

Department Initiatives

Stem Center Community Support Division

Community Support Division, Stem Center

Activity Report

Community Support Division, Stem Center

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Introduction

The region managed by the Stem Center Community Support Division of the Miyagi Disaster Health Care Center (MDMHCC) includes the entire prefecture except for the Kesenuma and Ishinomaki areas. There are Activities conducted with 17 staff members (of which two are dispatched to Natori City, one is dispatched to Shiogama city and one is a secretary). Managing staff are assigned to nine municipalities with regular requests for support and we continue to provide needs-based support as a point of contact at the municipal department in charge of disaster victim support. This paper reports the activities at our center.

Support Activities

1. Regional resident support

As shown in Figure 1, individual consultations based on home-visits to victims and outpatient interviews comprised over half of the support activities run in FY 2015. The main activity in 2014 was also outreach consultations, but the center hosted salons and meetings as the sponsor in 2015. Its content is reported in Section (3). Additionally, the “raising of public awareness”, as presented in Figure 1, included direct support for residents by establishing consultation corners at the time of community health check-ups and events hosted by various organizations, as one of the mental health checks in the disaster area. Individual consultations remain frequent.

Figure 1 Percentage of activities by amount of time required - Stem Center, Community Support Division * Investigations, research, and staff training not included

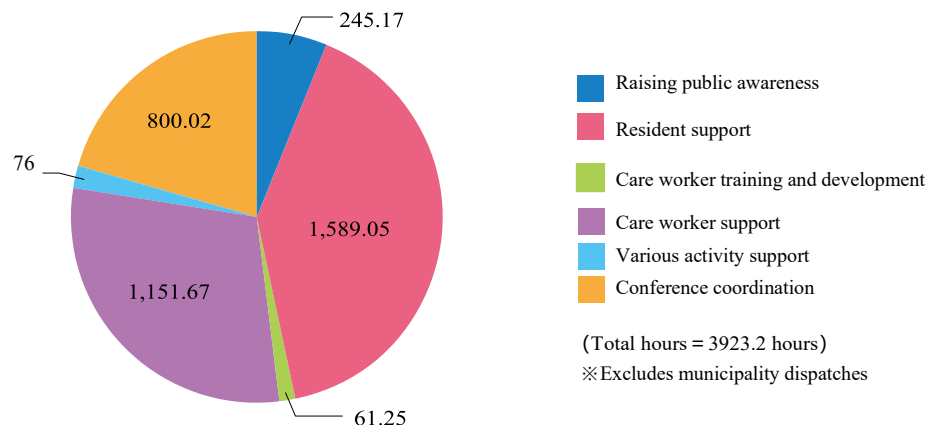


Table 1 Activity content for 201f (number of cases)

	Staff members of the Community Support Division staff (13 staff members, excluding secretaries)	Dispatched staff (3 individuals)
Resident support	2184	838
Care worker support	660	170
Raising public awareness	86	19
Care worker training and development	28	2
Various activity support	(Training in Miyagi University) 1	0
Conference coordination	562	154

(1) Individual Consultation

When evaluated by region, the number of visits is virtually proportional to the number of victims. Observational functions are designated at Matsushima Town and inland areas such as Yamato and Tomiya Towns due to the lack of support organizations (e.g., support centers) in their towns.

Opportunities for home-visits often arise during follow-ups after health surveys are conducted annually in the prefecture and its municipalities. Standards for extracting high-risk individuals from survey responses vary according to the manpower and local challenges of that municipality and are followed up with independent priority criteria. There are many municipalities which target individuals who have the following criteria which may require mental health care: “A K6 score higher than 13 points”, “poor physical conditions”, “a disturbed emotional state”, “interruption of treatment”, “drinking problems”, “insomnia”, and “nobody to consult with”. The center accepts all patients with “high K6 scores” and “disturbed emotional states” independent of the municipality. Follow-up systems also vary by region, but most municipalities engage in activities in collaboration with the support team.

The second most common opportunity is requested by administrative agencies. There are more patients with mental health problems who consult with public health nurses regarding their diagnoses and treatment policies. Severe case consultations that cannot be managed by the staff alone have increased, and multidisciplinary consultations from public health nurses, care managers, center staff, nursing teachers, and welfare officers have been conducted.

2015 marks the 4th year since the start of our research. The fraction of individuals with high K6 scores have continued at a fixed rate since our inception. However, not all individuals with high K6 scores have mental health problems. Additionally, many activity hours have been spent on consultations regarding responses to severe cases including alcohol-related problems. These types of patients often do not respond to health surveys, so we were beginning to feel the limits of shoring up mental health problems from a purely research-based standpoint. Concerning disturbing emotional states, we had thought that this had decreased over time, but if anything, many patients have begun to realize their poor health in the fifth year and have begun to talk about their painful and traumatic experiences.

The health division of Tagajo City wanted to know what types of people participated in post-survey follow-ups, what kinds of problems they faced, and how they should plan their policies accordingly. There was a discussion around how to summarize these aspects and the center was primarily tasked with responding. These results are shown in Table 2. Home-visit support was conducted on 299 individuals with high K6 scores who responded to the survey but residents with depression and suicidal feelings were connected to health care services and patients were encouraged to continue treatment. Additionally, we were able to confirm that they gradually stabilized by continuing to provide respectful listening and accompanied support. Ongoing care workers comprised approximately 10% by the end of the year. A portion of the summaries was reported in the 2016 Japanese Society for Traumatic Stress Studies (JSTSS).

Table 2 Status of disaster victims who received health support in Tagajo City

1. Attributes

1) Age and gender	Age	19 years and under	20-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80 years and over	Total
	Men	2	7	23	33	28	43	37	13	186
	Women	1	7	19	34	31	37	47	30	206
	Total	3	14	42	67	59	80	84	43	392

2) Damage by the earthquake	Completely destroyed	Large-scale partial destruction	Partially destroyed	Partially damaged	Unknown	Total
	143	114	112	3	20	392

3) Family structure	Multiple	Living alone	Elderly couple	Elderly living alone	Other	Total
	275	48	40	25	4	392

4) Medical history	Mental illness	Diabetes mellitus	Hypertension	Cancer	Heart disease	Cerebral blood vessels	Respiratory organs	Dialysis	Other	No disease	Unknown	Total
	42	23	63	15	23	21	12	5	91	58	121	474 (Duplicate)

3 Support for supporters

2. Opportunity to home-visit

2. Opportunity to home-visit	Suspected of depression	Suicidal feelings	Suspected of PTSD	AI-related grief	Alcoholism	mental illness	dementia	Social withdrawal	insomnia	anxiety	Loss of appetite	Other	Total
	56	12	Drinking	Treatment interrupted	3	Other	9	From caregivers	Emergency support	Other	11	13	
	299		60	16	9	1	10	22			417 (Duplicate)		

4. Support activities

1) Physical care

Illness consultation	Diagnosis recommendation	Nutrition consultation	Other
47	22	5	6

2) Need for continuous detailed mental health support

Trauma care	Grief care	A1	Suicide risk	Other	Referral to a specialist	Correcom
21	7	26	9	30	20	

3) Social work

Provision of social resources	Referral to the Consultation office	Helping patients connect with other organizations	Introduction of community salons
46	24	10	32

4) Observation

listening	Social observation	Status check
70	22	257

5. Outcomes

1) Held once	No support needed *	Connection to other organizations	Denial	Lost contact	Other	Deemed completed	Total	* Meets OK indicators for support standards and deemed unnecessary by conference
	195	1	15	8	10	56	225	
2) Completed with continued support	End of support	Connection to other organization	Moving out	Rejection	no contact	Other	Total	
		3	0	3	5	5	57	
3) Deemed completed	Total	*Could not meet but follow-up deemed unnecessary based on information other than inspection						
	56							
4) Continuing	Total							
	54							

(2) Salon events

There have been a series of consultations of patients with alcohol-related problems in Natori City, and neither care workers nor nearby residents knew how to handle this situation. Our center staff members developed an approach for these stakeholders by acting vigorously and in a leadership role and bringing them to the point where the stakeholders themselves wanted to have a place and role during the day. Additionally, multiple discussions were held between Natori City, the Iwanuma branch of the Shiogama Health and Welfare Office, Tohokukai Hospital, and our center, and we supported residents in a two-step structure consisting of “meetings for temperance” and “health salons (sobriety group)”. The “Meetings for temperance” were formed to act as mock Danshukai meetings but were re-allocated as preparatory Danshukai meetings because stabilizing stakeholder attendance took a significant amount of time. We renamed the group “meetings for temperance” to encourage participation. “Health salons” were organized to operate while incorporating the wishes of the stakeholders and we anticipate volunteering activities for this group in the future.

Public health nurses in the Health Promotion Division of Watari Town determined that there were many chronically ill individuals when researching the health of solitary men who moved into public housing and so launched “Men’s club” salons to promote health and preventing isolation and we have cooperated in its operation and budget.

In Matsushima Town, Shiogama City, Tagajo City, Tomiya Town, and Yamamoto Town, we have implemented “meetings of pastel art”, which are fun (finger art) gatherings and talking sessions, to provide interaction opportunities for victims among residents involved in post-health survey follow-ups who may have experienced similar to those who tend to be isolated and cannot find care worker connections.

The status of these activities is as shown in Table 3 but all of them have been effective as places for communication and talk.

Table 3 Main activities such as salon and events

Activity name	Municipality	Target	Number of times	Number of participants (Total)
Utsukushima Salon (Salons for those who evacuated from Fukushima to Iwanuma city)	Iwanuma City	Other general public	11	115
Ochakko Salon (Yamamoto Town the Social Council Supporters Sponsor Town ground, temporary)	Yamamoto Town	Residents of container type temporary housing in Shishiori area	10	81
Meetings for Temperance	Natori City	Other general public	10	22
POLARIS JAPAN “Mental health care café	Yamamoto Town	Other general public	5	41
Health Salon (Sobriety Group)	Natori City	Other general public	4	28
Watari Town Men’s Club (Meeting for solitary men under 60)	Watari Town	Other general public	3	8
Natori City Salon activities for affected children “Natori Genkikko”	Natori City	Other general public	2	37
Dear Home Town (Salons for mothers and children who evacuated from Fukushima to Iwanuma city)	Iwanuma City	Residents of private housing	2	9
Meetings of Pastel Nagomi Art (Shiogama Health Care Center and Shiogama Health Center Kurokawa Branch area Salon for affected residents	In the Shiogama area	Other general public	2	7
Let’s listen to those who quit drinking! (Meetings for Temperance)	Natori City	Other general public	1	60
Tea Salon “the disuse syndrome prevention and stretching” (The relocation area in Iwanuma City)	Iwanuma City	Public housing (disaster recovery public housing)	1	12
Exercise class (Yamashita Public Housing)	Yamamoto Town	Residents of container type temporary housing in Shishiori area	1	6
Sobriety group preparatory meetings	Natori City	Other general public	1	5
Meguriai-no-kai, a group of earthquake victims	Natori City	Other general public	1	5

(3) Mental health consultation booths at the time of community health check-ups

Individual consultations were conducted at a corner called “Fatigue check” at community health check-up sites in Matsushima town and Iwanuma City. This is a project that was set up and is conducted by the administrative government since the earthquake to allow for individual consultations after “stress and fatigue measurement” inspections so that as many residents as possible can receive proper care. The center dispatched two staff members each so that they can administer individual consultations. Residents who became patients were often people with daily stresses that had no one to consult with and were not only limited to earthquake-related issues and most residents were able to reduce their stress due to extended listening sessions and respectful casework. Approximately 10% of patients required continued support and so this was provided to them.

Table 4 Mental health consultation at the time of community health check-ups

place name		Matsushima Town	Iwanuma City	
Number of events		10days	2 days	
Number of counselees		41	19	
Men		8	6	
Women		33	13	
Age (years)	20~29	2	1	
	30~39	0	0	
	40~49	4	2	
	50~59	1	1	
	60~69	10	6	
	70~79	21	8	
	80~	3	1	
Counselee background	K6 results	13 points or more	6	
		No investigation		
	Content mental	depression	2	3
		PTSD	20	1
		AI		3
		Adjustment disorders		1
		grief		1
		insomnia	22	9
		physical	15	2
		Other	Problems related to caregiver fatigue, family, economic status, personality, and work	

(4) Consultation activities at events hosted by other organizations

In Iwanuma City, the Social Welfare Council primarily hosts “Utsukushima Salons” for residents who have evacuated to the Sennan area from Fukushima (Table 3). Dozens of residents participate each time and the center conducts consultations on-site.

The “Genkikko” event hosted by the Lifestyle Reconstruction Division of Natori City is an event that seeks to provide consultations for parents and children in need of support by providing disaster area children with a place to play. The center has focused on fulfilling mental health needs by observing participating children and communicating with their parents. A conference was held with a child who was in an unfavorable parenting environment, but this was deemed to be a case where connecting with associated organizations was not necessary and no individual follow-ups were conducted.

In Yamamoto town, health consultations were regularly held once a month as part of victim support programs of the regional general support center directly operated by the town. Since most participants were senior citizens with physical problems, we responded by proposing exercise in coordination with occupational therapists. Many residents in container type temporary housing at Yamamoto town relocated during this time and the program ended in August 2015 due to the lack of participants. Some were sad about the loss of local opportunities for their stories to be listened to but we intend to host these events in a different format. The types of consultations in this area were more related to health problems and frailty concerns due to aging rather than psychological problems.

2. Caregiver support

(1) Support for supporters

As can be seen in Table 5, expert advice in case conferences comprised many support activities in FY 2015. Alcohol-related problems were more common than PTSD and complicated grief about specialized content. In other cases, caregivers who provide support for those with developmental disorders or social withdrawal that are not connected to existing mental health organizations had nobody to consult with and so we provided consultations for them.

Also, as shown in the Table, administrative support is increasing. This indicated that they are accepting the responsibilities of documentation during case conferences between care workers, as well as documentation to help non-overseeing administrative staff understand the purpose of these activities.

Table 5 Content of support by the supporters

Support activities	Number of Events	Summarized
Report after a home-visit or interview	134	
Guidance and advice from professionals	112	
	Alcohol-related problems	44
	Gambling problems	3
	Drug problems	4
	Depression	16
	Complicated grief	5
	PTSD	5
	Abuse	14
	Other	53
Local issues	4	
Need for continuous detailed mental health support	6	
Case conference (In cases where the subject is absent)	197	
Opening the mental wellness Consultation booth	3	
Health examination support	8	
Administrative support	190	
Other	6	

*Staff dispatched to municipalities excluded

(2) Trends and challenges surrounding caregivers' consultation content

Cases requested by caregivers are not only limited to high-risk individuals extracted from health surveys and tend to include many difficult-to-treat cases. Many patients arrived at the center with backgrounds and these were cases of individuals under the age of 65 or with developmental disorders requiring long-term care who had trouble scheduling with existing consultation organizations or who had difficulty connecting with consultation organizations due to age-related factors. Additionally, we have begun to receive more advising requests on how to promptly react on-site from occupations that directly provide support, such as care workers in temporary housing, welfare commissioners, and government officials. These roles were thought to be important for the support of high-risk patients who tend to be hidden in the region and we actively responded to these requests. We have trouble discerning how our roles are being continued in the context of standard community care with regards to support for difficult cases surrounding alcohol-related problems and this remains a difficult issue.

Providing postvention for supporting the families and caregivers of individuals who have committed suicide in the region is thought to be an important activity carried out by the center but in 2014, we provided support for two cases in two regions. Of these, one case involved multiple organizations because it occurred in container type temporary housing, and hearing surveys were conducted for each of the stakeholders and individual consultations to fully understand the sentiments involved. We did not implement group work in the framework where general postvention methods were introduced.

(3) Specific caregiver support by the supported municipality

We supported mental health consultation activities at the time of community health check-ups in Matsushima Town and Iwanuma City. Matsushima Town is one of the few regions that did not set up container type temporary housing after the earthquake. There are no support centers and the town has conducted victim care with standard health welfare activities. The center actively supported the project to increase consultation opportunities for its residents.

Public health nurses from the Social Welfare Division of Iwanuma City voiced that they wanted to think about not just pursuing high-risk individuals but also what they can do for the entire district from a preventative perspective. In 2016, they have requested study groups for district diagnoses at the mental health care study groups. The center has provided support by dispatching lecturers to these districts.

Health salons with the objective of sobriety have been launched in Natori City and we provided operational support so that public health nurses in the sobriety program could provide post-check-up advice for patients.

Gatekeeper training courses were requested by Shiogama City and Matsushima Town but there have also been discussions on managing the lectures and exercises on these days and on providing participation opportunities for students as well. We are considering all of these together.

The content of the support provided to each of these municipalities has looked past the content of standard mental welfare activities and goes beyond the framework of post-disaster support. Meanwhile, given that recovery is still a work in progress and residents still are in container type temporary housing, we are concerned about the fatigue and loss of motivation among support staff who continue observation support. Support staff who have closely supported residents of container type temporary housing have approached the period where their support needs to be taken up by others and we are investigating regional systems in each area designed to evaluate support staff activities, take up their work, and ensure that residents are receiving the observation they require. As a member of the study group, the center continues its participation in these initiatives.

3. Raising public awareness

Lectures conducted as information sharing for general residents on the topic of mental health are as shown in Table 6. Lectures for residents in any given area have more content designed to provide backup support so that residents themselves can exert more effort using lifestyle improvement or communication methods rather than focusing on mental health that is directly related to the disaster. These are preventative measures that have been implemented precisely because there was a disaster and the government has indicated that they would like to continue and reinforce these initiatives. Progress has been made to date for the support of high-risk patients but we have personally experienced that this only results in a “whack-a-mole” situation and these initiatives can be said to be the result of the needs formed in each region.

Specifically, Natori city has conducted community lectures on the theme of “drinking wisely” as part of public awareness activities on alcohol-related problems. These are part of initiatives to reduce individual support for alcoholics, as well as to promote early intervention before problems surface. Following these community lectures, we have hosted “health salons” for patients at higher risk of addiction so that they have places to stay and to increase their role in the region; as well as to promote health, of which residents have high awareness.

Additionally, in the same city, we conducted mental health public awareness workshops in conjunction with liberal arts courses sponsored by the community center, targeting residents that are likely to become gatekeepers in the region. The primary purpose of this workshop was not just to increase public awareness but to incorporate the wishes of the community center that residents who are likely to become gatekeepers will learn how to interact with any “concerning individuals” that they may encounter in daily life. The method of taking advantage of opportunities where residents may gather in daily life and subtly providing knowledge and culture has been an effective way to respond to residents and clients, and we would like to continue these efforts.

We have been requested every year to host mental health workshops for individuals with hearing impairments. This year, we conducted lectures on the theme of “good ways to deal with stress” at the “Miyagi Mimisuppo” Shiogama city Deaf People Information Center. It is thought that we have much to learn with regards to post-disaster care for individuals with hearing or visual impairments and that it is important to have preparations for providing support immediately after a disaster.

Table 6 Community lectures and workshops

Workdays	Main activities	Place	Subject	Number of Events
February 10th, 2016	Talking about mental health” health lectures at the Shiogama Mimisuppo Salon	Shiogama City	Other general public	9
October 15th, 2015	The Iwanuma City Family Workshop for People with Mental Illness We took requests for workshops in advance. In FY2015, we conducted the first workshop on familiar alcohol-related issues and the second workshop on daily interactions.	Iwanuma City	Other general public	11
September 5th, 2015	Lectures on how to drink wisely	Natori City	Other general public	31
July 22nd, 2015	Mental health workshops ~ Good way to deal with stress ~ (Temporary housing complex in East Medeshima)	Natori City	Residents of container type temporary housing in Mitazono	7
May 11th, 2015	Mental health workshops ~ Good way to deal with stress ~ (housing complex for employment promotion)	Natori City	Residents of container type temporary housing in Mitazono	7
June 24th, 2015	Mental health workshops ~ Good way to deal with stress ~ Residents of container type temporary housing in Uematsu Iryu	Natori City	Residents of container type temporary housing in Mitazono	4
July 8th, 2015	Mental health workshops ~ Good way to deal with stress ~	Natori City	Residents of container type	6

	(Hakozyakayashiki temporary housing)		temporary housing in Mitazono	
June 10th, 2015	Mental health workshops ~ Good way to deal with stress ~ (Hakozyakasakura Temporary Housing	Natori City	Residents of container type temporary housing in Mitazono	7
July 22, 2015	Mental health workshops ~ Good way to deal with stress ~	Natori City	Residents of container type temporary housing in Mitazono	7
July 2nd, 2015	2015 Yurigaoka Kouza Yurinoki Juku “For a good night’s sleep”	Natori City	Other general public	20
February 19th, 2016	FY 2015 Mental health lectures in Rifu Town “Do not miss it! The SOS from your heart: Focus on your mental health”	Rifu Town	Other general public	30

4. Care worker training and development

Experience from prior disasters like the Great Hanshin-Awaji Earthquake has shown that confusion and struggles with psychiatric illnesses among the staff providing direct on-site support tend to become a barrier to them fulfilling their roles in these situations. The center has also predicted from the outset that alcohol-related problems, social withdrawal, and dementia will increase in the mid- to long-term of recovery and has, accordingly, hosted care worker training and development programs based on these issues. Consultations on alcohol-related problems have increased from an on-site perspective and have been treated as difficult cases. Additionally, these types of patients rarely come to consultations of their own accord so the situation is such that administrative public health nurses and support center staff members need to track them down with post-survey and daily observations and are struggling as a result. Many of the workshop applicants were administrative public health nurses and support centers, staff members.

As shown in Table 7, we conducted training programs on “listening skills”, “communication skills: cognitive behavior therapy”, “home-visit skills” and “responding to personality disorders”. In Tagajo City, outreach support is contracted to teams composed of various occupations, and they are trying to provide the support that standardizes patient assessment criteria by conducting training programs on “Depression, PTSD, and suicidal thoughts” as well as, “grief”. The center also co-hosted the “workshop for care workers providing support for individuals with alcohol-related problems”, which is sponsored by the Shiogama health care center, and conducted lectures on Measures against Alcohol-related Harm outlined by the non-profit organization ASK (National citizens association for alcohol and drug problems). We hosted a workshop entitled “Workplace mental health in the future” in Natori city for public awareness to municipality managers. We hosted these over two sessions to ensure that all managers could participate. Stress-check systems have become mandatory in the workplace and we predict more consultations relating to workplace mental health in the future.

Table 7 Content of workshops on human resource development

Date	Workshop content	Activity name	Location	Subjects	Number of participants
December 9 th , 2015	Addiction-related problems: alcohol	Workshop for care workers providing support for individuals with alcohol-related problems (sponsored by Shiogama health care center)	Tagajo City	Senior welfare	45
December 16 th , 2015	Addiction-related problems: alcohol	Workshop for countermeasures against alcohol-related problems: “How to support individuals with alcohol-related problems”	Watari Town	Administrative associates	27
February 2 nd , 2016	Addiction-related problems: alcohol	Workshop for countermeasures against alcohol-related problems: “Merits of early intervention for sobriety support”	Iwanuma City	Administrative associates	64
February 24 th , 2016	Addiction-related problems: alcohol	Sobriety workshop (for public health nurses and nutritionists with specified health guidance)	Natori City	Administrative associates	5
March 17 th , 2016	Addiction-related problems: alcohol	Workshop for countermeasures against alcohol-related problems: “Responses during the pre-contemplation stage”	Iwanuma City	Administrative associates	11
September 25 th , 2015	Senior mental health workshop	“On dementia” (for management staff in Tagajo city temporary housing)	Tagajo City	Temporary housing support staff	18
June 10 th , 2015	Workshop for problems relating to suicide countermeasures	Mental health support development lecture: “How to maintain mental health”	Matsushima Town	General public	20
August 6 th , 2015	Workshop for problems relating to suicide countermeasures	2015 Kurihara city comprehensive life support project consultation support workshop: “Understanding depression and the role of care workers in suicide prevention”	Kurihara City	Welfare commissioners	60
August 20 th , 2015	Workshop for problems relating to suicide countermeasures	2015 Kurihara city comprehensive life support project consultation support workshop: “When you hear the SOS from the heart”	Kurihara City	Welfare commissioners	34
October 8 th , 2015	Workshop for problems relating to suicide countermeasures	2015 Kurihara city comprehensive life support project mental health care worker training workshop: “on listening”	Kurihara City	General public	15
October 28 th , 2015	Workshop for problems relating to suicide countermeasures	2015 Kurihara city comprehensive life support project mental health care worker training workshop: “on listening”	Kurihara City	General public	12
November 4 th , 2015	Workshop for problems relating to suicide countermeasures	Mental health promotion workshop: ~Connect, support, you as a supporter ~ I (Gatekeeper training lecture)	Shiogama City	General public	10
November 11 th , 2015	Workshop for problems relating to suicide countermeasures	Mental health promotion workshop: ~Connect, support, you as a supporter ~ II (Gatekeeper training lecture)	Shiogama City	General public	13
November 18 th , 2015	Workshop for problems relating to suicide countermeasures	Mental health promotion workshop: ~Connect, support, you as a supporter ~ III (Gatekeeper training lecture)	Shiogama City	General public	13
December 8 th , 2015	Workshop for problems relating to suicide countermeasures	Misato town welfare commissioners study group: “How to listen and relate to clients during the consultation: depression and suicide prevention”	Misato Town	Welfare commissioners	6
August 21 st , 2015	Care worker mental health training	Watari town care worker mental support project: “on the Dohsa method”	Watari Town	Support center	19
November 26 th , 2015	Care worker mental health training	Yamamoto town welfare commissioners training: “Current status of mental health in the disaster area and future directions”	Yamamoto Town	Welfare commissioners	50
July 6 th , 2015	Support skills training: on listening	Dementia supporter leader lecture: “On listening”	Watari Town	Regional general support center	13
August 4 th , 2015	Support skills training: on listening	Yamamoto town Council of Social Welfare Yamamoto recovery support center care worker targeted workshop: “Preparing for consultation	Yamamoto Town	Council of Social Welfare	9

		support”			
September 16 th , 2015	Support skills training: on listening	Natori city disaster support organization training: “Pointers on disaster victim-accompanied listening”	Natori City	Support center	33
October 7 th , 2015	Support skills training: on listening	“Pointers on victim-accompanied listening” (for Natori city disaster victim support organizations)	Natori City	Support center	29
October 21 st , 2015	Support skills training: on listening	Shibata town regional support care network communication meeting: “about listening” (day one)	Shibata Town	Regional general support center	140
October 22 nd , 2015	Support skills training: on listening	Shibata town regional support care network communication meeting: “about listening” (day two)	Shibata Town	Regional general support center	70
November 4 th , 2015	Support skills training: on listening	Natori city support center Dotto Natori care worker study group: “on listening”	Natori City	Support center	8
November 18 th , 2015	Support skills training: on listening	Natori city support center Dotto Natori care worker study group: “on response techniques”	Natori City	Support center	9
December 16 th , 2015	Support skills training: on listening	Natori city support center Dotto Natori care worker study group: “on listening”	Natori City	Support center	9
November 20 th , 2015	Support skills training: dementia Dohsa treatment	Theme-based care worker training: “Communication skills improvement ~dementia treatment, dementia Dohsa method basics”	Tagajo City	Administrative associates	41
July 6 th , 2015	Support skills training: other	2015 Shiogama health care center staff workshop relating to responses to acute psychiatric illnesses	Shiogama City	Administrative associates	30
August 18 th , 2015	Support skills training: other	Theme-based care worker training: “Facilitation training”	Osaki City	Administrative associates	16
September 11 th , 2015	Support skills training: other	Watari town residential care support project associate meeting training group: “how to interact with those who have psychiatric illnesses”	Watari Town	Senior welfare commissioners	43
September 14 th , 2015	Support skills training: other	Shiogama city Iboishi temporary facility support center staff training: “on co-dependence”	Shiogama City	Support center	5
November 13 th , 2015	Support skills training: other	Watari town caregiver mental support project training program: “requirements for home-visits”	Watari Town	Support center	9
January 18 th , 2016	Support skills training: other	Natori city recovery support center Hiyori – internal training: “how to handle social withdrawal cases”	Natori City	Temporary facility support staff	17
January 19 th , 2016	Support skills training: other	Natori city home-visit care organization training: “personality disorders (how to support those who are difficult to associate with)”	Natori City	Organizations	12
February 17 th , 2016	Support skills training: other	2015 communication skills improvement lecture (1): “mental reactions of post-disaster children”	Shiogama City	General public	12
February 24 th , 2016	Support skills training: other	2015 communication skills improvement lecture (2): “opened relationships”	Shiogama City	General public	12
March 9 th , 2016	Support skills training: other	2015 recovery period mental care workshop II: “assessment techniques and how to advance case conferences”	Osaki City	Disability welfare commissioners	37
June 1 st , 2015	Training on psychiatric illnesses and disabilities	Dementia support leader lecture: “on dementia”	Watari Town	General public	12
July 29 th , 2015	Training on psychiatric illnesses and disabilities	Minamihama Chuo Hospital workshop: “dementia care”	Iwanuma City	Medical associates	34
November 25 th , 2015	Training on psychiatric illnesses and disabilities	Health Division regular meeting study group: “on depression, PTSD and suicidal thoughts”	Tagajo City	Medical associates	8
December 14 th , 2015	Training on psychiatric illnesses and disabilities	Shiogama city Iboishi temporary facility support center staff study group: “Understanding and responding to mood disorders”	Shiogama City	Administrative associates	6
December 16 th , 2015	Training on psychiatric illnesses and disabilities	Tagajo city health division caregiver study group: “on grief, etc.”	Tagajo City	Administrative associates	7

January 7 th , 2016	Workplace mental health training	Mental health training program for Natori city office management staff: “Future workplace mental health for managers and directors (first round)”	Natori City	Administrative associates	40
January 8 th , 2016	Workplace mental health training	Mental health training program for Natori city office management staff: “Future workplace mental health for managers and directors (second round)”	Natori City	Administrative associates	34
April 13 th , 2015	On disaster zone conditions and center activities	Newly-appointed public health nurse training (Shiogama City)	Shiogama City	Administrative associates	4
February 25 th , 2016	Case study investigation	Iwanuma city regional general support center staff training	Iwanuma City	Regional general support center	13
March 14 th , 2016	Case study investigation	Support center study group/case study investigation group (for Shiogama city Iboishi temporary facility support staff)	Shiogama City	Support center	5
July 17 th , 2015	Other	2015 4 th Natori city disaster victim support communication meeting: “on support during recovery periods”	Natori City	Temporary facility support staff	45
August 3 rd , 2015	Other	Shiogama city support center study group: “support issues during recovery periods”	Shiogama City	Regional general support center	10
August 4 th , 2015	Other	Tagajo city maternal health staff training program: “Developmental confirmation pointers in infant neurological and psychological development and maternal health screening”	Tagajo City	Infant welfare commissioners	40

5. Various activity support

As part of recovery activities, non-governmental organizations have laid out a variety of activities such as survivor support, playgrounds and education support for children, and life-purpose-building events, and there are even municipalities that have incorporated mental health care in their new projects. A list of activities for which we have received cooperation requests from each organization and which we have co-hosted is shown in Table 8.

Table 8: Activities co-hosted with each organization

Location	Activity name	Sponsoring organization	Activity content
Natori City	Meguriai-no-kai	NPO Soshi	Survivor support
Natori City	Playing event: Genkikko	Natori city support center Dotto Natori	Playing and psychological education spread, and individual consultations
Iwanuma City	Utsukushima salon	Iwanuma city social welfare community meeting: recovery support center Smile	Fukushima nuclear disaster evacuee gatherings and individual consultation
Iwanuma City	Playgrounds for children	NPO Adventure playground: Sendai / Miyagi network	Individual consultations with parents
Yamamoto Town	Disability support	NPO Polaris	Stakeholder and caregiver consultations
Yamamoto Town	Fuji kindergarten	Japan UNICEF association: Japan play therapy association	Continuation of mental consultations with disaster kindergarten staff
Watari Town	Men’s club	Watari town health promotion division	Mental care in health education locations for solitary men

6. Research

The two research activities that we have been involved in in 2015 are as follows.

The first is that we tabulated and analyzed “cooperation between multiple organizations and multidisciplinary caregivers” and “trends on individuals who require continued support”, among those who receive ongoing individual support from contractors dispatched from Tagajo City. We conducted statistical projects and reading projects to present a poster at the 2016 Japanese Society for Traumatic Stress Studies conference as part of reporting on support activity from Tagajo City.

The second is that we reflected on and investigated the activities and networking of caregivers in the period leading up to the establishment of “health salons” designed with the objective of sobriety in Natori city. The context in which this salon was established and the conditions of the stakeholders are explained in a separate section. The present research content is scheduled to be presented at the 2016 Japan alcohol-related problems conference.

Discussion

The needs requested by the center have evolved. At the start of our center’s establishment, we employed human wave tactics where we identified suffering residents with screening tests and patrols and continued with home-visits. Five years after the earthquake, requests for disaster-specialized victim support gradually decreased and perspectives that frame resident responses as part of standard psychological health care practices have become more common. Simultaneously, regions have shown tendencies of being more aware of daily mental health strategies, emphasizing how they can incorporate preventative perspectives in residents and stating that they want to strengthen their regions for these developments. Additionally, regions have expressed a desire to develop human resources by expanding the range of regional support systems so that non-specialists and general residents can mutually support one another and not just rely on direct support from specialists and have begun to focus on this regional development. As these are thought to be in line with the mental health plans of these districts and we believe that these should be developed based on local networks, we believe that it is important to further work closely with regions and to strengthen our cooperation with associated organizations.

We do not have many successful cases with regards to alcohol-related problems, but when reflecting on cases, we have directly experienced that building relationships with stakeholders is tantamount to success. It is necessary to further focus on their mental health and be more frequently involved to establish these relationships, which requires a massive amount of time and manpower. However, municipalities’ efforts are spread out in rebuilding their primary duties and the current status is such that they often cannot provide the time and resolve that these initiatives require for support. In the future, it is essential to analyze with all care workers as a group what kind of system the region requires for utilizing its specialized skills and providing effective support for these initiatives. On our end, we hope to dispatch out to these regions and be involved in activities as much as possible to help fill the gaps in regional mental health care. Additionally, we believe that we must first strengthen our development to reinforce our specialized skills. We co-host study groups for human resource development by deepening our connections with existing associated organizations and we hope that these will result in a type of steady and routine back-up support for these regions.

Conclusions

During the process of medium- and long-term mental health care, the role of the Community Support Division in the Stem Center has become to provide support activities that conform to standard psychological health and welfare activities. However, in Natori city, there were still many residents who have been forced to live in temporary housing until as late as 2018 and the disparities in its recovery are large when compared to that of municipalities who have already finished temporary housing provisions. These feelings of emotional irritation and hopelessness are feared to result in chronically poor health. As disparities in recovery continue to grow, we must re-examine the self-evident issues of each region and question whether we should continue our activities

as we always have. Future challenges include the re-examining of priorities and summarizing the activities of staff and dispatched individuals as well as for deciding what we will leave behind after extensive discussions. For this, we will need to further coordinate among regional managing teams. And so, after five years, we have finally just begun to recognize the period of “reconsidering mental health care activities by being conscious of closing the center”. In an era where multi-layer and comprehensive support is in demand, the current situation is such that we need to once again re-examine how to end our support, and re-consider “what is mental care” and “what is mental recovery”, both individually and among staff.

Finally, to improve upon the techniques mentioned in the discussion, we append the support division's internal workshop plans for 2016 here.

Table 9 Support division internal workshops plan for 2016

Training content	Coordinating organization	Specific content	Duration
On early intervention for alcohol problems	Health care center Iwanuma office	Natori City “Health salons”, “sobriety meetings” establishment process and program techniques for the “Happy program”	April
Family therapy program	Health care center Iwanuma office	Learning about crafts	May
On listening		Learning about what it means to accompany victims Three-part series	April-June
On resident-based activities	Miyagi Prefectural support center support project center	What is necessary for residents to be able to layout regional activities	June, July
Case study investigation	Selection from cases		In preparation

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