# 2015 Programming Review

# FY 2015 Programming Review

Miyagi Disaster Mental Health Care Center
Stem Center / Planning and Coordination Department
Director / Psychiatric Social Worker / **Yuichi Watanabe**

## 1. Introduction

Since its establishment, the Miyagi Disaster Mental Health Care Center (henceforth, "Center") has been engaged in projects based on 6 principles (Figure 1). The Planning and Coordination Department (to be re-organized as the Planning Division in 2016) has the role of unifying these projects to ensure their implementation in each region. Please refer to Chapters I and II for details on initiatives undertaken by each regional center or part-time staff. The objective of this paper is to reflect on the performance of the entire center as summarized by the Planning and Coordination Department, focus on the current status and challenges of the disaster area in the five years that have elapsed since the earthquake, and to discuss the development of future projects.

The project results of the entire center are as shown below (Table 1). When compared to FY 2014, the number of support cases for residents has increased but others have declined. Of these, the number of support activities conducted by individuals dispatched to municipalities has declined substantially from 3255 cases in FY 2014 to 2376 in 2015 was thought to be because many of these individuals resigned (Figure 2).

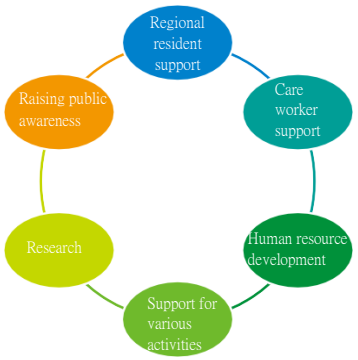


**Figure 1 Six main activities of Miyagi Disaster Mental Health Care Center**

**Table 1 Number of activities each center**

| | Community Support Division of each center | | | | Planning and Coordination Department | Stem Center management | Part-time / contractor | Supporters, other | Total |
|---|---|---|---|---|---|---|---|---|---|
| | Kesen numa | Ishino maki | Stem Center | Municipality dispatch | | | | | |
| Regional resident support | 1.030 | 1.742 | 2.184 | 2.376 | 164 | 67 | 105 | 12 | 7.680 |
| Care worker support | 134 | 168 | 660 | 463 | 8 | 153 | 16 | 4 | 1.606 |
| Raising public awareness | 111 | 64 | 86 | 50 | 25 | 22 | 10 | 10 | 378 |
| Human resource development | 16 | 15 | 28 | 15 | 10 | 61 | 14 | 0 | 159 |
| Support for various activities | 3 | 2 | 1 | 4 | 0 | 0 | 0 | 0 | 10 |
| Research | 0 | 0 | 1 | 0 | 3 | 12 | 1 | 0 | 17 |
| Conference communication and coordination | 435 | 182 | 562 | 600 | 340 | 36 | 4 | 0 | 2.159 |

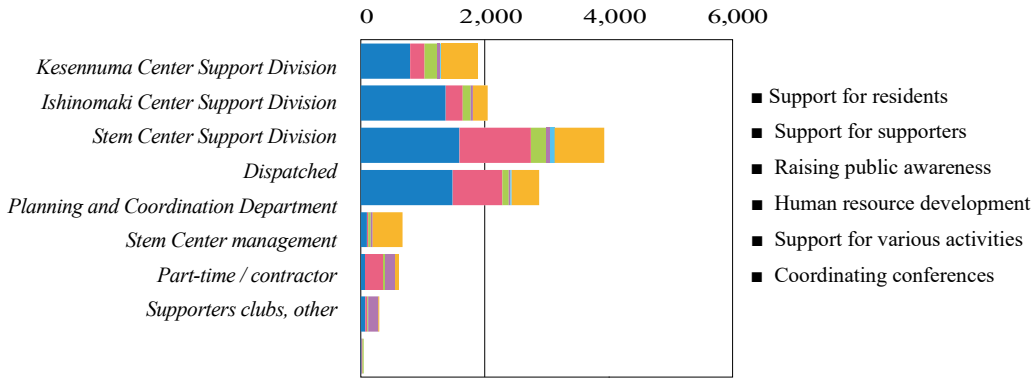


**Figure 2 Project time based on activity (excluding research)**

## 2. Regional resident support

We implemented projects in coordination with associated institutions to prevent mental illness and maintain mental health in victims.

(1) Consultation support implementation upon request from residents, municipalities and associated organizations

The total number of cases has increased from 7135 in FY 2014 to 7589 in FY 2015. Only accompanied visits by doctors have slightly decreased but the number of cases related to other support methods has each increased (Table 2).

**Table 2 Total number of cases by support method (letters excluded; N = 7589)**

| support method | Number of cases |
|---|---|
| Home visit | 4,465 |
| Walk-in consultations (including those who visited a Consultation desk, etc.) | 1,078 |
| Telephone Consultation | 1,668 |
| Consultation in group activities | 228 |
| Case conference (Without the presence of the client) | 31 |
| Accompanied visit by a doctor | 73 |
| Other | 46 |
| **Total** | **7,589** |

① Patient information

A. Support status

The total number of support cases in FY 2015 was 7589 (Table 3). This has increased by over 400 compared to FY 2014, with the number of cases in the Kesennuma and Ishinomaki centers increasing (Figure 3). "Home-visit health surveys" (1426 cases) have not changed as the most common referral method at the time of initial support (excluding referrals from other institutions) (Table 4).

When examining responses by each Support Division, we can see that the number of support cases at the Kesennuma and Ishinomaki centers has increased, with the "responses to health surveys and home-visits" of the Ishinomaki center showing significant increases (Figure 4). The number of requests from administrative agencies has significantly increased support from the Stem Support Division.

The number of ongoing cases is 5324. When evaluating by affiliation, the number of cases handled by dispatched support, which was highest in FY 2014, has decreased to below 2500 cases. This is thought to have been due to the decrease in the number of dispatched staff members. The number of response cases in each Support Division has increased.

**Table 3 Support status (Total number; N = 7,589)**

| | Support status | Number of cases |
|---|---|---|
| New | New support started | 2,149 |
| | Referred from another institution | 115 |
| **Ongoing** | **(total)** | **5,325** |

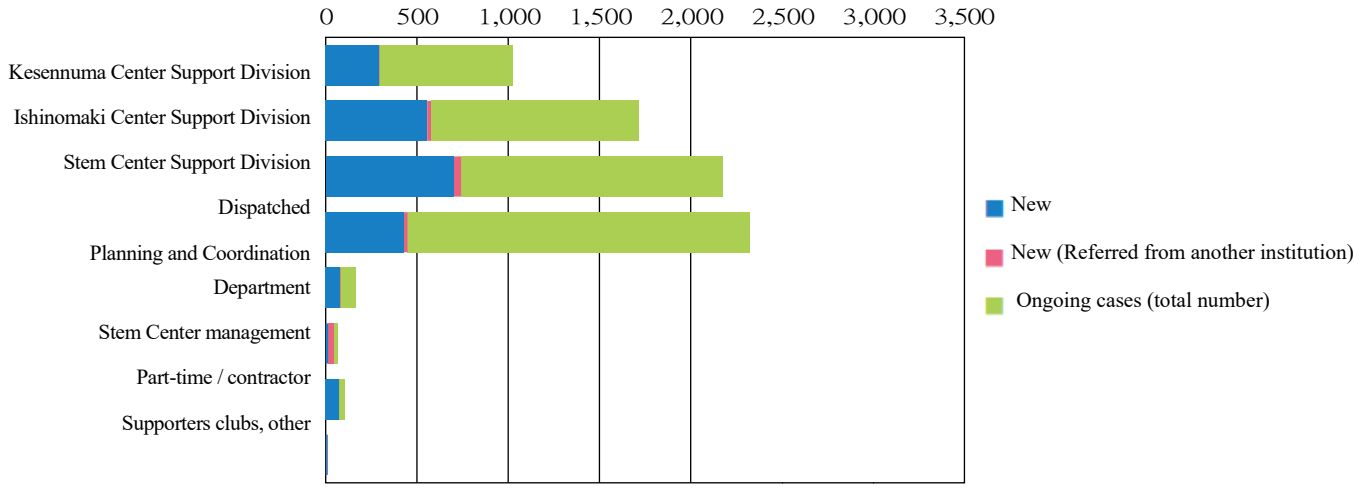


**Figure 3 Support status fractions (N = 7,589)**

**Table 4 Center Referral route at the time of initial support (multiple options; N = 2,150)**

| Route of referral | Number of cases |
|---|---|
| Home-visit health survey | 1,425 |
| Administrative agency | 429 |
| From the client | 313 |
| Family and relatives | 78 |
| Support center and supporters for temporary housing | 134 |
| Health care and welfare institution | 47 |
| Other (residents in the neighborhood, workplace, unknown, other) | 124 |

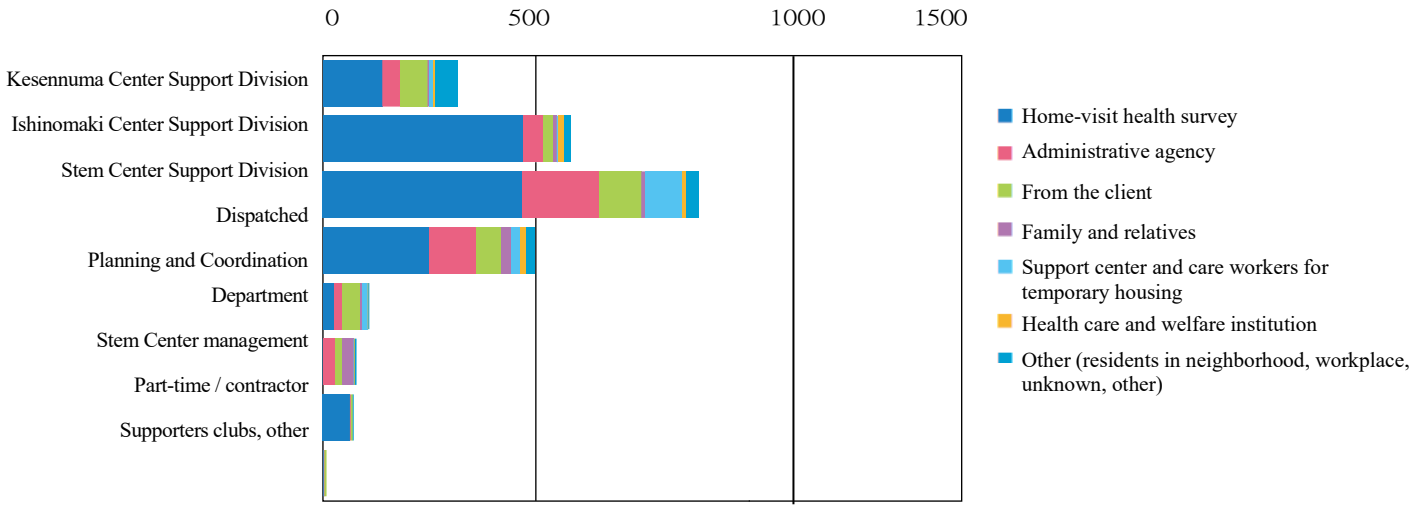


**Figure 4 Support status fractions (N = 2,150)**

B. Demographics

The male-to-female ratio has gotten larger within each age group but women comprise a larger fraction only in the 70+ years age group. The unemployed fraction has increased with age as well and this trend is similar to those from the previous year (Figure 5).

When broken down by each Support Division (Figures 6 and 7), the number of support cases for women has been the highest for those in their 70s for each Support Division. Meanwhile, men in their 60s are highest at the Stem and Kesennuma centers but men in their 70s are highest at the Ishinomaki center. This is thought to have been due to the frequent support provided for specific patients.

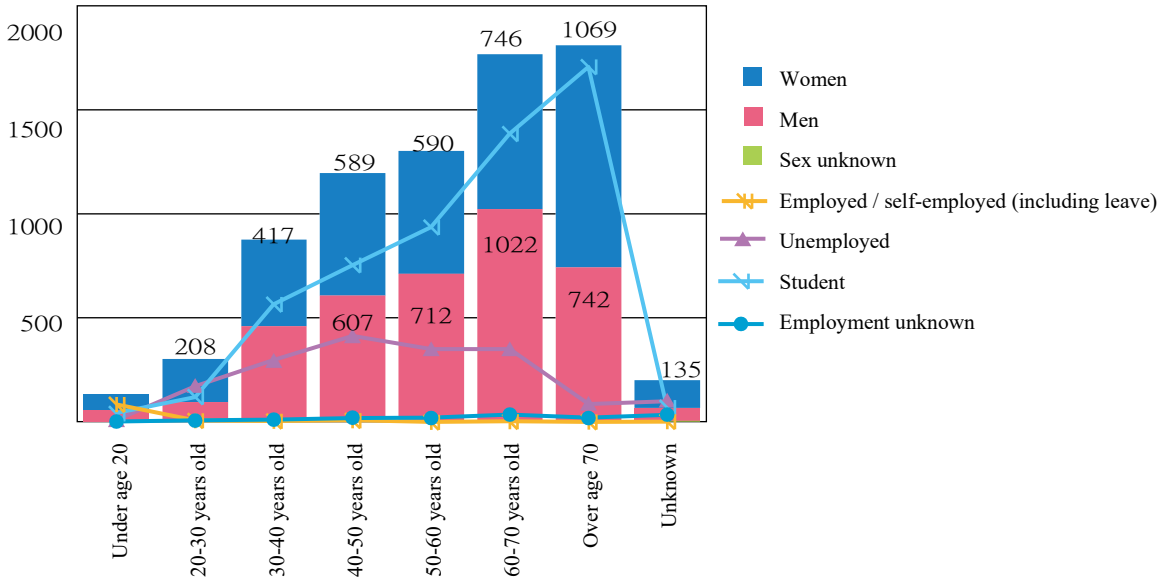


**Figure 5 Number of patients by age group and gender (Total number of cases; N = 7589)**

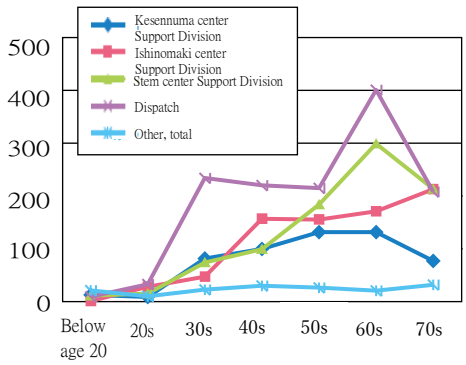


**Figure 6 Number of male supported patients by age (Total number of cases; N =**

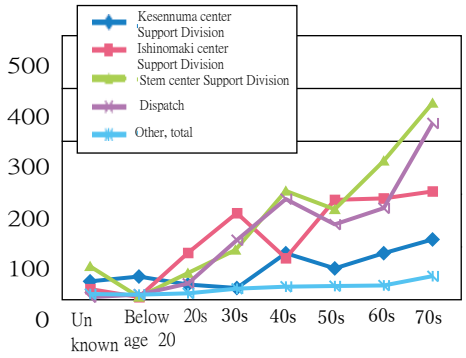


**Figure 7 Number of female supported patients by age (Total number, N= 3,831)**

C. Disaster status

No significant changes have been observed since 2014. A large fraction of people have suffered housing damage and many have had their homes destroyed. A reason for this has been that many receive support through visits after resident surveys (Figures 8-14).

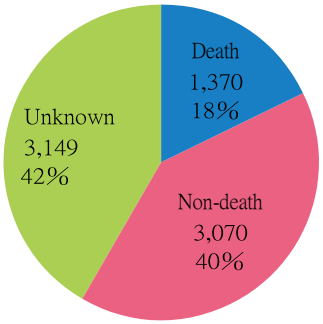


**Figure 8 Bereavement status (Total number ; N = 7,589)**

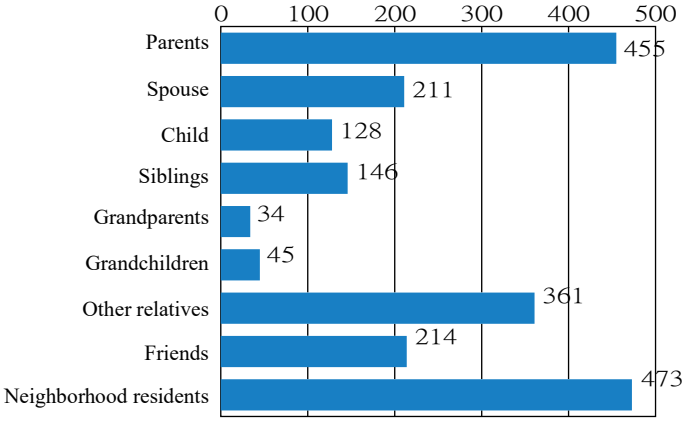


**Figure 9 Details of death (Total number, multiple options; N = 1370)**

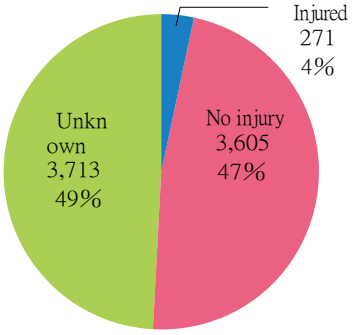


**Figure 10 Presence of injuries in patient or their relatives (Total number ; N = 7,589)**

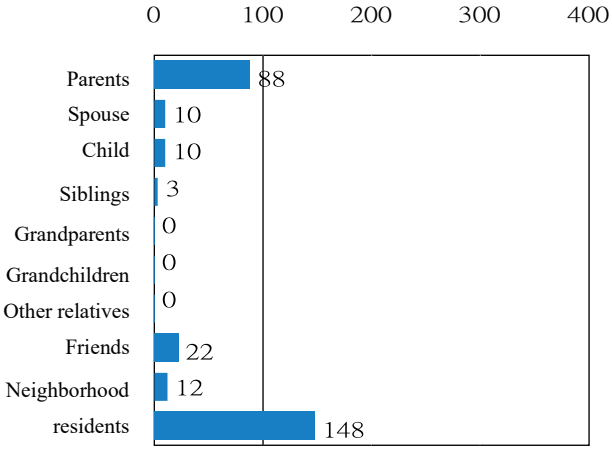


**Figure 11 Details of injured individuals (Total number, Multiple options ; N = 271)**

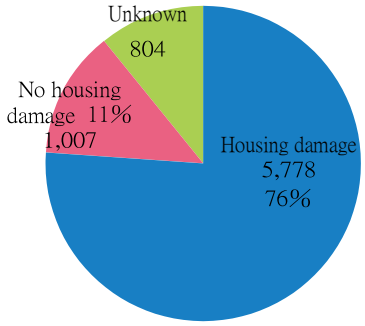


**Figure 12 Presence of housing damage (Total number ; N = 7,589)**

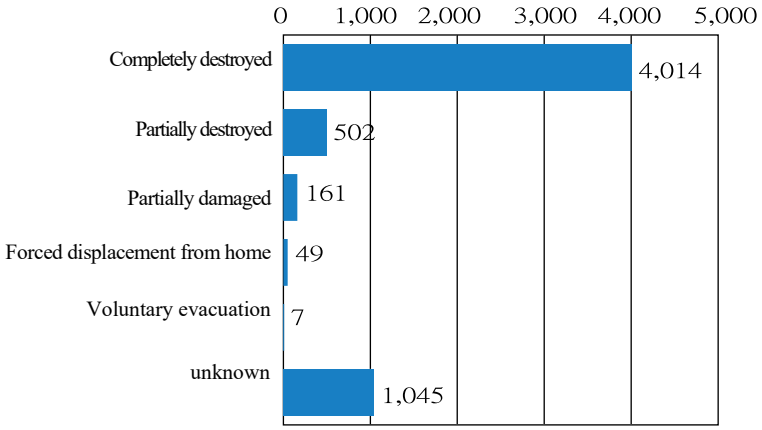


**Figure 13 Details of housing damage (Total number ; N = 5,778)**

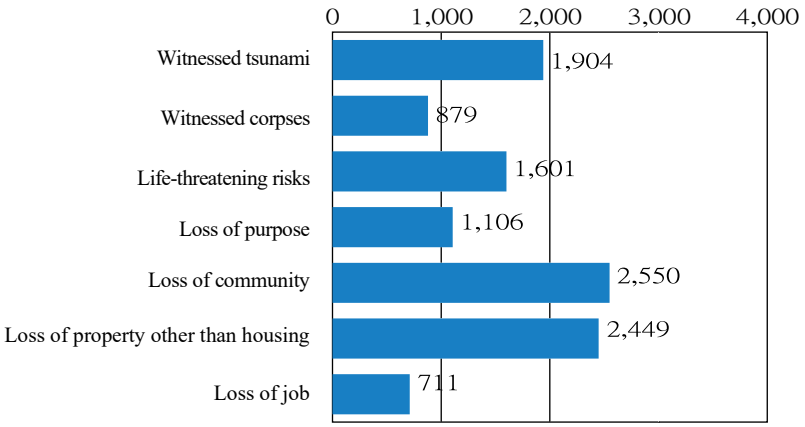


**Figure 14 Influences from other disasters**
**(Total number, Multiple options ; N = 7,589)**

D. Housing status (Table 5, Figures 15, 16, and 17)

The fraction of individuals in container type temporary housing and privately rented temporary housing is decreasing, whereas the fraction of those in disaster public housing is increasing. We interpret this as progress towards recovery. We do not see significant changes in the fraction of homes.

**Table 5 Housing environment at the time of support (Total number; N = 7,589)**

| Housing environment | Number of cases |
|---|---|
| Homes | 3,007 |
| Container type temporary housing | 1,898 |
| Privately-owned public housing | 933 |
| Disaster public housing | 1,452 |
| Other, unknown | 299 |

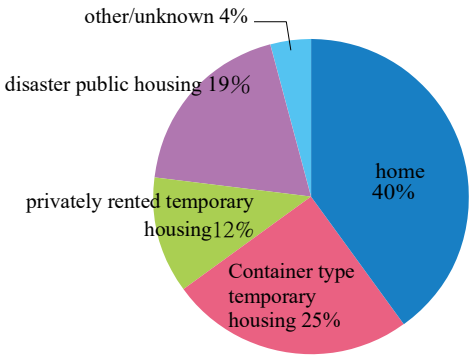


**Figure 15 Fraction of home environments at the time of support (Total number ; N = 7,589)**

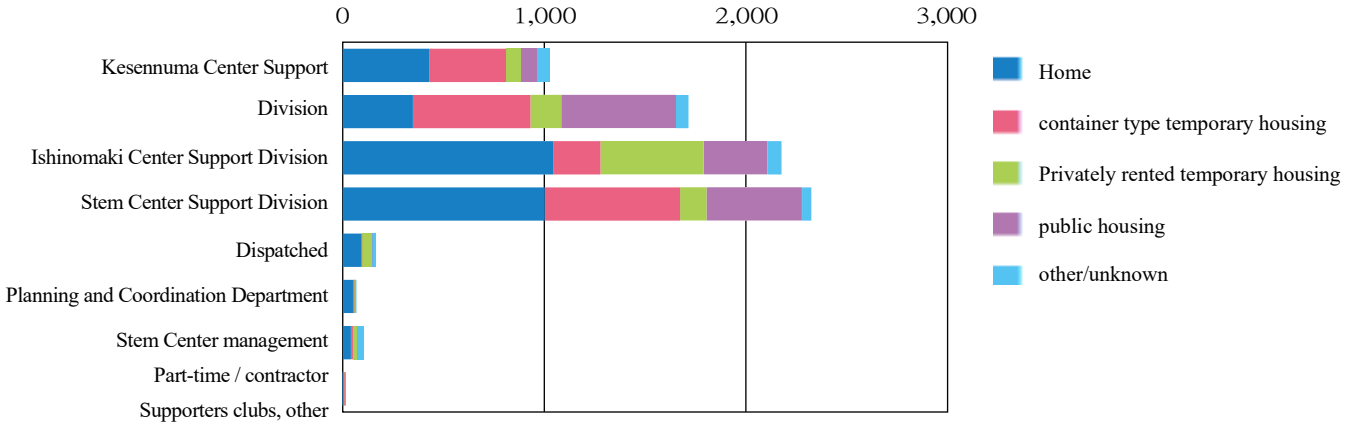


**Figure 16 Housing environment at the time of support according to each division (Total number ; N = 7,589)**

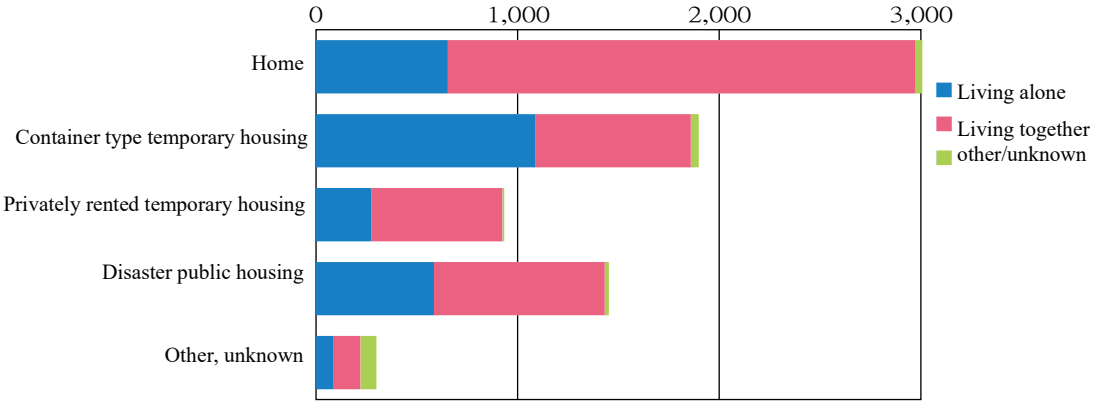


**Figure 17 Housing environment and household situation (Total number ; N = 7,589)**

E. Background of Consultation requests (Figure 18)

Instead of the "psychological disorders", which was the most frequent in FY 2014, FY 2015 saw the highest number in "health problems". Including the "family/household problems", these top three category fractions all increased since FY 2014 but the "addiction", "changes in the home environment" and "financial difficulties related to reconstruction" category fractions, which follow these top three, have all decreased since FY 2014. Although the "work-related problems" and "education / child-rearing / school transfer" category fractions are low overall, they have increased since FY 2014.

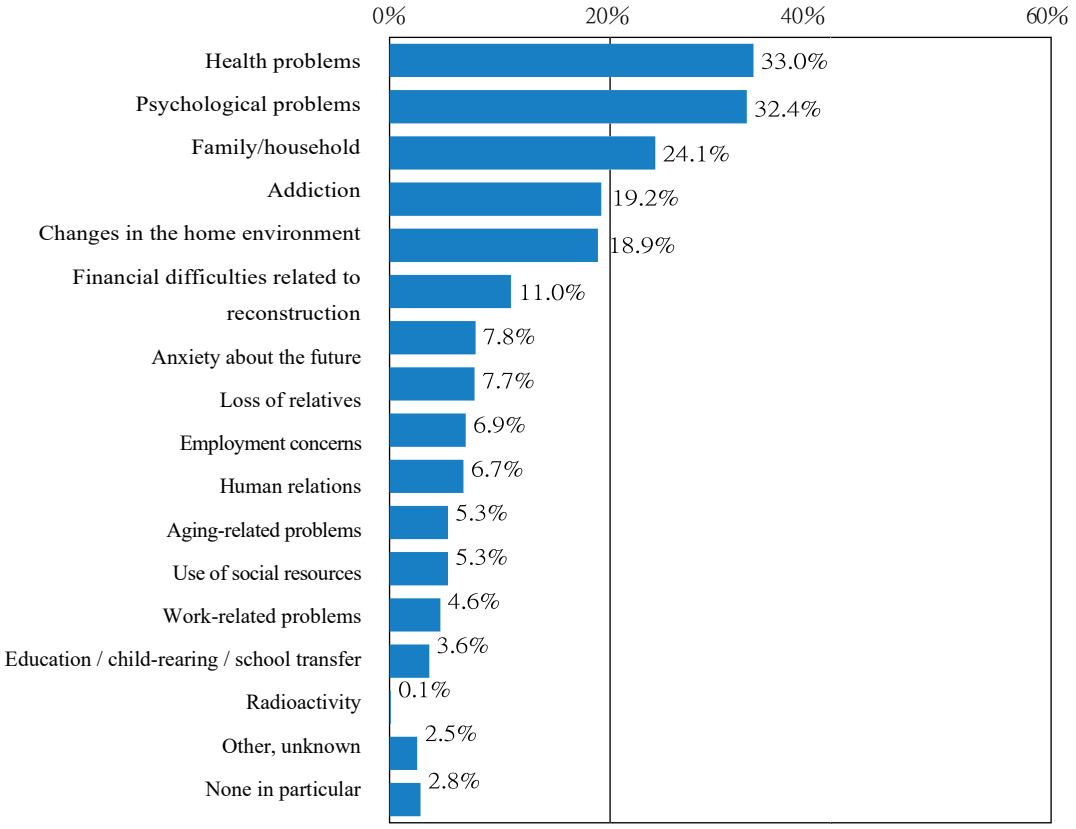


**Figure 18 Number of valid responses in the context of consultations (Total number, Multiple options ; N = 7,589)**

F. Psychological disorders (Figure 19)

"Sleep problems" showed a slight decrease among the top-ranked responses, but the response fraction of other categories has increased.

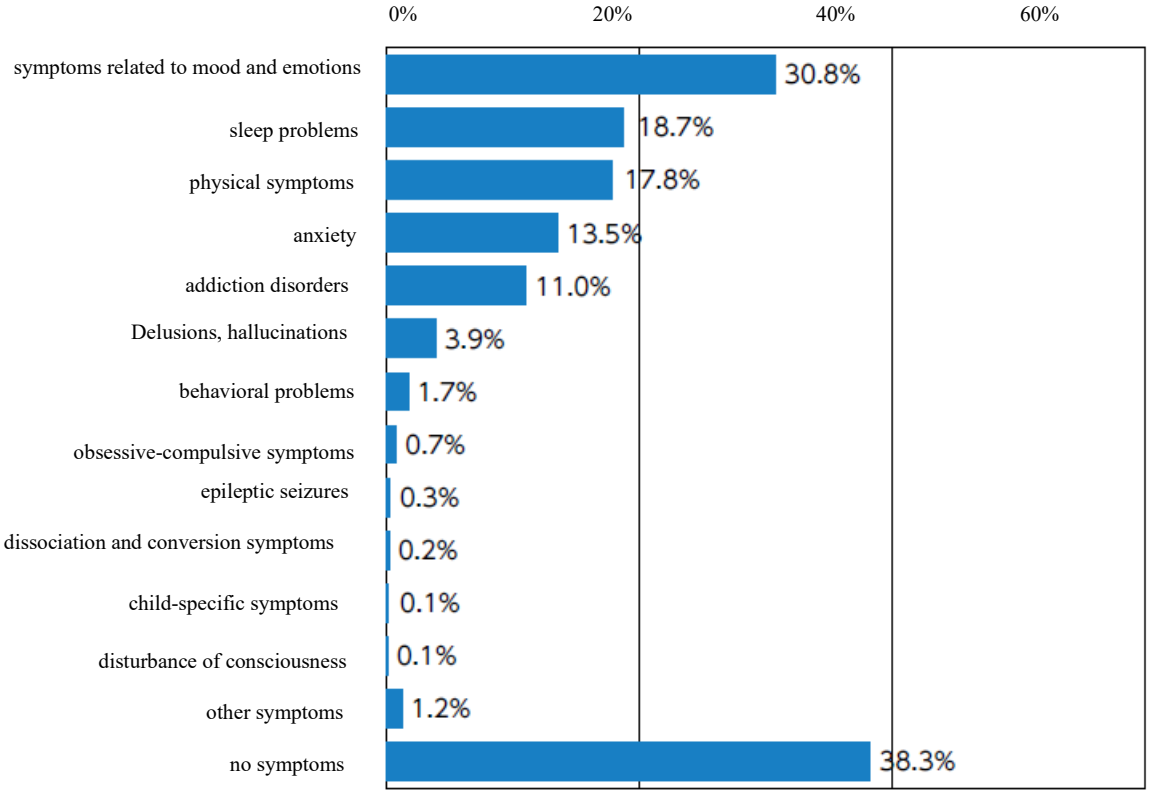


**Figure 19 Percentage of valid responses for each psychological symptom (Total number of cases, Multiple options; Total, N = 7,589)**

G. Presence of psychiatric disease history and status of disease name, onset time, and current treatment (Table 6)

Of the 7589 cases, the fraction of those "with a medical history" is 35.8%, which is effectively the same fraction as that in FY 2014 (37.2% in FY 2014). However, the number of individuals with "treatment interrupted" or "untreated" has decreased since FY 2014.

When breaking down the categories within those "with a medical history", the number of times support was provided for those with F1 mental and behavioral disorders due to psychoactive substance use has decreased, as well as those with F2 schizophrenia, schizotypal, and delusional disorders, wherein both cases, the corresponding numbers were high in FY 2014. However, for F3 mood (affective) disorders were over 700 cases and have increased by over 100 since FY 2014. That the breakdown of F3 is roughly even between pre-disaster and post-disaster onset is the same as in previous years. The magnitude of the fractions of F1 and F2 before the earthquake is the same as that in 2014 (Figure 20).

**Table 6 Medical history and current treatment status (Total number ; N = 7,589)**

| Psychiatric disease history | | Number of cases |
|---|---|---|
| With medical history | (Currently in treatment) | 2,080 |
| | (Treatment completed) | 183 |
| | (Treatment interrupted) | 400 |
| | (Untreated) | 5 |
| | (Treatment status unknown) | 48 |
| No medical history | | 3,912 |
| Unknown medical history | | 961 |

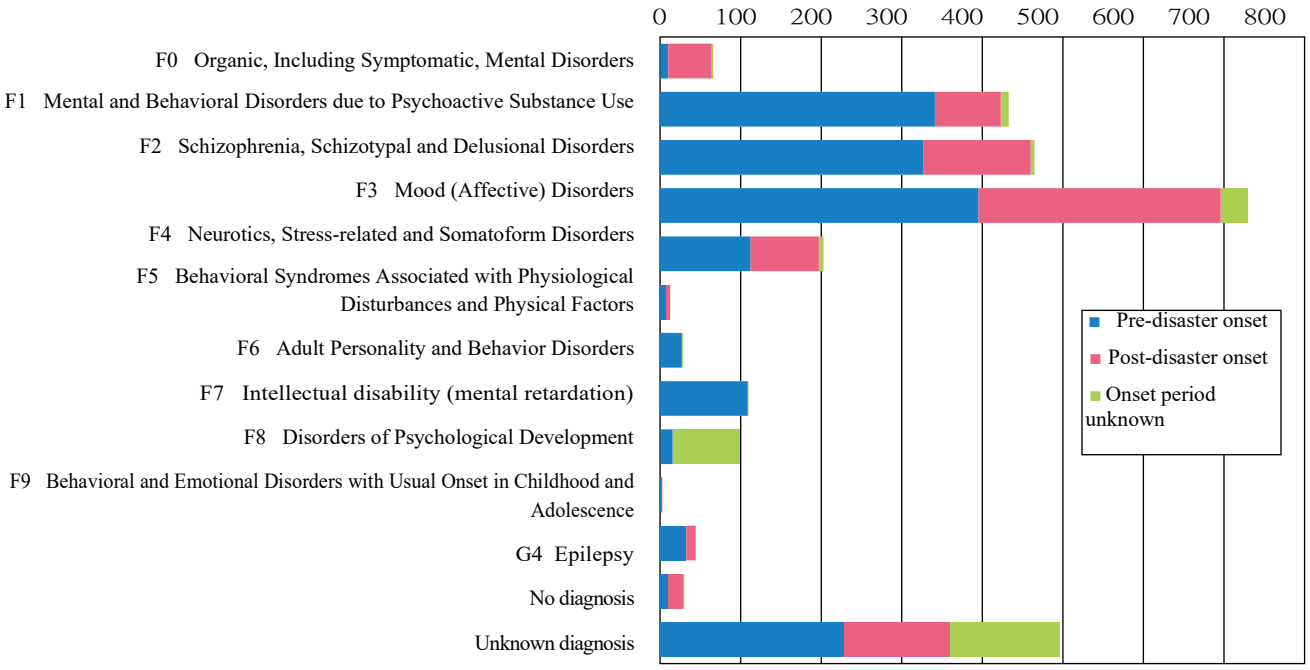


**Figure 20 Number of cases as classified by illnesses among those with medical history (Total number ; N = 2,716)**

② Support activities

A. support method (Figure 21)

Over half of the number of support activities of each of the Community Support Division is visit support, which is the same as in previous years. The reason why the number of support activities by dispatched staff has significantly decreased since FY 2014 is thought to be due to the decrease in dispatched staff from the center.

The number of support cases in each of the Support Divisions of the Ishinomaki, Kesennuma, and Stem centers has increased since FY 2014. When broken down, we can see that the increased number of support cases due to “home-visits” have greatly contributed to this, whereas the number of other support methods such as walk-ins or telephone has not changed significantly.

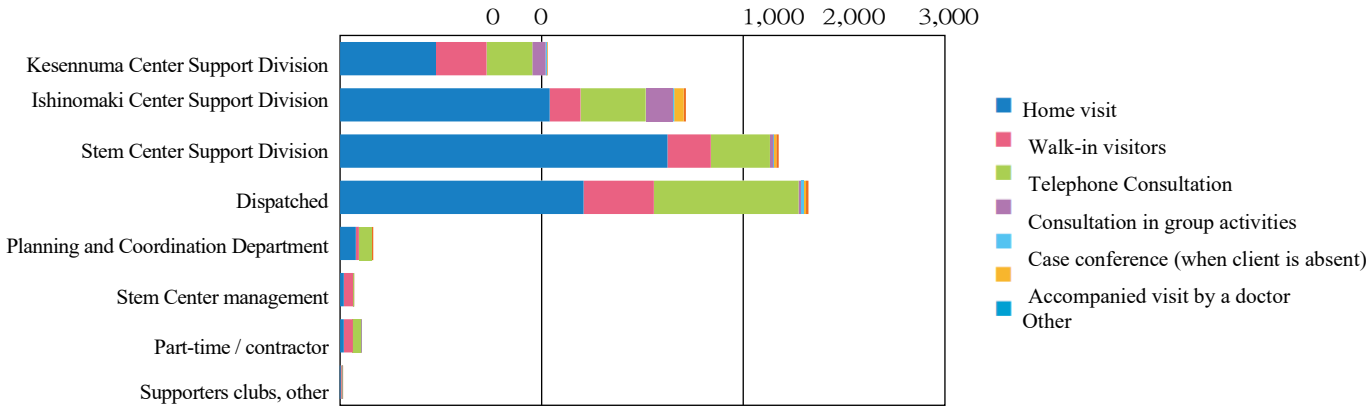


**Figure 21 Number of support cases according to managing division(Total number; N = 7,589)**

B. Counselees

The total number of consultation cases in FY 2015 was 7589, of which the number of consultations from the client was 6734 at 88.7%, which was effectively identical to that in FY 2014. This was followed by family / relative consultations at 10.5%.

C. Other present organizations

There were 1605 cases where other organizations were present. There were no large changes in each fraction, and we can see that there were many opportunities for support in collaboration with municipal officials. More medical institution associates have been present compared to 2014. We found out that the reasons for this were due to the increased number of reported cases from municipalities that have been working in close coordination with local medical institutions (Figure 22, 23).

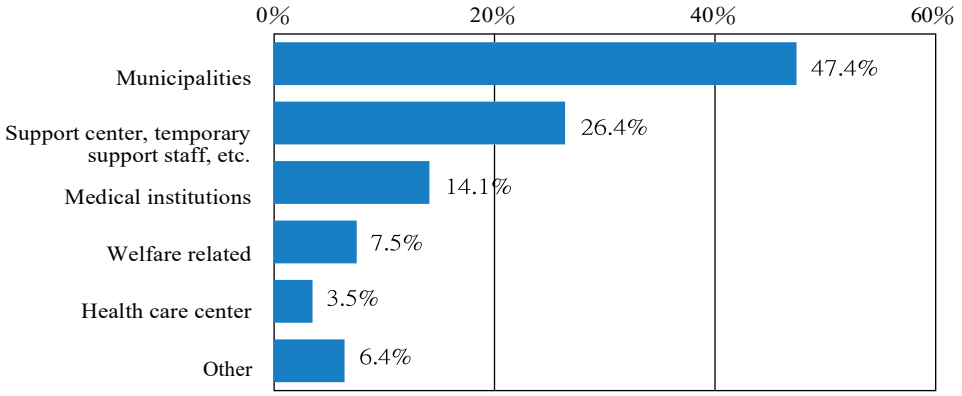


**Figure 22 Fraction of valid responses from other present organizations (Total number, Multiple options ; N = 1,605)**

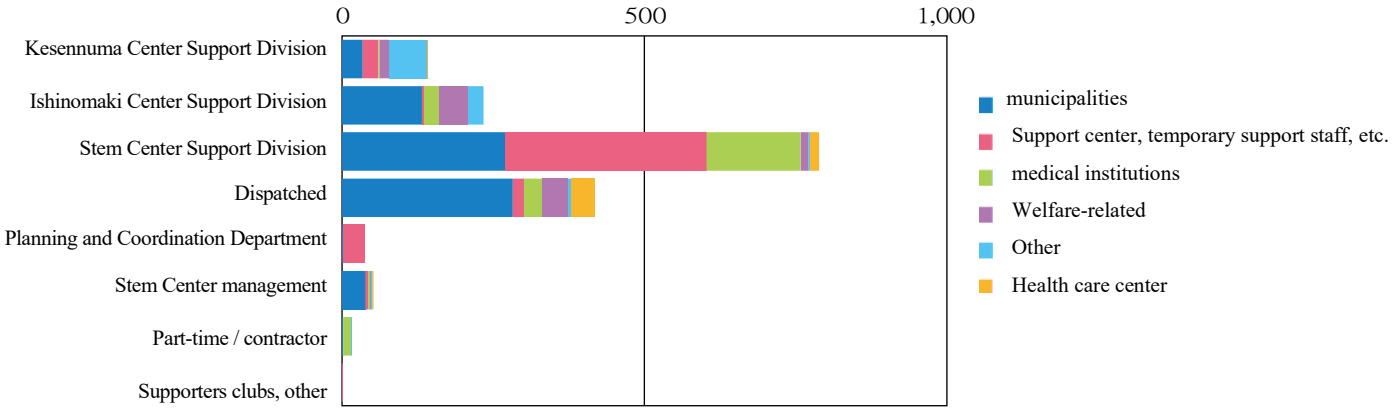


**Figure 23 Breakdown of other present organizations according to each managing division (N = 1,605)**

③ Support completion conditions (Figures 24 and 25, Table 7)

The fraction of referrals to municipalities is still high but in 2015, the fraction of referrals to medical institutions increased and the fraction of referrals to welfare institutions decreased.

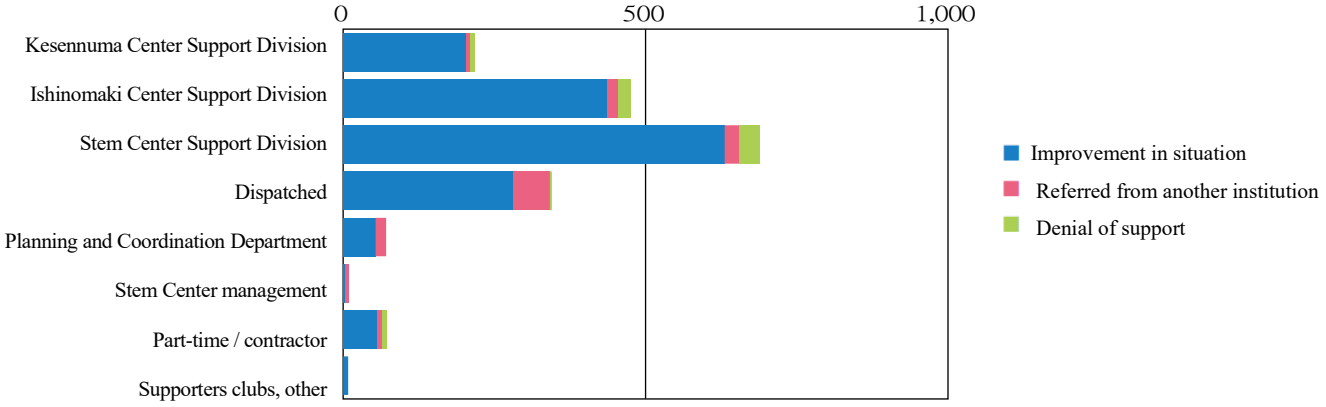


**Figure 24 Outcome at the end of support according to each managing division（N = 1,887）**

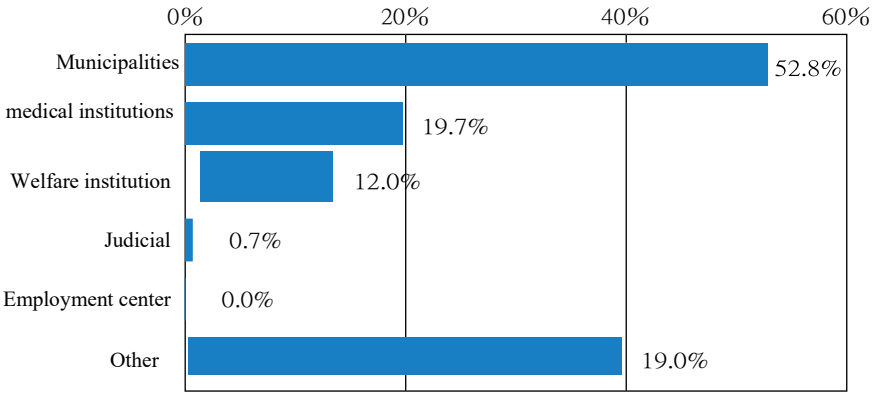


**Figure 25 Fraction of valid response numbers when broken down by other institutional referrals（N = 142）**

**Table 7　Outcome（N = 7,589）**

| | support status | Number of cases |
|---|---|---|
| Ongoing cases (total number) | Regular interviews | 3,447 |
| | interview when necessary | 2,241 |
| | Other | 7 |
| closed cases (actual number) | Improvement in situation | 1,675 |
| | Referred from another institution | 142 |
| | Denial of support | 70 |
| Other | | 7 |

（２） Implementation of camps for patents and children in disaster areas

This is the day camp project which has continued since FY 2014. This year marks the 6th time we have hosted this event for elementary school students and their parents in the disaster area. There were 17 participants this year, which is fewer than that in FY 2014.

（３） Summary

The total number of regional resident support cases has increased by 454 (6%) compared to FY 2014 but the number of new patients has decreased. The accumulated results show that this is due to differences in patients according to each regional center, as well as different response methods. As a result, we suspect that these are not due to regional differences but those due to the policies of the cooperating municipalities as well as the points of emphasis and policies of each regional center.

Additionally, we introduced identification techniques since FY 2014, which enabled us to not only determine the number of cases but also the actual number of patients. The actual number of patients in FY 2015 was 2859 (this includes duplicates such as relocation and excludes those receiving support only by mail, interviews during research, and individuals whose personal information was not collected such as with singular telephone consultations).

## ３． Care worker support

We conducted workshops and consultations for care workers and provided stress care and professional advice.

（１） Summary of care worker support

① Support activities (Table 8)

The number of cases and patients decreased from 1915 in FY 2014 to 1606. The establishment of case conferences and mental wellness consultation booths, as well as support for administrative projects, have increased since FY 2014, and changes in support content can be observed.

Guidance and advice from professionals decreased from 415 cases in FY 2014 to 387 but requests for “guidance and advice on alcohol-related problems” have remained consistently high (Table 9). Abuse-related problems, which was the third-highest in FY 2014 with 46 support cases, had become the second-highest in FY 2015 and we have given increased attention to its future changes. Additionally, as the overall number of cases decreases, the number of PTSD support cases has remained the same since FY 2014 and we have given it further attention as well.

The content and fraction of support have varied considerably according to each center or managing Division. Additionally, the fraction of professional guidance and advice on alcohol-related problems from the Ishinomaki center, Stem center support division and dispatched individuals has increased (Figures 26, 27).

Table 8　Implementation status for care worker support (Total number ; N = 1,606)

| Support activities | Number of cases | Number of patients |
|---|---|---|
| Report after a visit or interview | 237 | 375 |
| Guidance and advice from professionals | 387 | 1,375 |
| Local issues | 30 | 160 |
| Workplace mental health care | 39 | 178 |
| Case conference (when client is not present) | 270 | 1,336 |
| Opening the mental wellness Consultation booth | 56 | 63 |
| Health examination support | 30 | 157 |
| Administrative support | 503 | 840 |
| Other | 54 | 288 |
| **Total** | **1,606** | **4,772** |

Table 9 Details on professional guidance and advice (Total number, Multiple options; N = 387)

| Details on professional guidance and advice | Number of cases |
|---|---|
| alcohol-related problems | 107 |
| Gambling problems | 5 |
| Drug problems | 4 |
| Depression | 24 |
| Complicated grief | 6 |
| PTSD | 10 |
| Abuse | 56 |
| Other | 232 |

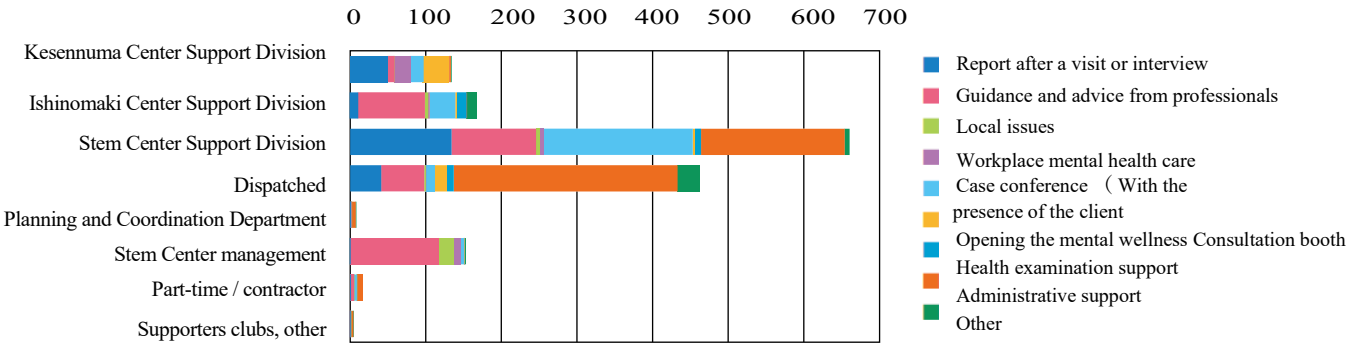


Figure 26 Implementation status for care worker support according to each managing division (Total number, Multiple

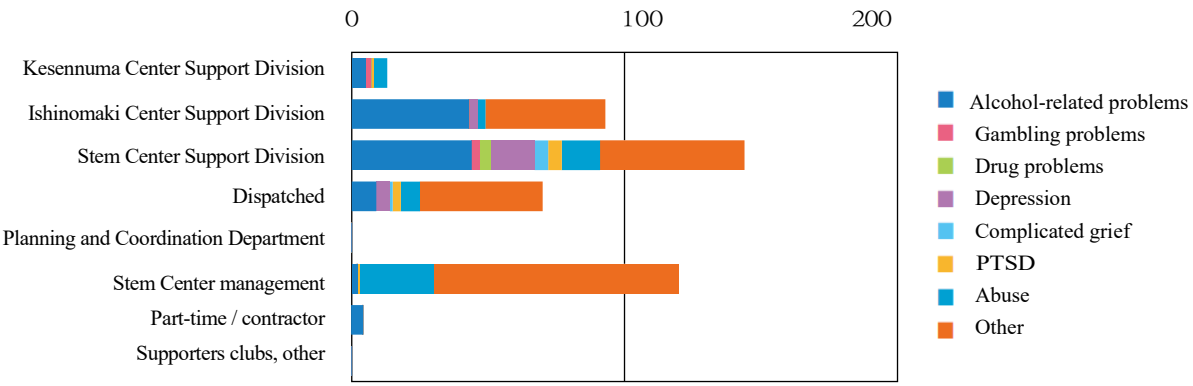


Figure 27 Details on professional guidance and advice according to each managing division (Total number 、 Multiple answers allowed ; N

② Victims receiving support

The number of support activities in FY 2015 was 4772 and, similarly to FY 2014, the fraction of government officials was considerably high. Although the number of support cases at many institutions including private organizations has decreased relative to previous years, the number of support cases for school officials and those in the child welfare fields increased (Figure 28).

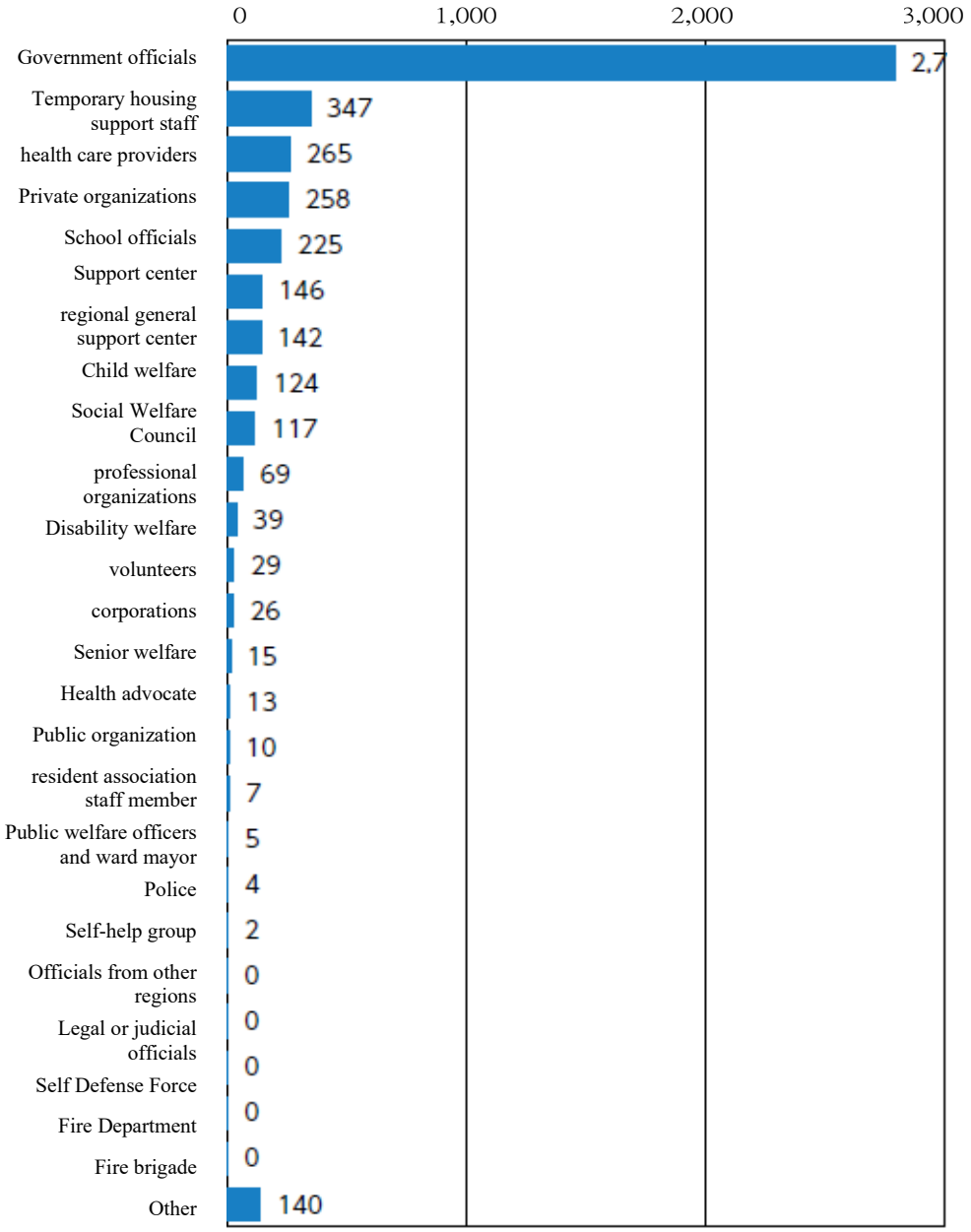


**Figure 28 Details of victims receiving support（Total number of people ；N = 4,772）**

（２）Deployment of specialists to municipalities (dispatched) (Figure 29)

In response to requests to municipalities, we dispatched 8 staff members to 7 municipalities in FY 2015. One individual was an occupational therapist (four days a week), whereas the rest were psychiatric social workers (five days a week). These dispatched staff members were engaged in a wide range of duties, including cooperation with health surveys and post-survey support and support for individual consultations.

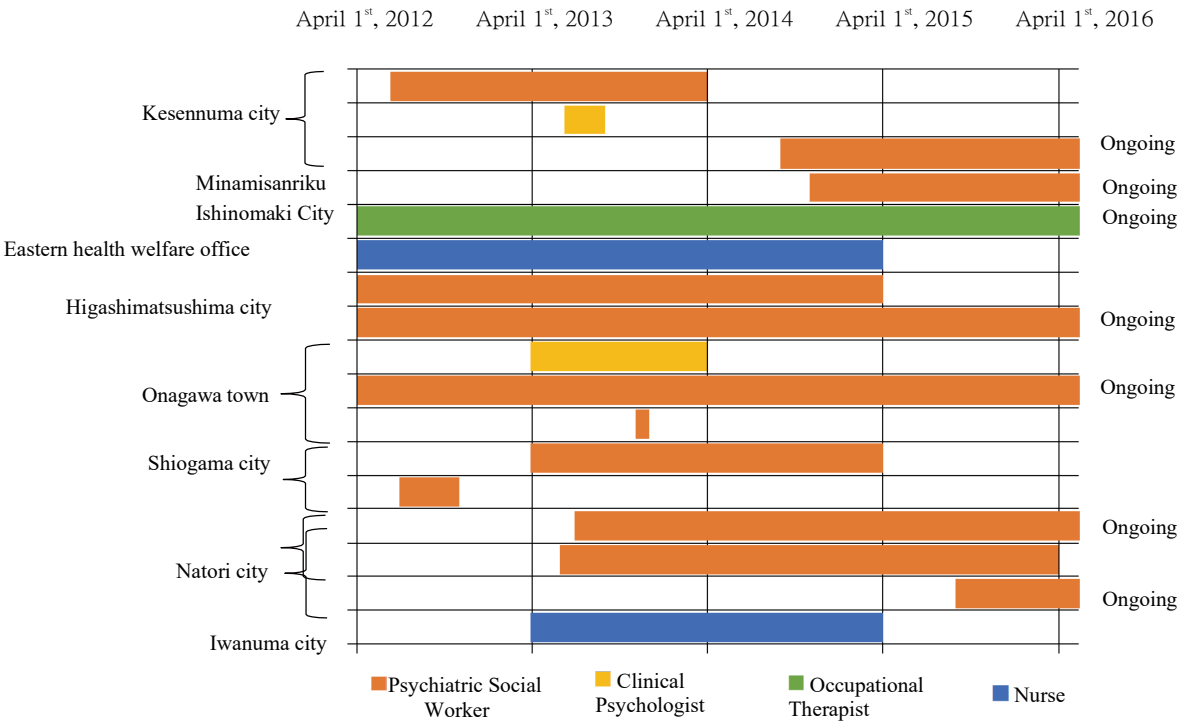


**Figure 29Dispatched staff member situation**

（３） Summary

Although the overall number of support cases are declining, the ongoing need in FY 2014 for support in alcohol-related problems can be seen in all regions. Considering that increased cooperation with school officials and the child welfare disciplines, as well as the increased number of support cases for abuse problems, have been observed, we need to actively provide support for children in the future.

## 4． Raising public awareness

No major changes in the total number of cases were observed since FY 2014, which had 392 cases. However, when broken down by categories, the number of correspondence cases with news agencies halved to 9 cases and we could see that awareness has gradually decreased. However, the number of hosted salon events has remained stable compared to FY 2014 (Table 10).

**Table 10 Implementation status of public awareness （N = 378）**

| Content | Number of times | Number of patients |
|---|---|---|
| Distribution of public awareness products | 9 | - |
| Website management update and posting | 16 | - |
| Educational workshops | 96 | 2,498 |
| Salon events | 180 | 1,913 |
| Public awareness activity that uses media | 17 | - |
| TV set | (0) | - |
| Newspapers and magazines | (7) | - |
| Other | (10) | - |
| Opening the mental wellness Consultation booth | 38 | - |
| Presentations at academic societies and professional organizations | 0 | 0 |
| Correspondence with news agencies | 9 | - |
| Facilitating observational visits | 9 | - |
| Other | 4 | - |
| Total | 378 | 4,411 |

### （1） PR materials

We published Nos. 13 and 14 of the Miyagi Disaster Mental Health Care Center newsletter biannually in FY 2015. These reported initiatives of each Community Support Division, the introduction of new organizations in the region, and simple relaxation methods.

### （2） Development of leaflets （Table 11）

The only newly created content this year was the “for your mental health” pamphlet for rescue workers. We only reprinted the “alcohol-related illnesses and symptoms” and “let’s learn how to drink wisely” pamphlets.

**Table 11 Creation status of pamphlets, etc.**

| Distribution area | Title and content | Print type | Number of copies |
|---|---|---|---|
| All areas inside the Prefecture | “For your mental health” （for rescue workers, | New | 25,000 |
| | “Alcohol-related diseases and symptoms”, | reprinted | 3,000 |
| | “Let’s learn how to drink wisely” | | 5,000 |

### （3） Educational workshops （Table 12）

Given the increased number of themes on addiction disorders, self-care, workplace mental health, etc., the amount of content relating to mental illnesses and its effects on children has decreased and changes in regional issues are suspected.

Table 12 Details of educational workshops （N = 96）

| Number of times | Number of participants | |
|---|---|---|
| Post-disaster psychological responses | 2 | 178 |
| Mental illness | 4 | 229 |
| Basic interview techniques （listening、 the support for surviving families, etc.） | 3 | 42 |
| addiction disorders （alcohol-related problems, etc.） | 24 | 308 |
| Impact of the earthquake on children | 1 | 10 |
| Stress, mental care, and self-care | 41 | 842 |
| physical health | 11 | 72 |
| workplace mental health | 9 | 777 |
| Status of the disaster area and activities of our center | 1 | 40 |

（4） Salon events （Table 13）

The number of salons sponsored by the center has increased from 67 in FY 2014 to 97 this year. The number has increased in each regional center but among these, the Stem center has shown significant increases. All initiatives had content related to alcohol.

Table 13 Salon events （N = 180）

| | Community Support Division of each center | | | | Other Dispatched | total |
|---|---|---|---|---|---|---|
| | Kesennuma | Ishinomaki | | Stem center | | |
| Sponsored / co-hosted salon | 31 | 43 | 18 | 4 | 1 | 97 |
| Cooperation with salons of other institutions | 17 | 0 | 26 | 35 | 5 | 83 |

（5）Support for various workshops, co-hosting of events, etc., backing

Co-hosting 16

Backing 3

（6） Summary

For the first few years following the establishment of the center, we focused our efforts on the creation of various pamphlets on themes related to mental health in the disaster-struck areas. In FY 2015, we revised and reprinted the content we had produced, as well as newly created “for your mental health” pamphlets targeted to fire brigade members.

The number of educational workshops increased in FY 2015. We tried to incorporate music and exercises into these workshops, in addition to the previous lecture-focused content. In combination with the workshops, we have effectively applied the various pamphlets we have created.

Additionally, on our home page, we have made registration to our electronic magazine possible and posted the “Miyagi Disaster Mental Health Care Center Newsletter” for online view.

We would like to continue disseminating information in a multi-layer fashion by combining and applying many of these methods and effectively raising public awareness.

We have also engaged in new initiatives, such as providing occupational field support for a total of nine times in coordination with the Miyagi branch of the Japan Health Insurance Association (JHIA).

## 5. Human resource development

(1) Hosting meetings

Mental health care meetings for disaster victims were hosted in three locations in the prefecture, and in FY 2015, it was hosted in Iwanuma City for the first time. Participants included various care workers such as private organizations, government officials, and professional organizations. New initiatives were undertaken with the hosting of the meeting in the Ishinomaki area, including the organization of the executive committee (Table 14).

(2) Hosting media conferences

In FY 2015, the center introduced the current status of alcohol-related problems, as well as various initiatives that listen to the voices of residents and transmit them (community FM, information magazines, newspapers) and reported on the current status of disaster areas in terms of activities.

(3) Disaster-related thematic training sessions

We entitled this "study of multiple disasters in East Japan", and reported on the current status of Fukushima prefecture, as well as contributed to themes on facilitator development and training and coordination with other professions.

(4) Various workshops, co-hosting events, etc., and backing

- Co-hosting: 14
- Backing: 4

(5) Three-prefecture Mental Health Care Center Meeting

This meeting was hosted for communication and information sharing between staff members at disaster mental health care centers in Miyagi, Fukushima, and Iwate, which were established in the wake of the Great East Japan Earthquake. Workshops and exchanges of opinions within groups were conducted at the meeting.

○ July: Implementation status of mental health care activities and status report of each center/group debates/discussion

○February: Exchange of opinions and staff member communication using the world café format

(6) General staff meeting and general training

A total of five meetings were held for center staff members on the fourth Friday on a bi-monthly basis. Of these, two were conducted at each regional center to understand the actual situation of other regions. We incorporated significant amounts of time to allow for the exchange of opinions between staff members.

We conducted workshops for newly appointed employees for those who have just started work. We conducted three of these in FY 2015.

(7) Summary

There is a high demand for training for support techniques and addiction-related problems and we intend to continue these efforts in the future. We have an opportunity to expand local networks and the initiatives of other regions by hosting meetings in various regions. We intend to continue hosting these in other regions in the future as well

**Table 14 Implementation status of human resource development（N = 159）**

| Content | Number of times | Number of participants |
|---|---|---|
| Earthquake meeting | 3 | 138 |
| Media conference | 1 | 22 |
| Addiction disorders | 34 | 797 |
| （About alcohol） | (34) | (797) |
| （Other addictions） | (0) | (0) |
| Support skill workshops | 43 | 1,782 |
| （About listening） | (14) | (766) |
| （Stress, mental care, and self-care） | (3) | (113) |
| （Other） | (26) | (903) |
| The mental health of care worker workshops | 5 | 297 |
| Workplace mental health training | 9 | 427 |
| Workshops on mental health care for children | 22 | 1,287 |
| Workshops on the mental health of the elderly | 1 | 18 |
| Workshops on issues related to suicide prevention | 10 | 203 |
| Workshops on mental illness and disorders | 9 | 248 |
| Disaster area situation and center activities | 8 | 163 |
| Case study | 6 | 61 |
| Other | 8 | 253 |
| Total | 159 | 5,696 |

## 6. Other

### （1） Support for various activities

We need to consider the development of new communities in local organizations as support organizations from outside the prefecture gradually pull out of the region. The Kesennuma center actively cooperates with local support organizations and collaborates with their community development.

### （2） Research

We conduct investigations and research to understand the current status of disaster-affected areas and people. A portion of this was conducted as the Health and Labor Sciences Research Grants Research Project (Joint Research).

① Health surveys for municipal officials, etc.
② Health surveys for the municipal Social Welfare Council
③ Research group operation
④ Statistical system development
⑤ We introduced identification technology to support patients starting from FY 2015, which determined the actual number of patients and content analysis possible. Additionally, we created an “ID ledger/activity record system” from the VPC environment in the middle of the year and accumulated all activity records into a single file. Searching, input activities, and individual specialized ID issuance were automated as a result, and manual search and input work decreased.
⑥ Bulletin publication

We published 1200 copies of the 3rd edition of the bulletin (FY 2014) and distributed them to associated institutions at 880 locations.

## 7. Summary

As the number of dispatched staff members decreased, the total number of regional resident support has increased since FY 2014. We believe that a reason for this was that the centers in each region have clarified their management roles and that these roles have become recognized by their surrounding communities. Additionally, with regards to the care worker support category of “professional advice and guidance”, advice and guidance requests for alcohol-related problems remain high.

One major characteristic of regional resident support and care worker support projects in FY 2015 was that the patient profile and the approaches taken by each regional center varied significantly. We can see that they were able to specifically target patients while understanding the actual situations of each region, closely examine support content, and conduct independent initiatives while fully utilizing the skills of each staff member.

With regards to activities to raise public awareness, we have strived to achieve an effect from various initiatives, including the use of created pamphlets at workshops and publishing training reports on information magazines and the internet. In the future, we would like to raise public awareness in the occupational and pediatric fields as well.

Initiatives for human resource development activities also continued to have a high number of cases dealing with alcohol-related problems. We would like to closely examine the venues and themes of distinct projects managed by the center (e.g., earthquake mental health meetings, three-prefecture mental health care center meetings) and prepare projects that are suitable for the current period.

It has been over five years since the earthquake and it is precise because of this that there are issues that must be examined and roles that must be managed by the center. Our basic stance remains unchanged and we would like to continue to respond to regional needs with respect and humility.