

# **Overview of the Miyagi Disaster Mental Health Care Center**

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## Overview of operating association

Name:	Miyagi Prefecture Mental Health and Welfare Association	
Purpose of establishment	Promote mental health and welfare, and improve the mental health and welfare of citizens in Miyagi Prefecture	Director Noriyuki Takashina (Chairman, Shotokai Minamihama Central Hospital)
Establishment of association	1971 (opened 1959)	Location Osaki City, Miyagi Prefecture

## Progress of Installation of the Miyagi Disaster Mental Health Care Center (MDMHCC)

A Disaster Mental Health Care Center needed to be installed as a base to provide long-term response to victims of post-traumatic stress disorder (PTSD), depression, alcohol-related problems, suicides, and other mental problems caused by the earthquake disaster; and support medical care and community life for people with mental illness. Miyagi Prefecture inquired about the operation of a center, and following active efforts by the Association, a Disaster Mental Health Care Center was established and operated in the Prefecture.

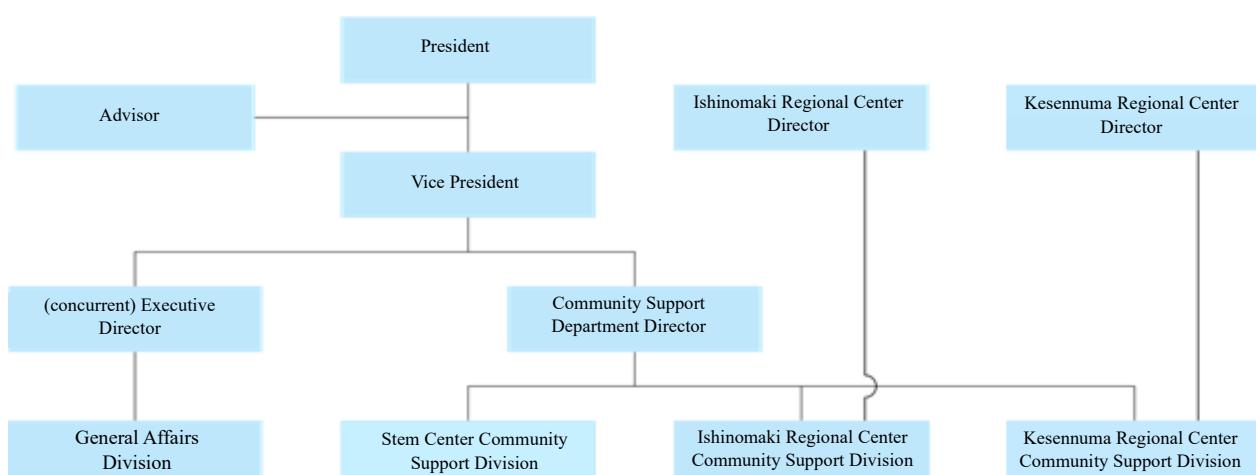
- November 2011 Establishment of a preparation room within the Association
- December 2011 Establishment of the Disaster Mental Health Care Center (Stem Center)
- April 2012 Establishment of the Ishinomaki Regional Center and Kesennuma Regional Center

## Miyagi Disaster Mental Health Care Center system

President	Naru Fukuchi (Hospital Associate Professor, Tohoku Medical and Pharmaceutical University Hospital)
Number of staff	29 (25 full-time, 4 part-time) as of April 1, 2022
Professions	psychiatrists, psychiatric social workers, psychologists, public health nurses, nurses
Locations (activity areas)	<ul style="list-style-type: none"> <li>• Stem Center [Aoba Ward, Sendai City] <ul style="list-style-type: none"> <li>◦ Activity areas (Shiogama District, Iwanuma District, inland areas)</li> </ul> </li> <li>• Ishinomaki Regional Center [Ishinomaki City] <ul style="list-style-type: none"> <li>◦ Activity areas (Ishinomaki District)</li> </ul> </li> <li>• Kesennuma Regional Center [Kesennuma City] <ul style="list-style-type: none"> <li>◦ Activity areas (Kesennuma District and Ichinoseki District (evacuation destination))</li> </ul> </li> </ul>



## Miyagi Disaster Mental Health Care Center organization chart (As of April 1, 2022)



## Basic principle

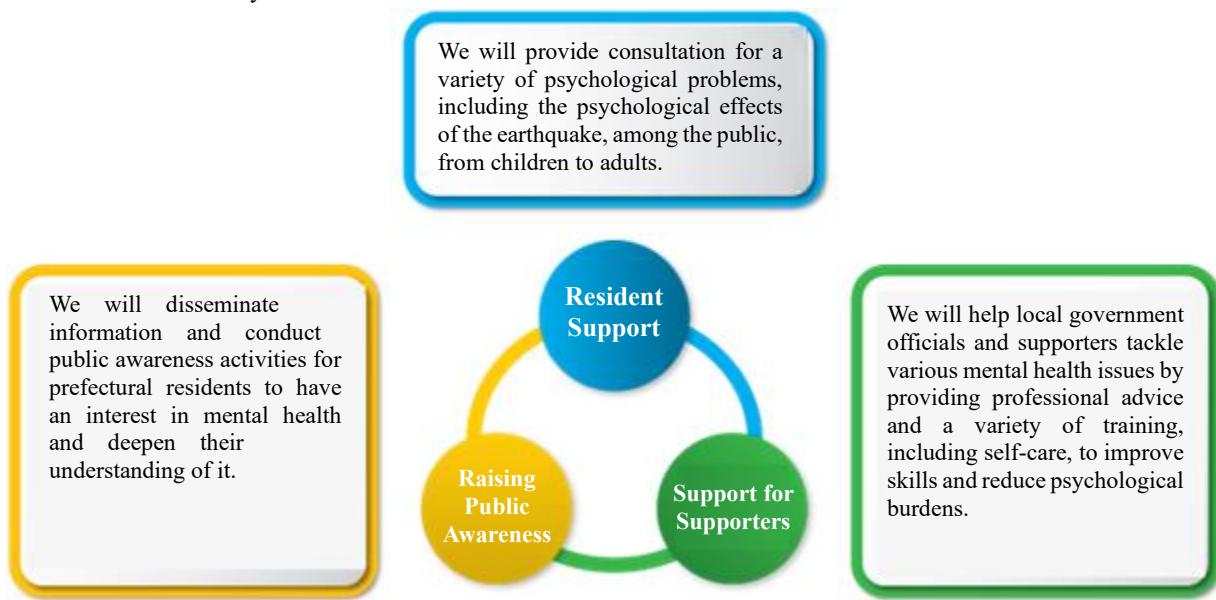
Improvement of community mental health welfare in disaster-affected areas

## Basic policy of activities

- ① Implement “seamless support for the public, from children to adults”
- ② Resident support involves mental health care activities centering on outreach, based on accompanying visits with related organizations, such as municipalities.
- ③ Support for supporters involves implementing activities that contribute to the improvement of their skills through case studies and consultations as well as target support relating to the mental health of supporters.
- ④ Raising public awareness involves activities relating to mental health for community residents, prioritizing preventive viewpoints to deepen understanding and interest in the mental health of residents while cooperating with municipalities.
- ⑤ Implementing activities with the perspective of handing down the experience cultivated in past activities, such as summarizing the ideal way of support that can be utilized in the event of a future disaster; the activities that the Center has overseen to date comprise valuable knowledge of mental health care activities in the event of a disaster.
- ⑥ Conducting activities according to the actual circumstances of municipalities while collaborating and cooperating with related organizations, such as municipalities, to improve community mental health and welfare activities; systematically implementing the transition of various projects to related organizations in anticipation of the conclusion of activities in FY 2025.

## Main activities from 2021

We consider all residents of Miyagi Prefecture who were psychologically affected by the Great East Japan Earthquake as targets of mental health care, and we are engaged in support projects according to the ground reality of the community. Our vision is to help citizens of the prefecture live with peace of mind as soon as possible in the community.



## ■ Characteristics of initiatives

- We conduct activities that meet the needs of the community, with a focus on support provided by the health and welfare departments of local governments as well as disaster victim support staff.
- Multiple professionals go beyond the boundaries of their professions and work as a team.

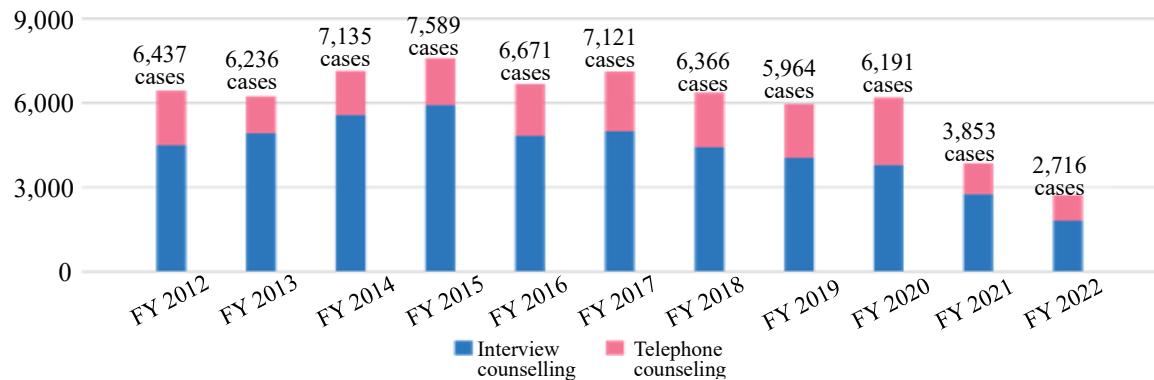
## Activity results

We respond to the needs of the community, including the following: health surveys of tenants in emergency (container-type) temporary/apartment-type rental and public housing installed in Miyagi Prefecture; support for individuals who required follow-up based on results of various health surveys conducted in municipalities; professional advice regarding support for difficult cases; mental health support for exhausted administrative staff and supporters, such as supporters for temporary housing; and support to supplement the shortage of professional human resources in municipalities.

※ Emergency (container-type) temporary housing is referred to as “emergency,” and apartment-type rental housing is referred to as “private rental” below.

※ Tabulation work is conducted using our own business statistics system. In cases where a response was provided by multiple staff members, the same activity is tabulated as a single case.

### [Resident Support]

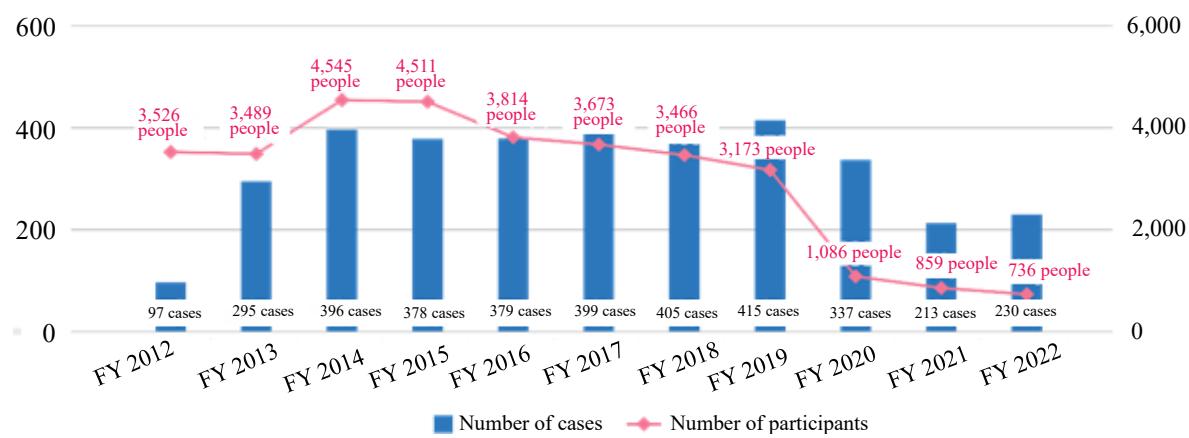


Resident Support (total number of cases)

Fiscal year	2012 (H24)	2013 (H25)	2014 (H26)	2015 (H27)	2016 (H28)	2017 (H29)	2018 (H30)	2019 (R1)	2020 (R2)	2021 (R3)	2022 (R4)
Interview counseling (cases)	4,492	4,926	5,569	5,921	4,828	4,990	4,419	4,047	3,793	2,752	1,812
Telephone counseling (cases)	1,945	1,310	1,566	1,668	1,843	2,131	1,947	1,917	2,398	1,101	904

Health surveys of tenants in emergency/private rental and public housing installed in Miyagi Prefecture, support for individuals who required follow-up based on results of various health surveys conducted in municipalities, etc.

### [Raising Public Awareness]



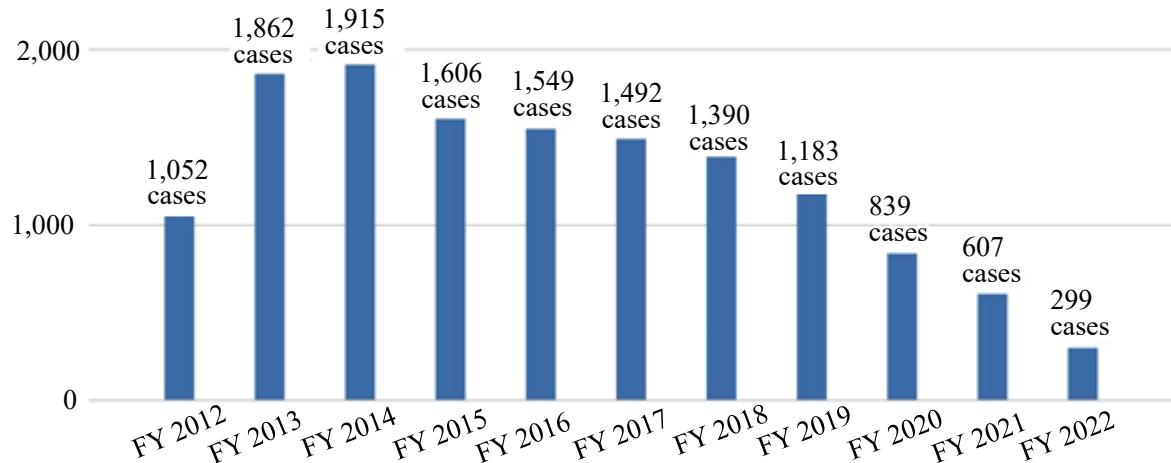
Raising Public Awareness

Fiscal year	2012 (H24)	2013 (H25)	2014 (H26)	2015 (H27)	2016 (H28)	2017 (H29)	2018 (H30)	2019 (R1)	2020 (R2)	2021 (R3)	2022 (R4)
Number of cases	97	295	396	378	379	399	405	415	337	213	230
Number of participants (people)	3,526	3,489	4,545	4,511	3,814	3,673	3,466	3,173	1,086	859	736

Dissemination of information and public awareness of mental health

◇Salon activities, training for raising public awareness, mental health counseling service booths,etc.

### [Support for Supporters]

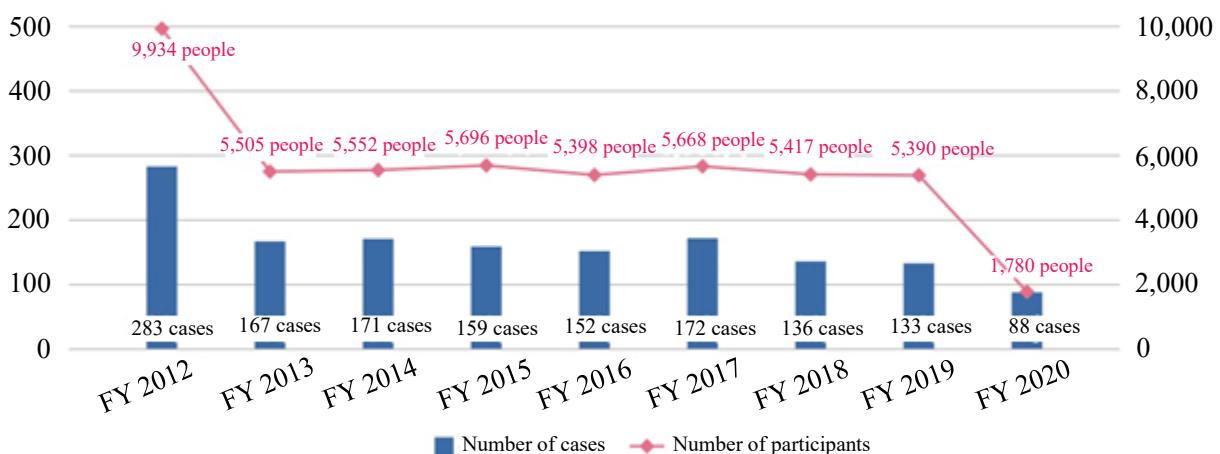


### Support for supporters

Fiscal year	2012 (H24)	2013 (H25)	2014 (H26)	2015 (H27)	2016 (H28)	2017 (H29)	2018 (H30)	2019 (R1)	2020 (R2)	2021 (R3)	2022 (R4)
Number of cases	1,052	1,862	1,915	1,606	1,549	1,492	1,390	1,183	839	607	299

Support for supporters such as municipal staff and supporters of temporary housing with the aim of providing mental health activities as well as maintaining physical and mental health

### [Human resource development] Until FY 2020



### Human Resource Development

Fiscal year	2012 (H24)	2013 (H25)	2014 (H26)	2015 (H27)	2016 (H28)	2017 (H29)	2018 (H30)	2019 (R1)	2020 (R2)
Number of cases	283	167	171	159	152	172	136	133	88
Number of participants (people)	9,934	5,505	5,552	5,696	5,398	5,668	5,417	5,390	1,780

Dissemination of knowledge and training for professionals and supporters involved in mental health

◇ Support skills training for administrative officials, supporters for temporary housing, educators; training for addiction-related problems and other issues

## Characteristics of each center

### Stem Center

**Oversees municipalities in the Shiogama Health Center and Iwanuma Branch areas, and responds to issues according to individual reconstruction situations and needs while sharing issues with municipalities and health centers**

- We respond to requests for support from mothers with mental health issues by working with municipal staff members and conducting visits.
- We conduct the “Utsukushima Salon” once a month for people who relocated from Fukushima Prefecture to the surrounding areas of Iwanuma City following the earthquake.
- We conduct “Children’s psychological first-aid training” (PFA training) for disseminating basic methods for psychological support in the event of a disaster or emergency.

### Ishinomaki Regional Center

**The areas overseen by the Ishinomaki Public Health Center are Ishinomaki City, Higashimatsushima City, and Onagawa Town, and the entire area is a disaster-affected area.**

**There is an increasing need to share issues with related institutions and provide support while also actively collaborating.**

- Support for supporters efforts include active participation in difficult case study meetings and supporter meetings.
- We strive to respond to requests from public health centers, municipalities, and other institutions to the extent possible. We conduct health surveys, counseling for parents raising children, support for child supporters, and accompanied visits.
- We provide support for Danshukai activities.

### Kesennuma Regional Center

**The entire area has been affected by the disaster. There has been a shortage of mental health care professionals since prior to the earthquake and this has become an even more serious issue after the earthquake. This Center is recognized as an institution that can handle individual counseling for residents, and the number of consultations remains high.**

- Individual consultations have increased in number for children and working-age people in their 20s through 40s.
- Consultation contents are often multifaceted and complicated, requiring continuous support.



## Children’s Mental Health Care Community Base Project From FY 2016 to FY 2020

(Number of cases)

	Fiscal year	2016	2017	2018	2019	2020	
① Consultation project	Consultations	230	281	330	373	431	Visits, walk-in, telephone counseling for children, family, supporters
② Professional dispatch	Number of times	234	266	309	229	262	Child psychiatrists, clinical psychologists, etc, dispatched to municipalities, schools, nursery centers, etc.; consultations for staff
③ Training project	Number of times	43	51	40	47	31	Holding workshops; dispatching instructors to training conducted by municipalities, nursery centers, etc.
④ Dissemination/public awareness project	Number of times	4	2	3	20	4	Cooperating with dissemination of information in pamphlets and public relations magazines on children’s mental health, salons, etc.
⑤ Research project	Studies	2	2	11	9	4	Longitudinal support study for children born after the Great East Japan Earthquake and their families (Michinoku Children’s Cohort Study)