

Department Initiatives

Stem Center Planning and Coordination Department

Initiatives of the Planning and Coordination Department

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1. Introduction

The Planning and Coordination Department originates from the Planning division and Coordination division and comprises a total of 11 staff members. Unlike the Community Support Division, which primarily handles direct support such as those for regional residents, the Planning Division handles all aspects inside the prefecture, including training, public relations proposals, and coordination with mental care centers and associated organizations in other prefectures. Besides, the Coordination Division primarily handled duties relating to the development and management of statistical systems and statistical data management.

This paper reflects on the project criteria of initiatives conducted in FY 2015 and we both summarize the content of the activities conducted by the Planning and Coordination Department as well as issues that need to be incorporated from 2016 onwards.

2. 2015 Support Activities

(1) Raising public awareness

① Creation of various leaflets

We collaborated with the Fire Department of the Miyagi Prefecture department of general affairs in 2015 to create a new leaflet meant for fire brigade members. Fire brigade members generally work in their professions as the “general public”, so the importance of their roles during disasters is well known but when compared to firefighters, it is difficult to say that an institutional form of mental care is provided for them. For this reason, we created and distributed leaflets that included pointers on critical incident stress and stress care and sought to publicize it and provide a consultation desk (21,600 distributed for 19,907 fire brigade members in 35 fire departments across the prefecture). Furthermore, we also reprinted two types of leaflets in collaboration with each division in the center and the Medical Corporation Tohokukai Tohokukai Hospital (“Tohokukai Hospital”) for heavy drinkers of alcohol. We have had phone consultation cases as a result of these leaflets and publicized awareness of our consultation desk.

② Public relations magazine creation

We published the “Miyagi Disaster Mental Health Care Center (MDMHCC) Newsletter” mainly for disaster zone care workers twice in 2015 and distributed them to approximately 810 locations, including associated organizations in the prefecture. Similar to 2014, we solicited contributions from the Department of Preventative Psychiatry at the Tohoku University Graduate School of Medicine (henceforth, “Tohoku University Department of Preventative Psychiatry”) in addition to those from each regional center. We sought to put into practice as many of the regional contributions as possible so that issues and support content in disaster zones could be shared among care workers. Additionally, we began an electronic version of the newsletter from December 2015, where we sent out the latest workshop information. There were 66 registered individuals at the end of March 2016, including municipalities, support organizations, and news media associates (this number excludes center staff and associates).

③Website management

We used a website to highlight various workshops and collaboration/coordination activities conducted by the center, the publication of the public relations magazine released in FY 2015, and introductions to the activities of each regional center. Besides this, we also applied it for various types of regional information sharing, such as the announcement of training programs and events from other associated organizations. A lesson learned in 2015 was that the number of website updates was low and that event announcement was often made with little notice. In 2016, we would like to conduct effective public relations activities using a series of blogs and SNS.

④Responses to various interviews

A turning point of five years has been reached since the earthquake and numerous media requests were made from news sources. Many of these media requests were concentrated right before March 11th and it seemed as though they were particularly interested in alcohol-related problems. However, the number of media requests has declined year by year.

Lecturers dispatched for the Japan Health Insurance Association Miyagi Branch commissioned ④ " ,projectMental health seminars"

The objective of this project is to widely promote workplace mental health development and was conducted in a workplace with over 50 working staff (insured). The lecturer was a mental care center staff member, who conducted lectures relating to workplace mental health nine times in 2015, with a total of 760 individuals in attendance. Simple self-checks and the distribution of pamphlets that included information on consultation organizations within the prefecture were simultaneously conducted. There were many requests primarily from the activities office in Sendai city, which came from individuals of a wide range of professions and ages. A future challenge will be to modify the workshop content and to maintain the post-workshop follow-up system. In 2016, we intend to revisit this content from a victim support perspective, conduct questionnaires on participants, and determine the changes in post-earthquake lifestyle and mental health conditions.

(2) Support for residents

① Implementation of day camps for parents in disaster zones

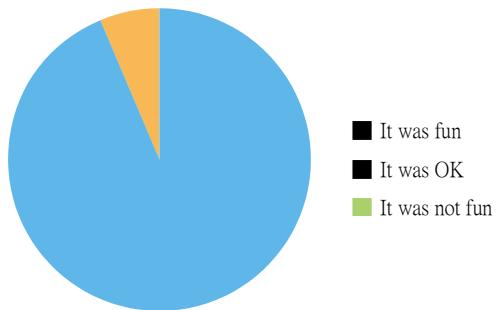
We implemented day camps for elementary school students and their parents in the coastal suburbs of Sendai city to promote a change of pace in an emergency environment, increasing mental health awareness, and increasing self-care ability. These activities were conducted in collaboration with the Miyagi Council of Japanese Boy Scouts association in Sendai District since 2014 and we have received considerable collaboration with regards to hosting location selection, recreational content decisions, and day-of operations. The children's program involved various recreational activities such as learning how to make a fire or making bread using a pancake mix. Additionally, we conducted psychological education programs entitled "study of the mind", which focused on breathing techniques and muscle-relaxing therapy. Toy blowing pipes, pinwheels, and paper balloons were used so that participants would be interested in the breathing exercises, and we allowed each of the children to take them home so that they would continue to do these exercises at home. The parent's program involved a mini-lecture on stress and sleep, pastel art, and aroma hand massages. There were 17 participants in the children's program and one participant in the parent's program which was simultaneously hosted.

Table 1 Day camp questionnaire survey results: ①children(excerpt)

1. What was your impression of the day camp?

- It was fun
- It was OK
- It was not fun

15 persons
1 person
None



2. Programs that were fun (Multiple answers allowed)

- On the bus
- Orientation
- Fire starting experiences
- Making lunch together
- Recreation
- Study of the mind
- Final session

6 persons
None
9 persons
12 persons
12 persons
6 persons
None



3. Was the study of the mind helpful?

- It was helpful
- It was not helpful

14 persons
None



<Impression about the study of the mind> (Excerpt)

- It was fun.
- I calmed down.
- I used to be nervous, but not anymore.
- I learned to take a deep breath when I feel irritated.
- I learned how to deal with frustration and decided to practice it.
- I tried it and found it refreshing.
- I found it helpful because I learned things that are useful in daily life.
- I was able to relieve stress. It was helpful because now I know how to calm down and control myself more.
- It was helpful because I learned how to calm myself by using abdominal breathing and so on.

② Other coordination and cooperation with the Community Support Division

There was large-scale flooding in various parts of the prefecture in 2015. The number of activities by personnel increased dramatically in municipalities that required support for flooding victims. For this reason, the Planning Division worked with the Community Support Division to reduce the burden on personnel by providing resident support and support assistance in these municipalities.

(3) Human resource development

① Implementation of disaster mental health care meetings in Miyagi

The “mental health care meetings for disaster victims in Miyagi” (henceforth, “meeting”) have been hosted by the Natural Disaster Mental Health Care Network Miyagi after the earthquake and the second meeting onwards has been co-hosted in collaboration with the center. In 2015, it was held in Iwanuma City in November, Kesennuma City in December, and Ishinomaki City in March, with the Planning Division overseeing the 11th meeting held in November (Iwanuma city). The 11th meeting was entitled “Making your social support a circle”, and we sought to provide participants with not only communication and information exchange among victim support personnel but also to provide them with opportunities to reflect on new ways of community-building. The current meeting, which will be held in Iwanuma City for the first time, will have 22 individuals from 13 organizations centered on care workers from the southern coastal areas of the prefecture and will be implemented in the three parts as an introduction, an information exchange session, and a lecture. Many participants responded favorably to evaluation questionnaires. Responses included the re-affirmation of the importance of “community support methods” and the “importance of communication and connections”, as well as being impressed by the lecture content, which mentioned that “happiness is contagious”. We believe that we were able to provide perspectives that are necessary for new community development.

② Media conference

We have implemented media conferences since 2012 to deepen awareness on problems like suicide and report in disaster areas and understanding the mutually complementary roles of news media and mental health specialists. In 2015, we applied various forms of media (newspaper, radio, information magazines) in disaster areas to invite those who conduct information sharing to think about how communities should be in the future and the type of support they would need. Additionally, we also requested an introduction from Tohokukai Hospital on alcohol-related problems in disaster areas, which have been a topic of extremely high interest. When the floor was subsequently opened to discussions, there were various opinions exchanged regarding the initiatives of each organization and on alcohol-related problems. There were 37 participants, which included many from medical institutions and administrative agencies (Photograph 1).

Photograph 1: Conference in December



③ Practical training on alcohol-related problems for municipal officials

Alcohol-related problems have manifested themselves primarily in coastal areas and even four years after the earthquake, there is a demand among municipal officials for improvements in practical skills. For these reasons, we have contracted Tohokukai Hospital, which is a specialized alcohol treatment institution, conducted practical training for medical and rehabilitation settings, and sought to develop specialized knowledge and improve our support techniques. In FY 2015, we conducted a total of six stages, with each stage consisting of a three-day course, from May to January. Attendees were 16 public health nurses from prefectures or municipalities. There were many positive comments on the program, such as: "I would honestly like to avoid alcohol problems, but listening to actual treatment settings and the stories of stakeholders makes me want to have a forward-looking attitude on these issues", and "I feel like the hospital has a more personal connection and it has become easier to refer to them".

④ Three-prefecture Disaster Mental Health Care Center Meeting

This was planned two times in FY 2015 by disaster mental health care center staff members from three prefectures in the Tohoku region as an opportunity to mutually share information and to discuss common challenges. The first meeting was held in July, where attendees exchanged opinions on the direction of initiatives in 2015, five years since the earthquake while reflecting on changes in support activities to date. The latter half of the meeting consisted of group work with all members on the theme of "the role of the disaster mental health care center". The second meeting was held in February and attendees exchanged opinions in a world-café format conducted at the Fukushima disaster mental health care center. The format consisted of themes related to each table being prepared, with participants moving to each of these tables and exchanging their opinions on them. Staff participants mentioned, "It was nice to even be able to speak to people I met for the first time", "we were able to share the same concerns and thoughts, and it was a very productive time". The meetings were hosted in collaboration with the Tohoku Welfare bureau of the Japanese Ministry of Health, Labour, and Welfare and there was many administrative agency personnel in attendance as well.

⑤ Task-specific workshops for care workers

These have been conducted to bring up various themes related to disaster area support and teaching caregivers who have specialized knowledge and expertise. This year, we sought to improve skills around dealing with alcohol-related problems, and workshops were conducted in collaboration with health care centers (Table 2). All meetings had many caregiver attendees from outside of the hosting region and we were able to see yet again the high awareness present for alcohol-related problems.

Table 2 Implementation contents of task-specific workshops for care workers

Date	Workshop name	Lecturer	Number of participants
December 9 th , 2015	Initiatives on alcohol health disorders and related problems that we can resolve ~ Following the Basic Act on Measures against Alcohol-related Harm"	Kazumi Imanari ASK (Alcohol Yakubutsu Mondai Zenkoku Shimin Kyokai) representative AI Ho Net (Promotion network for the Basic Act on Measures against Alcohol-related Harm) Director	45
February 2 nd , 2016	Merits of early intervention on sobriety support	Takahiro Fukuda National Hospital Organization Ryukyu Hospital Doctor	64

⑥ Theme-based caregiver training

Upon request by regional caregivers, we planned training programs four times a year to provide assistance techniques and knowledge regarding victim support. We incorporated various themes such as understanding the influence of the earthquake from multiple perspectives, facilitation and communication skills, and cognitive behavioral therapy to provide techniques that would prove useful in the field (Table 3). We were able to conduct training programs that incorporated the requests of care workers, which included statements like "I want to understand the current situation in Fukushima", "I want to effectively and efficiently manage meetings" and "I want to learn techniques that would be useful for victim support". It is thought that coordination with each

Community Support Division is required to conduct training programs that fully incorporate the requests of each region in the field.

Table 3 Implementation content of theme-based caregiver training

Date	Workshop name	Lecturer	Number of participants
May 15 th , 2015	“Studying multiple disasters in East Japan”	Masatoshi Takatsuka Nishi Hospital Secretary-General Mizuya Watanabe Odaka Akasaka Hospital Director	53
August 18 th , 2015	“Facilitation training”	Koji Yoshida Insource, Co.	16
September 29 th , 2015	“Communication training in coordination with other professions: using our ~true colors~”	Hisako Kimura Ask Human Care, Inc., Life Skill Center Director	19
November 20 th , 2015	“Communication skills training: ~basics of dementia therapy and cognitive behavioral therapy ~”	Ikki Ueda Tohoku University Graduate School of Medicine, Department of Psychiatry	40

(4) Support for supporters

① Support for alcohol-related problems

Many regional caregivers are not specialists in mental health welfare and many of them are interested in learning knowledge-specific response methods associated with alcohol-related problems. Continuing in this context in 2014, we signed a contract agreement with three alcohol-specialist institutions (Tohokukai Hospital, Japan Alcohol-related Social Workers Association (ASW Association), and the Miyagi Danshukai (Danshukai)) and hosted workshops for regional caregivers, which included lifestyle support staff.

(5) Research

The objective of our research activities is to determine the current status of disaster areas and victims, to inspect the nature of the activities of our center and its disaster support, and to leave these efforts as lessons for the next generation.

① Research implementation and research group operation

A “research group” composed of group members from each division was formed in October 2014 and for 2015, we researched in collaboration with the Tohoku University Department of Preventative Psychiatry and other part-time staff.

Not all members necessarily had research experience, so from 2015, we introduced a tutoring system, which seeks to provide effective research implementation and methods while collaborating with guides who have extensive experience. Meanwhile, the organization of the ethics committee is conducted based on the advice of external experts but this was not conducted in 2015 and will be an aspect from 2016 onwards.

② 3rd edition publication of the bulletin

We published a 2014 summary of the activities of our center and research results in the 3rd edition of the bulletin and distributed approximately 1200 copies to 876 associated organizations in and outside of the prefecture.

③ Social Welfare Council staff member health surveys in disaster-affected coastal municipalities

Following requests through the Miyagi Prefecture Social Welfare Council, we conducted health surveys on municipalities of the Social Welfare Council in coordination with the Tohoku University Department of Preventative Psychiatry. In 2015, we had requests from 6 municipal social welfare councils (Sendai City, Shichigahama Town, Iwanuma City, Onagawa Town, Kesennuma City, Yamamoto Town) and we conducted health surveys, individual consultations, and mental health workshops.

(6) Various activity support

We conducted projects to provide support to various organizations engaged in the prefecture. Specific initiatives in 2015 include hosting support for events and lectures sponsored by the Japan Health Insurance Association and the Japanese Psychiatric Nurses Association. We also provided support for students who wished to have practical training.

(7) Other activities

① Staff training

A. General training (General meeting, regular workshops for staff members)

General training programs have been hosted by the center since the start of its establishment to provide a common understanding within the organization among staff and of improving the intellectual level of the general staff. We have conducted meetings six times in 2015, under the two categories of “general meetings” and “regular workshops for staff members” and two of these meetings were hosted in the Kesennuma and Ishinomaki regional centers. The time spent here has been invaluable for communication and information exchange among staff members as well. General meetings consist of content focusing on introductions from newly-appointed staff members, reports from each division (statistical systems division, general affairs division, etc.), and training participation reports. We have also provided an online conference system for staff members who have difficulty attending meetings. “Regular workshops for staff members” consists of content focusing on themes common to all staff members and is conducted 6 times a year focusing, in addition to lectures from Center director Shirasawa, on training content deeply related to work duties, including lectures from Center director Shirasawa, the assertive community treatment (ACT) program, initiatives in Ojiya City following the Niigata Chuetsu Earthquake and risk management training. We actively set up periods for the exchange of opinions while split into groups. The number of staff members has surpassed 70 in the four years since the opening of the center and 2016, we will need to carefully re-examine the process of the general training program.

B. Training for newly appointed staff

We conducted training for a total of seven newly appointed staff three times (early April, September, November) in FY 2015. Content mainly included lectures on the “basic policy of the disaster mental health care center” and “progress to date since the earthquake and current challenges”, explanations of the duties of each section or division, how to create activity report forms, and inspections of regional centers and disaster areas.

② Supporters clubs

Supporters clubs are human resource banks centered on qualified individuals. In 2015, eight staff members were dispatched to respond to requests from municipalities. The dispatched staff continued to provide specialized support based on the requests of the two municipalities, in addition to singular projects (sponsored day camp project).

③ Statistical system development

We have included ID numbers on patients from 2015 to determine the actual number of patients who have received support from regional residents and improved the statistical system so that support progress can be determined by the entire center. With this, we were able to determine the status of individual support, as well as accumulate data that allows for the analysis of trends in patients who finished receiving support after a single round as well as those who require multiple rounds of support. In the second half of 2015, there were few problems with the statistical system and the ID ledger/activity record system and its operation is stable. In the future, we would like to analyze the status of

individual support as well as various projects as all as determining needs based on each region using this accumulated data. The accumulation of data on each project, such as raising public awareness, human resource development, and care worker support, is ongoing in the same form as before.

3. Guidelines and plans for 2016

When re-examining the initiatives of the Planning and Coordination Department in 2015, we can see that the actual circumstances of the region are reflected in our plans in various ways. As relocations from temporary housing to recovery and reconstructed housing continue, perhaps our biggest points of concern were how we should reconstruct a new community and how do we prevent the isolation of those who begin their lives in that community. We imagine that this will continue to become a major point of focus in 2016 as well. Our initiatives must accurately reflect the actual circumstances of the region today, where five years have passed since the earthquake.

(1) Raising public awareness

A major role of the public awareness activities since the earthquake was to publicize the various issues caused by the disaster area, as well as to provide warnings and reminders to residents in the region. At the center as well, we have raised numerous themes relating to emotional reactions and alcohol-related problems due to the disaster and strived to widely distribute this information. However, currently, five years since the earthquake, we also believe that widely distributing the current status of the disaster area and the progress of recovery efforts are major roles as well. Currently, isolation of residents accompanying relocations to disaster public housing or new regional development has become an issue in various regions within the prefecture. We would like to distribute this current status in news media such as newspapers, radio, and TV, in collaboration with news reporters, as well as many other methods including the usage of the center home page and blog, public relations magazines (published biannually) and electronic magazines.

(2) Resident support

We plan to implement camp activities in 2016 as well, in collaboration with the Miyagi Council of Japanese Boy Scouts association in Sendai District. However, it has been five years since the earthquake and many of the elementary school students who first participated have graduated and are no longer eligible. Additionally, progress has been made in relocations from container type temporary housing and privately rented temporary housing and there are participants with whom we cannot get in contact. We will need to re-examine the subject age and the informed regions on these aspects. We continue to provide other regional resident support project initiatives, such as acting as back-up support for home-visit support services in the Community Support Division, telephone consultations from regional individuals, and walk-in consultations.

(3) Caregiver training and development

We intend to continue implementing the disaster mental health care meetings, which were held immediately after the earthquake and were conducted 13 times the previous year, for 2016 as well, in coordination with the Planning Division and three other community support divisions. By hosting them in the Kesennuma and Ishinomaki regions as well, we have been able to further cooperation within those regions and we would like to use it as a way to learn about initiatives in other regions. There were lower participation rates among news outlets with regards to the media conference, possibly because it was held in mid-March during the previous year and the date of March 11th had already passed. However, we believed it was extremely interesting and valuable content with regards to understanding the current situation, such as with the on-site reports on alcohol-related problems and the introduction of newly

emerging information sharing initiatives in the region. For 2016, we would like to host this even by early March, when awareness of the Earthquake is heightened.

We intend to continue the alcohol workshops, which are a commissioned project of the Tohokukai Hospital, based on the needs of each region. There were favorable reviews regarding the training programs in hospitals intended for municipal personnel who handle alcohol-related problems and there were a considerable number of participation requests in FY 2015. As is it thought that awareness for alcohol-related problems remains high, we would like to continue these initiatives for 2016 and seek to expand and reinforce our caregiver base.

We were planning to host the three-prefecture Disaster mental health care center meetings in coordination with Disaster mental health care center associates from the Hyogo Prefecture and the Niigata Prefecture for 2015. Unfortunately, we were not able to do so given various circumstances but we will try to do so again in the future, given the importance of passing down these experiences, lessons, knowledge, and know-how. We intend to conduct other care worker workshops at the discretion of the needs of the region.

(4) Caregiver support

With regards to alcohol-related problems, we intend to contract out a portion of projects to external specialized institutions (Tohokukai Hospital, ASK association, Danshukai), continue to advise caregivers so that they can adequately respond to alcohol-related problems, host case study investigations, and workshops and to provide support for setting up self-help groups such as with the Danshukai. We would like to tackle alcohol-related problems as a unit alongside external institutions, municipality personnel, and staff members in the disaster mental health care center of each region.

(5) Research

We will continue to discuss research relating to post-earthquake mental health and support the following initiatives.

- ① Engage in ongoing and new research in collaboration with the Tohoku University Department of Preventive Psychiatry.
- ② Organize and operate the research Ethics Committee.
- ③ Publish a bulletin (4th edition) that summarizes the activities and research of our center.

(6) Various activity support

Similar to the policies in 2015, we will continue to cooperate with various support organizations engaged in the prefecture, including municipal health care centers and stakeholders' organizations. Every year, we continue to see the withdrawal of support organizations from outside of the prefecture. The result has been the reduction of regional services or the interruption of support systems. Future issues include supporting the ongoing individual initiatives conducted in the region and ensuring mutual relationship-building using initiatives like meetings so that regional supporting hands can continue to cooperate.

(7) Staff training

Until now, regular workshops were conducted 5-6 times a year alongside general staff meetings, but in 2016, we only hosted it three times in Sendai, Ishinomaki, and Kesennuma and we intend to raise it as an issue common throughout the entire center. This effectively means that the opportunity for staff members to voice their opinions as a unit is halved but we intend to use online conference formats during the months where regular workshops are not held to provide information sharing with

the three centers and to dispatched staff. Also, we are planning workshops for staff members that will be sponsored by the community support divisions of the three centers from 2016 onwards. We would like to create opportunities to share information and train our staff members by using external workshops as well.

(8) Other, supporters clubs

Supporters club members will cooperate with municipal support requests in addition to sponsored activities (day camp, meetings, workshops, etc.). We plan to internally and externally publicize the specializations and available dates of registrants and to set up a system that allows for the easier application of the experiences and findings of these members.

4. Discussion

Although there are disparities among regions, each prefecture has shown progress in relocations to public housing and the development of new communities. However, this long-awaited new lifestyle is significantly different from what was expected and we often heard during our 2015 initiatives that feelings of isolation were common in the new housing systems and communities. Meanwhile, the withdrawal of caregivers from outside of the prefecture continued this year as well. Many of the initiatives which were enjoyed by residents in the region and which provided opportunities for people to connect were ended due to the views of support organizations and other various circumstances.

As we work toward our objective of the development of new communities and as progress in the entire regional community accelerates, these regional issues and needs related to the earthquake will become further engrained in these communities. As we progress further on recovery, people may become reluctant to even mention these feelings aloud. However, even under these circumstances, we must lend an ear to these difficult-to-voice sentiments. This can be said to be one of our important roles in which we must continue to engage.

Additionally, there were many large-scale floods in various regions last year and there was considerable damage inflicted in Miyagi Prefecture, which is still on the road to recovery. There is much about disaster support that is learned from experience. As we have learned much from the disaster mental health care centers of Hyogo and Niigata Prefectures, we believe that summarizing the various know-how and knowledge that we have accumulated since the Great East Japan Earthquake to present for future disaster preparation is an essential role of ours. We believe that these two above-mentioned points are the primary challenges faced by the Planning Division in 2016. We believe that although we will continue to respond to needs as they arrive, we need to be conscious of the above-mentioned current challenges as we arrive on the fifth anniversary of the earthquake.

5. Conclusions

2016 marks the fifth year since the full inception of the Miyagi Disaster Mental Health Care Center (MDMHCC). We have also passed a turning point in earthquake recovery plans in Miyagi Prefecture and we continue to progress towards the recovery phase of infrastructure maintenance throughout the prefecture and the development phase of the prefectoral economy. Our daily initiatives during these various phases serve as lessons for further disasters. For 2016 as well, we would like to continue looking forward regarding regional circumstances and respectfully respond to the needs of the region.