

Child Mental Health Care Community Center Project

Miyagi Disaster Mental Health Care Center
Stem Center, Planning and Research Department, Planning and Research Division

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Introduction

A basic mental health care guideline in Miyagi Prefecture's post-disaster reconstruction plan is best encapsulated in the phrase "Continuous Support for All: From Children to Adults." In April 2016, the Miyagi Disaster Mental Health Care Center (MDMHCC) took charge of the Children's Mental Health Care Project and has continued to manage it to this day.

Following contract specifications, the following report summarizes the results of FY 2018's Child Mental Health Care Community Center Project and reproduces data on counseling and other endeavors at our center for individuals under the age of 20.

1. Terms of Contract and Results

(1) Counseling

The MDMHCC provides counseling services to children affected by the Great East Japan Earthquake through municipal agencies, educational institutions, nursery schools, and so on.

Many cases require specialist workers to be dispatched to city-run infant health clinics, counseling help desks, and health centers where staff and family members seek guidance on how to deal with children's mental health care needs.

The number of child-related cases handled in FY 2018 numbered 330 in total and involved 138 persons. This is an increase from FY 2017, where a total of 281 cases involving 118 persons were handled. Table 1 provides a breakdown of case numbers by age group and counseling point of contact, while Table 2 provides a list of the cases according to age group and area of residence.

The breakdown by age reveals a significant spike in counseling cases involving children 6 years and younger in FY 2018, relative to FY 2017, when there was a total of 53 cases in this age group. The reason for this may likely have been the beginning of a partnership with infant screening facilities in Ishinomaki, which led to even more opportunities for mothers and children to receive parenting counseling. In FY 2017, the total number of cases in the 7-15 and 16-19 age groups, were 101 and 127 respectively; this year's figures are even higher, echoing the same pattern as was seen in the 6 years and under age group. We believe that this is due, at least in part, to initiatives by the Kesennuma Regional Center to raise our center's profile as a counseling destination, such as public awareness activities at middle and high schools beginning in FY 2016, and a counseling help desk at a nursing school that was set up in FY 2017.

As for the number of actual people served, for the 6 years and under age group, an increase of nearly 20 was observed (6 and under in FY 2017: 51 individuals). In comparison, however, the figures for age groups 7 and older remained nearly the same (FY 2017, 7-15 age group: 37 individuals; 16-19 age group: 30 individuals). We believe that this is because cases in the 6 years and under age group tend to conclude after one visit, whereas those in the 7 years and older age groups often require continuous counseling.

Table 1: Cases by age group and point of contact

(Total 330, actual no. of persons 138)

		6 and under	7-15	16 -19	Total
	Self	2	70	108	180
Total	Family	80	45	23	148
(by point of contact)	Other	1	1	0	2
	Total	83	116	131	330
	Actual no.	72	36	30	138

Table 2: Cases by age group and area of residence

Residence		6 and under	7-15	16-19	Total
(Totals by area of residence)	Sendai	0	3	0	3
	Shiogama	0	0	2	2
	Natori	6	4	11	21
	Tagajo	0	0	0	0
	Stem	Iwanuma	0	0	0
	Center	Tomiya	0	0	0
		Watari	3	0	3
		Yamamoto	0	0	2
		Matsushima	0	0	0
		Not listed above	0	0	6
Ishinomaki Regional Center	Ishinomaki	26	23	5	54
Kesennuma Regional Center	Higashimatsushima	6	12	12	30
	Onagawa	0	0	0	0
	Kesennuma	0	73	90	163
Anonymous	Tome	0	0	0	0
	Minamisanriku	0	1	3	4
	Total	42	0	0	42
		83	116	131	330

(2) Specialist Dispatch Services

In FY 2018, we dispatched specialists such as pediatric psychiatrists, clinical psychologists, and public health nurses to a total of 39 institutions, including municipal health centers; nurseries and daycare centers; and elementary schools, and provided staff members with consultations and training. Table 3 shows a breakdown by host institution type and occupation, while Table 4 shows a breakdown by host institution type and location.

Municipalities constituted the majority of all host institutions and accounted for 221 cases, 127 of which were handled by public health nurses—a significant increase from 75 cases in FY 2017. (The most commonly deployed professionals were public health nurses, followed by clinical psychologists and psychiatric social workers.) We believe these patterns can be attributed to greater opportunities for dispatch workers to help with municipal initiatives, such as infant health examinations. On the other hand, the number of cases in which a clinical psychologist or psychiatrist was dispatched to a municipality has fallen. “Other” includes clinical developmental psychologists, nurses, and university faculty members. Whereas dispatches to nurseries and daycares decreased, dispatches to elementary schools (including support schools) and middle schools, increased by 15 and 2 respectively, relative to FY 2017. The most common destination municipality was Ishinomaki (127 cases), followed by Watari (50 cases) and Natori (49 cases).

Table 3: Dispatch cases by host institution and occupation

Desti- Occupation	Prefecture	Municipality	Nursery, daycare	Elementary	Middle school	Other	Total
Psychiatrist	1	6	0	31	6	2	46
Clinical psychologist	3	58	4	0	0	10	75
Psychiatric social worker	0	18	0	0	6	0	24
Public health nurse	1	127	0	0	0	14	142
Other	0	12	10	0	0	0	22
Total	5	221	14	31	12	26	309

Table 4: Dispatch cases by the host institution and location

Location	Host	Prefecture	Municipality	Nursery, daycare	Elementary	Middle school	Other	Total
Stem Center	Sendai	0	1	0	4	3	10	18
	Shiogama	0	0	0	0	0	0	0
	Natori	1	37	10	1	0	0	49
	Tagajo	0	2	0	0	0	0	2
	Iwanuma	0	11	0	2	0	0	13
	Watari	0	47	0	3	0	0	50
	Yamamoto	0	7	0	4	0	0	11
	Matsushima	0	1	0	0	0	0	1
Ishinomaki	Ishinomaki	3	104	4	0	1	15	127
	Regional Center	0	5	0	6	1	1	13
	Higashimatsushima							
Kesennuma	Onagawa	0	1	0	0	0	0	1
	Regional Center	1	1	0	11	5	0	18
	Kesennuma							
Tome	Tome	0	4	0	0	0	0	4
	Minamisanriku	0	0	0	0	2	0	2
Total		5	221	14	31	12	26	309

(3) Training Workshops

There were 40 cases in FY 2018 where the center held workshops or otherwise sent speakers to other events. Table 5 shows the kinds of specialists that were involved in these events and the municipalities in which they were held. All events are listed in Table 6.

The workshop events held by the center itself include the “Child Mental Health after the Great East Japan Earthquake: What We Have Learned from Our Activities Thus Far” event (111 participants) and the “Mental Health Recovery in Children: Child Support Activities that Foster Self-Affirmation” event (226 participants), both held in Ishinomaki; an “On-Site Lecture for High School Students about Building Mental Health,” was held in Kesennuma (290 participants), among others.

Finally, we held a training workshop on “Psychological First Aid (PFA) for Children” (hereafter, child PFA training) in four locations in different parts of the prefecture, a total of seven times (this includes collaborative events with other organizations).

Table 5: Workshop events by lecturer occupation and location

Loca-	Lecturer	Psychia-trist	Clinical psy-chologist	Psychiatric so-cial worker	Public health nurse	Other	Total
Stem Center	Sendai	8	2	0	0	0	10
	Shiogama	0	0	0	0	0	0
	Natori	3	0	0	0	5	8
	Tagajo	1	0	0	0	0	1
	Iwanuma	0	0	0	0	0	0
	Watari	1	0	0	0	0	1
	Yamamoto	0	0	0	1	0	1
Ishinomaki Re-gional Center	Matsushima	0	0	0	1	0	1
	Sendai	1	0	0	0	0	1
	Ishinomaki	2	0	0	0	1	3
Kesennuma Re-gional Center	Higashimatsushima	4	0	0	1	0	5
	Onagawa	0	0	0	0	0	0
Kesennuma Re-gional Center	Kesennuma	5	0	2	0	1	8
	Tome	0	1	0	0	0	1
	Minamisanriku	0	0	0	0	0	0
Total		25	3	2	3	7	40

Table 6: List of workshops

Nº	Date	Location	Topic(s)	Primary participants	No. of attendees	Speaker occupation
1	2018. April 9	Natori	What We Can Do in A School Setting to Preserve Mental Health	School counselors	200	Psychiatrist
2	2018. April 23	Natori	Interpersonal Communication	Natorigaoka Nursery School	29	Clinical developmental psychologist
3	2018. May 9	Sendai	Psychological First Aid for Children	Education officials, etc.	5	Psychiatrist
4	2018. May 22	Natori	Interpersonal Communication	Child welfare officials, etc.	29	Clinical developmental psychologist
5	2018. May 30	Kesennuma	Psychological First Aid for Children, One-Day Training	Administrative officials, etc.	18	Psychiatrist
6	2018. June 6	Sendai	What We Can Do in a School Setting to Support Child Development	Education officials	200	Psychiatrist
7	2018. June 13	Natori	Interpersonal Communication	Child welfare officials	40	Other *
8	2018. June 19	Natori	Psychological First Aid for Children in Disaster Settings	Education officials	94	Psychiatrist
9	2018. July 11	Higashimatushima	Psychological First Aid for Children: One-Day Training	Education officials, etc.	24	Psychiatrist
10	2018. July 13	Kesennuma	Miyagi Disaster Mental Health Care Center Activity Report	Students of Shishiori Middle School	53	Nurse
11	2018. July 17	Kesennuma	On-Site Lecture for High School Students about Building Mental Health	Kesennuma High School sophomores	290	Psychiatric social worker
12	2018. July 23	Ishinomaki	Case study	Child welfare officials	7	Other *
13	2018. August 1	Kesennuma	Understanding and responding to the needs of troubled children	Child welfare officials, etc.	30	Psychiatrist
14	2018. August 1	Kesennuma	Mental illness in puberty	Nursing teachers, etc.	20	Psychiatrist
15	2018. August 3	Higashimatushima	How to Respond When Discovering Child Abuse: A Practical Approach	Higashimatushima Regional Council for Countermeasures for Children Requiring Aid	30	Public health nurse
16	2018. August 5	Sendai	Psychological First Aid for Children	School clinical psychologists	57	Psychiatrist
17	2018. August 8	Sendai	Subleader Training for the 2 nd Hop ☆ Step ☆ Day Camp	Middle- and high-school students	4	Psychiatrist
18	2018. August 9	Ishinomaki	Child Mental Health after the Great East Japan Earthquake: What We Have Learned from Our Activities Thus Far	Administrative officials, etc.	111	Psychiatrist
19	2018. August 17	Sendai	Results of the FY 2018 Survey of the Physical and Mental Health of Schoolchildren, and How to Respond to Children in Need	Faculty of elementary and middle schools in Sendai	30	Psychiatrist
20	2018. August 20	Sendai	Child Abuse	Faculty of Seijo Gakuin College	8	Clinical psychologist
21	2018. August 24	Sendai	Results of the FY 2018 Survey of the Physical and Mental Health Of Schoolchildren	Rokugo Elementary School teachers	30	Psychiatrist
22	2018. September 11	Watari	Watching Over Mother-Child and Father-Child Households	District welfare officials/child welfare officials	65	Public health nurse

23	2018. September 13	Sendai	What is Family?	Nobisuku Izumi	6	Clinical psychologist
24	2018. September 21	Higashimatsushima	Responding to and Supporting Victims of Abuse: Considering Collaborative Support	Higashimatsushima Regional Council for Countermeasures for Children Requiring Aid, etc.	36	Psychiatrist
25	2018. September 26	Kesennuma	Understanding and Responding to Mental Illness in Children	Education officials, etc.	70	Psychiatrist
26	2018. October 5	Ishinomaki	Mental Health Recovery in Children: Child Support Activities that Foster Self-Affirmation	Administrative officials, etc.	226	Psychiatrist
27	2018 October 18	Tagajo	The Effect of the Great East Japan Earthquake on Children and Future Directions for Mental Health Care	Administrative officials	24	Psychiatrist
28	2018 October 25	Kesennuma	Treasure Both Your Feelings and the Feelings of Others	Omose Middle School	50	Psychiatric social worker
29	2018 November 1	Tome	The Current State of Child Abuse and How to Respond: What Counselors Can Do	Child welfare officials	19	Clinical psychologist
30	2018 November 1	Kesennuma	Understanding and Working with Children with Issues	Education officials	30	Psychiatrist
31	2018 November 5	Murata	Interview Techniques <Practicum>	Municipal public health nurses of the Sennan Health Care Center	31	Public health nurse
32	2018 November 9	Natori	Child Emotional Responses In Emergency Situations: Studying Psychological First Aid (PfaPFA)	Nursing teachers	100	Psychiatrist/psychiatrist
33	2018 November 29	Osaki	Psychological First Aid Forfor Children, One--Day Training	Education officials, etc.	21	Psychiatrist/psychiatrist
34	2019 January 10	Higashimatsushima	Parent-Child Communication Class: How Toto Respond to The Needs oOf Children Going ThroughIn Puberty	Higashimatsushima residents	40	Psychiatrist/psychiatrist
35	2019 January 18	Sendai	Psychological First Aid Forfor Children, One-Day Training	Education officials, etc.	36	Psychiatrist/psychiatrist
36	2019 February 17	Matsushima	The 32nd Japan Society for Pediatric Psychiatry <JSPP> Matsushima Conference: Mental Health Care for Children as Community Development	Health care workers	60	Psychiatrist/psychiatrist
37	2019 February 19	Sendai	How to Approach Emotionally Vulnerable Children: Perspectives Fromfrom Trauma Care	Administrative officials, etc.	41	Psychiatrist/psychiatrist
38	2019 February 25	Natori	Making Parenting Fun	Parents of children at Natori-gaoka Nursery School	13	Clinical developmental psychologist
39	2019 February 27	Higashimatsushima	How to Understand Children with Emotional Baggage: Vol. 2	After-school child support club members	50	Psychiatrist
40	2019 March 13	Natori	Making Parenting Fun	Parents of children at Masuda Nursery School	15	Clinical developmental psychologist

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(4) Raising Public Awareness

In FY 2018, we continued to use our website and the Miyagi Disaster Mental Health Care Report to inform the public about the Child Mental Health Care Community Center Project and to communicate the importance of child mental health care in a post-disaster environment. Further, we created file folders for children containing self-care illustrations and distributed them to participants at the training sessions listed in Table 7.

Table 7: List of public awareness projects

No	Date	Location	Topic(s)	Number of individuals receiving materials
1	2019 January 18	Sendai	Distributed PR material and folders to participants of the psychological first aid for children one-day training workshop	3
2	2019 January 19	Sendai	Distributed PR material and folders to participants of the FY 2018 workshop “How to approach Emotionally Vulnerable Children: Perspectives from Trauma Care”	4
2	2019 February 27	Higashimatsushima	Distributed PR material and folders to participants of the FY 2018 workshop organized by the Higashimatsushima after-school children’s club supporters training association “How to Understand Children with Emotional Baggage”	5

(5) Research

Detailed information on the “Study of Longitudinal Support of Children Born After the Great East Japan Earthquake and their Families” and the “Parent-Child Survivors Camping Project” research initiatives can be found in Section II of this issue, “Research Reports & Other Manuscripts”

Presentations given at conferences, etc., on the research we have done have been listed in Table 8.

Table 8: List of research projects

No	Date	Activity description	Topic(s)	Overseeing specialists
1	2018 June 2	The 60th Annual Meeting of the Japanese Society of Pediatric Neurology Public Open Lecture	Children with Developmental Disorders and Evacuation Shelters	Psychiatrist
2	2018 June 9	The 17 th Meeting of the Japanese Society for Traumatic Stress Studies, Poster Presentations	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	Psychiatrist
3	2018 June 9	The 17 th Meeting of the Japanese Society for Traumatic Stress Studies, Poster Presentations	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	Clinical psychologist
4	2018 June 10	The 17 th Meeting of the Japanese Society for Traumatic Stress Studies, Symposium	The Effects of the Great East Japan Earthquake on Child Mental Health and Development – A Cohort Study of Disaster-Affected Areas	Psychiatrist
5	2018 July 24	The International Association for Child and Adolescent Psychiatry and Allied Professions	Child Psychoeducation in the Outdoor Camps for Children who were Affected by the Great East Japan Earthquake	Psychiatrist
6	2018 September 8	36th Annual Meeting of the Japanese Society of Psychosomatic Pediatrics Disaster-related Session	Human Support Guidelines in Emergency Situations – Focusing on Psychological First Aid (PFA) for Children	Psychiatrist
7	2018 December 15	Japan Pediatric Psychiatric Neurology 120th Anniversary Conference Theme 2 [Disaster and Trauma]	The Effect of Large-Scale Disasters on Communities and a Discussion of Future Preparations – Disaster Mental Health as a Public Health Issue	Psychiatrist

8	2018 December 16	Japan Pediatric Psychiatric Neurology 120th Anniversary Conference Poster Session	Community-Based Preparation for Future Disasters – The Significance of Training in Psychological First Aid (PFA) for Children	Psychiatrist
9	2019 February 9	Japan Psychology Education and Family Classroom Network 22nd Research Meeting in Osaka Subcommittee [Psychological Education for Children, Schools, and Teachers]	Psychological Education for Parents and Children in the Wake of Large-Scale Disasters	Psychiatrist
10	2019 February 16	The 32 nd Research Conference of the Japan Society for Pediatric Psychiatry (JSPP), Matsushima	What Child Psychologists Can Do in Emergency Situations	Psychiatrist
11	2019 February 22	The 7 th World Congress of Asian Psychiatry	What Training Program was Needed in Japanese Communities after the Great East Japan Earthquake and Tsunami of 2011?	Psychiatrist

2. Discussion

Compared to FY 2017, there was an increase in the number of counseling and specialist dispatch cases in FY 2018, reaching the highest levels in our three years of project contracting. In FY 2017, we fielded 281 counseling cases, but that number rose to 330 in FY 2018. Likewise, the number of people we worked with rose from 118 to 138. Two hundred and sixty-six of our cases in FY 2017 involved the dispatch of specialists; this number rose to 39 in FY 2018. While the number of training workshop cases fell from 51 to 40, the number of participants in these workshops rose to totals exceeding 300 people.

This is the third year since we began accepting contracts from other organizations. An increase in requests from the administration improved awareness of our work among affiliated organizations, and residents' cognizance of our programs have all been factors contributing to our growing caseloads. At the Kesennuma Regional Center, which boasts the highest caseload of any of our centers, key drivers of this growth include public awareness activities at local middle and high schools, as well as the introduction of a counseling desk in a local nursing school. Similarly, a new cooperative initiative involving infant health examinations increased the caseload at the Ishinomaki Regional Center.

As we continue to develop and implement limited time activities, we have begun to notice the constraints on our current system's capacity to continue supporting the status quo of our many projects. We, therefore, believe that it is vital that we consider what form a truly forward-looking system may take as we forge ahead into the future.

3. Summary

FY 2018 marked the third year since the beginning of the Child Mental Health Care Community Center Project. More than eight years have passed since the Great East Japan Earthquake. At that time, the Kesennuma Regional Center, the Ishinomaki Regional Center, and the Stem Center have continued to uphold the ideal of "Continuous Support for All: From Children to Adults." Owing to our sincere dedication to the center's support activities, our counseling and specialist dispatch project caseloads have continued to rise. While it is difficult to shake the feeling that the end is nowhere in sight, particularly when it comes to the public need for this kind of support, our organization itself has an expiration date. Thus, while continuing to respond to the requests we receive and prioritizing support for disaster-affected residents and supporters themselves, we must work with affiliated institutions and organizations to consider how best to structure regional systems moving forward.