

# Dispatched staff meetings

Miyagi Disaster Mental Health Care Center

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## 1. Purpose

Dispatched staff meetings are composed of members dispatched from the Miyagi Disaster Mental Health Care Center (henceforth, “Center”). These dispatched staff members are affiliated with the Community Support Division of each of their locations and provide support upon the request of the municipalities by being stationed there and following their policies. We began to manage dispatched staff meetings hosted since FY 2014 to provide details on the adoption of dispatch systems and the hosted meetings and our objective was to manage the mechanism of dispatched staff and their meetings. Additionally, the present text includes management and record content of dispatched staff meetings from the perspective of the general management staff as an addendum.

## 2. Establishment of the Miyagi Disaster Mental Health Care Center and the start of the dispatch system

The Center opened the Stem center, based in Sendai city, on December 1<sup>st</sup>, 2011, and opened regional centers in Ishinomaki and Kesennuma cities on April 1<sup>st</sup>, 2012. The Stem Center comprises the Community Support Division, General Affairs Division, Planning Division, and the Coordination Division, with the Community Support Division in the Ishinomaki and Kesennuma regional centers. These dispatched staff members are affiliated with the Community Support Division of each of their locations and provide support upon request of the municipalities by being stationed there and following their policies. Meanwhile, Community Support Division staff members provide disaster area support for their respective regions. In other words, even within the Community Support Division, there are two different work systems present. Here, we seek to confirm the reasons for why dispatched staff members chose that work system and its details since the establishment of the center, as well as the roles and purpose of the dispatched staff members at the center.

### (1) Setup of the Miyagi Disaster Mental Health Care Center

On March 15<sup>th</sup>, 2011, four days after the Great East Japan Earthquake, mental health care associates came together for discussions. It was decided in these discussions that the sharing of information related to mental health care and future studies needed to be established. These discussions were subsequently continued as the “mental health care study group”. In April, mid- and long-term mental health care measures were discussed during this conference and there were discussions around setting up a disaster mental health care center similar to those set up in Hyogo and Niigata Prefectures. At this point, Miyagi Prefecture discussed with the Miyagi Prefecture Mental Health Welfare Association (MHWA) about the possibility of contracting the operation of a Disaster mental health care center. Informal agreements were made in general association meetings in May and approval was given at the Miyagi prefectural conference hosted in August for the disaster mental health care center project and the attached Tohoku University Graduate School of Medicine Department of Preventative Psychiatry. Afterward, the establishment of the center was formally approved in a September meeting, and a 3<sup>rd</sup> supplementary budget was established in the Diet in November. The “disaster mental health care center (provisional) maintenance project” and the acquisition of human resources to manage mental health care in the disaster area was established with this budget, and the “mental health care human resources acquisition network” was established<sup>1)</sup>. Of the three disaster-management mental health care centers established in the Iwate, Fukushima, and Miyagi Prefectures after the Great East Japan Earthquake, it was the Miyagi center that was established first.

## (2) Background for the dispatched staff member system

The “Mental health care human resource network” has a history of being budgeted and materialized by the Japanese Ministry of Health, Labor and Welfare to gather mental health care specialists upon request of each municipality in Miyagi Prefecture. Initially, Miyagi Prefecture tried to implement a “post-disaster emergency employment project” in which the prefecture receives consultations on the hiring of mental health care specialists in each municipality and hires specialists whose addresses are in the disaster area but not enough human resources were gathered. One of the reasons for this was because the system was such that only specialists who resided in the affected area were applicable, which was thought to have limited the absolute number of specialists and made human resource acquisition difficult. For this reason, Miyagi Prefecture explained the situation to the Japanese Ministry of Health, Labor and Welfare and after rounds of discussions, established the “mental health care human resource network”.

The objectives of this network establishment are the ① acquisition of necessary human resources for the Disaster Mental Health Care Center and ② acquisition of mental health care specialists that were requested from municipalities. The Japanese Ministry of Health, Labor and Welfare acted as the mediator for its operation and when they called out to each professional organization and requested mental health care specialists, these organizations requested that the Ministry that the wages from the previous position be assured for conducting projects. Municipalities hired part-time and commissioned staff members on the precondition that their previous salaries are assured, but this was not feasible from a system standpoint for the municipalities, so Miyagi prefecture and our center began to discuss to resolve this problem. When specialists are employed through the center, which is a component of the MHWA, its salary standards are solely that of the MHWA, which is a general incorporated association; hence, the issue of assuring the salary of previous employment is resolved. For this reason, the specialists requested by each municipality is sent as center staff members under the dispatch staff system and provided support in the format of direct-advance and direct-return. Additionally, applicants during center job offers or staff member job interviews were told that they may work as dispatch staff members<sup>2)</sup>. This was the process by which the dispatch staff member work system was conducted at the center since its establishment.

## 3. Start of dispatch staff meetings

As disaster area support progressed through the mid- and long-term period, the number of dispatched staff members increased from two individuals in FY 2011 to 11 in FY 2014. With time, issues were raised by the Community Support Division at each region on the range of activities and cooperation methods between dispatched staff members and Community Support Division staff members and systems in place to support dispatched staff members. These issues were discussed numerous times in conferences where management was present. Additionally, dispatched staff members requested to management that they wanted a venue to discuss information sharing and challenges between dispatched staff members regarding the duties of other dispatched staff members and coordination with the Community Support Division.

With this in mind, there were first numerous discussions at conferences where each Division manager was present on requests from dispatched staff members, the range of activities and cooperation with dispatched staff members at each station, and support systems for dispatched staff members at the center. The following was decided upon as a result: the affiliation of dispatched staff members will be the Community Support Division of each location and the Community Support Division manager will visit the municipality to which the dispatched staff member was sent to once a month to interview and determine the status of activities from dispatched staff members and municipal officials, ② interview times for both the dispatched staff members and municipal officials will be established when managers head over to the municipalities to conduct interviews and set up a time where the manager, dispatched staff members and municipal officials can discuss, ③ dispatched staff meetings will be attended by the manager, conducted once a month and will be an avenue for determining the current status of the dispatched staff member, information sharing, and opinions and ④ the Community Support Division manager will conduct the management of the dispatched staff member, including that for attendance.

The decision criteria at these conferences were mentioned at the conferences where management above the

director position was present. With this in mind, several problems emerged from each Division staff member as the dispatched staff member system progressed. Originally, the system of deploying dispatched staff members was thought to decrease over time, so it was necessary to rapidly implement projects that were done by coordination between municipalities and the Community Support Division, so issues or support system maintenance relating to dispatched staff members were prioritized and it was common across conferences where each Division manager was present to implement these decision criteria.

The dispatched staff meetings addressed in the present text are conferences decided upon based on discussions from management positions above that of the director and it was confirmed via conference that dispatched staff members would be readily able to participate<sup>3)</sup>, by ① handling it as a center activity and ② that it is a conference which is necessary for the duties of municipal managing directors.

#### 4. Meeting purposes and implementation methods shared at the first dispatched staff meeting

The first dispatched staff meeting was held on May 23<sup>rd</sup>, 2014. The objectives of the initial conference were “to increase information sharing and exchange between dispatched staff members and each region” and to “improve the dispatched staff system so that they can be applied for the activities of our center for the next disaster”. The Community Support Division director attended the conference, who called to dispatched staff members, and the director and manager both attended and convened the meeting. The general managing staff members were staff from the Coordination Division, who recorded the minutes of the meeting, managed and announced the conference schedule, and took attendance. The conference was held once every two months in the morning of the day when the gathered (general) training workshop is conducted for all center staff members. Management for the dispatched staff members included the Community Support Division director, the Kesennuma regional center Community Support Division manager, and Ishinomaki regional center Community Support Division manager, with one Coordination Division staff member participating for recording minutes.

Discussion topics included information exchange and sharing among members, focused on daily activities conducted by dispatched staff members in municipalities. Care was taken so that dispatched staff members can frankly speak their opinions and thoughts during the conference.

#### 5. Regarding constituents of the dispatched staff meeting

Dispatched staff members included those who were involved in disaster area support since before the establishment of the center, those who applied around the time of center establishment and those who applied after its establishment, and the length of employment at the center varied widely as well. Additionally, we already mentioned that there were two different work systems within the Community Support Division but there were those who were deployed as dispatched staff members from the onset, as well as those who were first Community Support Division staff members before being deployed as dispatched staff members. Below, we organize the constituents of the FY 2014 dispatched staff meeting in Table 1.

Table 1 Professions of dispatched staff and the number of those deployed to municipalities

	Number of municipalities with dispatched staff	Deployed number	Deployment start date
Psychiatric social worker	6 municipalities	8 (2 deployments in 2 municipalities)	FY 2012: 3 individuals FY 2013: 3 individuals FY 2014: 2 individuals
Nurse	2 municipalities	2	FY 2012: 1 individual FY 2013: 1 individual
Occupational therapist	1 municipality	1	FY 2011: 1 individual

When broken down, nine out of 11 were dispatched staff members since starting employment and two individuals were Community Support Division staff members before becoming dispatched staff members from FY 2014.

## 6. Frequency of dispatched staff meetings

A total of eight dispatched staff meetings were conducted in FY 2014. Dispatched staff members were asked to provide reports on their respective regions and as it was determined that the dispatched staff member presentation time of two individuals in one hour per session was insufficient, we conducted them with one individual per session. From the second session onward, one individual each presented in July, September, and October. At this point, there were still presentations from six dispatched staff members, so we extended the meeting time in December to two hours, with two individuals presenting. Two meetings were held in March, with each lasting two hours and having two individuals present their reports.

## 7. Discussion content during the FY 2014 dispatched staff meeting

Several discussion topics were raised during dispatched staff meetings, including the content of daily activities, specializations of each of the dispatched staff members, cooperation methods with regional centers, support systems requested by the dispatched staff members from the center, etc.

### FY 2014 Content

- Session 1 Expectations from dispatched staff meetings and how to progress the meeting
- Session 2 Coordination between the Community Support Division, the center, and dispatched staff
- Session 3 Roles at the dispatched location, and about the support period and system
- Session 4 Future steps of the dispatched staff meetings, including being limited to information sharing, or reflecting on work duties and sharing challenges
- Session 5 Cooperation between the dispatched location and the center, and confirmation of activity matching
- Session 6 Balance between activities at the dispatched location and the center, and acting as a backup for the center when communicating specialist or capable skills
- Session 7 Building relationships with staff members at the dispatched location, how to communicate specialist skills, and completing projects
- Session 8 On sentiments regarding the changes in activities as a result of dispatched and Community Support Division staff members working together and when Community Support Division staff members are deployed as dispatched staff members

Until now, thoughts on dispatched staff member activities and mechanisms have not been heard from the dispatched staff members themselves, since discussion content is also a valuable reference, we took advantage of the FY 2015 dispatched staff meeting time to conduct qualitative analyses to apply them to future activities.

Analysis methods are as follows:

- (1) Verbatim records of FY 2014 dispatched staff meetings are used.
- (2) We use one hour within the FY 2015 dispatched staff meetings for analysis.
- (3) Procedures were set as follows.
  - ① Groups of 2-4 participants are formed.
  - ② Minutes of each session are read in by each group.
  - ③ Similar content or keywords within each group or notable comments are written down on paper.
  - ④ Each group posts these on imitation paper and categorizes them.
  - ⑤ The general managing staff processes and works on the verbatim records so that individual comments cannot be identified.

We visualized the common situations, region-based characteristics, and future challenges to be addressed that the dispatched staff members had felt from the categorized themes. It was decided that further analyses will be conducted on reflections of dispatched staff members, their managed activities and work style, and the dispatched staff member system in place at the center in dispatched staff meetings that will be continued in the future.

## 8. Conclusion

The present text specifically compiled information from the perspective of the general managing staff. It is thought that we will be able to further clarify the current status and challenges faced by dispatched staff members in the future by summarizing the work system and mechanisms experienced by dispatched staff members from the perspective of the staff members who experienced them. It is thought that we will be able to clarify the variable and non-variable components of the dispatched staff member system through discussions at meetings. This process is likely to adjust activity content, perspectives, and sentiments in meetings through the number of years experienced by staff members as dispatched individuals or through the recovery and support phases. We would like to finish this text by hoping that the present text and the qualitative analysis of the FY 2014 dispatched staff meeting will be applied.

### Notes

- 1) "Overview of the Miyagi Disaster Mental Health Care Center" by Hiromasa Suzuki (Miyagi Disaster Mental Health Care Center Bulletin No. 1), and "from the viewpoint of the Miyagi prefectural government" by Yukari Oba (Japanese Journal of Hospital and Community Psychiatry, 56 (4)) were referenced for establishment details.
- 2) As summarized by the general managing staff following interviews with Miyagi Prefecture Disability Welfare Division staff in charge
- 3) As summarized by the general managing staff following interviews with the management in charge

### References

- Miyagi Disaster Mental Health Care Center, "Minutes of the 2014 dispatched staff meeting", "2014 dispatched staff meeting report"