

# Ishinomaki Regional Center Activity Report

Miyagi Disaster Mental Health Care Center

Ishinomaki Regional Center Community Support Division

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## Introduction

Following the reconstruction of the Shin-Ishinomaki Joint Government Building, which had been damaged during the Great East Japan Earthquake, the Ishinomaki Regional Center of the Miyagi Disaster Mental Health Care Center (hereinafter this center) moved from 1-4-32 Higashinakazato, Ishinomaki, located about 15 minutes by foot from Ishinomaki City Hall, to 5-7 Ayumino, Ishinomaki in Shin-Hebita, about 25 minutes away by car. The new building is in Hebita district, in the western part of the city. The Sanriku Transit Expressway runs through the southern part of the district, most of which has been used as agricultural land. The “Ishinomaki Disaster Reconstruction Plan,” which prioritized the rapid reformation of a livable environment for disaster-affected individuals, proposed the comprehensive development of a new urban settlement in Hebita district. As dictated in the Reconstruction Preparation Plan, approximately 46.5 ha of the land readjustment project area would be converted into commercial and residential land. Before the disaster, most of this land was the countryside; since then, however, there has been rapid residentialization. Of the 4,100 houses that the city of Ishinomaki planned to build for disaster-prevention group relocation purposes, approximately 30%—or 1,230 houses, with a potential residential population of 3,500—have been built so far. Disaster public housing now surrounds the Joint Government Building. We used to make home visits to this area, to administer health sur-



veys.

Map taken from [https://www.google.com/maps/d/u/0/viewer?mid=1ipzN07AgD0PmY\\_5\\_y5SDuvvvUeH-xf9w&ll=38.42561517557333%2C141.33483136759742&z=12](https://www.google.com/maps/d/u/0/viewer?mid=1ipzN07AgD0PmY_5_y5SDuvvvUeH-xf9w&ll=38.42561517557333%2C141.33483136759742&z=12)

Figure 1. Tsunami Flooding in Ishinomaki Caused by the Great East Japanese Earthquake

The MDMHCC operates in three locales—the cities of Ishinomaki and Higashimatsushima, and in the town of Onagawa.

In early FY 2018, our center had a staff of ten individuals: one part-time psychiatrist as president, four full-time psychiatric social workers, one public health nurse, one occupational therapist, one administrator, and two part-time public health nurses. The occupational therapist was transferred to Ishinomaki; two of the four psychiatric social workers were also relocated—one to Higashimatsushima and the other to Onagawa. Our center lost two people from the 12-person strong staff it had as of April 2017.

As of September 2018, Ishinomaki had a population of 144,823; 61,348 households; and a land area of 554.5 km<sup>2</sup>. Higashimatsushima had a population of 40,192; 15,827 households; and a land area of 101.9 km<sup>2</sup>. Finally, Onagawa had a population of 6,504; 3,118 households; and a land area of 65.8 km<sup>2</sup>. Together, these two cities and one town constitute MDMHCC's area of operation. Combined, they give us the following figures: population: 191,519; the number of households: 80,293; total land area: 722.2 km<sup>2</sup>.

On April 1, 2005, Ishinomaki merged with the neighboring towns of Kahoku, Kanan, Kitakami, Monou, and Ogatsu—all from the former Monou District—along with Oshika town from Oshika district, to form the new city of Ishinomaki.

The population of Ishinomaki over the past eight years is listed in Table 1.

**Table 1. Changes in the Population of Ishinomaki (Each Year, At the End of September)**

Year	Ishinomaki				Higashimatsushima				Onagawa			
	Households	Population	Men	Women	Households	Population	Men	Women	Households	Population	Men	Women
2010	60,818	163,216	78,726	84,490								
2011	58,142	153,452	74,254	79,198	14,651	40,762	19,981	20,781	3,463	8,607	4,251	4,356
2012	58,809	152,250	73,766	78,484	14,717	40,457	19,800	20,657	3,436	8,153	4,007	4,146
2013	59,391	151,068	73,270	77,798	14,881	40,330	19,794	20,536	3,323	7,647	3,766	3,881
2014	59,903	150,114	72,913	77,201	15,078	40,169	19,753	20,416	3,237	7,229	3,556	3,673
2015	60,412	148,968	72,446	76,522	15,305	40,183	19,757	20,426	3,171	6,930	3,431	3,499
2016	60,988	147,926	71,997	75,929	15,505	40,279	19,799	20,500	3,175	6,779	3,359	3,420
2017	61,268	146,516	71,283	75,233	15,665	40,268	19,787	20,481	3,182	6,668	3,299	3,369
2018	61,348	144,823	70,436	74,387	15,827	40,192	19,753	20,439	3,118	6,504	3,213	3,291
3/2018	Aging rate		31.80%		Aging rate		28.00%		Aging rate		37.00%	
9/2018	Public assistance rate		10.58%		Public assistance rate		8.16%		Public assistance rate		10.83%	
(East welfare dept.)												

\*2018 figures for Higashimatsushima are current as of the end of July.

\*Aging rate and public assistance rate for Miyagi Prefecture: 26.9% and 12.46%

While the population of each city and town above has declined since the disaster of 2011, in recent years, the number of households in Ishinomaki and Higashimatsushima has increased, and the number of nuclear families appears to be rising. The aging rates of these three municipalities exceed the Miyagi Prefecture average, but their public assistance rates are lower than that of Miyagi Prefecture as a whole.

Here, we will introduce and discuss some of the activities that this center participated in, in FY 2018.

### Characteristics of this center and its activities

The primary focus of our activities is resident support, which takes up more than half our time. As a rule, health surveys that are carried out at the city of Ishinomaki's urging are conducted by multiple people. Because staff members at this center have experience working for other municipalities within the prefecture, we believe that having a young staff member visit paired with an older, more experienced counterpart will serve as a positive experience for the young staffer. A public health nurse and the psychiatric social worker together carry out home visit surveys; by conducting visits with different people from varied professional backgrounds, we believe that we are capable of carrying out assessments by considering multiple angles.

Other activities characteristic of our center are salon activities (e.g., *Koko Farm*), mental health care workshops, human resource development training for supporters, and Danshukai experience meetings. These activities have been conducted smoothly thanks to this center's employees, who actively take on whatever duties are possible.

In light of this center's relocation to a new facility (as mentioned previously), several of our salon projects were brought to a close this year.

We have organized a handicraft (collage) class for apartment-type temporary housing tenants to provide them with a place to mingle with each other since 2013. This initiative was brought to a close in December 2017. Further, the handicraft class (renamed life skills class in May 2016) began in September 2015 was brought to a close at the beginning of this year.

We began organizing art exhibitions and social events for tenants of apartment-type temporary housing in 2012. Once we had moved into the new Joint Government Building this year, we decided to thank all of the disaster survivors who had helped us with this process by holding one last "Gathering for Gratitude" in November 2017. This initiative was subsequently brought to an end.

Since April 2018, the MDMHCC has been involved in only one salon-type activity: the Koko Farm initiative.

## 1. Resident support

### (1) Individual support

#### ● Individual support

This center's primary area of operation is Ishinomaki city. Following requests from both Ishinomaki and the prefecture to assist with a health survey of disaster public housing tenants in the area, we started providing home visit-based individualized support. We prioritized cases that required continuous support, after notifying the city. Eight years have passed since the disaster, but the issues our people face have only grown more complex as cases in which several are present at the same time, continue to increase. There are many instances in which clients and support targets require time-intensive support for multiple issues such as pension-disbursal, welfare payments, and medical examinations for the sick.

After eight years of activity, this center has built a name for itself, and telephone counseling cases continue to increase slowly but surely. Although we specialize in support for victims of the Great East Japanese earthquake; there have been times when we have had to respond to cases that ought to have been handled by existing institutions. However, since the entirety of Ishinomaki is disaster-affected it is often difficult to determine the extent of its effects.

### (2) Salon activities for community residents (group activities)

#### ● Koko Farm Project

The Koko Farm Project has been running for six years, since 2013. The purpose of the project is to give isolated disaster survivors living in container-type and apartment-type temporary housing, a chance to regain their mental and physical health. Many of the participants had been flagged for having high K6 scores, or alcohol-related issues, by the health surveys that had been requested by the city of Ishinomaki.

Creating a space where people can experience a change of pace, and interact with others while growing vegetables and flowers, has allowed participants to regain their mental and physical health. As of FY 2018, this program had served a total of 1,266 people.

Koko Farm participants have achieved the following. They have:

- regained confidence in their physical stamina; become happier; and started part-time employment
- begun therapy for depression and insomnia, allowing them to resume employment
- started visiting Type B Continuous Employment Support Offices
- begun using daycare and nursing facilities
- moved back to their disaster-affected home regions and into reconstructed housing, where they are doing volunteer fieldwork
- lost their family and moved into a facility
- started participating in the Danshukai while receiving support for alcohol-related issues and eventually became an officer in their neighborhood council

As you can see, this project has transformed participants' lives in many different ways.

From March to December 2018, the project was held twice-monthly—on the second and fourth Thursday of every month—from 9 AM – 11 AM (breaks included). This year 18 people—8 men and 10 women—participated. Only one of the male participants was new to the program.

Since July 2017, participants have used taxis for transport to and from the event, and due to problems with capacity, we stipulated that any new participants must be able to arrange their transportation. This has caused a gradual decline in the number of participants, over time.

August 2018 was quite hot, which forced us to suspend a few meetings, bringing the total meeting count to 17. The program had a total of 222 participants, 106 of whom were male and 116 female, with an average of 13 participants per meeting.

The average age of participants in FY 2018 was 70.6; male participants were 74.5 years old on average and female participants, 67.6. One additional volunteer joined the project this year, making our regular staff three people strong. Staff attended meetings a total of 59 times.

Both participants and volunteers chose which plants were to be cultivated and how the work would be done. Twenty-two plant species (potato, daikon, carrots, spinach, garlic chives, cucumber, eggplant, bell pepper, squash, Napa cabbage, kidney beans, jute mallow, bok choy, Santounga (a type of Chinese cabbage), onion, garlic, chili pepper, green beans, chrysanthemum greens, cabbage, and Japanese ginger) and two flower species (cosmos, chrysanthemum) were cultivated. We continued to donate vegetables grown (Napa cabbage, potatoes, daikon, onions, etc.) to three children’s food halls run by the Ishinomaki Social Welfare Council and NPOs. This initiative began in 2017 at the suggestion of a participant.

Participants told us that they felt that like they had had fun and become active thanks to Koko Farm and that this helped them feel better. We believe it contributed to participants regaining their health and coming to terms with the disaster.

As part of the program, we hold a “harvest festival” in December every year to cap off the year’s work. Participants looking back on their work that year, shared the following thoughts with us: “Every time I come to Koko Farm and see everyone’s faces, I feel so relieved,” and “I felt so depressed before participating in the fieldwork here, but now that I’ve been doing it for a while, I feel so much better.” Participants looked forward to seeing each other at each session, and several became quite close as a result of their participation.

Six years have passed since Koko Farm’s inception; and even as program participants regain their health, they continue getting older. One of the most pressing issues facing the program today is how it should end, and how to continue to provide the kind of support to elderly participants that will allow them to continue to live in their home communities. We must consider how best to provide support to Koko Farm participants in the future.

**Table 2: Koko Farm Program Details**

Activity period and length	Number of meetings	Total number of users	Total number of volunteers	Total staff	Total number of participants
March-December Twice/month 9:00-11:00	31	222	59	71	352

## 2. Support for supporters

### (1) Transfer

#### ① Ishinomaki Transfer

Ishinomaki transfer employees joined the Ishinomaki Health Promotion Division’s Adult Health team and were put in charge of health support projects for disaster survivors. They carried out the following tasks: home visit health surveys of disaster public housing areas; contact coordination with various support groups; summarizing work; transferring work to other divisions and organizations after home visits had been completed. Additionally, they formed survivor support teams with city public health nurses and accompanied them on their home visits. As occupational therapists, they provided support to the Disuse Syndrome Prevention Project (also known as the *Yuikko Project*), the Association for Families with Executive Dysfunction, and the early-onset dementia projects.

The following is a report of our activities in Ishinomaki.

Ishinomaki, which is the Center's primary main area of activity, is working to carry out an independent home visit health survey of tenants of disaster public housing, etc. This project is a support measure initiative, drawn up by the city, under the Disaster Victim Independent Living Reconstruction Program. Its objective is to ascertain the health status of disaster public housing tenants; to understand their needs, clarify the health issues they face, and connect individuals in need of follow-up to specific health support programs. The results of this survey are also being used to promote the support measures required to maintain and improve the health of individuals living in disaster public housing projects. This project, which was initiated in 2015, uses the results of a health survey that is administered when individuals apply for occupancy in disaster public housing, to have specialists visit the homes of all households moving into disaster public housing between 1 to 2 months after they have moved in and conduct an interview-style health survey. The targets for FY 2018 were individuals who had moved into disaster public housing between February 2018 and January 2019.

This year, the transfer employees primarily responsible for Support for Supporters duties at the Ishinomaki Department of Health's Health Promotion Division formed a disaster victim support team with two public nurses: one that was appointed by Miyagi Prefecture and one who had been dispatched under the Local Autonomy Act and were tasked with compiling the results of a home visit health survey of Ishinomaki's disaster public housing tenants; mediating requests; contacting contracting organizations, and carrying out joint home visit surveys with the aforementioned public health nurses.

Much as we did last year, we conducted an interview survey of tenants 40 and older about whether or not they ① felt they tended to forget things often, and ② felt as if their forgetfulness had increased in the past year. With consent from the individuals or their families, tenants found to be forgetful or to have the peripheral symptoms of dementia were put in touch with the "Ishinomaki Early Dementia Intensive Support Promotion Project," which is run by the Nursing Insurance Division. Due to their recent relocation into disaster public housing and other associated changes, a very large number of individuals indicated that they were being forgetful.

To develop problem-solving approaches for dementia patients with multiple lifestyle issues, while providing them—and their familial caregivers—the kind of unified, sustained support they needed, we attended the "Early Dementia Intensive Support Promotion Project Team Member Conference," which is organized every month by the Nursing Insurance Division, and exchanged information with them. Our involvement in this project led to our participation in the planning and management of the "Renju Meeting," an event for young dementia patients and their caregivers, in Ishinomaki. Next year, at the request of familial caregivers, we plan to hold social exchange events on six different occasions throughout the year. In March 2019, the keys to the final, semi-cooperative, disaster public housing units were handed over, and next fiscal year the "Ishinomaki Disaster Public Housing Tenant Home Visit Health Survey" project, begun in 2015, will end. In the future, the indices for disaster victims' health support needs, specifically their mental health support needs, will be determined by yearly health surveys of tenants living in disaster public housing, conducted by Miyagi Prefecture and the city of Ishinomaki.

Following requests from the Ishinomaki Health Promotion Division, the staff of this center oversaw the home visit surveys of 72 out of 90 households and 119 out of 139 individuals between April 2018 and February 2019 (implementation rate 80.0%). Many of these survey targets were single-person households (particularly men); unemployed; and had no one to confide in. Twenty of the 36 single-person households surveyed were male-headed. In the future we will conduct home visit surveys of familial households at risk of the "80-50 Problem," a social issue centered on what will happen when the parents of "shut-ins" or recluses (hikikomori), who are entirely dependent on them, grow too old (aged 80) for them to be providers, leaving their adult children (aged 50) helpless. The results of the health survey are as follows. The most common primary reason for an individual to need support

interventions, by our estimation, was lack of post-disaster mental health care (4 households, 6 people), followed by poor health due to disease or illness (2 households, 4 people), financial issues (3 households, 3 people), and support for caregiver insurance procedures (1 household, 1 person). Prolonged residence in temporary housing strains the mind and body, and there are many individuals currently living in poverty who do not meet the requirements for public assistance and are therefore forced to tough it out. While they did not require any emergency support as of the time of the survey, we identified individuals that may need support in the future, such as individuals at risk of poor mental health; youth at risk of developing intractable diseases; and individuals who may require adjusted nursing insurance. We shared this list with the Health Promotion Division and the Nursing Insurance Division.

The FY 2018 Disaster Victims Health Supporter Conference was hosted by the city of Ishinomaki, in three sessions, on three separate days: May 16, 2018; December 3, 2018; and February 20, 2019. From the second session onwards, it served as a place for affiliated organizations, contract organizations, and individuals in the field, to discuss a range of topics, such as health issues affecting disaster victims; concerns about poverty; suicide countermeasures; and how to deepen the relationship between stakeholders. The FY 2017 Ishinomaki health survey of disaster public housing tenants, outlined the many issues plaguing disaster survivors. It served as the basis for the Ishinomaki Suicide Countermeasure Promotion Plan (formulated in March 2019) and contributed to the formulation of one of its priority measures: "countermeasures for disaster survivors". Health surveys of disaster public housing tenants and the Disaster Victims Health Supporter Conference were listed as key inspirations. According to demographic statistics, the suicide rate in Ishinomaki has remained higher than both the national average and the Miyagi Prefecture average, since the Great East Japan Earthquake.

The results of the 2017 health survey revealed how the issues confronting disaster survivors have diversified. While sharing this information with the varied divisions, organizations, and contractors involved in disaster victim support, we noted that all supporters needed to provide "continuous support tailored to victims' lives" as well as "comprehensive support."

## ② Higashimatsushima Transfer

The employee transferred to Higashimatsushima was assigned to the Mental Health and Welfare Group in the Higashimatsushima Health and Welfare Department's Health Promotion Division. They were responsible for assisting district public health nurses; providing individualized support for psychiatric cases; mediating mental health counseling sessions for children; supporting suicide-bereaved families; assisting and collaborating with affiliated organizations; assisting in the planning and management of mental health group projects; participating in conferences; supervising supporters; and compiling a variety of documents. The town of Higashimatsushima rated our help quite highly.

## ③ Onagawa Transfer

The employee transferred to Onagawa was assigned to the Health and Welfare Division of the Onagawa Health Care Center. We received the following report from them.

In FY 2018, progress in the relocation of disaster survivors to reconstructed housing, and the independent rebuilding of damaged structures, expediting the process of disassembling of temporary housing. In September 2018, the new government office was completed, and the town staff was able to go about their duties in a new environment.

In response to the same request as last year, the transferred employee was assigned to the Health and Welfare Division's (also known as the Health Care Center) Health Countermeasure System, primarily to its Mental Health and Welfare Project, where they supported residents by conducting home visits,

etc. Now that they were permanently stationed in the transfer area, they were able to respond on time to counseling requests, participate in health classrooms, and make an effort to interact with the townspeople daily. They assisted with health surveys of reconstructed housing tenants and conducted home visits. Progress in tenant relocation, forging of new communities, and the freedom to meet and mingle with townspeople notwithstanding, some survivors struggle to acclimate to their new environs. As a result, they become isolated and fall into poor physical health. Such individuals require customized support.

As part of the Mental Health and Welfare Project, we conducted “Mental Health Care Lectures” in assembly halls in each district throughout the town in FY 2018. The transferred employee arranged for the dispatch of lecturers and assisted in planning and management. Since nearly all townspeople were expected to complete their relocation into reconstructed housing in FY 2018, this project aimed to foster support between townspeople and endeavor to help them lift each other’s moods; overcome stress; and promote health. The part-time psychiatrist at this center has provided mental health support to Onagawa since 2012; served as a lecturer; and delivered a lecture on depression, dementia, and other mental health issues. These lectures were organized in collaboration with the Onagawa Listening Volunteers—a group that has been active since immediately after the disaster—as we endeavored to create a space where people could talk casually amongst themselves. In FY 2018, we held events in 5 districts. In one of these districts, we received a request for a lecture on listening activities in the area, for the women’s department; an Ishinomaki Regional Center staff member responded to this request. We also conducted a seminar on dementia for the Onagawa Listening Volunteers, led by our part-time psychiatrist. Part-time psychiatrists and public health nurses also responded to counseling requests by residents as needed.

The transferred employee’s duties continued to revolve around supporting Onagawa town staff and their mental health projects. One such project involved sending employees *Haato Tsuushin* (translation: “Heart Correspondence”) twice a month, as a mental health awareness-raising effort using the office network. We also handed out stress check sheets to staff members along with their medical questionnaire forms, when they attended medical checkups, and we used the results to set up individual counseling sessions with industry physicians if necessary. The transferred employee totaled the stress check figures, mediated and assisted with industry doctors during the checkups, and followed up with the recipients. Although we assisted with these endeavors in the past, initiatives focusing on staff mental health were given more importance in the aftermath of the disaster. Now that eight years have passed since the earthquake, and reconstruction is well underway, the staff is slowly regaining their mental composure. That is why we discussed whether it was necessary to return to the customary industry doctor checkup system, and decided to end the practice of requiring our transferred employees to assist industry doctors with checkups by the end of FY 2018.

The center supports supporters by, for example, accompanying municipal public health nurses on home visits, participating in case conferences and area meetings, and supporting infant health examinations. Our stance is to “respond to municipality requests as much as we can.”

(2) Attendance at case conferences and area meetings

Following requests from the city of Ishinomaki, the Ishinomaki Social Welfare Council, the Miyagi Prefecture Nursing Association, the Intra-Ishinomaki Regional Comprehensive Support Center, and several other medical institutions, we attended case conferences on alcohol-related health issues and mental illness. With these different support organizations, we went over relevant cases, confirming the approach our support initiatives should take and what the division of labor among individuals with different organizational roles would be. We also attended an Hebita area support meeting along with representatives of the Ishinomaki Social Welfare Council, the Hebita Regional Comprehensive Support Center, the Nursing Association, and other professional organizations. We exchanged information with each

other, and reviewed the cases files of several temporary and post-disaster public housing tenants. Rather than dealing exclusively with issues facing temporary housing tenants, and given the progress being made in relocating survivors into post-disaster public housing, we have also begun sharing information about post-disaster public housing tenants. However, we ran into some problems with tenants' personal information, and there were some issues with the way these meetings were conducted that must be addressed in the future.

### (3) Support for infant health examinations

In response to requests, we dispatched a public health nurse for mother-child counseling to the 4-month-old, 18-month-old, 2-year-old, and 3-year-old infant checkups administered by the city of Ishinomaki. Juggling these requests and our center duties, we nevertheless managed to provide support from five to seven times a month. In addition to offering advice on mental health care to mothers and children at post-checkup conferences, we oversee the provision of continued individualized support to individuals who require it.

## 3. Raising public awareness

### ● Hosting a Danshukai meeting in front of Ishinomaki Station

The “Danshukai meeting experience: the stories of people who have stopped drinking,” an event that we have organized at the Ishinomaki Kahoku General Branch office since June 2015, was shifted in April 2017 to the Ishinomaki Health Center, which is close to Ishinomaki Station. The “Danshukai meeting experience” events have been held there ever since. In FY 2018, we continued to be the primary hosts of this event, with the city of Ishinomaki providing backing and the Miyagi Prefecture Danshukai assisting. Participant details, from FY 2015 onwards, are listed in Table 3.

**Table 3. Danshukai Meeting Experience Participant Details**

	No. of meetings	Targets	Family	Danshukai	Supporters	Total
FY 2015	13	33	6	60	230	329
FY 2016	13	17	13	48	104	182
FY 2017	12	35	6	35	41	117
FY 2018	12	53	4	34	20	111

\* Initially, the event was primarily for supporter education, but at present, it focuses on target needs.

\* Some members participate in every single meeting, and two have begun to attend the prefectural Danshukai.

\* Supporters are temporary support staff and other SWC members, Tohokukai Hospital staff, administration officials, and employees from our center.

In FY 2018, two members, one of whom had been participating in this event since it was held at the Kahoku General Branch office, joined the prefectural Danshukai. Other participants that originally attended along with a supporter began to attend regularly by themselves, and we soon developed a steady group of attendees. Family members too participated for the first time this year. Procedurally, we may have been the hosts of this event with the prefectural Danshukai serving as the assisting organization; in reality, they ran these meetings from start to finish.

Previously, regular meetings used to be held every Saturday at 7 PM in Ishinomaki city. These same meetings were soon being held where the Danshukai-run “Regular Meeting of the East Branch Ishinomaki City Association” was taking place. As of September 2018, the event was being held twice monthly, on the first and third Saturdays of the month, at 7 PM. However, because they start at 7 PM, which is rather late, individuals admitted to psychiatric hospitals, for example, find it difficult to participate.

At present, attendees have expressed high hopes for the future of these meetings. We plan to work with the Miyagi Prefecture Danshukai; psychiatric hospitals; psychiatric clinics; the Ishinomaki Health Promotion Division; and the Eastern Health and Welfare Office, among others, to determine the future of these meetings.

In FY 2019, we plan to change the name of these gatherings to “Danshukai meetings,” and have the Miyagi Prefecture Danshukai serve as the primary host, with our center in a supporting role. We intend to provide support so that the Miyagi Prefecture Danshukai can begin holding their meetings, independently of us, in Ishinomaki.



#### 4. Human resource development and training

##### (1) Training workshops that address alcohol-related issues

Ever since the disaster, and with every passing year, alcohol-related problems have been surfacing throughout the prefecture. In collaboration with administrative agencies and support organizations, we have held training workshops that address alcohol-related issues.

###### ① Ishinomaki Health Care Center

Our center served as co-sponsor of a workshop that was conducted for Ishinomaki-area medical institutions and their staff members; the police department; firefighting headquarters; the regional comprehensive support center; the caregiving support office; and various administrative agencies.

In FY 2018 we co-sponsored a training workshop that was conducted by clinical psychologists from the National Hospital Organization's Kurihama Medical Center, titled, "Things You'd Want to Know About Alcoholism, How to Support Those Who Have Been Affected and Their Family Members." The session was held twice a day, once in the morning, and once in the evening; 54 individuals participated.

We have been holding a training workshop in Onagawa for the past three years; this year, we held it in the new Joint Government Building, on the topic of collaborations between internal medicine specialists and psychiatrists. Our training workshops in Onagawa have featured lectures by Tohokukai Hospital's physicians and nurses; first-person stories told by those who have been affected; and case study meetings. We aim to educate individuals about alcohol addiction and encourage collaboration between internal medicine specialists, administrative officials, and special hospitals.

Some individuals are directly linked to Tohokukai Hospital as well. Several individuals from Onagawa have participated in the Hands-On Training in the Treatment of Alcohol Addiction workshop held by the Stem Center at Tohokukai Hospital. However, we feel that there are a lot of people in the Ishinomaki area that were discharged from the Tohokukai Hospital and were supposed to visit regularly but do not, either due to problems of distance or cost. For this reason, we have requested a psychiatrist and an internist from the area to deliver a lecture on the treatment of alcohol addiction in the Ishinomaki area, to foster the growth of initiatives rooted in the area and to encourage collaboration.

- Date: November 29, 2018
- Time: 7 PM
- Target participants: medical professionals, businesspeople from the regional comprehensive and disabled person support centers, and administrative officials from the area

###### Topics

- Alcohol addiction  
Lecturer: Dr. Naonori Makino, Kodama Hospital
- Alcohol-related issues at the Onagawa Medical Center: From the perspective of internists and managing physicians
  - Lecturer: Dr. Atsushi Saito, President, Onagawa Medical Center
- Participants: 77 (may have been easier for people to participate because of the late start time)

For FY 2019, we plan to continue to implement training workshops that focus on regional activities.

###### ② Training workshops in Ishinomaki

With the cooperation of the Tohokukai Hospital Regional Support Division and the Stem Center, Community Support Division, we held two training workshops in Ishinomaki with lectures on 1) understanding what it means to abstain from alcohol, and 2) understanding temperance.

Public awareness activities, including training workshops and resident home visits, in Higashimatsushima

In Higashimatsushima, we held health counseling meetings and training workshops aimed at city public health nurses and nutritionists, to promote health and healthy living among residents.

Since 2016, Higashimatsushima Municipal public health care nurses, psychiatric social workers, and the Center’s public health care nurses have paired up and visited the homes of those aged under 65 whose  $\gamma$ -GPT was 100 or over (40 cases) at the time of the medical examination. In FY 2017, of the 39 individuals surveyed, we found many with high BMI, high neutral fat, or high cholesterol levels, and we realized that food habit improvements were also necessary. Thus, nutritionists began to participate in our home visits as well, and we aimed to promote healthier living overall. Most of our targets were affected by some sort of illness; the presence of a nutritionist meant that both the affected persons and their families were able to learn about their food habits, as well as their alcohol consumption habits. Some shared the following opinions: “I found the information very useful, I’ve been eating only oily foods because that is what I like, but I will be more careful about the food I eat and how much I drink, and I will take better care of myself.” Many individuals listened quite intently to what we had to say, and the intervention was received quite well overall.

Based on the results of specific medical examinations carried out in FY 2018, we conducted home visits for individuals aged 40–65 years, with  $\gamma$ -GTP of 100 or greater (34 individuals). Just as in 2017, city public health nurses, nutritionists, psychiatric social workers, and the Center’s employees all participated, and individuals who were paid visits said that our information on alcohol and food choices was quite useful. Visit recipients and their families noted that they “were probably chosen because of their test results,” and welcomed their visitors quite amicably. Those with high BMIs and neutral fat levels asked questions about safe drinking and food habits, indicating a high level of interest in their health. Several support targets were already receiving frequent medical checkups, and these visits were another chance for them to be reminded of the importance of a healthy lifestyle.

This is the third year that we have carried out follow-up visits after conducting a preliminary medical examination. Most targets have an internal illness of some kind, and either they or their families have expressed an optimistic desire to “live a healthy life.” These visits play an important role in protecting the health of community residents.

In the future, one issue we must tackle—with the assistance of our regional affiliates—is how to expand our initiatives to protect the health of elderly individuals, people with alcohol-related problems, and disabled people during our health promotion activities. The Center has learned a great deal by assisting in initiatives that actively promote healthy living among community residents. We hope to continue to participate in activities that seek to protect the health of community residents.

### ③ Training workshops in Onagawa

For the past three years, we have held a training workshop in Onagawa. This year, we held it in the new Joint Government Building; the topic was the collaboration between internists and psychiatrists.

## (2) Various workshops

### Child Mental Health Care Community Center Project

Previously, we held a “mental health care training workshop” for education officials from prefectural municipalities involved in supporting children, such as public health nurses and nursery teachers, teachers, and nursing teachers, clinical psychologists, and regular community residents. In FY 2018, we held the following training workshops.

- ① “Future Child Mental Health Support Activities in disaster-affected Regions” training workshop
  - Objective: To provide an opportunity for us to think about “mental changes into the future for children,” “problems that can affect children,” “other preventative measures,” and “the nature of support” through the lens of mental health support initiatives that Kohnodai hospital has participated in, in Ishinomaki, since immediately after the disaster.

- Sponsors: Miyagi Prefecture Mental Health and Welfare Association, Miyagi Disaster Mental Health Care Center, Ishinomaki Regional Center
- Co-sponsors: Ishinomaki City, Ishinomaki Board of Education, Higashimatsushima Town, Higashimatsushima Board of Education, Onagawa Town, Onagawa Board of Education
- Lecture: Child Mental Health after the Great East Japan Earthquake: What We Have Learned from Our Activities Thus Far
- Lecturers: Masahide Usami (Director, Department of Child Psychiatry, Kohnodai Hospital, National Center for Global Health and Medicine)
- Date and time: Thursday, August 9, 2018, 1:30 PM to 4 PM
- Venue: Social Hall, Ishinomaki Kahoku General Branch Office Big Bang
- Targets: Professionals involved in public health, childcare, and education in the Ishinomaki City area, including public health nurses and school teachers (nursery school, kindergarten, elementary school, middle school, high school, and support schools)
- Participants: 111

On the day that Typhoon #13 affected public transportation, we received many calls asking if the training session would be rescheduled to the following morning or if it would be canceled. Due to the weather, many individuals had to cancel. Dr. Usami had been in Ishinomaki since the previous day, and we were able to complete the event without any untoward incident.

② Mental health care workshop

- Objective: To provide an opportunity for specialists involved in nursery schooling and child education in areas affected by the Great East Japan Earthquake to listen to a lecture on topics such as the characteristics of child development; contemporary issues facing children, and appropriate supporter responses; taking a close look at child mental health and thinking about how to encourage children to manifest their strength.
- Sponsors: Miyagi Prefecture Mental Health and Welfare Association, Miyagi Disaster Mental Health Care Center
- Co-sponsor: Miyagi Prefecture Board of Education
- Lecture: “Mental Health Recovery in Children: Child Support Activities that Foster Self-Affirmation”
- Lecturer: Dr. Daiji Akehashi (Director, Department of Psychosomatic Medicine, Shinseikai Toyama Hospital)
- Date and time: Friday, October 5, 2 to 4 PM
- Venue: Aeon Cinema Ishinomaki, Theater 7
- Targets: approximately 200 individuals involved in public health, education, and child care (public health nurses, nursery school teachers, kindergarten teachers, elementary school teachers, district child welfare officers, and foster parents)
- Participants

③ Specialist staff dispatch

Requests from the Mother-Child Section of the Ishinomaki Health Promotion Division to dispatch specialist staff to nursery schools and kindergartens were handled by Center employees and our clinical psychologist. In FY 2018, the following requests were received: three requests to visit nursery schools to help parents better understand their child’s attributes and how to work with them; one request to help coordinate between professionals involved in cases concerning families with difficult backgrounds; and

one consultation request for three cases regarding child development, the environment, and interactions with their parents.

④ NPO Baby Smile (Ishinomaki City Child Care Generation Comprehensive Support Center)

NPO Baby Smile supports programs for pregnant mothers of preschool children and was established to contribute to parent-child mental and physical health and the reconstruction of child-rearing environments in the aftermath of the disaster. They work to create childcare networks; provide pre and postnatal support; create childcare-friendly communities, and collaborate with regional organizations.

Some of the work they have done involves fielding childcare questions from mothers regarding baby food; development; growth; play; communication; anger; discipline, etc. It also entails addressing issues that the mother herself has, such as anxiety; difficulty providing childcare; domestic issues such as marriage trouble, and her relationship with her husband and her mother-in-law; and domestic violence. They also deal with children's problems, including specific responses to developmental disorders. In FY 2018, we were consulted 11 times, responded to counseling for 22 cases, and counseling requests from supporters.

Finally, we provided support around five to seven times a month for the 4-month-old, 18-month-old, 2-year-old, and 3-year-old infant checkups administered by the city of Ishinomaki on top of mediating between it and our center duties. We also offered advice on mental health care to mothers and children at post-checkup visits, and we oversee continued individualized support for those individuals that require it. During the checkup, we listened to mothers' childcare troubles, and we often congratulated them on their hard work. With regards to childcare anxiety caused by poor health or maternal issues, we followed up with mothers and their children throughout their child's development and considered home support methods via conference. Finally, we provided continuous support for those individuals needing mother-child mental health care.

## Summary

Eight years have passed since the Great East Japan Earthquake, and as disaster public housing, etc., is completed, the tangible results of disaster reconstruction have started to become more apparent. While some disaster survivors have reconstructed their own homes or moved into disaster public housing, there are still some whose relocation out of container-type temporary housing remains uncertain. The gaps in the reach of reconstruction efforts have come into view. Rents have also risen during these eight years, and some people have been forced to relocate or default on their rent payments.

Further, reconstruction support organizations have begun to slowly retreat from the Ishinomaki area. The Nursing Association, which conducted disaster public housing health surveys, home visits, and health counseling meetings will wrap up these initiatives by the end of March 2018. The fact that an organization—that we worked so closely with when conducting our home visits—is closing its doors, is quite sad.

In terms of our collaborations with other organizations, we held regular information exchange meetings once every two months in Ishinomaki and once every month in Higashimatsushima and Onagawa. We met with the Health Care Center once in FY 2018.

The FY 2018 disaster public housing health survey revealed different kinds of cases and people who required support; by liaising with other organizations, we were able to connect these people to the support they needed. As a result of this experience, we have decided that we would like to continue being involved in the “Ishinomaki City Home Visit Health Survey of Disaster Public Housing Tenants” in FY 2019 as well.

Our collaboration with three different municipalities in the Ishinomaki area has also grown much smoother. This is a direct result of the daily work of our transferred employees, and one of the biggest issues in determining how our Regional Center will collaborate with and support our transferred employees. Moreover, administrative

agencies' organizational structure and support systems are also changing.

We have decided that the Center will continue to function beyond April 2021. However, we are still an organization whose doors will one day close. All that has happened is that the deadline to answer questions about what our activities will do for this region, and what they have done thus far, has been extended. Organizations in this area, such as the Ishinomaki Health Care Center and officials at each of the three municipalities, all started their work well before the Center did and will continue this work after we are gone. We believe that FY 2019 will be a year of exploring new ways to deepen our relationships with the Disaster Mental Health Care Network Foundation and the Miyagi Karakoro Station, while simultaneously advancing our projects.

The employees of this center feel for those affected by the disaster; as such, we hope to use our abilities to support, encourage, and facilitate survivor independence. We intend to provide disaster-affected residents with the tools they need to avoid isolating themselves and to help disaster-affected people live more fulfilling lives.

Furthermore, there were some projects (e.g., Disaster Mental Health Exchange in Ishinomaki; Suicide Countermeasure Training) in FY 2018 that we intended, but were unable, to implement. In FY 2019, we would like to implement these initiatives.

By organizing the "Disaster Mental Health Exchange in Ishinomaki" event with the help of an executive committee, we felt like we were able to engage in deep, meaningful conversations with our affiliates and to request support from them in their areas of specialty, even for routine activities. By doing so, we believe that our capacity to understand one another has grown.

Finally, we would like to thank everyone that was involved in the creation of this manuscript.