

# Stem Center Community Support Division Activity Report

Miyagi Disaster Mental Health Care Center  
Stem Center, Community Support Division  
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## Introduction

Miyagi Prefecture’s restoration plan encompassed 10 years and comprised three stages: recovery, regeneration, and development. In 2018, we entered the development stage—the last phase of the plan.

The Community Support Division of the Stem Center of the Miyagi Disaster Mental Health Care Center (hereinafter our division) has also carried out its work this year, fully aware of the amount of time that the MDMHCC has left as an organization. In this document, we will report on—and briefly discuss—the content and nature of our activities in FY 2018.

## 1. Activities

Our division’s jurisdiction covers the coast of Miyagi Prefecture, except for the Kesenuma and Ishinomaki regions, and includes four cities—Shiogama, Tagajo, Natori, and Iwanuma; and four towns—Matsushima, Shichigahama, Watari, and Yamamoto. In the first part of FY 2018, our division had 11 employees, and in the latter half, it had 10. We transferred 2 people to Natori (only 1 remained in the latter half of the year) and 1 to Shiogama.

Table 1 lists our FY 2018 support teams for each municipality and the support programming they implemented.

**Table 1: Support Team Structure and Programming by Municipality**

| Municipality | Support team structure  | Support programming  |
|--------------|---|--|
| Matsushima   | 2 employees dispatched 2-3 times a month  | <ul style="list-style-type: none"> <li>* Case support</li> <li>* Home visit support for health surveys of high-risk individuals (apartment-type only)</li> <li>* Helping with training workshops</li> </ul>  |
| Shiogama     | 2-3 employees dispatched 1 day per week<br>1 transfer   | <ul style="list-style-type: none"> <li>* Case support</li> <li>* Home visit support for health surveys of high-risk individuals</li> <li>* Helping with training workshops</li> <li>* Overseeing “Mental Health Support Development Course” (Transfer)</li> <li>* Carrying out technical support for city public health nurse for temperance/responsible alcohol consumption, led to temperance support interviews during special health examinations by the city</li> </ul> |
| Shichigahama | 2 employees dispatched twice a week between February and March  | <ul style="list-style-type: none"> <li>* Home visit support for health surveys of high-risk individuals</li> <li>* Attendance at Suicide Countermeasures Network Conference</li> </ul>   |
| Tagajo       | 2-4 employees dispatched once every week  | <ul style="list-style-type: none"> <li>* Case support</li> <li>* Home visit support for health surveys of high-risk individuals (apartment-type only)</li> <li>* Co-sponsoring “Physical Health Salon” (planning, implementation)</li> <li>* Helping with presentations at academic conferences</li> </ul>   |
| Natori       | The first half of the year: 2-4 employees dispatched once every week<br>The latter half of the year: 1-4 employees dispatched 3 days per week<br>Transfer: 2 (1 in the latter half) | <ul style="list-style-type: none"> <li>* Case support</li> <li>* Home visit support for health surveys of high-risk individuals</li> <li>* Organizing a “health salon”</li> <li>* Participated in formulating suicide countermeasures plan (Transfer)</li> <li>* Supervision of case management (Transfer)</li> </ul>  |

|          |   |   |
|----------|---|---|
| Iwanuma  | 1-3 employees dispatched one day per week | <ul style="list-style-type: none"> <li>* Case support</li> <li>* Home visit support for health surveys of high-risk individuals</li> <li>* Participated in regular case review</li> <li>* Interviews with Supporters</li> <li>* After receiving a request for postvention, we visited the residents involved and conducted group work for Supporters</li> </ul>   |
| Watari   | 2 employees dispatched once a week        | <ul style="list-style-type: none"> <li>* Case support</li> <li>* Assisted in hosting and regularizing periodic residents' conferences (mother-children to elderly)</li> </ul>   |
| Yamamoto | 2 employees dispatched once a week        | <ul style="list-style-type: none"> <li>* Case support</li> <li>* Home visit support for health surveys of high-risk individuals</li> <li>* Assisted in public awareness projects for residents</li> <li>* Assisted in hosting study conference for difficult cases</li> <li>* Participated in formulating suicide countermeasures plan</li> <li>* Mental health counseling for SWC members</li> <li>* Assisted in summarizing academic conference presentations (cases) and disaster home visit activities</li> </ul> |

The Miyagi Disaster Mental Health Care Center works in six focus areas: resident support, Support for Supporters, raising public awareness, human resource development, research, and support for various activities.

Figures 1 and 2 show how the total work time at this division and the percentage of time allotted to each work category has changed over the past four years, from FY 2015 to FY 2018. We have spent the lion's share of our time on resident support, followed by Support for Supporters. Resident support also enjoys the highest share of total activity time each year, followed by Support for Supporters. Although minimal, the time spent on human resource development training and raising public awareness has been increasing.

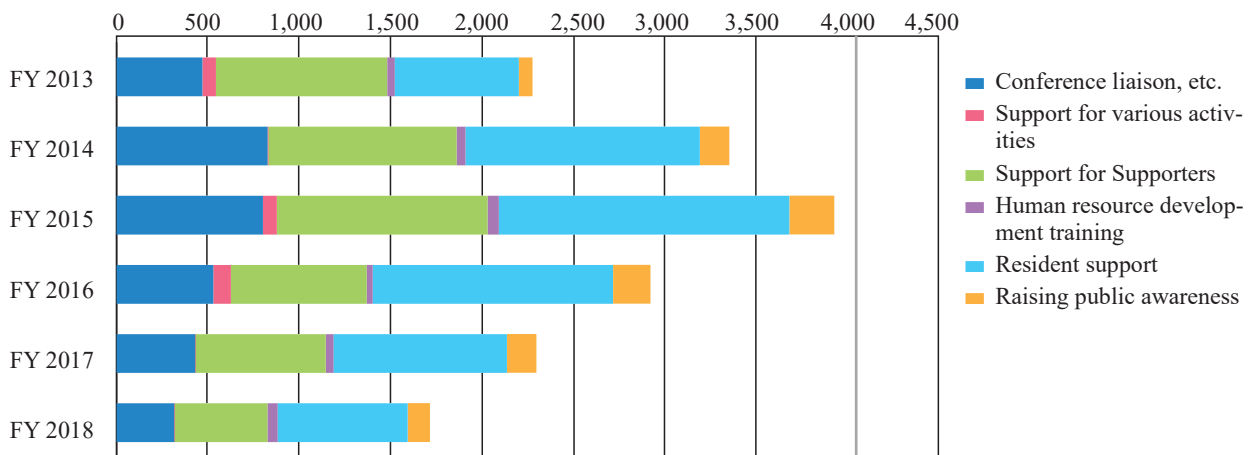


Figure 1. Change in Community Support Division activity time

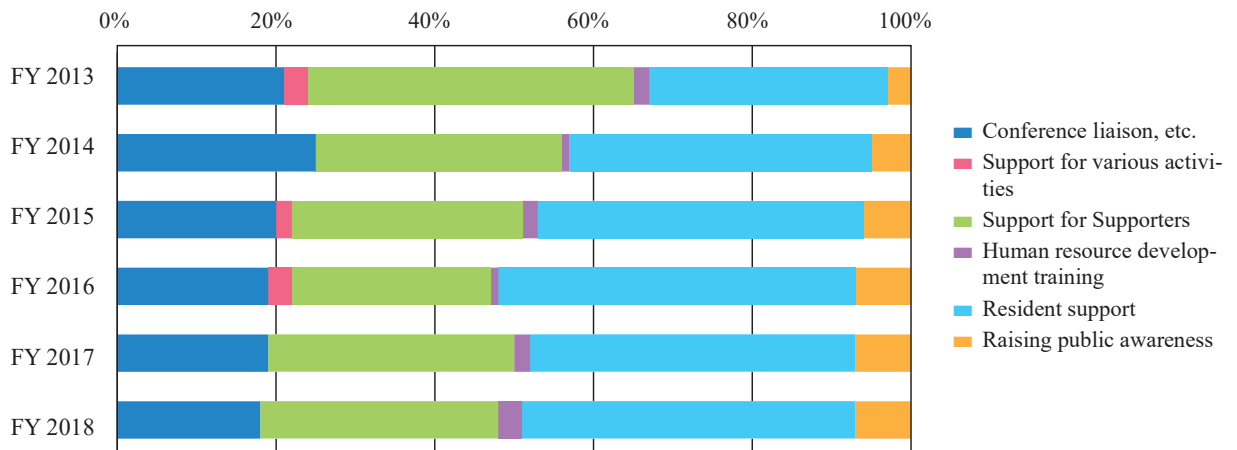


Figure 2. Percentage of Each Activity Type

Next, we will summarize our work in FY 2018 according to the focus area.

(1) Resident support

Figure 3 shows the total number of resident support cases handled by the Stem Center by the primary cause.

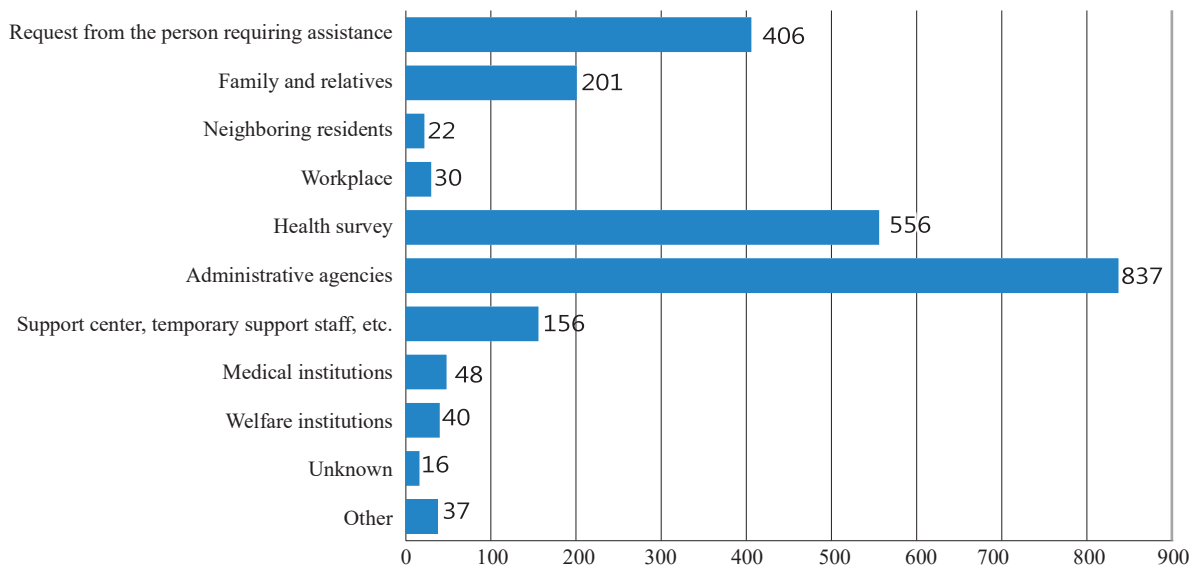


Figure 3. Stem Center Total Cases in Jurisdiction by Primary Cause in FY 2018

The most common reason for counseling was a request from administrative agencies, followed by a “health survey.” Requests from administrative agencies included cases involving alcohol-related problems, mothers having trouble with parenting, and elderly people having delusions. We also accompanied municipal public health nurses on home visits and were present at walk-in visits, interviews, etc.

Immediately after the disaster, our health survey work called for surveying people in apartment-type temporary housing or emergency prefabricated temporary housing. It now involves surveys of disaster public housing tenants or residents of their own homes. This division has overseen the provision of home visit support to high-risk individuals flagged by both kinds of surveys. The criteria for determining high-risk individuals from health survey results vary slightly between municipalities: some have a “K6 score of 13+,” while others demonstrate behaviors that include “drinking from morning or midday,” “excessive drinking,” “difficulty sleeping,” “lack of someone to confide in,” “very poor health,” and “history of psychiatric illness.” Health survey-prompted cases were more commonly resolved after the first home visit; cases requiring sustained support were much less common. In FY 2018, we received requests from seven municipalities (except Watari) for post-survey home visit support; we responded to all of them.

< Discussion >

High-risk, disaster-affected individuals flagged by health surveys shared their feelings with us, including statements like this: “I’m finally able to talk about the painful things that happened during the disaster,” and “Before, I didn’t even feel like opening the health survey forms I’d receive, but now I feel like filling them out.” any individuals have only just become capable of expressing their feelings, eight years later. We feel it is vital that we continue to pay close attention to these individuals’ feelings and listen attentively to what they have to say.

Individuals who needed sustained support often had the following issues—suspected PTSD; grief; *hikikomori*; and multi-problem households. We feel that we need to slowly help these individuals face what they are going through.

For such individuals, we are their only source of support. We realize that we must give them opportunities to share their problems with regional authorities, which will enable them to live peaceful lives.

(2) Support for Supporters

In our Support for Supporters work, we aimed to share information on the state of the municipality and to work alongside supervising health nurses while keeping in mind the fact that we were still in the reconstruction phase. We were involved in specific activities such as joint home visits, post-interview information sharing, hosting of case study conferences, and technical support. Regular case reviews and case study conferences were held in Natori, Iwanuma, Shiogama, Watari, and Yamamoto, and even public health nurses from outside the supervising division attended. In FY 2018, after receiving a request for postvention from Iwanuma, we conducted group work and individual interviews with those involved.

Table 2 is a list of training workshops for supporters. At the beginning of the year, we met with a municipal disaster survivor support departments to identify their needs and dispatched our employees accordingly.

| Table 2. Training Workshops for Supporters Municipalities | Support content and topic   | Targets   | Participants |
|---|---|---|--------------|
|   | Upskilling Counseling Staff<br>“The Fundamentals of Alcohol Addiction and How to Treat it”  | Administrative officials                        | 30           |
|   | Training for Supporters Working with Alcohol-Related Issues   | Administrative officials                        | 27           |
| Shiogama  | Mental Health Supporter Course Practicum<br>“Early Interventions for Excessive Drinkers:<br>Tips and Tricks for Succeeding at Temperance”                                   | District welfare officials                      | 11           |
|   | Training for New Shiogama City Mental Health Workers  | Administrative officials                        | 10           |
|   | “How to Communicate Effortlessly with Families”<br>“The Attitude Necessary for Mental Health Work”  | Administrative officials                        | 24           |
| Tagajo  | Mental Health Care Study Meeting<br>“The Effects of the Great East Japan Earthquake on Children and Future Care”  |   |              |
| Natori  | 44th Meeting of the Natori Social Welfare Association<br>“Let’s Learn About and Protect Mental Health: What Welfare Workers Need to Know to Implement Regional Initiatives” | SWC members                                     | 200          |
|   | Lecture at 6th Regional Comprehensive Support Center Liaison Conference   | Regional comprehensive support center employees | 16           |
| Iwanuma   | Alcohol Issues Study Group  | Administrative officials                        | 11           |
|   | Alcohol Issues Training Workshop  | Administrative officials                        | 17           |
|   | Temperance Support Follow-Up Training “Tips for Temperance Support”   | Administrative officials                        | 18           |
| Yamamoto  | Training to Respond to Alcohol-Related Issues in the Elderly  | Administrative officials                        | 30           |
| Misato  | Listening to Volunteers’ Course “How to Listen” and “About Self-Care”   | volunteer                                       | 23           |

< Discussion >

We sought to inform municipal authorities of the importance of having regular case reviews and case study conferences, which would allow regional public health nurses to work together when responding to cases. We then worked with the same authorities to organize these events. We participated in study conferences, etc., and although we made progress in terms of assessments and management, transferred employees—who had had more opportunities to work alongside city public health nurses as part of their daily routine—were likely to provide more specific assistance to supporters on the ground. In addition to public health nurses, the employees of this division include psychiatric social workers, clinical psychologists, and nurses. Municipalities overseeing these activities shared the following thoughts with us: “Case study conferences with psychiatric social workers and clinical psychologists, etc., allowed us to learn things from many different fields, and helped us look at support in a more multifaceted way,” and “These events were valuable opportunities for us to receive experiential knowledge from division employees.” We believe that many people thought that analyzing cases with professionals from many different backgrounds, was a very good thing. Other divisions and health centers, apart from the ones overseeing the process, participating in these case study conferences. The cases examined involved a range of subjects, from mothers and children to the elderly, allowing them to become a regular event.

Since our Center has a deadline by which it will close its doors, the issues that the employees of our division understand and deal with will one day have to be passed on to community authorities. We must continue to work with health care center staff and municipality officials to address regional issues and summarize the achievements of our efforts.

## (3) Raising public awareness

This division is involved in a range of public raising awareness initiatives, including projects that stage social events—like salons—that target community residents. Table 3 lists the specific social events for community residents that we participated in.

**Table 3. Social Events for Community Residents (Salons)**

|          | Activity name                      | Involvement                                 | Targets   | Description  | Frequency  | Number of times held in FY 2018 | Cumulative number of participants |
|----------|------------------------------------|---|---|--|--|---------------------------------|-----------------------------------|
| Iwanuma  | Utsukushi ma Salon                 | Host  | Individuals who moved from Fukushima to Iwanuma | Determined salon topics along with the participants. We made Namie Yakisoba and other Fukushima foods and encouraged them to talk about their lives back home. Nineteen individuals were registered.   | Once monthly                                       | 12                              | 164                               |
| Natori   | Natori Health Salon                | Co-sponsored with the city                  | Men attempting to quit drinking                 | Fifth-year: In the morning, we exercised and had cooking classes, and in the afternoon, we used “drinking journals” to look back on how far they’d come.   | Once monthly                                       | 11                              | 121                               |
| Tagajo   | Tagajo Body Health Salon           | Assisted city in hosting                    | Residents of disaster public housing            | Everyone filled out their drinking journals; nearly all of them were able to reduce the amount they drank, approaching responsible amounts. Thirteen individuals were registered.<br><br>Based on the results of the Tagajo disaster survivor’s health survey, we held this event in four different reconstructed housing areas. | Once yearly  | 4                               | 69                                |
| Shiogama | Shiogama Relief Salon              | Assisted city in hosting                    | Area residents                                  | Held salons in two administrative districts that sent in requests. Relaxation was the main goal. We also provided counseling on mental health.<br><br>We hosted this event in FY 2016.   | Once yearly  | 2                               | 20                                |
| Watari   | Watari Men’s Club OB Club          | Implemented alongside town                  | Men under 70 living alone                       | Afterward, it was held only at the request of Supporters, and it became an event where participants would converse with each other while eating lunch. Initially, we targeted men under 60, but to increase participation rates, we raised the cutoff age to 70.   | Once every 3-4 month                               | 4                               | 10                                |
| Iwanuma  | Salon Inside Reconstructed Housing | Worked with organizations hired by the city | Residents of reconstructed housing              | The smile support center manages this event, which is a social meetup for residents of reconstructed housing projects, who were relocated as a group.<br><br>Our division provides counseling for participants.  | Our division provides counseling for participants. | 8                               | 77                                |

<Discussion>

The Tagajo “Body Health Salon” is a public raising awareness event meant to increase awareness of self-care and to serve as a preventative measure that obviates the need for long-term support. We co-sponsored it with the city, and targeted individuals based on the results of the disaster survivors’ health survey (those with more than one of the following: “sleep issues,” “depression,” “easily fatigued,” “drinking”). Our division oversaw an alcohol patch test corner. We served an appropriate amount of alcohol; many family members were surprised to see how much their loved ones drank, and we think this measure helped raised public awareness around this issue.

As for the “health salon” and the “Utsukushima Salon,” we had high participation rates and were able to see how members were using these events to improve their own lives. The “Watari Men’s Club” was temporarily shut down in FY 2017, but following requests from participants, we reopened it in FY 2018 as the “OB Club.” Previously, we had hosted the event ourselves, but the new “OB club” was nearly entirely run by participants: they chose the dates and venues, and planned the itinerary.

We might be approaching a time when we will have to decide whether our division will continue to organize these activities, and how these activities will be managed.

Public awareness projects targeting residents are listed in Table 4.

**Table 4. Public Awareness Training Projects Targeting Residents**

| Municipalities | Training topic and title   | Participants |
|----------------|--|--------------|
| Matsushima     | Mental Health Supporter Development Course Follow-Up Training (Part 1)   | 23           |
|                | Mental Health Supporter Development Course Follow-Up Training (Part 2)   | 36           |
|                | Mental Health Supporter Course: Protecting Precious Lives (1)  | 36           |
|                | Mental Health Supporter Course: Protecting Precious Lives (2)  | 29           |
| Shiogama       | Mental Health Supporter Follow-Up Course I<br>“Increasing Communication Skills:<br>Learning How to Express Yourself Assertively” | 9            |
|                | Mental Health Supporter Follow-Up Course II<br>“Group Work: How I Can Reduce Stress,” and “An Aromatherapy Yoga Experience”      | 6            |
|                | Health and Nutrition Workshop<br>“Tricks for Destressing: Mental Health Care Tips You Can Start Using Today”                     | 1            |
| Watari         | Dementia Supporter Leader Development Course: “How to listen”  | 18           |
| Yamamoto       | Mental Health Promotion Classroom “About Stress” (held in 5 locations)   | 106          |

<Discussion>

In terms of our public awareness initiatives targeting residents, we received a lot of requests to assist with the “Mental Health Supporter Development Course” training. We also received requests from other municipalities, perhaps because many of them had formulated suicide countermeasure plans in FY 2018, and we anticipated receiving a large number of requests to assist with these development courses in 2019. In the future, we will respond to the needs of the communities we serve and assist them in providing support wherever we can.

(4) Human resource development

We held training workshops aimed at disseminating knowledge on topics that were requested by municipalities. We primarily carried out temperance-related training in FY 2018, and we have listed these workshops in Table 5.

Table 5. Temperance Support Training

| Date                   | Location | Content  | Participants | Collaborating organizations  |
|------------------------|----------|--|--------------|--|
| 2018<br>August 7       | Sendai   | FY 2018 Temperance Support Technical Training<br>“Temperance Support Activities You Can Do in<br>10 Minutes”<br>Lecturer: Dr. Takahiro Fukuda, National Hospital<br>Organization Hizen Psychiatric Medical Center  | 74           | Miyagi Prefecture<br>Mental Health and<br>Welfare Center                       |
| August 8               | Osaki    | FY 2018 Temperance Support Follow-Up Train-<br>ing<br>“Tips for Temperance Support”<br>Reviewing Tips for Temperance Support and Dis-<br>cussing How to<br>Implement Them<br>Lecturer: Dr. Takahiro Fukuda, National Hospital<br>Organization Hizen Psychiatric Medical Center | 49           | Miyagi<br>Prefecture<br>Shiogama<br>Health care<br>center<br>Iwanuma<br>branch |
| November<br>16         | Iwanuma  | FY 2018 Alcohol-Related Issues, Supporter<br>Training<br>“Early Interventions for Excessive Drinkers: Tips<br>and Tricks for Temperance Support”<br>Lecturer: Dr. Takahiro Fukuda, Na-<br>tional Hospital Organization Hizen<br>Psychiatric Medical Center                     | 17           | Miyagi Prefecture Shi-<br>ogama Health care center                             |
| 2019<br>February<br>15 | Shiogama |  | 24           |  |

## &lt;Discussion&gt;

Our division has strived to disseminate knowledge about “temperance support” since FY 2017.

In FY 2018, we held follow-up training for individuals who had taken our “FY 2017 Temperance Support Training” program. Seventeen people participated, both temperance support practitioners along with people who were considering becoming practitioners. In our group work sessions, participants shared their opinions and were able to learn a lot. Dr. Fukuda, the lecturer, commented that because the attendees were all people that had taken the course before, he was able to go even deeper this time around.

Aside from follow-up training, we held temperance support training for Supporters, with the intention of “enabling attendees to carry out temperance support” twice outside the Miyagi Prefecture Mental Health and Welfare Center, and once outside the Miyagi Prefecture Shiogama Health care center. Participants shared the following opinions with us on a post-training questionnaire: “I had heard of temperance support, but I’d never been trained in it”; “I can use this in my health guidance work” and “This is the first time I’ve heard of the ‘drink’ unit.” Eighty-percent of the participants indicated that they were “satisfied,” and the remaining 20% indicated they were “slightly satisfied or neutral,” indicating that the initiative was well-received overall.

The concept of “temperance support” could be found in the “Miyagi Prefecture Alcohol Disorder Countermeasure Promotion Plan.” Future training workshops will be held primarily by the Miyagi Prefecture Mental Health and Welfare Center. The role of this division will therefore transition to raising public awareness of temperance alongside supporters among community residents.

(5) Research

The two research initiatives that our division participated in FY 2018 have been listed in Table 6.

**Table 6 Research**

| Research title  | Description   | Collaborating municipality |
|---|---|----------------------------|
| What we have learned from our support of victims of the Great East Japan Earthquake | We carried out health surveys of disaster-affected people between FY 2012 and FY 2016. We carried out outreach-type support with many different professionals for individuals needing follow-up. We summarized the characteristic features of the support we extended in FY 2016. | Tagajo                     |
| What we have learned from our support of a hikikomori                               | Regular home visits to people we had encountered while conducting the disaster health survey, helped them improve. We summarized that relationship.   | Yamamoto                   |

**2. Summary**

In FY 2018, municipalities began contemplating the switch from disaster victim support to daily life support.

We carried out our community support work this year with the awareness that our division had a closure deadline. While some disaster survivors are only now discovering the ability to speak of the pain they endured so long ago, we also met some who were unable to acclimate to their new surroundings and had closeted themselves away in their houses. To move past the effects of this disaster, we must draw closer to the members of our community, and that will take time. While a close relationship with community members is of course important, sharing information with Supporters and creating opportunities for them to approach us for advice is also one of our responsibilities.

We held many “temperance support” training workshops, and we were able to tell that the supporters were quite interested in the topic. In the future, we will pass the torch for these initiatives to the Miyagi Prefecture Mental Health and Welfare Center, and we will endeavor to expand the scope of our practice while focusing on health care centers. We might say that our goal in early FY 2017, to spread the idea of temperance throughout the prefecture, has been achieved for the time being. Going forward, we plan to channel this achievement into our temperance support work to reduce the number of residents and families that struggle with alcohol abuse disorders.