

Activity report

Community Support Division, Stem Center

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Miyagi Disaster Mental Health Care Center (MDMHCC)
Community Support Division, Stem Center
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1. Introduction

The Community Support Division, Stem Center, MDMHCC comprises 15 staff members. Two of them are seconded to Natori and Shiogama.

MDMHCC is in-charge of the entire prefecture except the Ishinomaki and Kesen'numa areas. We have been providing regular support in seven coastal municipalities affected by the tsunami, and for inland communities, we have been providing needs-based support.

The current article reports on the activities undertaken by the Community Support Division in FY2016 along with some reflection on our support activities.

2. Our activities

As Figure 1 presents, the largest proportion of activity hours of the Community Support Division in FY2016 based on the six main components was “resident support.” Upon comparing data for the three years from FY2014 to FY2016, while the number of hours has decreased, the proportion has not significantly changed. As for “support for supporters,” while there is no difference in the proportion of hours, the content has been changing every year. Below, we describe these situations according to the six pillars of the Activity Policy of the MDMHCC.

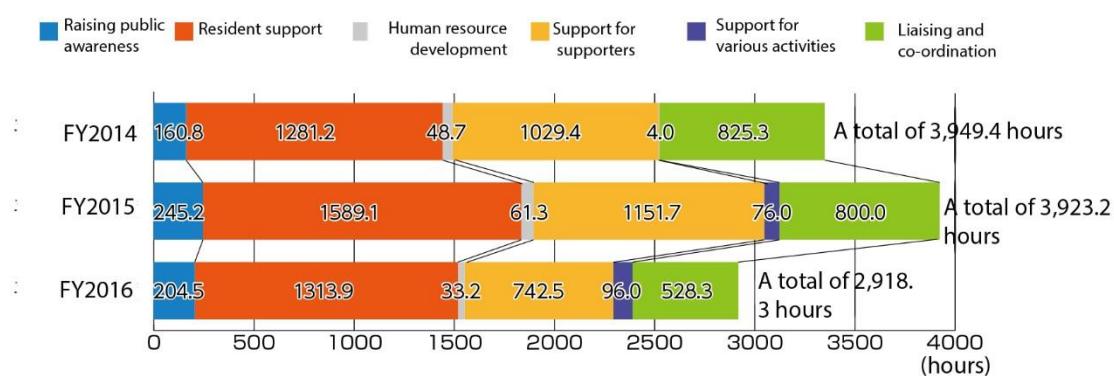


Figure 1: Changes in the number of activity hours of the Community Support Division

(1) Resident support

Table 1 presents the “number of times support was provided” and “support content” in FY2016, and Figure 2 presents the “reasons for consultation.”

Table 1: The number of cases handled and type of support (total)

	Community Support Division	Secondment (Shiogama-shi/Natori-shi)
Home visit	1,191	131
Walk-in	141	92
Telephone	266	98
During group activity	77	36
Letters	16	
Case conferences (with the client present)	3	6
Accompanying the client for medical appointment	8	22
Other	25	9
Total	1,727	394

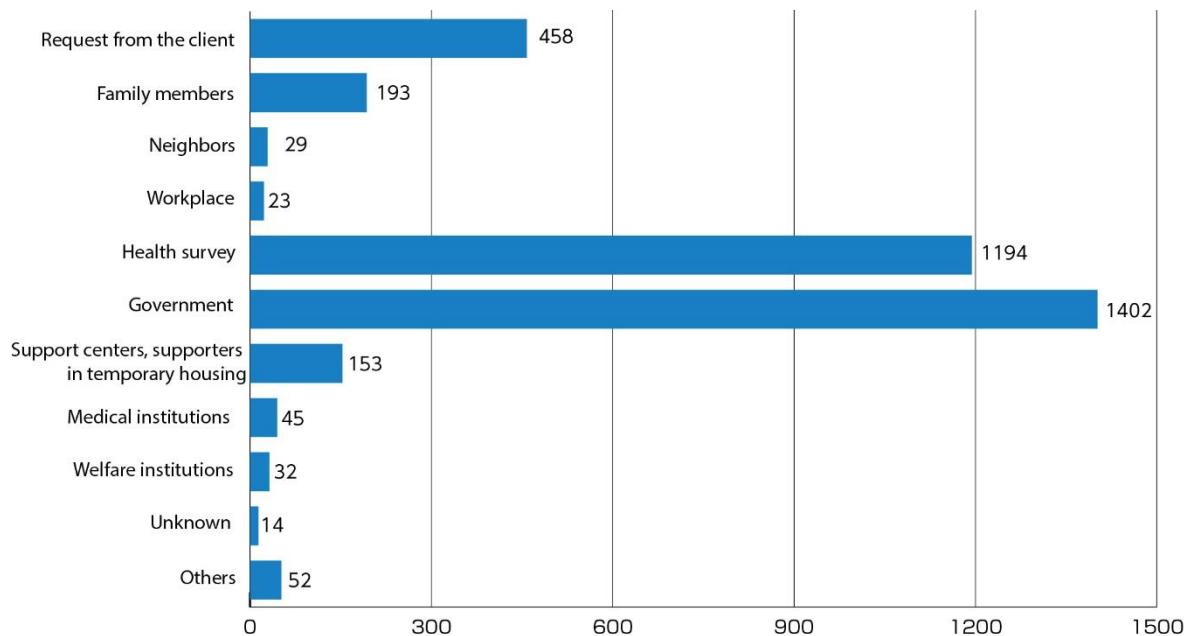


Figure 2: Reasons for consultation in the Stem Center's activity area (total number of cases)

As Table 1 indicates, the main type of support is home visit.

Regarding reasons for consultation, home visits and consultation upon “request from governmental organizations” exceeded “the health survey (post-survey home visit to those with high risk)” for the first time in FY2016. Many of the referrals from the “Government” were elderly people who were suspected of abuse, had symptoms such as delusion, and those with alcohol-related problems.

Upon chronologically comparing the number of home visits, as Table 2 presents, the total number peaked in FY2015 and is now decreasing.

Table 2: The number of home visits by the Community Support Division from FY2016 (excluding those by the seconded staff) (total)

	FY2013	FY2014	FY2015	FY2016
The number of home visits	1,064	1,239	1,624	1,191

Additionally, the actual number of clients who were visited by the MDMHCC and their characteristics extracted from the business statistics are presented below.

The actual number of clients receiving support in FY2016 was 952. Of this, 339 clients were in receipt of continued support (35.5%). Furthermore, the number of those who had received continued support from the previous year (FY2015) was 169 (49.9%), which accounted for about a half. The total number of times support was provided was 1,545, and the average number of times support was provided was 4.6 times.

In terms of age, the highest proportion was those in their seventies or older, followed by those in their sixties and those in their forties, respectively. A total of nine clients were younger than 20 years.

Regarding reasons for consultation, many cited changes in mental health, health problems, and family problems.

The proportion of those who said that they had experienced changes in mental health was higher among those who had received two or more visits (221 out of 339, 65.2%) than those who had received only one visit (236 out of 613, 38.5%).

The above suggests that the continued support cases include a large number of those with changes in their mental health. In particular, requests for support provision for those with alcohol abuse related problems were often made as “difficult cases.” Because of this, it was considered necessary to share information on how to handle alcohol abuse issues in the Community Support Division as a whole, and the following tables were created to represent the current situation of support provision.

<Capturing the current situation of support provided to those with alcohol abuse related problems>

- ① Aim: To clearly identify the target of support provision in order to provide appropriate support
- ② Method: To capture the outline of support topics by classifying the alcohol abuse related problems into four categories:
 - a. Drinking with a little risk: Potential for providing advice at the specialized health check-up
 - b. Risky drinking: To aim for moderate drinking
 - c. Harmful drinking: To aim for moderate drinking for those who need treatment for lifestyle diseases
 - d. Alcohol dependency: Needing treatment in the specialist institution, aim for abstention
- ③ Results

The clients with alcohol abuse related problems were spread across all age groups. Many lived with their families. (Table 3) (Table 3 presents the cases for which MDMHCC provides continuous support)

Table 3: Support provision for those with alcohol-related problems

Categories	A little risk (persons)	Risky (persons)	Harmful (persons)	Alcohol dependency (persons)	Total (persons)
Total	15	10	20	18	63
Age					
20s	1	0	0	0	1
30s	1	0	1	1	3
40s	2	4	5	2	13
50s	2	1	2	7	12
60s	8	2	8	6	24
70s	0	3	4	2	9
80s	1	0	0	0	1
Family Structure					
Single-person household	4	3	12	7	26
Living with a family	11	7	8	11	37
Support Subject					
The client only	12	6	15	10	43
Family only	3	3	3	2	11
Both client and family	0	1	2	6	9
Support other than home visit/telephone					
Support for medical appointment	0	0	0	4	4
Danshukai support	0	0	0	4	4
AA support	0	0	0	2	2
Sesshu-no-kai	2	2	2	0	6

④ Discussion

We need to devise support methods that respond to the length of drinking history and life situation and provide support not only to the client but also to the family.

Regarding our future challenges, in order to evaluate intervention methods and effects of interventions on clients, we need to learn to use the “Alcohol Abuse Recognition Test AUDIT,” a screening method of alcohol abuse to ensure the state of the client.

(2) Support for supporters

We regularly send our staff members to the Victim Support Unit of the local authorities to gather information about their problems and challenges, and we discuss these with the staff on the ground to explore the measures to be taken. A team composed of a few staff members was put in charge of an area to carry out this task.

① Support team composition and the number of days of support

Matsushima: Two from a pool of psychiatric social worker, occupational therapist, and public health nurse, once a week

Shiogama: Two from a pool of psychiatric social worker, occupational therapist, and public health nurse, once or twice a week

Tagajo: Two from a pool of a public health nurse, psychiatric social worker, and clinical psychologist, three days a week

Yamato:	A public health nurse and psychiatric social worker (2 staff members), once a month
Tomiya:	A public health nurse and psychiatric social worker (2 staff members), once a month
Natori:	One of a clinical psychologist and psychiatric social worker took turns (up to September 2016, only the psychiatric nurse was available) One or two from a pool of public health nurse, psychiatric social worker, and occupational therapist, four days a week
Iwanuma:	Two from a pool of a clinical psychologist, occupational therapist, and psychiatric social worker, two days a week
Watari:	Two from a pool of a public health nurse and psychiatric social worker, twice a week
Yamamoto:	One or two from a pool of a public health nurse and occupational therapist, once a week

② Kinds of support provided

The major type of support was the case examinations. Support planning included conferences, case reviews, and administrative work. As it was the sixth year since support provision had begun, many municipalities were engaged with the case management of existing cases and had begun to conclude support provision. As a result, the amount of administrative work including the creating of support ledger and production of materials for case review is on the increase.

Table 4 lists the training sessions conducted to develop support skills. It can be observed that there is an increasing demand for inter-personal skills such as abuse prevention and responding to families with problems such as alcohol abuse.

Table 4: The list of training sessions to develop skills

Training type	Training session title
Support skill training	PFA training for children (Miyagi Prefecture Disaster Prevention Managers' Meeting) (Save the Children Japan)
	Training on mother-and-child health at Natori-shi Health Center, "Diagnosing the Mother and How to Deal with Her" (first)
	Training on mother-and-child health at Natori-shi Health Center, "Diagnosing the Mother and How to Deal with Her" (first)
	Tagajo-shi Case examination meeting "How to Examine a Case and How to Liaise"
	Training session on child abuse "Supporting Families with Complex Problems"
	FY2016 Training session for the Area Council to Deal with Children Requiring Protection in Iwanuma-shi, "Understanding Difficult Parents and How to Deal with Them"
	FY2016 Training session for Mental Health and Welfare Practitioners of Local Municipalities, "Symptoms of Mental Health Disorder and How to Deal with Them"
	Training session for supporters of disaster victims in Watari-cho, "What is Needed for the Community to Become Vitalized"
	Training sessions for the welfare commissioners of Yamamoto and Watari areas
Training on mental health at workplace	Internal Training Session for Okuma Nursery, "On Mental Health Care for Staff"
	Training session for the managers of Yamamoto-cho, Mental Health Management Seminar (the same content repeated for two days)

	Mental health seminar, "Measures to Maintain the Mental Health of Staff Providing Line Care," a seminar for managers (Sendai Air Base, Japan Coast Guard, Second Division)
	Mental health training session for managers of Natori-shi town hall, "Developing Workplace Using Psychology" (the same content repeated for two days)
	Mental health training session for the staff of Yamamoto-cho Social Welfare Council
Training on dealing with suicide	Training session for the volunteers of Shiogama Kokoro no Kenko Zukuri (Shiogama Nurturing Mental Health)
	Follow-up lecture for supporters of nurturing mental health, "On Improving Communication Skills"
	Training session on nurturing mental health, "How to Raise Children Well in the Community"
	Study session for the welfare commissioners of Misato-cho, "If You are the Discoverer of a Suicide: from the Perspective of Traumatic stress"
Training on mental illness/disorder	Training for the newly recruited public health nurses of Shiogama-shi
	Training session on developmental disorder education (advanced) "Developmental Disorder and Medicine" (Miyagi Comprehensive Education Center)
Training on children's mental health	Lecture at the Masuda Nursery, Natori-shi "Children Who Concern Me"
Training on the situation of the affected areas and the MDMHCC activity	Training for newly appointed public health nurses (Shiogama-shi)

(3) Raising public awareness

① Lecture series for the residents

Up to now, we have mainly collaborated with local authorities in reference to suicide prevention, but in FY2016, the local authorities took the lead in hosting events as part of their business. We continue to receive a number of queries and requests about choosing the speaker and theme from local authorities, to which we respond. Table 5 presents the training sessions and lectures delivered by us.

Table 5: Lectures targeting residents

Training session title	Municipality
Training session for new recruits of Shiogama-shi, "On Stress"	Shiogama-shi
Shiogama nutrition lesson to think about health, "How to Resolve Stress: 'Mental Health Care' We Can Start Today"	Shiogama-shi
Takadate Community Center, Safety in life class "On Stress, On Sleep, How to Care for Fascia"	Natori-shi
Yamamoto-cho, mental health class (the same content repeated five times in different areas)	Yamamoto-cho
Mental health lecture, "Let's Get to Know Young People's Minds: Young People Who Find Life Difficult"	Shibata-cho

② Setting up of a mental health help desk

In Matsushima, we set up the "How tired are you? Corner," a mental health help desk at the residents' comprehensive health check-up, and provided consultations for those who identified

using the K6 screening tool or those who wanted to have a chat. Table 6 presents the number of consultations and content of queries. We continued to provide support for eight of these cases.

Table 6: The implementation of mental health consultation after the mental fatigue check-up in Matsushima

Age	Number (real number)	Content	(total)
10-19 years	1	Earthquake-related	2
20-29 years	0	Family problems	14
30-39 years	4	Physical problems	9
40-49 years	2	Mental health issues	14
50-59 years	5	Finance	1
60-69 years	9	Social life issues	1
70-79 years	8	Work-related issues	1
Total	29	Care-related issues	1
		Others	4

③ Providing socializing opportunities for residents

As many have moved on, we provided opportunities for socializing to those residents facing isolation through salon activities and so on.

In Natori, we set up the “Health salon (sesshu no kai)” with residents who used alcohol and had health worries. We implemented the moderate drinking program with help from the Iwanuma Branch of the Shiogama Public Health Center, and we liaised with residents and provided support for continuing the program with help from Natori. The group is composed of approximately 15 people. They have gradually begun to discuss what to do next, and the group has started to serve as an opportunity for socializing. The members have begun to participate and have experienced some positive effect on their health as well. They regularly meet once a month.

In Watari, we delivered “Men’s Club,” a travelling educational program. The program aimed to enhance mental and physical health and offered cooking and exercise. The program was held once a month with the Health Promotion Unit of Watari.

In Yamamoto, we delivered the “Nurturing Mental Health Class,” a travelling educational program. In order to meet the residents’ request for “the opportunity to exercise,” we planned and delivered an enjoyable activity with an occupational therapist with the aim of socializing and relaxation.

In Matsushima and Shiogama, we held a salon called “Goen-kai” for those living in privately rented housing. As privately rented accommodation is scattered, it is difficult to deliver support, and because there is not much interaction among residents, the isolation risk was high. Therefore, we delivered the event with a view to provide opportunities for socializing, having fun, and going out. While the number of participants was small, we obtained feedback that we managed to establish relationships among the participants.

We think that the residents have recovered “their own skills” through these salon activities and revitalized relationships.

Table 7 presents the implementation of each salon activity.

Table 7: Implementation of socializing salon activities for residents

Activity title	Municipality	Target	No. of times held	Total no. of participants
Natori Health Salon (Sesshu-no-kai)	Natori	Residents	12	116
Watari Men’s Club (meeting for single	Watari	Residents	11	26

men younger than 65 years old)		Shiogama	Residents of privately rented accommodation	4	15
Goen-kai (Salon for residents of apartment-type temporary housing)					
Utsukushima Salon (Salon for those who have evacuated from Fukushima to Iwanuma)		Iwanuma	Residents of privately rented accommodation	10	155

(4) Human resource development

Table 5 lists the specialist training sessions provided by the Community Support Division to improve supporters' skills. As for themes, responding to mental illness and responding to alcohol-related incidents were themes carried forward from FY2015. For FY2016, municipalities asked for lectures on the theme of "Support for Parents Who are Raising Children."

(5) Research

In FY2016, we summarized our support activities and presented two papers. First, we presented a poster at the fifteenth Japanese Society for Traumatic Stress Studies Conference on the following themes: "Report on Support Provided for the Victims of the Great East Japan Earthquake in Tagajo I: On Liaising Among Multiple Institutions and Jobs" and "Report on Support Provided for the Victims of the Great East Japan Earthquake in Tagajo II: Characteristics of Those Who Need Continuous Support." Second, we presented a paper at the symposium at the 38th Japanese Society for Alcohol Related Problems Conference in Akita on the theme of "Encouraging Moderate Drinking in Natori: The Establishment of a Health Salon and its Effect."

(6) Support for various activities

① Danshukai (Alcoholic Anonymous)

We regularly held the "Meeting to Achieve Abstention (danshu)" at the Public Health Center, Natori. As a preparatory stage to establish a danshukai as an umbrella body for supporters in the community, the event was held with co-operation from the Prefectural Danshukai and Medical Corporation Tohokukai, Tohokukai Hospital. The number of participants in each month is small, and although everyone does not manage to continue attending, one participant has been attending since the start. One of the factors for this is that the supporter was continuously engaged and deepened the relationship with the participant. Families who saw the advertisement by Natori and staff members of local hospitals also participated, and awareness about the families and supporters increased. From FY2017, the event will be held as Natori Danshukai hosted by the danshukai. MDMHCC will continue to co-operate to motivate the clients who they encourage to attend the meeting and to communicate about the meeting to various institutions in the community.

② Utsukushima Salon

Utsukushima Salon is a socializing salon for evacuees from Fukushima hosted by Smile Support Center, a support organization for the recovery of the victims of Iwanuma. Before the earthquake, the participants lived in Minamisoma, Futaba, Namie, and so on. Because the salon has now become established as a venue for socializing among those who are in similar circumstances and because it serves as a means for obtaining information about their home towns, the participants wanted to continue holding the salon, and it is held regularly every month. Users are increasingly coming from all parts of the Sen'nan area. While the demand is increasing, Iwanuma, which used to hold the event as part of resident support, decided to end its support as a local authority in FY2016 and were looking for a successor. In FY2016, we supported the activity as a co-host, and in FY2017, we plan to implement the activity as our own project with help from the Smile Support Center.

③ Child victim support event, "Genkikko"

We participated in the play event for children affected by the earthquake, provided consultation to families, and responded to parent-and-child queries (participated thrice).

④ Support for residents in temporary housing in Shimogama

Staff seconded to Shiogama are regularly conducting Shiogama's projects such as "Hotto Salon" and "Consultation on rehabilitation" and have carried out educational activities such as self-stress test.

Table 8: Support for various activities

Activity title	Municipality	Target	No. of times held	Total no. of participants
Natori Meeting to Achieve Abstention	Natori	General public	12	28
Shiogama Hotto Salon	Shiogama	General public	5	24
Shiogamashi Consultation on Rehabilitation in Temporary Housing (Iboishi Temporary Housing Community Center)	Shiogama	Residents of temporary housing	4	6
Hokushin-kai Salon, Kitahama Prefectural Housing, Shiogama	Shiogama	General public	1	9
"Natori Genkikko," a salon for children affected by the earthquake in Natori	Natori	General public	3	135
"Meguriai-no-kai," a group of earthquake victims	Natori	General public	1	9

3. Summary

It has been six years since the earthquake and moving out of temporary housing peaked. Health problems and worsening of health conditions because of the prolonged evacuation as well as changes in environment are predicted. Individual problems have also diversified, which require multi-faceted and comprehensive responses.

Against this background, the Community Support Division has been discussing the following: "What kind of support and for what kind people is needed as mid-to long-term support?"

The situation of our clients worsens every year, and they have diverse problems that reject a simple response and require time and effort. We hope to continue providing support for each individual to stay close to them.

We also think that in the mid- and long-term, we need to establish preventative measures in accordance with the situation on the ground. For this, we need to continue discussing with various institutions, as a task for the next FY.

Six years since the earthquake, and we continue to hear from the residents. While some are relieved and make statements such as "Finally, all the procedures for life infrastructure are completed" and "Finally, I feel I can talk about how hard it was," for many residents, the earthquake continues to have an impact, as the following statement indicates: "I remember the earthquake as if yesterday."

We believe that it is still necessary for us to visit these residents, listen to them, and to stay close with them in an empathetic manner, which is why we continue with our work.

