

Department Initiatives

Community Support Division, Kesennuma Regional Center

Initiatives at Kesenuma Regional Center

Mitsuaki Katayanagi

Psychiatric Social Worker

Manager of Community Support Division, Kesenuma Regional Center, MDMHCC

This paper reports our major activities for each FY 2015 project. The number, etc. of activities of each project is shown in Part I-3: 2015 Programming Review. Therefore, this paper provides a summary of the activities rather than the details of them.

1. Resident support

As before, FY 2015 resident support focused on home visiting support services for those who were identified as high risk in the health survey conducted by Miyagi Prefecture and each municipality. Of those who visited the center, those who required support were provided with ongoing support.

In FY 2015, there was an increase in the number of cases of direct consultation in addition to cases of consultation support based on a health survey.

Also, one of our staff members (one for each) is seconded to Kesenuma City and Minamisanriku Town to provide a wide range of consultations on mental health care in collaboration with each municipality.

(1) Kesenuma City

In FY 2015, the city started an independent house-to-house health survey of all residents of public housing. The Kesenuma Regional Center (referred to hereafter as Center) of the Miyagi Disaster Mental Health Care Center (MDMHCC) provided home visiting support services to the residents of public housing in Karakuwa district (Table 1).

The number of consultations and requests for support has increased after collaborating with various support organizations. What characterizes support activity in FY 2015 is the collaboration of supporters in providing support to victims with various problems.

Table 1. Support such as health survey visits

Support activities	The main support period and major patients	Number of support cases including visits by Kesenuma Regional Center, etc.
FY 2014 Container type temporary housing. Home visiting support services based on health survey of residents	February-April 2015 Mainly cases with high K6 scores	20 cases
FY 2014 Home visiting support services based on Health survey of residents such as privately rented temporary housing	April-July 2015 Mainly cases with high K6 scores	29 cases
FY 2015 Health survey of residents of public housing and residents who were collectively relocated for disaster prevention	February 2016- All Residents in Karakuwa district	Public housing 27 cases, Collective relocation for disaster prevention 32 cases

(2) Minamisanriku Town

We shared information at various conferences and meetings held by municipal governments and the Life Support Center for Disaster Victims run by the Social Welfare Council. In the meantime, we provided support for individual cases by providing consultation to supporters and accompanying visits by municipal health promotion staff and public health nurses in the branch. We believe that we have provided continuous support.

Table 2. Support such as health survey visits

Support activities	The main support period and major patients	The number of support cases including visits by Kesenuma Regional Center, etc.
FY 2014 Home visiting support services based on the health survey of the residents of container-type temporary housing	February-March 2014. Mainly cases with high K6 score and high scores on items on "daytime drinking"	37 cases
FY 2014 Home visiting support services based on the health survey of home-dwelling residents	June-August 2014. Mainly cases with high K6 score and high scores on items on "daytime drinking"	43 cases
FY 2015 Home visiting support services based on the health survey of the residents of container-type temporary housing	March 2015-. Mainly cases with high K6 score and high scores on items on "daytime drinking"	31 cases

(3) Discussion

In Kesenuma City and Minamisanriku Town, many people still live in temporary housing while more people move into public housing, etc. Regarding the support of residents in such a situation based on health surveys, we received requests from the two municipalities to provide visits to residents with poor mental health or alcohol problems. To make the most of our expertise, visits were provided by two persons as much as possible and a staff conference was held after each visit. We were able to make the most of the experience and skills we have cultivated through past activities in our support planning and support activities.

As in FY2014, there was an increase in consultations made by residents who were not directly affected by the Great East Japan Earthquake. Also, requests for consultations from related organizations such as consultation organizations, educational institutions, and welfare institutions increased. Although it is less obvious, the earthquake may still affect the mental and physical health of many residents, making life difficult. Based on these facts, we will continue to solve residents' problems, which are being personalized and diversified, by collaborating with many related organizations such as municipalities.

2. Support for supporters

(1) Kesenuma City

- ① Deployment of specialists to municipalities (regular support staff members and seconded staff members)

In FY2015, as in FY 2014, we deployed specialists to municipalities and implemented initiatives to reduce the work burden of municipal public health nurses through victim support and the support of public health nurses.

- ② Mental health support for municipal officials

Based on the request from the General Affairs Division, we discussed with the Department of Preventive Psychiatry, Tohoku University Graduate School of Medicine (referred to hereafter as the Department of Preventive Psychiatry), the Department of Nursing, Miyagi University, and the Kesenuma Health and Welfare Office about the health support for city officials and implemented the following initiatives.

Based on the results of a health survey on the mental health of city officials (including dispatched staff) conducted by the Department of Preventive Psychiatry, we conducted individual interviews with city officials. Also, to raise awareness of reinstatement support, the city held multiple meetings on the initiative of reinstatement support, health survey meetings by management, and workshops for management.

Besides, a health consultation desk for city officials (including dispatched staff) is open from 10:00 a.m. to 4:00 p.m. at the central government office on the third Wednesday of every month.

- ③ Mental health support for the staff members of the Social Welfare Council

Based on the results of FY2014 and FY2015 health surveys of the mental health of the staff members of the Social Welfare Council (referred to hereafter as the Social Council) conducted by the department of preventive psychiatry, we conducted individual interviews with the staff members of the Social Council.

(2) Minamisanriku Town

- ① Deployment of specialists to municipalities

In FY2015, as in FY 2014, we deployed specialists to municipalities and implemented initiatives to reduce the work burden of municipal public health nurses through victim support and support of public health nurses.

- ② Mental health support for municipal officials

Based on requests from the General Affairs Division, we provided support to the town officials after a discussion with the Department of Preventive Psychiatry, the Kesenuma Health and Welfare Office, and the Miyagi Mental Health and Welfare Center.

A health consultation desk for town officials is open from 12:00 p.m. to 6:00 p.m. on the fourth Tuesday of every month. Also, because the consultation desk was open only during business hours during weekdays, we tentatively opened a consultation desk twice a month on weekends from 10:00 a.m. to 3:00 p.m. in January-March 2015. Because these were conducted on weekends, the consultation was provided in Tome City, where many staff members live, for three days out of all consultation days.

- ③ Support for the Life Support Center for Disaster Victims

In FY 2015, as in FY 2014, regular group meetings were held at each satellite. (Table 3) Besides, as part of the support for the staff members of the headquarters of the support center for disaster victims that controls satellite offices, we conducted individual interviews of staff members twice a year, in May and December.

Table 3. The present status of group meetings at each satellite office

Date	Location	Content
April 21	Minamikata Satellite	Group meeting
May 1	Tokura Satellite	Group meeting
May 11	Utatsu Satellite	Group meeting
May 18, 20, 21	Main Office	Individual interview by staff members
May 20	Shizugawa Satellite	Group meeting
June 15	Minamikata Satellite	Group meeting
July 22	Shizugawa Satellite	Group meeting
July 29	Utatsu Satellite	Group meeting
August 4	Tokura Satellite	Group meeting
August 21	Minamikata Satellite	Group meeting
October 7	Utatsu Satellite	Group meeting
October 20	Tokura Satellite	Group meeting
October 27	Minamikata Satellite	Group meeting
December 14, 16, 17	Main Office	Individual interview by staff members
December 18	Tokura Satellite	Group meeting
December 22	Utatsu Satellite	Group meeting
December 25	Shizugawa Satellite	Group meeting
December 25	Minamikata Satellite	Group meeting
February 24	Shizugawa Satellite	Group meeting
March 31	Minamikata Satellite	Group meeting
March 31	Tokura Satellite	Group meeting

④Development of the summary of the health survey

We provided support for the review of surveys of high-risk individuals with high K6 scores for FY 2012-2014 based on the results of post-survey confirmation visits to the residents of container-type temporary housing conducted by Miyagi Prefecture and Minamisanriku Town. Our center was responsible for documentation and discussion, leading to continuing discussions with the health promotion staff of the Health and Welfare Division, Minamisanriku Town.

Because interview information varied from one interviewer to another, the tendency of high-risk individuals with high K6 scores could not be summarized due to insufficient basic data. We developed a "check sheet" that summarized key items in the interview so that any investigator could evaluate the situation without bias during post-survey verification visits in future support activities by making the most of our expertise. The check sheet has been used since the FY 2015 post-survey visits to the residents of container-type temporary housing.

(3) Discussion

Regarding support for the supporters, we seconded staff members to the Health Promotion Division of Kesennuma City and the Health and Welfare Division of Minamisanriku Town as health promotion staff. Also, we were able to provide regular support to the Health and Welfare Division, Karakuwa General Branch, Kesennuma City for almost the entire year. As a result, the seconded staff members and the regional center were able to provide simultaneous support to the responsible divisions of each municipality. Because Kesennuma City and Minamisanriku Town are both overloaded with tasks, the workload of public health nurses in the municipalities may be heavy. The second staff member and the regional center will continue to collaborate to provide support to municipal public health nurses.

In FY 2015, Kesennuma City started providing reinstatement support to municipal officials. Minamisanriku Town tentatively launched Consultation Days on weekends to improve the consultation system. It has been five years since the earthquake. During the years, many municipal officials contributed to their work without adequate rest. Therefore, they may have severe mental and physical fatigue. Therefore, we will increase our mental health support for the municipal officials in collaboration with the responsible division of the city government and related organizations.

3. Raising public awareness

(1) Kesennuma City

① Column postings

Since April, in collaboration with the Kesennuma Health Care Center, we have published a monthly column, "Sanriku Kokoro Tsuushin," once a month in the newspaper *Sanriku Shimpō*, which is mainly read by people in Kesennuma City. Through print media, we have raised public awareness of what constitutes appropriate mental health and the availability of the consultation desk (Table 4).

Table 4. *Sanriku Shimpō* (postings, etc. in the column "Sanriku Kokoro Tsuushin")

Issue ^{*1}	Month	Content	Author
18th	4	Take the opportunity to grow up in this coming season. Believe in yourself and move forward.	Kesennuma Health Care Center
19th	5	Post-vacation blues!? You may be stressed.	Kesennuma Regional Center
20th	6	Health is a building block for recovery.	Kesennuma Health Care Center
21st	7	Alcohol and drinking habits (Session 1): The reality of heavy drinking in disaster victims	Kesennuma Regional Center
22nd	8	Alcohol and drinking habits (Session 2): Drink wisely	Kesennuma Regional Center
23rd	9	Keep your mind and body healthy and prevent dementia	Kesennuma Health Care Center
24th	10	Take a good rest: How busy people take a rest and break	Kesennuma Regional Center
25th	11	Domestic Violence (DV): Send an SOS without hesitation!	Kesennuma Health Care Center
26th	12	Mental health care for children (Session 1): About being hurt	Kesennuma Regional Center
27th	1	Mental health care for children (Session 2): What close adults can do for them	Kesennuma Regional Center
28th	2	Refresh your mind and body with easy relaxation (Session 1): Let's try breathing	Kesennuma Health Care Center
29th	3	Refresh your mind and body with easy relaxation (Session 1): Let's try stretching while sitting	Kesennuma Health Care Center

*1 The issue number is a sequence from the first publication in FY 2013

- ② Collaboration for "CoCo cafe" a public awareness activity by the city government
 "CoCo cafe" is a self-care program provided by Kesennuma City for residents of privately-rented temporary housing affected by the disaster to reduce stress and prevent isolation by going out and communicating with other residents. In FY 2015, the "CoCo cafe" was co-sponsored by the Volunteer Center of the Kesennuma Social Welfare Council, Social Welfare Corporation, and our center, in collaboration with the Mitsumine Hospital, Medical Corporation Tetsuhito Igawa Association.
- ③ Collaboration in the city project "Health Festival"
 The Health Festival is a project led by Kesennuma City for preventing the deterioration of physical strength and functioning due to poor lifestyle and stress and maintaining and promoting public health based on "the second Kesennuma Health Plan 21" and "the second food education promotion plan." On the day, we ran the "CoCo cafe corner" that provided drinks, a relaxing experience (Sanshin/guitar performance and self-massage), and a health storytime. Also, we distributed goods for the development of mental health.
- ④ Distribution of leaflets and aroma cards for city officials
 We distributed leaflets on mental health (in August) and aroma cards (in December) to city officials to raise awareness of their health.
- ⑤ Other
 We provided mental health support to residents (Table 5).

Table 5. Other initiatives for raising public awareness

Patients	Support Activities	Number of Events
Residents	Following a request from the Southern Regional General Support Center, we dispatched a lecturer for the FY 2015 Motoyoshi District Dementia Meeting for residents. We held a workshop on music gymnastics and relaxation as a refreshing exercise.	Once
Residents	We participated and collaborated in the regular meetings of the Motoyoshi District Danshukai sponsored by Miyagi Prefecture Danshukai.	Participated 12 times / Held 12 times in total
Residents of container type temporary housing in Shishiori area	Under the leadership of Miyagi University, we held a health class in collaboration with the Hyogo Prefectural University, the Health Promotion Division of Kesennuma City, and the Kesennuma District Support Center to maintain a healthy life for the residents of temporary housing in the Kaori District. In the health class, the Kesennuma Regional Center provided mental health consultation opportunities.	5 times
Residents	We participated in the "FY 2015 Street Mental Health Promotion Campaign for Kesennuma District." During Suicide Prevention Month, we conducted a "mental health check" and distributed enlightenment goods with information on the consultation organization at four shopping centers in Kesennuma City.	Once
Residents of container type temporary housing in Shishiori area	In collaboration with the saloon events held by the Japan International Volunteer Center, we provided health mental consultation, mental health lectures using a story, and relaxation training at seven container type temporary housing locations in Shishiori area.	13 times in total

(2) Minamisanriku Town

- ① We provided a daytime program, "caregiver workshops and local meetings."
 Following a request from the Minamisanriku Social Welfare Council, we provided mental health lectures using familiar means, such as stories and a Sugoroku game, at the caregiver workshops and local meetings held by the Day Service Center Togura and the Day Service Center Iriya. The lectures were provided as an experience-based program in combination with their facial massage, Tapping Touch and musical calisthenics, etc. In FY 2015, we provided four mental health lectures at the Day Service Center Togura and one lecture at the Day Service Center Iriya (Table 6).

Table 6. The status of the implementation of lectures etc. at day services centers

Date	Place	Content
May 23	Day Service Center Togura	• Lecture about stress; Myofascial massage
July 18	Day Service Center Togura	• Myofascial massage; Sleep lecture and storytime
November 14	Day Service Center Togura	• Lecture on self-expression that respects you and your partner; Tapping Touch
February 6	Day Service Center Togura	• Story time on nutrition and health; Sugoroku Quiz; and Relaxed musical calisthenics
February 21	Day Service Center Iriya	• Lecture on self-expression that respects you and your partner; Tapping Touch

② Community workshops

Five times a year, we sponsored a physician from the Medical Corporation Tohokukai Tohokukai Hospital (referred to hereafter as Tohokukai Hospital) to deliver a lecture for the residents of container type temporary housing as well as welfare commissioners. In FY 2015, on the suggestion of public health nurses, the lecture was provided to the Fishermen's Association for the first time.

③ Distribution of leaflets for town officials

We distributed leaflets on mental health (in August) to town officials to raise awareness of their mental health.

(3) Discussion

We focused on the high-risk approach in residents with poor mental health and population approaches to improve the mental health of the residents. Specifically, we tried to provide flexible support through various approaches, such as music, storytelling, exercise, skits, to raise public awareness of mental health issues as easy-to-understand and familiar issues. We tried it on various occasions and were able to raise mental health awareness. We will continue to raise awareness of these mental health activities. We will also start to develop educational materials so that each municipality can use this knowledge after the completion of our support activities.

4. Human resource development training for supporters

(1) Kesenuma City

- "Mental health care meeting for disaster victims in Kesenuma, Miyagi"

The meeting was held at the Urban Guest House for networking opportunities for supporters in Kesenuma City and Minamisanriku Town.

- Supporting training around mental illness

Following a request from Hearlink Kesenuma, an independent support consultation organization in Kesenuma City, we conducted workshops on mental health support. To raise awareness of mental health and welfare, we provided training depending on the skills of supporters and organizations.

(2) Minamisanriku Town

- Workshops for the staff of the Life Support Center for Disaster Victims

In FY 2015, the staff from our center conducted workshops for the staff at the Life Support Center for Disaster Victims that used to be conducted by Tohokukai Hospital as a project commissioned by the Miyagi Disaster Mental Health Care Center (MDMHCC). We took requests for workshops in advance. In FY2015, we conducted the first workshop mainly on familiar alcohol-related issues and the second workshop on daily interactions. To avoid providing a passive experience, we also conducted an alcohol-related questionnaire and provided the experience of an aromatic massage for self-care.

(3) Discussion

In FY 2015, as in FY 2014, we raised awareness of self-care through support activities. Besides, we conducted workshops on mental illness. The above activities were provided following requests from clients.

Although the community is still in the process of recovery, more support organizations and related organizations are expected to stop their support or reduce the scale of their support in the future. On the other hand, related organizations and groups that provide ongoing support may have various difficulties and problems related to long-term support activities. Therefore, we will continue to conduct workshops to support the supporters based on their needs.

5. Support for various activities

(1) Main activities

In collaboration with the Sendai Grief Care Study Group, we provided support assistance for Wakachiai no Kai (the Association of Sharing) for disaster victims, which was sponsored by the Sendai Grief Care Study Group. Also, throughout the year, we developed a network (e.g. the NPO and NGO liaison council) of various organizations and groups to provide support in various forms to the community.

As an activity in the area, in collaboration with the Miyagi Prefecture Dementia Disease Medical Center, we held, "a dementia research meeting," where lectures on dementia in the general population and on supporters of those with dementia were provided. Regarding the specific activity of the Kesenuma Mental Care and Welfare Liaison Council, a working group was established as a secretariat in collaboration with the Kesenuma Health and Welfare Office. We also participated as committee members and conducted workshops on mental health at Motoyoshi Hibiki High School in collaboration with the staff members of related local organizations.

(2) Discussion

In FY 2015, in addition to the collaboration with related mental health and welfare organizations, our center actively contributed to activities for building a relationship and collaborating with organizations that provide various forms of support in the community. These activities were provided based on the need to identify various issues, such as post-disaster local mental health care, of Kesenuma City and Minamisanriku Town by obtaining local information with a wide perspective. Through these activities, we were able to interact with people we did not know and to raise mental health awareness in the community. Besides, regarding our activities, we were able to

implement co-operation and collaboration with other organizations. On top of that, we provided support in collaboration with other organizations, to residents who required observation.

The challenges of post-disaster local mental health care are closely related to daily life challenges. Therefore, to raise public awareness in the community and solve problems in local mental health care, we will continue to strengthen cooperation with organizations that provide support in various fields.