

# **Activity Report**

Community Support Division, Kesennuma Regional Center



# Report of the Kesennuma Regional Center

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The 2016 main initiatives are noted for each project. In addition, the number of activities for each project have been published in Chapter I Section 2: State of activities listed by project for 2016, so here the core project contents are noted with minimal detail.

## 1. Resident support

In 2016, as in previous years, resident support began with home visits to people who had been identified as high-risk in the health survey that had been carried out by Miyagi Prefecture and each municipal body, and this support was carried out based on referrals from each of the relevant organizations and bodies and on direct consultation requests from people asking for advice.

Moreover, one staff member was relocated to Kesennuma and one to Minamisanriku, and we carried out resident support as part of our cooperation in psychiatric social work for each municipal body.

### (1) Kesennuma

Home visits were carried out with citizens who were considered high-risk in the health survey carried out in Kesennuma targeting inhabitants of apartment-type temporary housing (Table 1).

Moreover, as in 2015, as a result of proactive plans to cooperate with various support groups, requests increased from these support groups for consultations regarding resident support or home visits. In addition to this, in 2016, due to requests from elementary, junior high, and high schools, there was a notable increase in support for children and parents with issues such as truancy.

**Table 1: Support such as health survey visits**

Summary	Support period and main support targets	Number of incidences of support such as visits for which the Kesennuma Regional Center was responsible
Home visits based on tenant health surveys such as the 2015 survey on apartment-type temporary housing	June 2016 – January 2017 K6 upper grades, focusing on cases of “drinking alcohol from morning onwards”	31

### (2) Minamisanriku

Home visits were carried out with residents who were considered high-risk in the health survey carried out with disaster victims. (Table 2) Aside from this, based on requests from the municipality, support was carried out through home visits or over the telephone. Moreover, by participating in activities such as tea ceremonies in container-type temporary housing or public housing, we got a sense of the state of health of residents and implemented specific support as necessary.

**Table 2: Support such as health survey visits**

Summary	Support period and main support targets	Number of incidences of support such as visits for which the Kesennuma Regional Center was responsible
Home visits based on tenant health surveys such as the 2015 survey on residents of container-type temporary housing	March – July 2016 K6 upper grades, focusing on cases of “drinking alcohol from morning onwards”	31
Home visits based on tenant health surveys such as the 2015 survey on residents who do not live in temporary housing	April – August 2016 K6 upper grades, focusing on cases of “drinking alcohol from morning onwards”	43
Home visits based on tenant health surveys such as the 2016 survey on residents of container-type temporary housing	January – March 2017 K6 upper grades, focusing on cases of “drinking alcohol from morning onwards”	21

(3) Discussion

The home visits for the health survey in Kesennuma included many cases in which psychological burden was linked to a wide variety of changes, such as changes to the labor environment and family structure, in addition to changes in living environment following the earthquake disaster. Moreover, large-scale public housing complexes were being built one after another, and people were anxious about moving, so this may have been reflected in the results.

Furthermore, in 2016 the number of incidences of consultation from educational institutions were remarkably high, but one of the causes behind that may have been that educational institutions had become aware of the Miyagi Disaster Mental Health Center Kesennuma Regional Center (hereinafter, the Center) as a familiar consultation organization.

In 2016 reconstruction continued in Minamisanriku, such as maintenance of all public housing. However, when visiting and confirming the condition of people considered high-risk in the results of the health surveys of residents of container-type temporary housing and their own homes, while there were people whose condition had improved, there were some who were now feeling the mental health effects of their experiences during the earthquake, and people who had anxiety about issues such as their relationships with neighbors or financial prospects in the future, so the health condition of residents was varied. For that reason, from now on we will be working closely with local public health nurses, supporters, and life support advisors (hereinafter, LSAs).

## 2. Support for supporters

(1) Kesennuma

① Deployment of municipal professionals

Continuing on from 2015, in 2016, professionals were deployed to municipalities, and through disaster support and the assistance of public health nurses, initiatives were implemented that aimed to reduce the burden for municipal public health nurses.

② Mental health support for municipal staff

Based on a request from the general affairs division, together with the Tohoku University Graduate School of Medicine Department of Preventive Psychiatry (hereinafter, “the Department of Preventive Psychiatry”) and the Kesennuma Council of Social Welfare, we discussed health support for municipal workers, and the Center established a health consultation service to support municipal workers (including temporary staff) at the Kesennuma Central Government Office on the third Wednesday of every month from 10 am until 4 pm.

- ③ Mental health support for Kesennuma-shi members of the Association for Psychiatric Social Workers

Based on the results of a 2016 health survey concerning mental health targeting members of the Kesennuma Council of Social Welfare, carried out by the Department of Preventive Psychiatry, we implemented interviews with specific members of the Kesennuma Council of Social Welfare.

(2) Minamisanriku

- ① Deployment of municipal professionals

Continuing on from 2015, professionals were deployed to municipalities in 2016. By deploying them to areas close to municipal public health nurses' workplaces, they instantly carried out activities such as support for victims of disaster and assistance with public health nurses' work, and they worked to reduce the burden of the work.

- ② Mental health support for municipal staff

Based on a request from the general affairs division, we held discussions with the Department of Preventive Psychiatry, the Kesennuma Council of Social Welfare, and the Miyagi Mental Health and Welfare Center, and implemented support for municipal workers.

The Center established a health consultation service for municipal workers twice a month, on the fourth Tuesday of every month from 2 pm until 7 pm, and on a Saturday or Sunday from 11 am until 3 pm. In addition to these, we also responded to consultations in the form best suitable for the municipal workers' duties. Moreover, to make these health consultations better-known, we publish a "mini-column on health" in the monthly guide published from the general affairs division, design and distribute flyers once a year, and devise ways to make the consultation service easier to use.

- ③ Mental health support for Minamisanriku members of the Association for Psychiatric Social Workers

Continuing on from 2015, we carried out group meetings at each satellite of the Minamisanriku Council of Social Welfare Center for Disaster Victims' Lifestyle Support (hereinafter, "the Center for Disaster Victims' Lifestyle Support") (Table 3). In the second half of the year, we carried out changes such as reorganizing the satellites and establishing LSAs to support residents of public housing, and we took the opportunity to share information regarding the residents we were supporting and the conditions of public housing and container-type temporary housing.

Furthermore, in September, to support the managers of each satellite and the staff of the Center for Disaster Victims' Lifestyle Support main office supervising the satellites, we carried out separate interviews with the staff.

**Table 3: State of implementation of group meetings and other activities at each satellite**

Date	Location	Material
May 26 <sup>th</sup>	Shizugawa Satellite	Group meeting
June 8 <sup>th</sup>	Utatsu Satellite	Group meeting
July 20 <sup>th</sup>	Tokura Satellite	Group meeting
July 20 <sup>th</sup>	Minamikata Satellite	Group meeting
August 29 <sup>th</sup>	Shizugawa Satellite	Group meeting
September 6 <sup>th</sup> and 9 <sup>th</sup>	Main Office	Individual staff interviews
October 4 <sup>th</sup>	Utatsu Satellite	Group meetings

### (3) Discussion

When we deployed relocated staff to the Kesennuma Division for Health Promotion and Minamisanriku Health and Welfare Division's health promotion program, by implementing fixed-term support every week for the Kesennuma-Karakuwa General Office Health and Welfare Division they, along with the fixed-term temporary staff and the Center, were able to support each municipal division manager in a stratified way. Kesennuma and Minamisanriku, where reconstruction is progressing, have continued to have an abundant flow of work, and there will probably continue to be many municipal nurses who carry a heavy burden of work. Through the cooperation of the relocated staff and the Center, we will continue to support these supporters, prioritizing municipal public health nurses.

In Kesennuma, we have attempted to make the health consultation service for municipal workers a permanent fixture. By doing so, as well as being able to carry out continuous support, it has also become easier to understand the mental and physical condition of municipal staff over time.

On the other hand, although initiatives have begun concerning the reinstatement of support since 2015, these are still not very concrete. Therefore, we will continue to cooperate with general affairs division in initiatives to cultivate a better understanding of support.

The health consultation service for municipal workers in Minamisanriku has changed its days and times of operation, and although there have been schemes to publicize it, such as the column, there has not been much increase in its use. However, considering the fact that reconstruction activities are continuing, and that there will be a reduction in the number of temporary government staff from now on, supporting the health of municipal workers will be essential. We will continue to consider effective methods for supporting municipal workers in cooperation with relevant organizations and bodies.

## 3. Raising public awareness

### (1) Kesennuma-shi

#### ① Publication of Sanriku Kokoro Tsuushin (Sanriku Mental Health News)

We have been publishing a monthly column since April called "Sanriku Kokoro Tsuushin" in the *Sanriku Shimpou*, a paid subscription publication focusing on Kesennuma, in cooperation with Kesennuma Health Care Center. Through this newspaper media, we have provided information about mental health to the general public and made our consulting services more well known (Table 4).

**Table 4: Publication contents etc. of the *Sanriku Shimpou* "Sanriku Kokoro Tsuushin"**

Issue no. <sup>1</sup>	Date	Topic	Author
30	April 2016	A new season, a chance for growth	Kesennuma Health Center
31	May	Is this the May Blues? The mind-body slump that affects many at this time of year	Kesennuma Regional Center
32	June	A health checkup is your best chance to improve your own body!	Kesennuma Health Center
33	July	How to get along well with alcohol: The connection between alcohol and sleep	Kesennuma Regional Center
34	August	How to deal with changes to living environment	Kesennuma Regional Center
		1: Mental health changes when coping with the move to permanent housing from temporary housing	

<sup>1</sup> Issues began in 2013

35	September	Health improvement with quality sleep	Kesennuma Health Center
36	October	Rest well: How busy, working people can relax and refresh	Kesennuma Regional Center
37	November	Understanding “hikikomori” (shut-ins)	Kesennuma Health Center
38	December	How to get along well with alcohol 2: Self-check	Kesennuma Regional Center
39	January 2017	How to deal with changes to living environment 2: Getting through environmental change	Kesennuma Regional Center
40	February	Refresh mind and body with simple relaxation 1: Breathing exercises you can do anywhere	Kesennuma Health Center
41	March	Refresh mind and body with simple relaxation 2: Simple stretching to unwind mind and body	Kesennuma Health Center

- ② “Koko Café” (warm heart café, or mental health café) collaboration with Kesennuma
- The “Koko Café” is a project in Kesennuma mainly targeting residents in apartment-type temporary housing that attempts to design opportunities for people to get out of the house and interact with fellow residents as a precaution against isolation, and aims to study self-cafés for stress relief. It was organized by the Center in Kesennuma in 2016, and jointly hosted with the Kesennuma Council of Social Welfare Volunteer Center, with the cooperation of the Medical Corporation Utsushigawatetsujinkai Mitsumine Hospital (hereinafter, “Mitsumine Hospital”); it was implemented as shown in Table 5.

**Table 5: "Koko cafe" topics etc.**

	Iteration	Date	Place	Topic
Kesennuma	1 <sup>st</sup>	June 14, 2016	Sukoyaka	Discussing dementia, and aromatherapy relaxation
	2 <sup>nd</sup>	July 5 <sup>th</sup>	Jounan Annex	Aromatherapy hand massage
	3 <sup>rd</sup>	July 12 <sup>th</sup>	Sukoyaka	Calisthenics with musical rhythms
	4 <sup>th</sup>	August 23 <sup>rd</sup>	Ooshima Community Center	Health and nutrition seminar
	5 <sup>th</sup>	September 27 <sup>th</sup>	Sukoyaka	Music therapy
	6 <sup>th</sup>	October 25 <sup>th</sup>	Sukoyaka	Wallpaper art
	7 <sup>th</sup>	November 8 <sup>th</sup>	Matsuiwa Community Center	Calisthenics with slow dancing
	8 <sup>th</sup>	December 6 <sup>th</sup>	Sukoyaka	How to make delicious matcha tea
	9 <sup>th</sup>	December 20 <sup>th</sup>	Sukoyaka	Illustrated calligraphy
	10 <sup>th</sup>	January 10, 2017	Matsuiwa Community Center	Health and nutrition seminar
Karakuwa	11 <sup>th</sup>	January 24 <sup>th</sup>	Sukoyaka	Calisthenics with slow dancing
	12 <sup>th</sup>	February 21 <sup>st</sup>	Sukoyaka	Stories from a Buddhist priest
	1 <sup>st</sup>	June 23 <sup>rd</sup> 2016	Akira Residence	Illustrated calligraphy
	2 <sup>nd</sup>	October 13 <sup>th</sup>	Akira Residence	Music therapy

- ③ Cooperating on city project “health festival”

The health festival is a project implemented by Kesennuma that aims to prevent the deterioration of people’s health due to stress and the decline of bodily functions and attempts to maintain and improve the health of city inhabitants, based on the Stage 2 Kesennuma Health Plan 21 and Stage 2 Plan for the Promotion of Nutrition Education. On the day of the festival, we ran a “Koko Café Corner,” provided drinks, implemented a personal experience program, showed public awareness panels, and distributed public

awareness materials about mental health. The personal experience program was carried out as an experience of relaxing the five senses through “Sanshin musical performance,” “Calisthenics and breathing techniques,” and “Health kamishibai (Japanese traditional story telling).”

④ Public awareness for city personnel

In December we distributed public awareness materials about mental health to city personnel, with the goal of creating the opportunities for people to become aware of their own health.

⑤ Other

We carried out activities about mental health for the general public.

**Table 6: Other initiatives to promote public awareness**

Support targets	Topics	Number of times implemented
Residents	We participated and collaborated in “alcohol abstinence meetings” held in the Motoyoshi District.	12 participants / 12 times total
People living in container-type temporary housing and public housing	Jointly hosted a “healthy classroom” Shishiori District health consultation meeting in 2016 sponsored by Miyagi University. We offered a place in the container-type temporary housing meeting place where people could interact with people living in container-type temporary housing in the Shishiori District or in public housing, established a mental health consulting service, and led part of the discussion.	8
Residents	Jointly hosted the “Kisennuma District mental health creation street campaign” in 2016 with the Kisennuma Health Care Center. Distributed public awareness materials to spread information about “mental health checks” and “consultation organizations” at three shopping centers in Kisennuma during Suicide Prevention Awareness Month.	1
Dementia sufferers and their carers, local residents, and staff at relevant organizations	Jointly hosted a “Kokotcha” dementia teahouse sponsored by the Miyagi Prefecture Dementia Disorders Medical Center. Once a month, offered a place where interested parties, carers, and local residents could interact at a restaurant in the Mitsumine Hospital and Sukoyaka, and led part of the mini-discussion.	12
Residents	Implemented a “department for raising public awareness concerning preventive care” by the request of the Kisennuma Welfare for the Aged Center, Long Life and Happiness Villa. Provided a discussion about mental health through a short play, and relaxation and exercise as a personal experience program.	8
Residents	The Center presented project materials in the “World Alzheimer’s Panel Exhibition” held by the Kisennuma Region Inclusion and Support Center (in the Kisennuma City Hall One Ten Government Office building).	1
People living in Shishiori District	Collaborated with the Japan International Volunteer Center’s “Ikiki Social.” Implemented health lectures and relaxation using health consultations and kamishibai shows in the Shishiori	11

container-type temporary housing	District small-scale container-type temporary housing lounge.
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(2) Minamisanriku

① Provision of programs in the day service “Caregiver classroom and regional social”

On the request of the Minamisanriku Council of Social Welfare, as we had in 2015, we provided discussions at the Iriya and Togura Day Service Centers on mental health through materials that evoked the feeling of intimacy of a kamishibai show. Moreover, we carried out tapping touch and musical calisthenics. In 2016, we held these public awareness-raising activities about nine times, for an aggregate total of 87 local residents (Table 7, Table 8).

**Table 7: Day Service Iriya**

Date	Topics	Attendees
May 22, 2016	Health Kamishibai “About nutrition” Relaxed musical calisthenics	6
June 19 <sup>th</sup>	Health Kamishibai “How to have a positive mind” Tapping touch	6
July 17 <sup>th</sup>	Health Kamishibai “Gentle-hearted communication” Aromatherapy hand massage	7
November 20 <sup>th</sup>	Health Kamishibai “Stress and hypertension” Recreation calisthenics	12
February 19 <sup>th</sup>	Health Kamishibai “About sleep” Relaxed musical calisthenics	13
Total of 5 times		Aggregate total 44

**Table 8: Day Service Togura**

Date	Topics	Attendees
May 29 <sup>th</sup>	Health Kamishibai “Environmental change and stress” Relaxed musical calisthenics	11
June 12 <sup>th</sup>	Health Kamishibai “How to have a positive mind” Tapping touch	12
July 10 <sup>th</sup>	Health Kamishibai “Gentle-hearted communication” Aromatherapy hand massage	12
November 27 <sup>th</sup>	Health Kamishibai “Stress and hypertension” Recreation calisthenics	8
Total of 4 times		Aggregate total 43

② Implementation of Health Kamishibai jointly with Center for Disaster Victims' Lifestyle Support

Jointly implemented Health Kamishibai about mental health, such as at the tea ceremonies carried out at container-type temporary housing or public housing by the Center for Disaster Victims' Lifestyle Support. Carried out 24 regular public awareness raising activities in a year, for an aggregate total of 199 local residents.

Using kamishibai as a tool allowed many participants to get a sense that "it is easier to understand because there are pictures" and "it feels relatable because it reminds me of my childhood." Moreover, there was the major result of some of the participants being able to incorporate this into their daily lives, as by later adopting breathing techniques that were introduced in the play in the calisthenics they do regularly.

③ Alcohol training for residents

We discussed topics with someone previously involved in health promotion, created kamishibai aiming to make these topics easy to understand and relate to, and put them into use.

④ Distributing flyers for municipal staff

We made flyers about mental and physical conditions that are common during times of distress and about the consulting service for municipal staff and distributed them to all staff (450 people).

⑤ Participation in Minamisanriku Social Welfare Festival

We participated in the annual Minamisanriku Social Welfare Festival for the first time and exhibited in a booth. We carried out panel displays and quizzes relating to mental health, and distributed stress care goods to respondents. 175 people participated in the quiz, and we also distributed eco-packs with the Center's logo to another 300 people attending and raised public awareness about mental health.

(3) Discussion

In addition to the high-risk approach toward residents with a low level of mental health, we have lots of practice at emphasizing a population approach in order to increase the level of mental health of the whole population. In 2016, in both Kesennuma and Minamisanriku-shi, there was an increase in requests for lectures about mental health and our activities expanded. We aimed to respond to the original needs of the request, to make mental health easier for residents to understand, and to help them to understand it more intimately. We have employed various approaches, incorporating as concrete materials music, kamishibai, calisthenics, and short plays. We hope to expand our activities similarly in 2017. Moreover, we are once again investigating the creation of teaching materials so that these methods can continue to be put to good use by local governments after this Center's activities come to an end.

Moreover, we participated in the first welfare festival in Minamisanriku, taking the opportunity to teach lots of people about the existence of this Center and convey the value of mental health.

We are planning a method of approach to make it easier to access participants and regions.

## 4. Human resource development and training

(1) Kesennuma

At the request of facilitators in workshops, we cooperated in everyday management.

(2) Minamisanriku

① Training for Victim Support Center supporters and LSAs

In 2016 we also implemented this at the request of the Victim Support Center. We did this twice during the year on the theme of "teamwork."

② Training for nursing offices

a. Minamisanriku Residential Care Center

Based on a request from the offices, we carried out training for four staff members on the theme of “communication.”

b. Medical Corporation Itokukai Utatsu Tsutsujien Nursing Rehabilitation Facility for the Elderly

At the request of Kyoukai Kenpo, we carried out training for 25 staff members on the theme of “mental health for working people.”

③ Earthquake Mental Health Care Social Miyagi in Minamisanriku

Meeting at the Minamisanriku Tokura Community Center Assembly, we aimed to carry out network building between supporters active in Minamisanriku and Kesennuma. We gave lectures about activities at the time of the earthquake in Chuetsu, Niigata; we presented the group activities conducted in the municipalities; and we carried out panel displays on relevant organizations and bodies.

(3) Discussion

Similarly to 2015, upon request from relevant organizations and bodies from Kesennuma and Minamisanriku, all kinds of training were carried out. In 2016, what stood out was that requests have increased not just from earthquake-related support organizations, but also from existing organizations, and also the themes have not just been about mental health, but also about relevant communication and teamwork.

As the reduction and withdrawal of earthquake-related support organizations moves forward, we hope to take on roles with existing organizations. We will carry out human resource development and research in 2017 in a form that is based on the requests suited to the conditions during reconstruction.

## 5. Support for various activities

(1) Kesennuma

Throughout the year, we carried out initiatives to build links with each group or organization that is active in the wider region, prioritizing NPOs and NGOs. Moreover, we collaborated on grief care seminars with an NPO in Sendai, holding “Wakachiai meetings” to support bereaved families. Also, we participated in an organizers’ meeting in order to collaborate on “the East Asian Grief Assembly in Kesennuma,” which was held with the sponsorship of the East Asian Grief Assembly Secretariat in 2017.

(2) Discussion

By continuing initiatives to cooperate with various groups that are carrying out support activities in the region, we deepened our cooperation with organizations with which we had already built relationships, and also made links with new groups. Through these activities, our understanding of the region deepened, and we were able to put our support duties to good use.

## 6. Children’s mental health care regional projects

(1) Main activities

① Implementation of “Activities to build up mental health in senior high school students”

Kesennuma Health Care Center, an organization for mental health medical care welfare liaison conferences working in the jurisdiction of Kesennuma, implemented activities to build up mental health in second-year students and their teachers at Kesennuma Kouyou High School, Miyagi-ken. We presented consultation organizations in the Kesennuma region and health education through a short play. Moreover, we took

responsibility for the Working Secretariat jointly with the Kesennuma Health Care Center.

② Deployment of lecturers to nursery schools

We deployed lecturers to the parent-and-child “candle holder making” activity implemented at the Kesennuma Tateishiko Nursery School as an activity to build up the mental health of parents and children.

③ Carrying out training for junior high school teachers

We carried out training in health committees and workshops of Kesennuma Municipal Nakai Junior High School on the theme of “building mental health in order to protect work-life balance” for teachers.

(2) Discussion

Many children have continued to experience psychological changes today, many years after the earthquake disaster, due to changes in living environment, economic conditions, and family functions. In 2016, we carried out initiatives to direct attention to mental health during childhood, and activities to improve the mental health of the parents and supporters around children. Through these activities, we were able to comprehend the beginning of the future turn toward advancing mental health and welfare in all areas struck by the disaster.