Section I

Miyagi Disaster Mental Health Care Center Activities

1. FY 2018 Report

FY 2018 Project Activity Status

FY 2018 Miyagi Mental Health Care Forum Report

Child Mental Health Care Community Center Project

FY 2018 Activity Status by Project

Miyagi Disaster Mental Health Care Center Stem Center Planning and Research Department
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Introduction

According to the "Basic Guidelines for Reconstruction after the Great East Japan Earthquake," the recovery and reconstruction period was slated to end in 10 years, in 2020; there are now but two years left of this period. Based on where we are with regards to the restoration of infrastructure necessary for daily life, the outfitting and preparation of permanent residences, the revival of industry and commerce, and declining air dose one might say that we are in the "wrapping up" phase of our recovery and reconstruction efforts.

Founded in December 2011, the Miyagi Disaster Mental Health Care Center has now been active for eight whole years. Progress in the reconstruction of damaged residences has helped accelerate efforts to move community members out of temporary accommodation; as a result, the landscape of disaster-affected areas and the lives of the people that call these areas home, have been transformed. In response to broader trends, this center's activities, too, have changed.

We will use business statistics to examine this center's initiatives and projects in FY 2018; the current state of affairs; and the varied issues facing disaster-affected areas. We will also focus on and describe previous transitions and changes that have manifested in disaster-affected areas since the earthquake first occurred.

1. 2018 Achievements by Totals

Table 1 summarizes the results and achievements of our projects by the department.

As for resident support, we saw a decline in the number of support cases we handled—a total of 6,451 in FY 2018 as opposed to 7,237 cases in FY 2017 (FY 2016 6,752). Despite the year-on-year decrease in the number of cases handled by the Stem Support Division (FY 2016 1,727; FY 2017 1,602), the caseloads at the Kesennuma Regional Center（FY 2016 1,235; FY 2017 2,100; FY 2018 2,235) and the Ishinomaki Regional Center (FY 2016 1,341; FY 2017 918; FY 2018 1,229) have fluctuated around their previous values. If we examine case totals by support method (Table 2), the yearly decrease in the number of "visitation counseling" cases becomes apparent. For example. last year's figure for total walk-in counseling cases was 1,805, a slight increase as compared to two years prior (FY 2016 1,211; FY 2017 1,700).

	Regional Community Support Divisions				Planning Division	Stem C Mgmt	Part-time/ Contract	Supporters, et	Totals
	Kesennuma	Ishinomaki	Stem	Municipality Transfers					
Resident support	2,235	1,229	1,099	1,767	33	35	3	50	6,451
Support for supporters	63	260	325	605	0	85	4	48	1,390
Public awareness	168	44	51	44	52	31	13	2	405
Human resource development	8	15	21	17	24	38	9	4	136
Support for various activities	6	0	0	5	0	1	0	0	12
Research	1	0	2	0	2	11	0	0	16
Conference liaison	533	363	279	556	159	48	0	2	1,940

The number of cases handled by transfers was 2,333 in FY 2016; 2,471 in FY 2017; and 1,767 in FY 2018, indicating the beginning of a downward trend. One possible factor driving this pattern may be the fact that a transferring employee left in the past year. In FY 2018, despite a noticeable decline in cases of support for supporters and a slight increase in public awareness and research activities, no remarkable yearly or center-based trends were observed.

Increases in the number of Resident Support, and Support for Supporters cases handled by the Supporters' Club and others, are believed to be the result of their cooperation with child cohort studies, etc.

2. Project-Specific Changes

This center's activities are organized around six project focus areas. Below, we lay out the results of our work in each of these areas.

(1) Resident Support

① Target Demographics

a. Total Number of Support Cases and a Comparison of Response Methods

Table 2 provides a breakdown of the total number of Resident Support cases, according to support method. Previous trends included overwhelmingly large numbers of visitation counseling cases and multiple outreach support cases as well. However, these numbers have decreased in recent years (from 3,068 in FY 2016 to 2,913 in FY 2017); at the same time, there has been an increase in walk-ins (from 1,211 in FY 2016 to 1,700 in FY 2017) and telephone counseling cases (from 1,843 in FY 2016 to 2,131 in FY 2017). The proportion of these cases to our case totals has seen a yearly increase and is now close to the number of visitation cases we handle. If we look at the breakdown of walk-in counseling cases by the center (Figure 1), Kesennuma Regional Center's share of walk-in cases is far and away from the largest; it is readily apparent that this method of support has replaced visitation and telephone cases.

Table 2: Total Cases by support method (excluding mail correspondence, N = 6,366)

Support Method	Cases
Home visit	2,162
Walk-in visit (at counseling help desks, etc.)	1,805
Telephone counseling	1,947
Group activity counseling	313
Case conference (when target supporters are present)	19
Accompanied doctor's visit	75
Other	45
Total	6,366

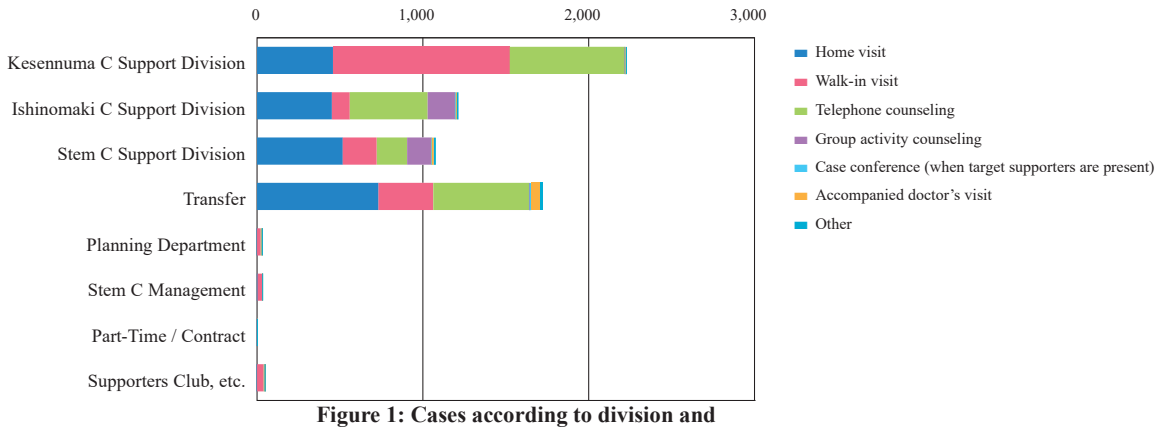

Figure 1: Cases according to division and support method (total cases; N = 6,366)

Table 3: First-time visit referral sources
(multiple answers; N = 1,005)

Referral source	Cases
Health survey/door-to-door visit	490
Administrative agency	170
No referral	178
Family member	135
Physician/welfare center	7
Support center/temporary support staff	61
Other (neighbor, workplace, unknown, etc.)	71

b. Gender, Age, and Employment Demographics (Figure 2)

Overall, no large differences were observed between the number of men and women served. Both figures were roughly equal. However, in the under-20s, the 40s-50s, and the 70s-and-older age groups, women constituted a greater proportion of those served than did men. The proportion of female clients in the 70s-and-older age groups remained consistent from year to year. The increase in the proportion of female clients under 20 began with the establishment of a counseling desk at the Kesennuma Regional Center near a nursing school. As for the high proportion of female clients in the 40s-50s age group, it has been attributed to the fact that many mothers attend our mother-child counseling sessions. It is evident that the breakdown of the individuals we see changes in response to our initiatives.

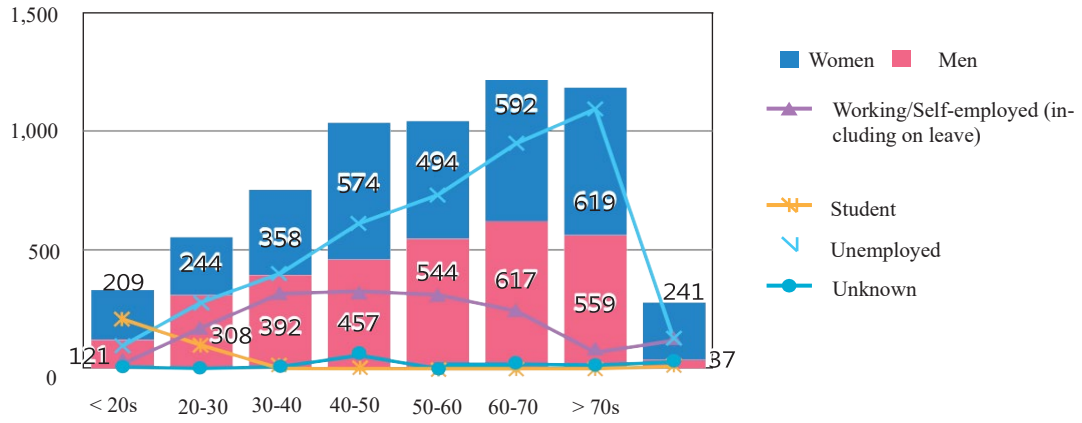

Figure 2: Support clients by gender and age group (total cases; N = 6,366)

c Disaster Survivors' Current Status

While there has been a decrease in the total number of cases since FY 2017, the ratios of support targets by bereavement status (Figures 3, 4), disaster-related injury (Figures 5, 6), and housing damage (Figures 7, 8) have largely remained the same. There was no significant change in the rate of bereaved individuals, except for a slight decrease in the number of respondents who indicated "children."

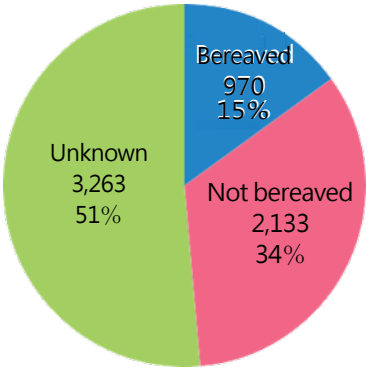

Figure 3: Bereavement status
(total cases; N = 6,366)

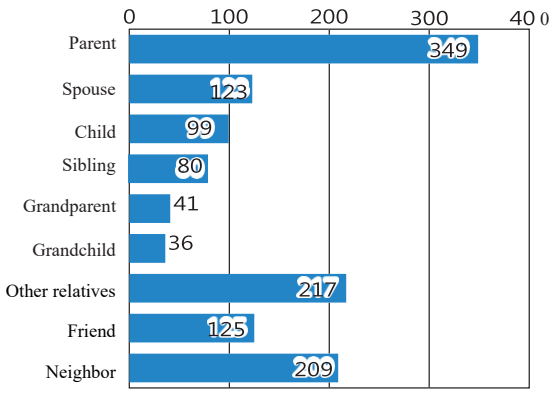

Figure 4: Bereavement details (total cases, multiple answers; N = 970)

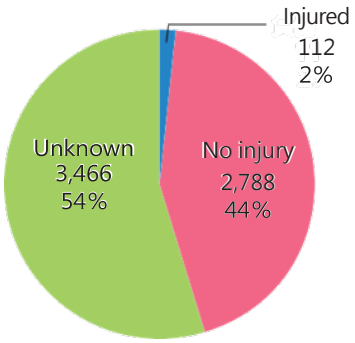

Figure 5: Injury to self or close relative (total cases; N = 6,366)

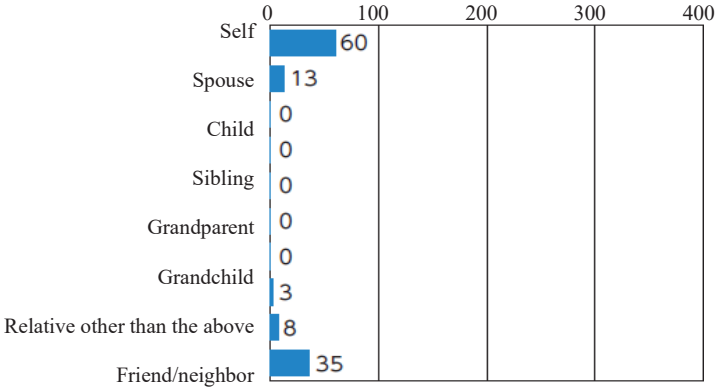

Figure 6: Injury details (total cases, multiple answers; N = 112)

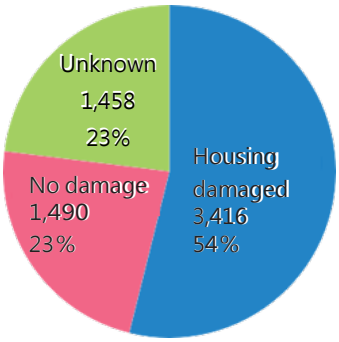

Figure 7: Housing damage (Total Cases; N = 6,366)

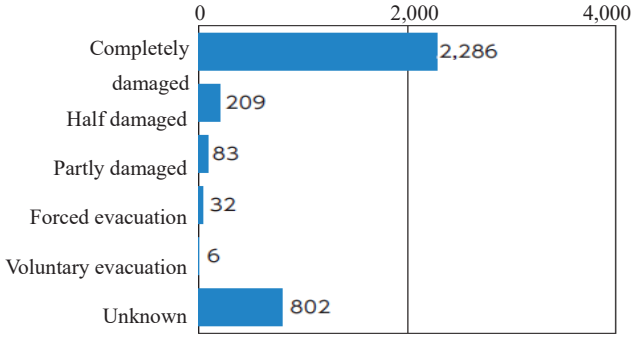

Figure 8: Housing damage details (total cases; N = 3,418)

d. Housing Status (Table 4)

A decrease in the number of cases assigned to container-type temporary housing and apartment-type temporary housing, as well as an increase in the number of individuals living in their own homes or reconstructed housing, clearly indicate that efforts to rebuild and move residents back into their homes are proceeding smoothly.

If we look at the current housing situation by division (Figure 9), at the Kesennuma Regional Center, there are numerous cases of individuals living in their own reconstructed homes, while at the Ishinomaki Regional Center, disaster public housing cases are most numerous. Characteristic differences in the proportions of these types exist.

A disaggregation of individuals living independently in their own reconstructed homes (Figure 10), shows that it is still very uncommon, whereas a breakdown of those living in disaster public housing shows that lone individuals make up nearly half of all residents.

Table 4: Current housing situation (total cases; N = 6,366)

Housing Type	Cases
Own home	3,682
Container-type temporary housing	66
Apartment-type temporary housing	153
Disaster public housing	2,272
Other/unknown	193

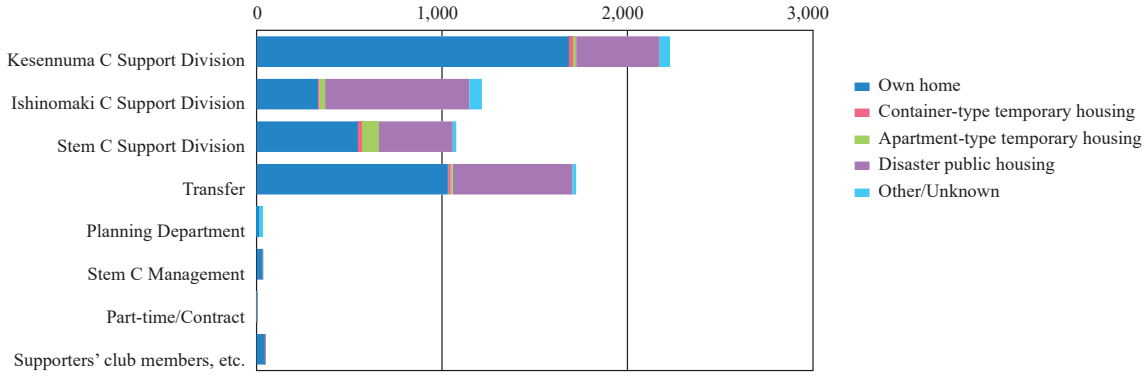

Figure 9: Current Housing Situation by Division (Total Cases; N = 6,366)

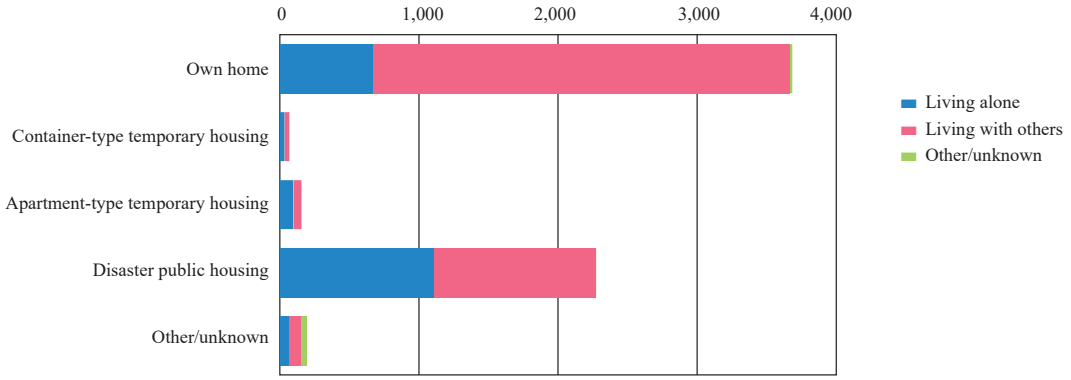

Figure 10: Housing situation by household status (total cases; N = 6,366)

e. Counseling Topics

The proportions of topics like mental health concerns, family and household concerns, health issues, and addiction were nearly unchanged. Compared to how often they were cited in FY 2017, there was a slight decrease in references to "lifestyle changes" and "financial concerns", suggesting that the outfitting and preparation of living spaces had made satisfactory progress (Figure 11).

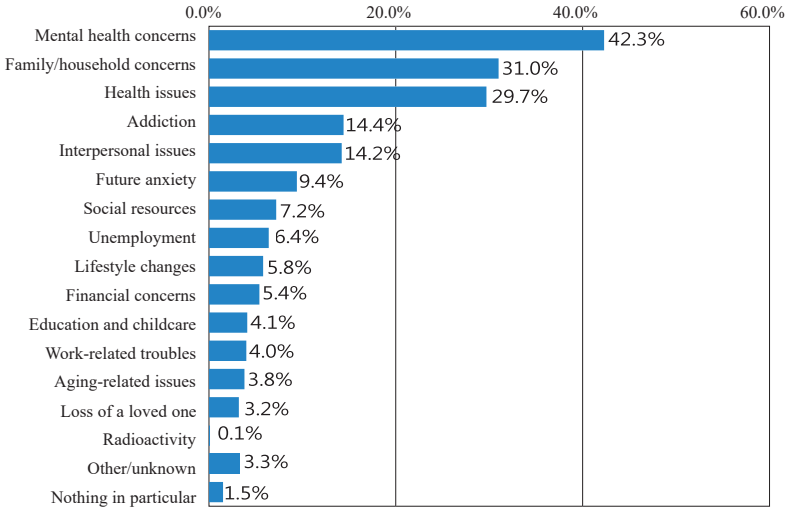

Figure 11: Percentage of valid responses for each counseling topic (total cases, multiple answers; N = 6,366)

f. Mental health concerns

Compared to FY 2017, there was a decrease in sleep problems and an increase in problems with addiction, but other figures did not change much (Figure 12).

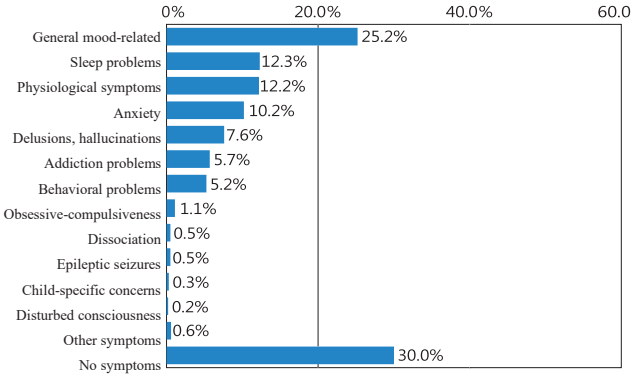

Figure 12: Breakdown of valid responses to the question of mental health concerns (total cases, multiple answers; N = 6,366)

g. Medical History, Illness Period, and Treatment History (Table 5 and Figure 13)

In comparison to FY 2017, there were no major differences in the number of total cases—the percentage of individuals with previous medical history remaining unchanged at 46.6% (FY 2017 44.1%, FY 2018 46.8%). In terms of the breakdown, F2 and F3, the most commonly diagnosed conditions in FY 2017, reversed positions in FY 2018 with F3 becoming the more frequently diagnosed condition, as was the case in FY 2016. Characteristically, F2 cases were much more prevalent before the disaster, whereas F3 cases became more commonplace after.

In 2017, the number of F1 cases that appeared after the disaster was less than 30%. Although this number has continued to rise every year, that trend may have finally been broken this year. Perhaps, as a result, F7 case totals were higher this year than they were in FY 2017.

Table 5: Medical history and current treatment plans (total cases; N = 6,366)

Psychiatric medical history		Cases
Existing medical history	(Currently in treatment)	2,160
	(Treatment ended)	166
	(Treatment interrupted)	582
	(Untreated)	20
	(Treatment status unknown)	41
No medical history		2,476
Unknown medical history		921

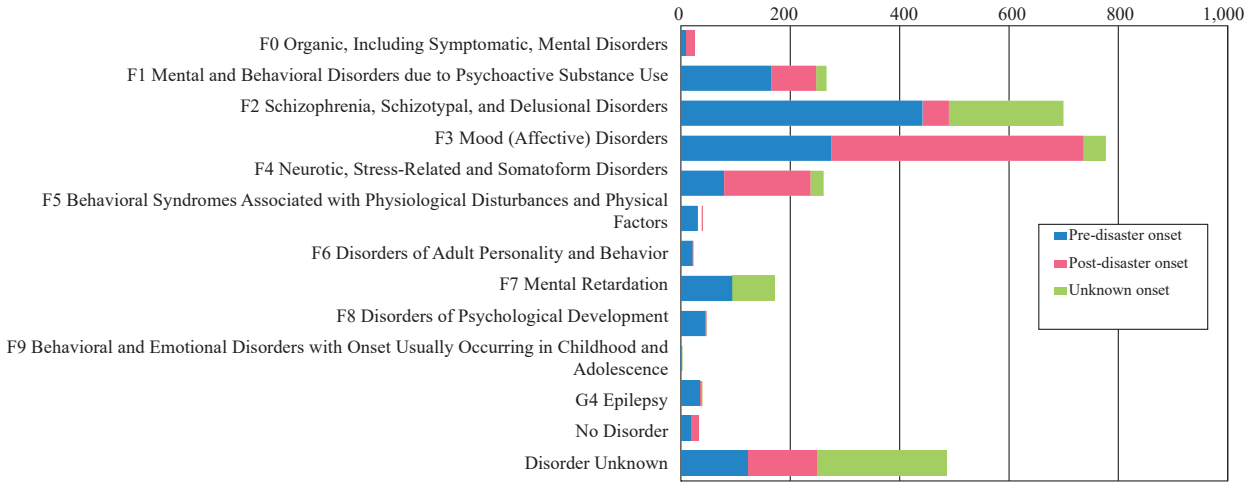

Figure 13: Cases by diagnosis for individuals with medical history (total cases, multiple answers; N = 2,969)

② Descriptions of Support Provided

a. Cases by Support Method and Division

Figure 14 provides a breakdown of support methods by the Community Support Division. Whereas in FY 2017, the grand majority of cases were handled via transfer, in FY 2018, it was Kesennuma Regional Center that processed the bulk of the caseload. From FY 2017 onwards, walk-ins constituted a large percentage of Kesennuma Regional Center's cases. Compared to FY 2017, there was a decrease in the total number of cases handled by the Stem Center Support Division; the number of cases handled by the Ishinomaki Regional Center in FY 2018, on the other hand, exceeded that of the previous year.

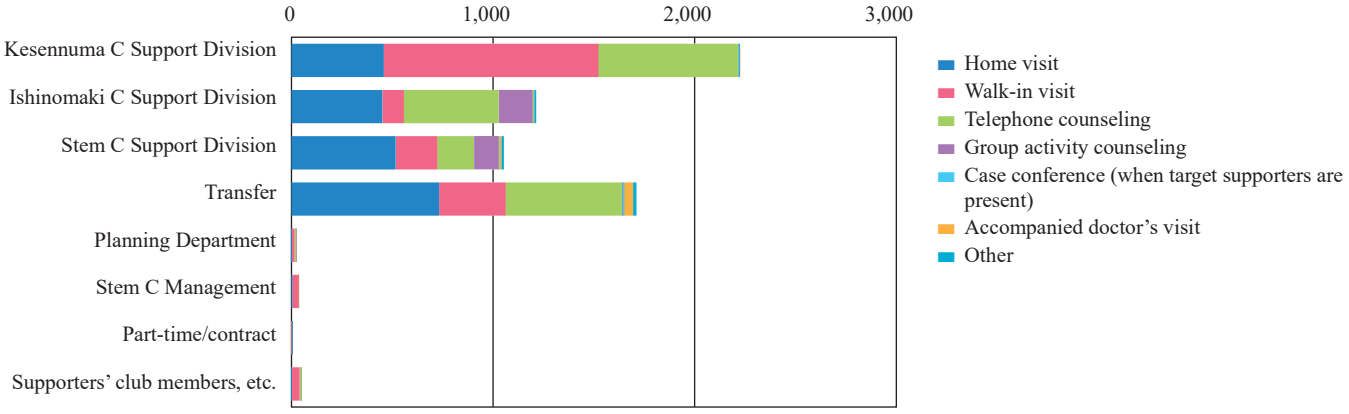

Figure 14: Cases by support method and division (total cases; N = 6,366)

b. Breakdown of Support Targets (Figure 15)

Overall, in contrast to FY 2017, no large changes were observed in the percentages of individuals interested in counseling. Most individuals pursuing counseling were doing so for themselves, followed by those who were doing it for their family members. These two groups constituted the majority of all counseling cases. In the past, requests from "other support workers" were relatively common, but in FY 2018, their numbers were less than half of what they had been in FY 2017.

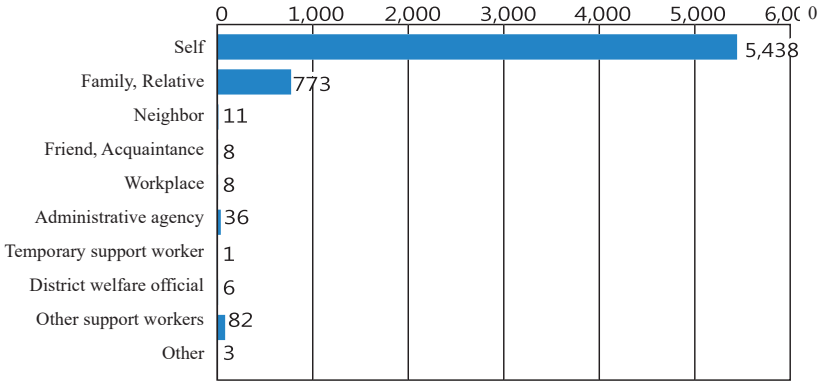

Figure 15: Support targets (N = 6,366)

c. Affiliated Organizations (Figure 16)

The percentage of municipal affiliates has grown since FY 2014, to as much as 71.0% in FY 2018; indicating that their proportions continue to remain quite high (65.7% in FY 2016, 72.8% in FY 2017). On the other hand, in addition to switching the order in which "medical institutions" and "welfare institutions," appear the percentage of health care centers fell considerably—from 10.1% in FY 2016 to 9.2% in FY 2017 to 3.6% in FY 2018. If we look at the divisional breakdown (Figure 17), we see that not only were there no health centers at the Ishinomaki Regional Center, the presence of medical and welfare institutions at the Stem Support Division was quite minimal, with municipal matters comprising the better part of their affairs. Each center has its own set of support activity trends.

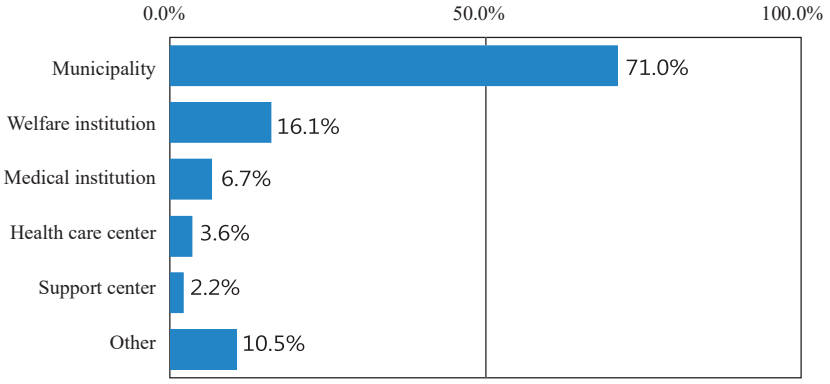

Figure 16: Percentage of valid responses for affiliated organizations (total cases, Multiple Answers; N = 1,128)

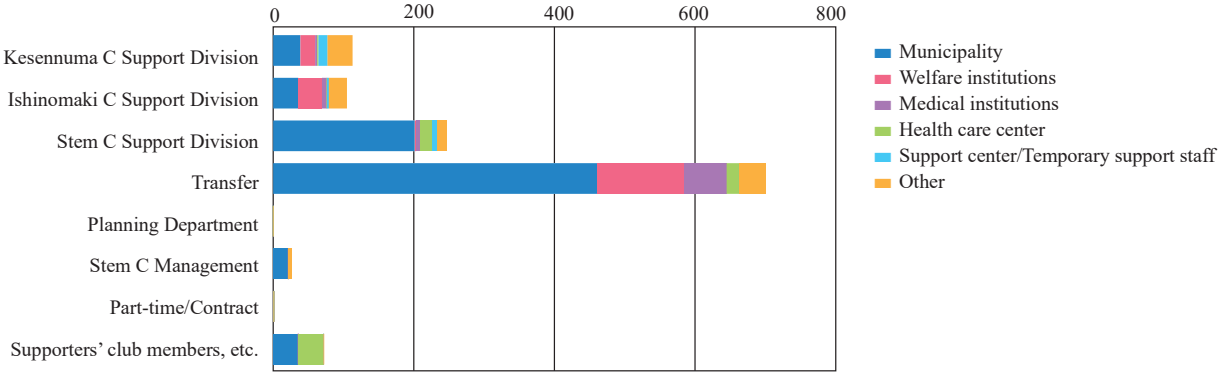

Figure 17: Breakdown of affiliated organizations by division (total cases, multiple answers; N = 1,128)

③ Support Case Termination

Table 6 provides a breakdown of outcomes at the time of the case response. Most cases are ongoing. Among them, the number of "fixed-term" cases decreased by about 500 when compared to last year, although no significant changes in cases being attended to on a "continuing basis" were observed. The number of cases closed either due to improved circumstances or denial of support also decreased, but there was no significant change in the number of cases closed due to referral to another organization.

In terms of a breakdown of the organizations that cases were referred to (Figure 18), there was an increase in the number of cases sent to municipalities relative to FY 2017 (43.2% in FY 2017 to 56.8% in FY 2018).

Table 6: Outcomes (N = 6,366)

	Status	Cases
Continuing	Fixed-term	3,137
	Continuing basis	2,321
	Other	0
Closed	Situation improved	798
	Referral to another org.	95
	Denial of support	15
Other		0

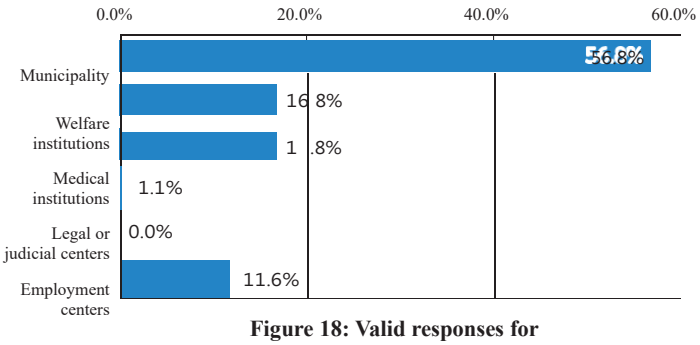

Figure 18: Valid responses for referrals to other organizations

④ Miscellaneous Resident Support

In addition to individual counseling, we also provided resident support by establishing gathering places and conducting social events in different areas.

At the Ishinomaki Regional Center, we set up a "Koko Farm" vegetable cultivation event to provide residents with a chance to socialize, while at the Stem Center, we set up an "Utsukushima Salon" for individuals who had moved down from Fukushima Prefecture. While we plan to continue such initiatives into FY 2019, the "Heart Café" gatherings in Kesennuma will conclude in FY 2018; we intend to hold a class reunion in FY 2019. Furthermore, attendance at social gatherings and other such events have been included in the totals for (3) raising public awareness.

⑤ Summary

The total number of cases handled over the last three years went from 6,752 in FY 2016, to 7,237 in FY 2017, to 6,451 in FY 2018; the numbers remain quite high into this year as well. While cases handled by the Stem Support Division and via transfer, fell, there was an increase in the number of cases handled by the Kesennuma Regional Center and Ishinomaki Regional Center. Differences in regional characteristics and center-specific initiatives affect the number of people served and the total number of cases handled, among other things.

A characteristic of recent years has been the continuing decrease in the number of cases involving home visits, coupled with an increase in the number of walk-in visits. Upon examining a breakdown of referral sources for first-time visitors (Table 3), we see how the number of cases originating from health surveys and door-to-door visits has decreased every year, leading to fewer home visit cases. The following factors may be contributing to this increase in walk-in counseling sessions: an awareness of regional centers and the services they offer in each community; regional public raising awareness activities and other measures that have helped residents take a proactive approach to counsel, after which they continue to attend follow-up visits.

With regards to our support clients' living situations, percentages-wise, we have seen an increase in the number of people living in their own homes and disaster public housing and a decrease in the number of people living in container-type and apartment-type temporary housing. This is proof that reconstruction efforts are making progress. Furthermore, unlike those whose homes have been reconstructed, it appears that individuals who move into disaster public housing predominantly live alone. The fact that elderly residents make up a disproportionately large fraction of disaster public housing residents has already been pointed out; we must develop measures that prevent elderly individuals from having to live alone, as well as strategies to build more interconnected communities.

(2) Support for Supporters

In addition to implementing training sessions and counseling meetings for individuals who provide support to those affected by the disaster, the same supporters were also allowed to attend case conferences where they received advice and guidance from professionals. We also dispatched specialists to various municipalities.

① Targets of Staff Support

A look at the status of support provided to supporters (Table 7) shows that a total of 1,390 cases were handled and that that number has fallen every year; from 1,549 in FY 2017 to 1,492 in FY 2018. While administrative officials continue to play a prominent role, the number of cases involving temporary support staff, volunteers, and others who are deeply invested in disaster relief efforts has decreased even further this year (Figure 19).

While the number of support cases involving "professional guidance and advice," "case conferences," and "support in official duties" has remained high, there has been a yearly-decrease in figures for "professional guidance and advice" and "support in official duties". On the other hand, "case conferences" have increased, as have "community issues" and "workplace mental care."

A breakdown of professional guidance/advice topics shows that while cases involving abuse and alcohol-related problems were most common, the total number of cases decreased when compared to last year (Table 8).

If we examine the division-wise breakdown of support for supporters (Figure 20), we can see that while the total number of cases has decreased, the number of cases at the Ishinomaki Regional Center alone has more than doubled relative to FY 2017. If we look at the breakdown of each center, we see

that transfers handle the vast majority of cases of support for official duties, and that case conferences comprise the majority of this work at the Stem Support Division, professional advice, and guidance and checkup support comprise the majority at the Ishinomaki Regional Center, and setting up counseling help desks comprises the majority at the Kesennuma Regional Center. The initiatives of each center have their characteristics.

As for the details of professional advice and guidance given at each division (Figure 21), the percentage of cases involving "abuse" was the highest at the Stem Support, Transfer, and Stem Management divisions, and alcohol-related problems were high at the Ishinomaki Regional Center and among transfers.

Further, the reason "Other" percentages are so high across the board is the presence of advice and guidance (save regarding abuse) in child mental health projects.

Table 7: Status of support for supporters

Support case info	Cases	Targets
Post visit/interview report	81	119
Professional guidance/advice	344	1,259
Regional problems	47	365
Workplace mental health	17	35
Case conference (when target supporters were absent)	339	1,236
Setting up a counseling help desk	73	100
Health exam support	86	603
Administrative support	340	579
Other	63	295
Total	1,390	4,591

Table 8: Professional guidance/advice topics (total cases, multiple answers; N = 344)

Topic	Cases
Alcohol-related problems	39
Gambling problems	1
Prescription drug abuse	0
Depression	12
Complicated grief	1
PTSD	3
Abuse	59
Other	258

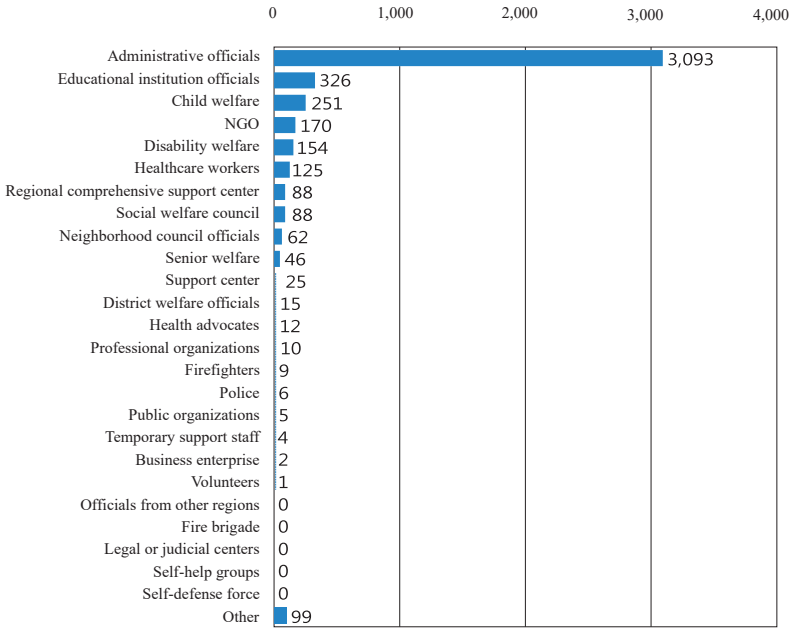

Figure 19: Support target information (total number of individuals; N = 4,591)

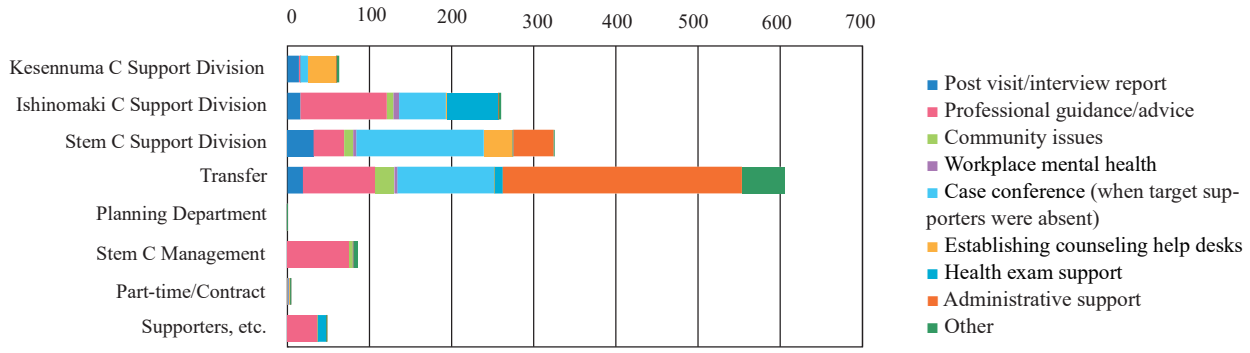

Figure 20: Support for supporters by division (total cases, Multiple Answers; N = 1,390)

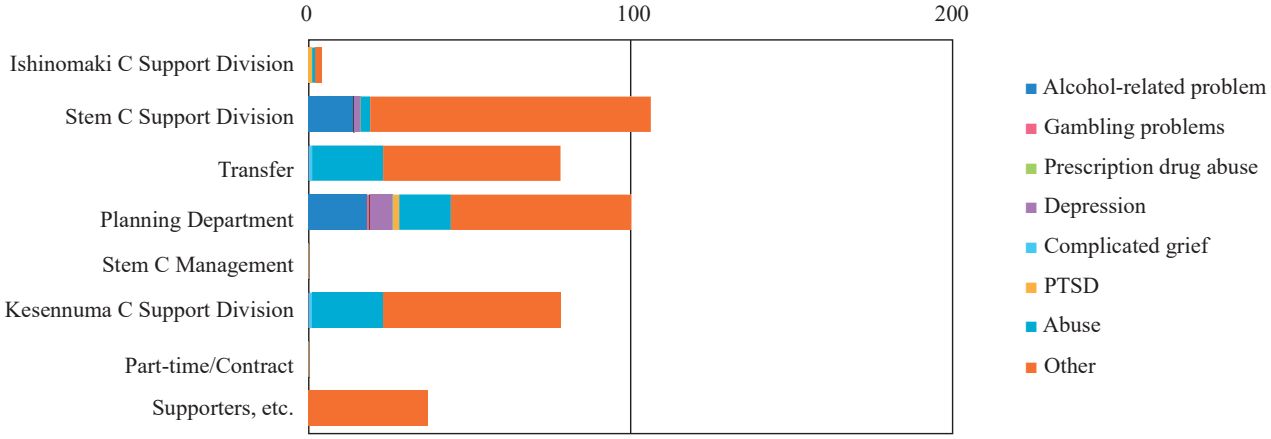

Figure 21: Professional advice and guidance topics by division (total cases, multiple answers; N = 344)

② Professional aid for municipalities

In FY 2017, we deployed eight employees to seven municipalities. We began FY 2018 with the same arrangement; however, after one of our clinical psychologists ended their deployment in the middle of the year, we were left with a total of seven employees in seven municipalities. In terms of their professions, one was an occupational therapist, and the rest were psychiatric social workers.

③ Summary

Overall, while the number of cases of Support for Supporters has declined from year to year, the achievements of the Ishinomaki Regional Center have increased. As "professional advice and guidance," "health exam support," and "case conferences" comprise the majority of cases across all centers, in FY 2018, there was a surge in "health exam checkups" which included 63 cases at Ishinomaki Regional Center. One mitigating factor is perhaps the growing need to respond to recipients of infant medical examinations, which we can assume was an important service offered by the Support for Supporters umbrella project in FY 2018.

As for transfers, although one employee left midway through FY 2018, the transfer system itself remained largely unchanged. Transfers were typically assigned several "official duties" that varied considerably and required flexibility and versatility. This made it difficult for us to translate their essence into business statistics. As we reevaluate the work of this center in the future, we must determine, in collaboration with the agencies to which they will be deployed, what systems the transfers will belong to and what manner of the work they will do.

(3) Raising public awareness

① Producing and publishing public awareness materials

We took part in a variety of initiatives designed to deepen post-disaster understanding of mental health and health care in general, including distributing pamphlets, working with news agencies, conducting educational workshops and running salons, etc. Issues 19 and 20 of our PR magazine were published in August 2018 and January 2019, respectively (Table 9). In addition to reprinting our "MDMHCC pamphlet" and "Let's Learn! How to Engage with Alcohol," we developed and distributed a new "Self-Care for Children" pamphlet during our children-oriented events (Table 10).

Table 9: PR Magazine Issues

Issue	Month	No. printed
19	August	2,000
20	January	1,900

Table 10: Pamphlet Information

Distribution area	Title and contents	Print type	Copies printed
Prefecture-wide	MDMHCC Pamphlet	Reprint	1,000
	Let's Learn! How to Engage with Alcohol	Reprint	4,000
	Self-Care for Children	New	3,000

② Public awareness training (Table 11)

We are asked every year to present on topics such as "stress, mental health care, and self-care," as well as "addiction problems (alcohol, etc.)." With regards to our "stress, mental health care, and self-care" presentation, not only were we asked to plan community events by neighborhood councils, high schools, universities, and even daycares, for parents and guardians. Many more people have come to need this training in recent years. We also held this workshop not only in coastal regions but throughout the prefecture.

As for content related to "addiction problems (alcohol, etc.)," "Danshukai Meeting Experiences" held regularly in certain towns and cities by nearly the same group of members comprised the bulk of our work. The number of times we were able to hold public awareness programming decreased from 84 last year to 75. One of the items that decreased most was "workplace mental health," (FY 2017 13 times → FY 2018 3 times).

Table 11: Educational Workshop Topics (N = 75)

	No. held	Total attendees
Emotional response to the earthquake	1	80
Mental illness	6	127
Basic listening skills workshop (for bereaved families, etc.)	3	24
Addiction problems (including alcohol)	26	144
Earthquake's effect on children	3	170
Stress and mental health care, self-care	30	1,314
Physical health	0	0
Mental health at the workplace	3	97
Current status of affected areas and MDMHCC programming	3	94

Table 12: Salon Activities (N = 125)

	Center Division					
		Kesennuma	Ishinomaki Stem	Transfer	Other	Total
MDMHCC-held or joint	34	18	28	0	13	93
Cooperation with another organization	2	5	9	16	0	32

③ Salon activities (Table 12)

Salon activities organized individually or jointly by each center consist primarily of the following: Male Life (support program aimed at residents at risk of social isolation, Kesennuma Regional Center); Dementia Café: Kokoccha (Kesennuma Regional Center); Koko Farm (social exchange via fieldwork, Ishinomaki Regional Center); "Natori Health Salon (temperance meeting, Stem Support Division), and Utsukushima Salon (exchange with refugees from Fukushima, Stem Support Division). Each had its characteristics.

We also cooperated with other organizations that held multiple health counseling conferences and social events.

④ Summary

In addition to the work described above, this year we also disseminated information via our website—we uploaded issues 5 and 6 of our bulletin—and a mail-in magazine. To communicate the work this center does to a global audience, we are currently in the process of preparing English translations of these issues as well. We also plan to develop an official activity record that summarizes our work thus far.

As we approach the ninth anniversary of the disaster, however, some certain salons and events will no longer be held, and certain activities and programs whose scale or frequency will be reduced. We will carefully consider both the needs of our current participants and our administrative and organizational capabilities before determining whether to continue a program and how it will continue.

(4) Human Resource Development

① Overall Project Status

We implemented a variety of training events aimed at developing both professional and supporter human resources (Table 13).

While there has been a reduction in our total caseload since FY 2017, there has been an increase in training programs related to child mental health and suicide prevention.

About addiction, in FY 2018, we conducted training workshops for municipal workers at different medical institutions and held a skill-up alcohol abuse case study conference for individuals who had already taken one of our courses.

We had support skills training in HR development activities (labeled "Other" in Table 13) including workshops on cognitive behavioral therapy, "Exercise for Heart and Mind (13th and 14th)," "Psychological Skills Training, v. 1-3," and Psychological First Aid (PFA) organized in collaboration with the Tohoku University Graduate School of Medicine's Department of Preventive Psychiatry. We also held events to introduce medical welfare personnel to cognitive-behavioral approaches that they could use in their daily support work or during medical examinations. PFA training workshops, held at the request of various groups, included the WHO PFA Workshop and PFA for Children. A PFA booster course aimed at personnel who attended our Training of Trainers workshop in FY 2017, is also included in this total.

Concerning child mental health training, our primary efforts are in the areas of education, child welfare, and medical personnel. We taught attendees how to interact with children following a disaster and their possible reactions, as well as how to interact with them regularly. The content of these events varied considerably.

Table 13: Human Resource Development Activities (N = 136)

Description	No.	Attendees
Earthquake relief conference	0	0
Media conference	0	0
Addiction problems	19	441
(Alcohol)	(19)	(441)
(Other addictions)	(0)	(0)
Support skill workshop	42	1,678
(Listening skills)	(2)	(63)
(Stress, mental health, and self-care)	(3)	(256)
(Other)	(37)	(1,359)
Mental health workshop for Supporters	2	205
Workplace mental health workshop	7	325
Children's mental health workshop	26	1,620
Seniors mental health workshop	1	18
Countering suicide workshop	19	661
Mental illness/disorder workshop	5	94
Affected areas and MDMHCC programming	4	279
Case study	9	52
Other	2	44
Total	136	5,417

② Summary

In FY2018 as well, the most commonly held training workshops were those related to temperance and PFA. The workshop content demanded of our specialists also changes from year to year. Previously, demand was highest for content regarding “listening” or “stress,” but needs are changing, and PFA-specific content “which will be of use to attendees in the event of a new disaster”, or cognitive behavioral therapy, which can be utilized in everyday support work, have both come to be highly desired. We did not hold any media conferences or earthquake relief conferences in FY2018.

Amidst these changes, the demand for workshops on children, alcohol abuse, and suicide remained high. Some reasons for this include the growing recognition that these topics reflect major issues confronting several communities that have, in recent years, led to several cities and towns creating advanced community suicide prevention plans; the implementation of the Basic Act on Measures against Alcohol-Related Harm; and the drafting of other basic plans. These initiatives demonstrate that interest in these topics remains high.

(5) Research

To summarize this center’s achievements and communicate them to the outside world, we continue to engage in a variety of outreach initiatives. In FY2018, we carried out 16 research presentations, issue presentations, and lectures.

There were multiple presentations on disaster-affected cohort studies and child/PFA related topics. We also put on joint presentations regarding hikikomori support and publicized various SST initiatives through radio programs at the Kesennuma Regional Center, and summary activities in specific cities and towns. A breakdown of the content disseminated through these publicity initiatives is given below.

Year	Month	Presenter	Research Title
2019	February	Naru Fukuchi	What training programs were needed in Japanese communities after the Great East Japan Earthquake and Tsunami of 2011?
2019	February	Naru Fukuchi	Interviewing adoptive and foster parents who have children with developmental disabilities: preliminary interview to develop a special parent training program
2019	February	Naru Fukuchi	What child psychologists can do in emergencies
2019	February	Naru Fukuchi	Psychological education for parents and children in the wake of large-scale disasters
2018	December	Naru Fukuchi	Community-based preparation for future disasters – The significance of training in Psychological First Aid (PFA) for Children
2018	December	Naru Fukuchi	The effect of large-scale disasters on communities and a discussion of future preparations – Disaster mental health as a public health issue
2018	November	Mitsuaki Katayanagi	The potential for SST via radio broadcasts in a disaster-affected region of Eastern Japan
2018	September	Yumi Suzuki	What we have learned from the Tagajo Disaster Survivors Health Support Project
2018	September	Reira Onuma	What we have learned from our support of a hikikomori
2018	September	Naru Fukuchi	Human support guidelines in emergencies – Focusing on Psychological First Aid for Children
2018	September	Naru Fukuchi	Creation of our FY 2017 Bulletin, Issue 6
2018	July	Naru Fukuchi	Child psychoeducation in the outdoor camps for children who were affected by the Great East Japan Earthquake
2018	June	Naru Fukuchi	Children with developmental disorders and evacuation shelters
2018	June	Shusaku Chiba	Study of longitudinal support for children born after the disaster ② – The results of a health survey in Miyagi Prefecture of parents and guardians with children born after the disaster
2018	June	Naru Fukuchi	Study of longitudinal support for children born after the disaster ① – The results of a health survey in Miyagi Prefecture of children born after the disaster
2018	June	Naru Fukuchi	The effects of the Great East Japan Earthquake on child mental health and development – A cohort study of disaster-affected areas

(6) Support for Various Activities

We cooperated with other support organizations in a variety of ways, including by backing their activities. The following are some of the key activities we contributed to.

- Helped with interviews looking back on “Energetic Classrooms”
- Participated in “Sharing Meetings” in a gesture of support for bereaved families
- Helped manage a “Seagull Meeting” for individuals with higher brain dysfunction
- Provided psychological care to disaster survivors in Malaysia

3. Summary

Compared to the previous year, there was a decrease in the number of resident support cases handled by the center in FY 2018. A breakdown reveals a decline in the number of counseling cases, specifically in cases involving home visits and health surveys or door-to-door visits. Progress in the construction of disaster public housing and the reconstruction of private homes likely decreased the number of individuals needing such services, and the reduction in the number of municipalities participating in such programs no doubt also contributed to this pattern.

On the other hand, this year saw an increase in the number of walk-ins and group activity counseling cases. Reasons might include an increase in the numbers of attendees seeking counseling at group events, and individuals seeking walk-in counseling following joint events with educational institutions and other affiliates.

While counseling cases that were prompted by health surveys were once far and away from the most common type of case, in the future, we can expect the kind of diversification of referral types that we saw this year, to continue. This will throw the differences in programming between the centers into greater relief.

In terms of Support for Supporters, a yearly increase in the percentage of cases accounted for by case conferences appears to be a characteristic pattern. As this center approaches eight years of service, local cases are shared with local divisions, and the tendency for multiple parties to work together to address a patient's needs grows ever stronger. Since many cases are the product of complicated circumstances, we believe it may be necessary from a care management perspective to prepare support systems consisting of multiple interdisciplinary teams.

As for our support skills training workshops, which are one of our many human resources development initiatives, we have moved from themes of "listening" and "self-care" to events that deal with skills that would prove valuable when responding to new disasters, such as PFA. Recently, many educational institutions have expressed their interest in participating in some of our workshops, and we must consider combining our customary approaches, with training on issues of interest to many communities, such as abuse and suicide, to provide individuals with the opportunity to acquire tools that will prepare them for future disaster occurrences.

About raising public awareness, one of our biggest issues is determining how to continue to provide information to the public via our website. In FY 2018, we began to publicize English versions of our bulletins, and while we continue to evaluate others' access to our material, we would also like to explore alternate avenues for promulgating the achievements of this center and the tools that we have developed. From the perspective of preventive psychiatry, we expect our current and future public awareness efforts—which extend across various communities—to grow ever more valuable. We hope to make full use of the various techniques and approaches we have cultivated at this center to generate highly effective public awareness strategies.

Our research in FY 2018 culminated in reports on PFA, hikikomori, and high-risk support targets. We are also carrying out a child cohort study in three prefectures, as well as research on our salon activities. Not only do we expect the results of our salon study to help us decide whether or not to continue our salon activities, but we also hope that by comparing the results of our salon work with that of other organizations, we will be able to gain insights that can be used to effectively manage salon-type initiatives in the event of another disaster. It is quite common for salon-type activities to serve as a form of support in the wake of a disaster. To better prepare for future disasters, we believe it is important for us to review and analyze our previous achievements.

Eight years have passed since the earthquake. Though resident support and Support for Supporters cases have largely trended downwards, the issues remaining in our communities are as complex as ever, and many of the problems we face defy easy solutions. As we continue to conscientiously respond to these myriad challenges, we must examine the roles and functions of both this center and its affiliates as we explore the possibility of a new psychiatric welfare system for our communities.