

2. Department Initiatives

Community Support Department

Kesennuma Regional Center, Community Support Division

Ishinomaki Regional Center, Community Support Division

Stem Center, Community Support Division

Stem Center, Planning and Research Division

Community Support Department Activity Report

Miyagi Disaster Mental Health Care Center
 Community Support Department
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1. Introduction

The Miyagi Disaster Mental Health Care Center comprises the executive office, the Planning and Research Department, and the Community Support Department. The Community Support Department carries out its duties under the auspices of three divisions: the Ishinomaki Regional Center Community Support Division (Ishinomaki), the Kesennuma Regional Center Community Support Division (Kesennuma), and the Stem Center, Community Support Division (Stem). Each Community Support Division treats the basic guideline from the “Miyagi Prefecture Reconstruction Plan,” the “fulfillment of initiatives to achieve ‘Continuous Support for All: from Children to Adults’” as the end goal. To that end, they participate in activities in six core focus areas: “resident support,” “support for supporters,” “raising public awareness,” “human resource development,” “research,” and “support for various activities.” In response to the progress being made in reconstruction work or the needs of a specific area, these divisions work alongside municipalities, health care centers, and affiliated organizations to implement their activity programming. The details of the activities of each Community Support Division will be listed separately; in the meantime, here is a list of each Community Support Division’s most characteristic activities and a brief discussion of each of them.

2. Characteristics of Each Community Support Division in FY 2018

(1) Kesennuma Regional Center Community Support Division

- ① The number of individual counseling cases at this division has increased. Particularly cases involving children and working adults, with walk-in visits becoming more commonplace than home visits. Additionally, the volume of multi-issue, complex cases is relatively high, and the number of individuals needing consistent support has also increased. More cooperative initiatives involving families, schools, and workplaces have enabled the center to provide support to people of many different age groups.
- ② This division carried out activities designed to raise public awareness, which included writing newspaper articles and appearing on radio programs. Collaborating with other municipalities on their programs has given them access to even more opportunities to raise public awareness. For example, there is “Dankatsu” at Kesennuma, which is a support project targeting socially isolated community residents, and “Minamisanriku”: an alcohol picture-show story project for residents).
- ③ This division has also increased participation in similar conferences and meetings, by working alongside administrative organizations and institutional affiliates such as municipal authorities and health care centers in areas such as case response and project assistance, among other things.

(2) Ishinomaki Regional Center Community Support Division

- ① This division has seen a fall in the number of requests for post-health-survey, follow-up visits among disaster public housing tenants. Municipal authorities and their affiliates, on the other hand, frequently request assistance from this division in addressing several overlapping problems, including mental illness, mental disability, and hikikomori. Furthermore, given recent suicide countermeasures, this division is evaluating the standards that are being used to determine which cases require continuous support.

② This division held several training workshops, including a skill-building “Support for Supporters” program about responding to alcohol-related issues, and initiatives organized in collaboration with the health care center that seeks to foster cooperation between internal medicine specialists and psychiatrists. It also conducted child mental health care training workshops for individuals involved in local public health, childcare, and education.

(3) Stem Center, Community Support Division

① As health surveys of disaster public housing tenants indicate what appears to be a fall in the number of high-risk support targets, this division is gradually adopting a more population-centric approach. This involves organizing public awareness activities concerning mental health, for disaster public housing tenants and community residents.

② Complex, multi-issue cases that require continuous support, including those involving hikikomori, alcohol-related problems, mental illness, and mother-child relationships, are rising. For this reason, case study conferences that involve not just public health nurses from the division directly overseeing the case, but from other divisions and affiliated institutions as well, have been held in several municipalities. This division has functioned as an advisor at many of these events, and this activity itself is a form of “Support for Supporters.”

③ This year, as part of a countermeasure against alcohol-related problems, we held a “temperance support training workshop” with the mental health and welfare center, for supporters throughout the prefecture. We also implemented a follow-up training session for individuals who had attended the workshop held in FY 2017, and practical reports from the participants clarified how and where temperance support was being utilized.

3. Discussion

Reductions in temporary housing have caused a decline in the health-survey-related, home visit aspect of resident support. The multi-issue cases such as those involving “hikikomori” and “alcohol abuse”, however, are on the rise among children and working adults, particularly in Kesenuma,. This is why we have increased our “Support for Supporters” activities, including participating in case study conferences with representatives from other municipalities, schools, workplaces, and affiliated organizations.

In FY 2017, the percentage of disaster public housing tenants who scored 13 points or more on the health survey’s K6 scale, was higher than it had been in FY 2016. The worsening of resident health is thus a salient concern. Based on analyses conducted by the prefecture, factors influencing the K6 score include “the presence or absence of someone to confide in” and “social participation.” In light of this situation, and in addition to providing support to high-risk individuals, we have begun to shift towards preventative initiatives like public awareness drives addressing mental health and alcohol abuse, for disaster public housing tenants and community residents. As we continue to build new communities; apply population approaches like rebuilding social capital; and establish social ties between residents, public awareness activities become more important than ever.

Alcohol-related issues often require private counseling and case supervision. In addition to providing support under the guidance of, and in concert with, Tohokukai Hospital and the Miyagi Prefecture Danshukai, we have carried out a variety of measures designed to: arrest the onset, halt the progress, and prevent the recurrence of alcohol dependency. This includes public awareness-focused “health picture-show stories” (Kesenuma); training workshops to facilitate collaboration between internal medicine specialists and psychiatrists (Ishinomaki); and workshops for temperance support (Stem). In the future, we intend to continue to work with administrative organizations, medical institutions, the Danshukai, and other self-help groups, as well as educational institutions, to provide continuous support for all.

4. Summary

Eight years have passed since the disaster, and while reconstruction efforts—like the building of disaster public housing and attempts to relocate groups to common housing areas—are progressing, the worsening of people's health indicates the increasing complexity and severity of the issues that our communities will come to face.

There have been proposals to continue the activities of this center into FY 2021 and beyond. In the future, we will strive to create communities and neighborhoods where residents can live together in peace. Based on previous experience, we intend to work with municipalities, health care centers, and mental health and welfare centers to shape communities' futures. This process will depend on various mental health and welfare initiatives and the roles that each of these agencies will play, especially with regards to primary, secondary, and tertiary preventative measures that will allow children to grow and flourish at each stage of their lives.