefecture will be able to have the infrastructure to support and treat PTSD.

Another issue is grieving. Many people in the area have lost their families, yet the subject of grief does not come up much in the data. Often, it is only after the fact that the large numbers of people dealing with grief are

realized. Thus, I think we need to make sure to give adequate consideration to grief support as part of our system of mental health care practice, which we have not spoken on so much today.

Matsumoto: Thank you everyone for your sustained participation from the morning, and a special thanks to our guest speakers who have taken the time out of their schedules to present their valuable experiences and thoughts to us.

Today we have focused more on Miyagi Prefecture's southern areas, but there remain many other disaster-affected areas in the prefecture that I hope can be the subject of further discussion. I hope we can continue this cycle of reflecting back on past approaches to improve future ones so as to continue providing better support.

I also hope that after this, people will continue to connect with each other and share their ideas and opinions with each other. Thank you everyone for your participation today.

Thank you to Dr. Kato and all the speakers who presented their practical reports.

Symposium Summary

The symposium brought forth many different perspectives in the form of reports related to survey research. The discussion following facilitated deeper discussion of issues presented in the practical reports, which are outlined as follows.

1. The importance of unifying health surveys with municipal surveys on general citizen circumstances according to the specific needs of the area and connecting survey results with practical implementation of support services
2. The importance of health surveys in clarifying issues in a community and standardizing their role in acting as a window for disaster relief support
3. The need to coordinate survey efforts immediately following a disaster so as not to burden locals with undue stress and responsibilities arising from a large volume of surveys
4. The importance of workplace mental health is becoming more apparent as an extension of support for supporters
5. Addiction issues, focusing on alcohol problems in particular
6. Children's issues
7. Ways of encouraging community engagement in isolated seniors and middle-aged men
8. Difficulties providing continuous care as disaster relief services come to an end and services transition into regular support services
9. How to maintain the outreach services provided as a part of disaster relief services in general mental health welfare services
10. Continuing the inter-occupational collaborative approach (case studies, care conferences, etc.) developed as disaster relief support as a part of training in the regular system
11. PTSD and grief support

Points 1 to 3 were previously mentioned topics that were elaborated on further in the discussion, while points 4 to 11 were new topics brought up as important points that should be discussed further at future symposiums or other events.

Child Mental Health Care Projects

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Introduction

Miyagi Prefecture has announced a policy to provide "continuous mental health care from childhood to adulthood" for children affected by the disaster. Thus, in April 2016 Miyagi Disaster Mental Health Care Center (MDMHCC, or the Center) took charge of the "Children's Mental Health Care Project," which continues to operate to this day.

Based on contract specifications, the following report summarizes the regional children's mental health care projects in the Center's charge for counseling cases with minors under the age of 20 in 2017.

1. Results

(1) Counseling

The MDMHCC provides counseling services to children affected by the disaster through municipal agencies, educational institutions, nursery schools, and so on. Many cases involve the dispatch of specialist workers to city-run infant health examinations, counseling help desks, and health centers where staff and family members seek counsel on dealing with children's mental health care. There has also been an increase in the cases of those coming directly to the Center for help.

Counseling cases numbered 281 in total, involving 118 persons. Table 1 shows the number of cases by age group and counseling point of contact, while Table 2 shows the number of cases by age group and residence.

Among the counseling cases, in the under-6 age group, behavioral cases such as those involving delayed development, lack of participation in group activities at school or daycare, and so on are particularly prominent, as well as cases having to do with mothers' anxieties over childcare. Cases where we connected with mothers mainly came to us via referral from municipal public health nurses or daycare teachers. In the 7-to-15 age group, cases with developmental or family problems in the background were most prominent. Finally, in the 16-to-19 age group, truancy cases related to household problems were common, with more cases of individuals seeking counsel desiring further, continuous counseling than in the previous year.

(Table 1) (Table 2)

Table 1: Cases by age group and point of contact (Total: 281, Actual: 118)

		6 and under	7 to 15	16 to 19	Total
Total (by point of contact)	Self	0	61	100	161
	Family	52	37	22	111
	Other	1	3	5	9
	Total	53	101	127	281
Actual no.		51	37	30	118

Table 2: Cases by age group and residence

Residence			6 and under	7 to 15	16 to 19	Total
Total (by residence)	Stem Center	Sendai	2	8	1	11
		Shiogama	0	0	1	1
		Natori	22	14	24	60
		Iwanuma	0	0	1	1
		Watari	1	3	0	4
		Yamamoto	2	1	8	11
		Matsushima	0	1	0	1
	Ishinomaki Region Center	Ishinomaki	4	7	2	13
		Higasimatsushima	9	13	17	39
	Kesennuma Region Center	Kesennuma	2	51	70	123
		Tome	0	1	1	2
		Minamisanriku	0	1	2	3
	Anonymous		11	1	0	12
	Total		53	101	127	281

(Table 3)

Table 3: Dispatched staff by occupation and host institution

Occupation \ Location	Prefecture	Municipality	Nursery, Daycare	Elementary School	Middle School	Other	Total
Psychiatrist	0	9	39	15	1	3	67
Clinical Psychologist	1	85	5	0	0	10	101
Psychiatric Social Worker	0	14	0	0	1	2	17
Public Health Nurse	0	75	1	0	0	0	76
Other	0	0	5	0	0	0	5
Total	1	183	50	15	2	15	266

(Table 4)

Table 4: Dispatched staff by host institution and location (city, township)

Location \ Host Inst.		Prefecture	Municipality	Nursery, Daycare	Elementary School	Middle School	Other	Total
Stem Center	Sendai	0	3	0	3	0	10	16
	Shiogama	0	3	0	0	0	0	3
	Natori	1	65	4	0	0	0	70
	Tagajo	0	1	0	0	0	0	1
	Iwanuma	0	15	15	0	0	0	30
	Watari	0	23	7	0	0	0	30
	Yamamoto	0	6	4	0	0	0	10
	Matsushima	0	2	0	0	0	0	2
Ishinomaki Region Center	Ishinomaki	0	59	7	0	0	0	66
	Higashimatsushima	0	2	13	4	0	1	20
	Onakawa	0	1	0	0	0	0	1

Kesennuma Region Center	Kesennuma	0	0	0	8	2	3	13
	Tome	0	3	0	0	0	1	4
Total		1	183	50	15	2	15	266

(2) Specialist Dispatch Services

In 2017, we dispatched specialists such as pediatric psychiatrists and clinical psychologists to a total of 266 institutions, including municipal health centers, nurseries and daycares, and elementary schools, to provide consultation services. Table 3 shows the breakdown by host institution type and occupation, while Table 4 shows the breakdown by host institution type and location (city, township).

Of all host institutions, municipalities made up the greatest number of consultations at 183 cases. Among these, there were 124 cases seeking counsel on difficult cases, 69 cases seeking counsel on difficult cases at local children's aid councils, and 31 cases of public health nurses seeking counsel regarding infant health examinations. As for consultation requests from nursery schools or daycares, there were cases of how to engage with difficult-to-approach parents of children suspected to be abused or who have developmental disorders.

(3) Workshops

There were 51 cases in 2017 where the Center held workshops or otherwise sent speakers to other events. Table 5 shows the types of specialists involved in these events and the municipality they were held at. All the events are listed in Table 6.

The workshop events held by the Center itself include the "Parent-Child Bonds and Children's Emotional Development" event in Ishinomaki (230 attendees), the "Building Mental Health for High Schoolers Visiting Lecture" in Minamisanriku (85 attendees), and the "Children's Mental Health Symposium: Supporting Childcare in Disaster-Affected Regions" in Sendai (48 attendees). Ishinomaki was the most popular region for events, followed by Sendai and Natori.

In addition, 3 training workshops in PFA (Psychological First Aid – a technique for psychological support immediately following a disaster) were held under the title of "Children's PFA Training" as the importance of connecting with children affected by disaster or other accidents is being emphasized in training manuals. MDMHCC plans to continue to play an active role in providing children's PFA training at educational institutions across the prefecture.

Table 5: Workshop events

Event location / occupation \ Speaker		Psychiatrist	Clinical Psychologist	Psychiatric Social Worker	Public Health Nurse	Other	Total
Stem Center	Sendai	6	5	0	0	0	11
	Natori	1	2	4	0	2	9
	Kurihara	0	1	0	0	1	2
	Watari	0	0	0	0	1	1
	Yamamoto	0	0	0	1	0	1
	Shikama	0	1	0	0	0	1
Ishinomaki Region Center	Ishinomaki	7	2	0	2	1	12
	Higashimatsushima	5	0	0	0	0	5
Kesennuma Region Center	Kesennuma	1	0	2	0	1	4
	Tome	1	2	0	0	0	3
	Minamisanriku	1	0	1	0	0	2
Total		22	13	7	3	6	51

'Other' includes clinical developmental psychologists and nurses.

Table 6: Workshops and training events

No.	Date	Location	Topic(s)	Primary Participant(s)	No. of Attendees	Speaker Type
1	2017/05/09	Sendai	Attachment and attachment disorders	NGO	5	Clinical psychologist
2	2017/05/18	Tome	How to conduct case studies	Administrative officials	3	Clinical psychologist
3	2017/05/22	Natori	Development assessment, sociality, attachment	Child welfare officials	15	Clinical developmental psychologist
4	2017/05/23	Sendai	Fostering change	NGO	6	Clinical psychologist
5	2017/05/25	Higashimatsushima	Connecting with abused children	Child welfare officials	35	Psychiatrist
6	2017/06/07	Ishinomaki	Ishinomaki Region Center's children's mental health care projects	Health care workers	19	Public health nurse
7	2017/06/23	Minamisanriku	Building mental health for high schoolers visiting lecture	High school students	85	Psychiatric social worker
8	2017/07/11	Natori	Responding to difficult caregivers	Administrative officials	11	Psychiatric social worker
9	2017/07/11	Natori	Developmental disorders and treatment	Education officials	100	Psychiatrist
10	2017/07/21	Ishinomaki	Causes and approaches to child maladaptation	Ishinomaki elementary schools	20	Psychiatrist
11	2017/07/27	Shikama	Agency collaboration in preventing child abuse	District welfare officials, etc.	45	Clinical psychologist
12	2017/07/28	Sendai	Responding to children with mental health problems	Education officials	130	Psychiatrist
13	2017/08/02	Kesennuma	Responding to children with diverse issues	Kesennuma Omose Middle School	30	Psychiatrist
14	2017/08/09	Sendai	Children's day camp sub-leader workshop	Middle schoolers	2	Psychiatrist
15	2017/08/10	Ishinomaki	Understanding difficult children	Sakura Nursery	4	Clinical psychologist
16	2017/08/21	Ishinomaki	Attachment disorders	Ishinomaki Sumiyoshi Elementary School	14	Clinical psychologist
17	2017/08/22	Ishinomaki	Children's development assessments from an understanding point of view	Kawakita District public health nurses and early childhood educators	19	Clinical developmental psychologist
18	2017/08/22	Ishinomaki	Understanding children's behavioral	Education officials	70	Psychiatrist

			disorders and how to respond			
19	2017/08/23	Kurihara	Children with developmental disorders, their caregivers, and providing support	Education officials	32	Clinical developmental psychologist
20	2017/08/31	Ishinomaki	Children's mental health in Ishinomaki: What we're seeing 5 years after the earthquake	Administrative officials	53	Psychiatrist
21	2017/09/07	Natori	Child abuse and community involvement	Education officials	80	Clinical psychologist
22	2017/09/22	Ishinomaki	Parent-child attachment and children's mental development	Children's welfare, etc.	230	Psychiatrist
23	2017/09/26	Kesennnuma	Children's PFA training workshop	Administrative officials, etc.	14	Psychiatric social worker
24	2017/09/27	Natori	How to proceed with individual case conferences	Natori public health nurses, etc.	11	Psychiatric social worker
25	2017/10/02	Sendai	Social care	Short-term university students	112	Clinical psychologist
26	2017/10/13	Minamisanriku	Understanding and responding to truancy	Education officials	30	Psychiatrist
27	2017/10/13	Watari	Staff mental health care	Okuma Nursery	20	Clinical developmental psychologist
28	2017/10/24	Natori	Responding to difficult caregivers	Public health advocates, etc.	32	Psychiatric social worker
29	2017/10/26	Ishinomaki	Ishinomaki mental support work support conference: "How to support survivors"	Education officials	10	Psychiatrist
30	2017/10/31	Kesennuma	Communication	Omose Middle School second-year students	70	Psychiatric social worker
31	2017/10/31	Higashimatsushima	Higashimatsushima Child Protection Regional Council workshop: "Supporting Parents and Children in Families with Mental Illness"	Education officials, etc.	30	Psychiatrist
32	2017/11/09	Higashimatsushima	Mental health for parents and children from abusive families	Higashimatsushima Child Protection Regional Council	40	Psychiatrist
33	2017/11/13	Ishinomaki	Long-term psychological	Ishinomaki Shiritsu	20	Psychiatrist

			support for students following the disaster	Oshika Middle School		
34	2017/11/14	Sendai	Case study meeting	NGO	7	Clinical psychologist
35	2017/11/17	Sendai	Children's PFA training workshop	Administrative officials, etc.	19	Psychiatrist
36	2017/11/30	Kurihara	Looking at child abuse through problematic behavior in adolescence	District welfare officials, etc.	140	Clinical psychologist
37	2017/12/06	Higashimatsushima	Higashimatsushima Child Protection Regional Council workshop	Higashimatsushima Child Protection Regional Council	40	Psychiatrist
38	2017/12/17	Kesennuma	Breathing exercises using blowpipe toys	Ishigu District Children's Society	50	Nurses
39	2017/12/19	Sendai	Children's mental health symposium: "Supporting children in damaged areas"	Administrative officials, etc.	48	Psychiatrist
40	2017/12/21	Ishinomaki	Child development and appropriate approaches to care	Childcare support center	8	Public health nurse
41	2018/01/09	Tome	Organizational collaboration when working with difficult cases	Administrative officials, etc.	12	Clinical psychologist
42	2018/01/23	Ishinomaki	Children's PFA training workshop	NGO	14	Psychiatrist
43	2018/01/25	Natori	Fun childcare tips	Masuda Nursery public health nurses	30	Clinical developmental psychologist
44	2018/01/29	Natori	Case study	Administrative officials, etc.	13	Psychiatric social worker
45	2018/02/08	Yamamoto	Supporter mental health care and children's perspectives	Administrative officials, etc.	8	Public health nurse
46	2018/02/09	Sendai	Raising children through community-based support	NGOs, etc.	35	Psychiatrist
47	2018/02/13	Sendai	Fostering Change workshop	NGO	7	Clinical psychologist
48	2018/02/21	Sendai	The Social Impact of the 3.11 Disaster on the Japanese Community	Tohoku University international students	30	Psychiatrist
49	2018/03/08	Higashimatsushima	Understanding children with mental health issues	After-school club activity support workers	40	Psychiatrist

50	2018/03/16	Tome	Early detection of developmental disorders during the 18 months health exam and childcare support	Administrative officials	20	Psychiatrist
51	2018/03/22	Natori	Case study	Administrative officials, etc.	6	Clinical psychologist

(4) Public Awareness

i. Pamphlets on post-disaster children's mental health care, such as "Understanding & Responding to Children's Mental Health," were distributed at events to promote public awareness and understanding.

ii. Along with the projects like the "Miyagi Mental Health Care Report" or educational information on the home page communicating the importance of post-disaster children's mental health care, the MDMHCC worked to promote the "Regional Children's Mental Health Care Projects." There were also efforts to promote mental health care among children themselves, with 100 sets of a dozen pencils with empowering messages aimed at children printed on them (4 kinds) distributed to workshop attendees and institutions participating in our surveys.

iii. There were also 2 public awareness and education events related to mental health conducted in collaboration with children's school cafeterias and childcare centers.

(5) Research

The following survey research was conducted in 2017.

i. Longitudinal Support Study of Children Born after the Hanshin Earthquake and their Families

"2017 Regional Children's Mental Health Care Project, Research Report 1: Longitudinal Support Study on Children Born after the Hanshin Earthquake and their Families" – Miyagi Prefecture baseline survey results report

ii. Children's Day Camp

"2017 Regional Children's Mental Health Care Project, Research Report 2: Survey Research of Camp Projects aimed at Parents and Children of Affected Areas"

2. Discussion

Compared to 2016, the number of counseling programs, professional dispatch programs, and workshops have all increased in 2017. Counseling programs saw a rise in the number of support cases from 230 in 2016 to 281 in 2017, with the actual numbers (of persons concerned) rising from 89 to 118. Instances of professional dispatch also rose from 234 in 2016 to 266 in 2017, and the number of workshops increased from 43 to 51.

This is the second year running these programs, and it appears that communities' needs have broadened, which could be attributed to the fact that the respective agencies and organizations have become increasingly aware of them. Particularly as the number of counseling cases involving under-20s has continuously increased in the past three years (according to the 2017 report on projects and activities), we must continue to oversee the development of these projects.

3. Summary

It has now been two years since the Regional Children's Mental Health Care Projects first began in 2016. Of the total of 280 counseling cases this year, problems pertaining to child development, problems in the household, and truancy were particularly prominent. In workshops and consultations as well, support workers brought up their concerns about dealing with developmental disorders, abuse, and difficult caregivers or guardians of children. Although the high

rate of truancy in Miyagi Prefecture has been noted before, the earthquake is thought to have had a great influence on the school environment.

In terms of our human resource development and training programs, our children's PFA training workshops have seen great engagement, which will spread awareness of psychological first response techniques following a disaster, and we hope to continue offering this type of programming to the respective agencies and organizations into the future. There were also many attendees at the conferences and symposiums held in Ishinomaki and Sendai. These events continue to play an important role in providing opportunities for exchanging and sharing the most recent and relevant information pertaining to children's mental health care. Children's mental health care must be understood as connected to various social factors and not just the earthquake, and it is crucial to continue to develop relevant programming with the cooperation of various agencies and organizations.