

Activity Report

Planning Division, Stem Center

Report of the Planning Division, Stem Center

Miyagi Disaster Mental Health Care Center (MDMHCC)

Planning Division, Stem Center

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1. Introduction

From FY2016, the “Planning and Co-ordination Department” became the “Planning Department,” and along with it, the Planning Division and Co-ordination Division were re-organized as the “Planning Division.” The Planning Division was again put in charge of research and works related to statistical systems that had been carried out by the Co-ordination Division, and the tasks were divided as follows: the planning group was in charge of the planning of training sessions in reference to human resource development and communication activities for raising public awareness, and the statistics/research group was in charge of the statistical systems and research. Additionally, the “Mental Health Care for Children Community Base Project” was newly commissioned by the Miyagi Prefecture and the Planning Division engaged with communicating the relevant sections about the project and arranging lecturers for events when support was requested to local authorities and nurseries.

Furthermore, the “Miyagi Disaster Mental Health Care Center Management Plan (hereafter, the Management Plan)” was drafted in order to set operational goals for the period from 2017 to 2020. The Management Plan was to be implemented for four years from 2017, but some projects related to it were implemented in 2016.

Here, we reflect on the Planning Division’s activities in FY2016, focusing on one of the basic principles of the Management Plan, “Unbroken support from children to adults.” We deliberate on what we need to do in FY2017 and the next four years.

2. Activity Report for FY2016

(1) Resident support

① The day camp with parents and children from the earthquake-affected areas

From this FY, the eligibility was extended to parents and children from a total of three municipalities, taking into consideration changes in circumstances such as the rebuilding of houses in the inland area and moving to public housing. The aim of the project was to improve their ability to take care of themselves while raising awareness about mental health by making children spend time in nature and by spending care-free time away from the everyday life for parents.

As part of disaster prevention education, the program involved the cooking of “Alpha Rice (cooked and dry packed rice)” and starting fire to prepare for lunch. In terms of recreational activities, a range of programs were organized to exercise well while enjoying it: some required co-operating with the group members, and some required 100% participation. In “Lessons on mind,” a psychological educational program, we practiced yoga focusing on breathing techniques. The aim was to learn a method for calming oneself down when one is irritated or upset.

This year, there were 12 returning children, and 8 new joiners.

② Other resident support

We provided help for “Utsukushima Salon,” (a salon activity for those evacuated from Fukushima to Miyagi Prefecture), which the Community Support Division of the Stem Center had co-hosted with a support organization in Iwanuma. In addition, when necessary, we provided individual consultation via telephone, walk-in, and home visit.

(2) Support for supporters

① Support activities for the affected areas by alcohol-related problem specialists

We conducted case examination meetings and training sessions and supported the launch of self-help groups by commissioning Tohokukai Hospital, the ASW, and the Prefectural Danshukai. More details of these activities are reported in the “Activities by the collaborative institutions and organizations” section in Bulletin No. 5.

② Supporters’ Club

In FY2016, two members of the Supporters’ Club helped with health consultation and children’s camp. Six more have newly signed up, and we are planning to ask for their co-operation for research activities from FY2017.

(3) Raising public awareness

① Creation of a pamphlet

We revised the pamphlet of the MDMHCC, which had not been updated since its establishment (3,500 copies published). In revising the pamphlet, we included information on the new project, “Mental Health Care for Children Community Base Project” and integrated supporters’ and general versions into one. Additionally, we distributed available leaflets during training sessions, home visits, and health consultation in order to spread knowledge and raise awareness about the help desk. In particular, 4,200 copies of leaflets on the four types of alcohol-related disorders were distributed, which was significantly higher than the number of other leaflets distributed.

FY2017 is the sixth year since the earthquake, and it is designated as the “final year” in the Prefecture’s recovery plan. We strive to capture new demands from residents and supporters and to produce new leaflets with knowledge and information in response to these needs.

② The newsletter

With an aim to communicate MDMHCC’s role and activities, we published the “Miyagi Disaster Mental Health Care Center Newsletter” twice in FY2016, and 2,400 copies were published and distributed to approximately 800 institutions and facilities in the prefecture both times.

The first issue carried an address from President Kodaka, the newly appointed President of MDMHCC. The newsletter featured alcohol-related problems and carried articles on the activities of each division and the treatment given in specialist hospitals. The second issue had an article by Dr. Toraiwa President of the Ishinomaki regional center, and it featured each division’s activities in FY2016.

We plan to make the most of the newsletter in FY2017 as a means of deepening shared understanding of mental health care in the recovery period with supporters by reporting on the activities of each regional center and other institutions.

③ The center’s web site

We communicated the MDMHCC training sessions and the projects that MDMHCC was co-hosting or supporting, published the newsletters issued in FY2016, and reported on the activities of each regional center through MDMHCC web site. We updated the contents, included the introduction of the new President, and updated the organizational chart.

As the use of blogs has increased, the number of users who access it per day has increased compared to the previous year. We plan to continue transmitting information that helps supporters and residents to deepen their understanding of mental health in FY2017.

[Reference] Miyagi Disaster Mental Health Care Center, <http://miyagi-kokoro.org/>

④ Responding to media queries

Following the Kumamoto Earthquakes in April 2016, there were many media queries and requests for visits. When the earthquakes hit, media organizations queried if the earthquake victims in Miyagi Prefecture were affected. In addition to media queries, we welcomed visits from the Kumamoto Prefectural Council in October and Kumamoto Mental Health Care Center in February.

Media queries around March 11 included, in addition to those from newspapers and magazines, an opportunity to report on our activities so far through a special program on TBC Radio. At “the 14th Earthquake Mental Health Care Social Miyagi,” we responded to queries from three media organizations including NHK Sendai. We also welcomed visits from a trauma center in South Korea and a group of Nepalese postgraduate students studying disaster psychology.

Overall, the queries were about usual mental health issues and new disasters. There were queries and visits from high school students and university students, and the number of visits was 15, which was higher than usual (9 visits in FY2015). We need to respond to these queries and requests, acknowledging the increased interest not only in post-disaster mental health care but also in mental health care in general.

⑤ Sending lecturers to the ‘Health Promotion Lecture Delivery (Mental Health)’

Upon request from the Miyagi Branch of the Japan Health Insurance Association (hereafter, Kenpo), we implemented this project to widely promote mental health at workplace. Both full-time and part-time staff members of the MDMHCC acted as the lecturer and delivered talks on mental health at the workplace and self-care. The target was ten businesses with more than 50 employees, and a total of 325 employees participated.

In the run-up to the lecture, we reported on the MDMHCC’s activities and communicated the importance of mental health care in the disaster-hit areas. In addition to the lecture, the program contained practicals, such as self-test and self-care, and we also distributed a pamphlet with the list of consultation bodies in Miyagi Prefecture.

In FY2017, we attempted to prioritize businesses in the earthquake-affected areas and in areas that showed signs of being affected by the earthquake. In order to achieve this, we will conduct discussions with Kenpo.

(4) Human resource development

① The Earthquake Mental Health Care Social Miyagi

The “Earthquake Mental Health Care Social Miyagi” (hereafter, the Social) in FY2016 was held in Sendai, Minamisanriku, and Ishinomaki. The Planning Division was in charge of the 14th Social in Sendai-shi, in co-operation with the Community Support Division of the Stem Center.

The theme of the 14th Social was “Continue to be connected up to now and from now on,” and a total of 33 organizations and 53 individuals who were active in the prefecture participated. We held the World café on the theme of “community building to prevent isolation,” and President Kdaka delivered a lecture on the theme of “supporting the community.” At the world café, we asked organizations that were engaged with community building and providing places for children to act as the café master to start the discussion. To the questions from the facilitators such as “What do you do to stay connected?” and “What is the secret to staying connected?,” the participants exchanged honest views, which were summarized by the group (Photographs 1 and 2).

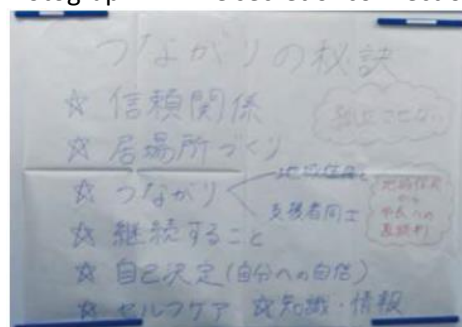
The responses to the questionnaire included the following: “I have discovered a new perspective from a variety of community supports,” “it is important to be connected; it is valuable to meet,” and “what impressed me most was ‘mutual support in the community with few suicides and building an environment that helps you let go.’” This suggests that the participants

managed to share “various ideas to be connected” in thinking about new community building and that they shared an understanding that being connected would facilitate more effective support.

Photograph 1: “What I do to stay connected”



Photograph 2: “The secret of connection”



② On-site training on alcohol-related problems for local authority staff

In FY2016, the target local authorities stopped being limited to the coastal areas and began to include all local authorities in the prefecture as well. Three-day on-site training sessions were held six times at Tohokukai Hospital to which the project was commissioned. There were applications from 18 local authorities, of which 8 were from inland local authorities who had become eligible for the first time.

Participants provided feedback useful for future support: “I have learned about the treatment and recovery process, and I will use this knowledge to review the current support goals,” “I have managed to form an image of recovery. I want to provide long-term support,” and “I want to hold a supporters’ care conference in the community with help from a hospital.”

③ Thematic training sessions for supporters

We held the “Training on mental exercise” for supporters in community twice, in August and February. The first one was a four-day course and the second was a one-day training session. Lectures were provided by the Tohoku University Graduate School of Medicine, Department of Preventative Psychiatry (hereafter, Tohoku Preventative Department). We focus on the knowledge of self-care for supporters and understanding of the basics of cognitive behavioral therapy.

In the first one, training was delivered to the applicants in order to enable them to practice what they were trained for after the conclusion of training. The second session was over-subscribed. We plan to deliver this in response to the demand in FY2017.

④ Specialist training for supporters of disaster victims

We provided training sessions for professionals engaged with providing support for disaster victims with an aim to learn about psychological support methods to support the victim’s recovery in the recovery period. In December, we invited Ms. Tomoko Osawa (Hyogo Mental Health Care Center) as the lecturer and delivered the “Mental Health Care Cognizant of Recovery in the Disaster Recovery Period: Training on Skills for Psychological Recovery (SPR)” together with the Tohoku Preventative Department.

⑤ The meeting of the Disaster Mental Health Care Centers from Three Prefectures

As a collaborative event for the ‘Fifteenth Japanese Society for Traumatic Stress Studies Conference’ held in Sendai in May, we planned a meeting of the Disaster Mental Health Care Centers from the three prefectures at the conference venue. Furthermore, we set up an exhibition space for various organizations working in the affected areas in the three prefectures and for reporting on their activities. On the day, in addition to the exhibition of works of art and panels from the MDMHCC and other organizations, we organized a stage presentation about the activity and product sale. This contributed to the deepening of the relationship among exhibiting organizations and conference participants.

(5) Support for various activities

In FY2016, in addition to providing support for the seminars held by the external organizations active in the prefecture, we organized practical sessions for the graduate students of Tohoku University. We also co-operated with the Hyogo Mental Health Care Center for their research (ten staff members participated in the interview).

(6) Research

① Running the research group and research implementation

Continuing from the last FY, in collaboration with the Tohoku Preventative Department and with the assistance of external, part-time staff members, we continue to engage with research. We presented four papers at the Fifteenth Trust Conference and other venues in FY2016. There are two on-going research projects as of FY2016: “Examination of Male Gatherings in the Disaster-Affected Areas” and “A Study on Cross-Sectional Support for Children Born after the Great East Japan Earthquake and their Families.” We will continue to be engaged with these in the next FY.

② Publication of Bulletin No. 4

Issue No. 4 of the Bulletin summarizing MDMHCC’s activities and research outcomes from FY2015. It was edited by the Bulletin Editorial Committee that monitored its progress and discussed the content. A total of 1,200 copies were printed. They were sent to 912 institutions within and outside the prefecture.

③ Co-operation with the health survey of the staff members of municipal social welfare councils

In collaboration with the Tohoku Preventative Department, we conducted a health survey with the municipal social welfare councils that requested for it. In FY2016, we carried out a health survey, conducted post-survey individual consultation, and offered training on mental health upon request from four social welfare councils (Shichigahama, Onagawa, Kesen’numa, and Yamamoto).

(7) The Mental Health Care for Children Community Base Project

The “Mental Health Care for Children Community Base Project (hereafter, Mental Health Care for Children Project)” commissioned from FY2016 comprises “consultation,” “deployment of specialists” “training,” and “research.” The first thing in which the Planning Division was engaged was raising awareness of the project with local authorities and related institutions in the prefecture by distributing project flyers.

We also arranged lectures as part of the deployment of specialist work and planned training sessions. We held the “Training Session on Psychological First Aid for Children (PFA) (hereafter, training on children’s PFA)” twice. In order to deliver our training session, we attended the one for instructor development held by the Save the Children Japan (hereafter SCJ). We also co-hosted training sessions to foster instructors with SCJ. We trained a total of 12 instructors including through the co-hosted training sessions, and we have secured 4 instructors for MDMHCC.

Regarding research, we summarized the responses to the questionnaire by the participants of the children’s camp.

(8) Other activities

① Training for staffs

a. Plenary meetings

Since MDMHCCs establishment, we have been holding plenary trainings as an opportunity for staff members who work in three separate locations to come together, to share an understanding of the current situation, and to acquire the necessary knowledge.

In FY2016, we held three plenary training sessions (twice in Sendai, once in Ishinomaki), which included a plenary meeting and regular staff training. The plenary

meeting focused on reports from each unit on the progress of their projects and the participation in training activities. With respect to regular staff training, in May, an external speaker talked about “The Use of CRAFT (the strengthening of craft and community and family training)” in Sendai; in September, a head monk from an affected area spoke about “Changes in the Victims’ Psychology” in Ishinomaki. In February, the President delivered a lecture on “The Future of the Disaster Mental Health Care Center.”

In order to communicate the needs to be shared at the plenary meeting, we held additional three meetings using the online conferencing facility in order to encourage the participation of staff members of each regional center from their location.

b. Training for new recruits

In FY2016, three training sessions (in April, June, and November) were held for a total of eight new recruits with an aim to help them capture the situation in the affected areas and to understand MDMHCC’s role and its operation. Two lectures entitled “The Basic Stance of the Disaster Mental Health Care Center” and “Post-Earthquake Development up to the Present and the Challenges” were held, and each division and regional center described what they did.

c. Others including recommended training sessions

In order to support staff development, we communicated information about external training sessions and encouraged staff members to take them as recommended training sessions. In addition, each community support division compensated the reduction in the number of plenary training sessions by organizing their own training sessions.

② The construction of business statistics system

The accumulation of resident support data with individual-identifying IDs began in FY2015. As this progressed well, it has become possible to capture the actual number of clients. We therefore report on our activities and the characteristics of support subjects based on the centralized resident support database. With regard to the running and building of systems, we constructed the “Individual Support System” by integrating the “ID Ledger and Activity Record System” and “Resident Support in the Statistical System.” This resulted in us having only one site to register data and for those who did not register the activity report to view it. Owing to the development and revisions undertaken in the year, the work load necessary to input data and to run and manage the system was reduced.

In the current FY, we will continue accumulating activity report data, conduct an analysis of the state of individual support and various activities, and carry out a chronological analysis so as to capture demand by area.

③ Drafting the management plan

In order to achieve consistency with the Prefectural Earthquake Recovery Plan drafted in June 2011, we participated in drafting the management plan from FY2017 to FY2020. The basic ideal was “the improvement of community mental health welfare in the affected areas,” and the following basic policies were drawn up based on it:

- a. We provide victim support in the form of mental health care mainly through outreach activities via local authorities;
- b. We provide multi-faceted support for supporters including consultation and mental health;
- c. We implement “Unbroken support from children to adults” based on the prefectural recovery plan;
- d. We provide support for community mental health in accordance with the situation of the affected local authorities;
- e. We summarize the outcomes of our activities and research so as to contribute to drafting countermeasures for large-scale natural disasters in the future.

3. The Policy and Plan for FY2017

FY2017 is the first year of the management plan, and therefore, the role of research in examining MDMHCC's activities so far and making policy recommendations becomes even more important. In order to strengthen the research regime, the "Planning Department" is to be renamed the "Planning and Research Department," and the "Planning Division" is to be renamed the "Planning and Research Division" for a fresh start. We will work on strengthening our research while collaborating with each community support division. In addition, as we enter the second year of the Mental Health Care for Children Project, we need to work on it even harder.

The current year is an important one in which we will shape the way in which community mental health and welfare is provided in collaboration with other institutions. We intend to carefully examine our activities so far and engage with our business in reference to the management plan in order to respond to the community's current demand and for the future improvement of community mental health and welfare.

(1) Resident support

The Planning and Research Division will undertake the following activities for the benefits of residents who are experiencing various worries and challenges after the earthquake:

- ① To provide consultation support activities (by home visit, walk-in, or telephone) for residents as and when required and to link them to necessary social resources.
- ② To hold the Utsukushima Salon (for those who have evacuated because of the tsunami or nuclear accident) in collaboration with the Community Support Division.
- ③ To implement the day camp project for the children in the affected areas.

(2) Support for supporters

We focus on reducing the amount of psychological burden on supporters by providing professional advice and training that leads to self-care for local authority staff and supporters.

The Planning and Research Division will commission some projects to external specialist organizations (Tohokukai Hospital, Danshukai) in terms of alcohol-related problems and work with them to hold case examination meetings and training sessions, and to support self-help groups such as Danshukai. As for the Supporters' Club members, we will facilitate their collaboration with the events we organize so as to make the most of their expertise and experience.

(3) Raising public awareness

We will work not only to support victims but also residents and supporters to deepen their understanding of mental health and to improve it. We will also communicate various challenges such as inequalities in the recovery situation in the affected areas and changes in the community within the prefecture and beyond.

We will also engage with the "implementation of the delivery of talks on mental health in the workplace (health promotion talk delivery)" and the "production and distribution of the pamphlet to raise public awareness" from a preventative point of view.

In addition, we will actively engage with communication through the newsletter and blog, transmit information through media, and accept media queries and visits.

(4) Human resource development/training

The Earthquake Mental Health Care Social Miyagi, which began to be held immediately after the earthquake and which has already been held 16 times, will be held in FY2017. We expect the event to provide opportunities to deepen the relationship among supporters and various institutions, to share various community challenges, and to link it to collaborative support.

We plan to continue holding the training session on alcohol-related problems, a project commissioned to Tohokukai Hospital, in response to the demand from support organizations in the prefecture. Interest in alcohol-related problems remains high, and we will continue holding training

sessions after FY2017 so as to increase the number of supporters who can deal with alcohol-related problems. We also plan to organize other training sessions for supporters depending on the demand from the community.

We also look into the possibility of holding a “Training Session on Psychological First Aid (hereafter PFA training)” based on the WHO version as an opportunity to acquire the support techniques necessary at the initial stage of a disaster. We think that this is important when preparing for future disasters and plan to have sessions to train instructors/trainers.

(5) Support for various activities

We will provide support for events organized by various organizations that are active in the prefecture in FY2017. Support for activities is understood to be the entry point, and we keep in sight the provision of information about mental health to them and the necessity to respond to their requests for training sessions and individual consultation.

Regarding accepting the placement for medical and welfare students, when a request is made, it will be carefully considered, and we will co-operate to the extent possible.

(6) Research

In FY2017, the Planning and Research Division will be created as a consequence of reorganization. The research group in the Planning and Research Division will be in charge of research and will begin work. FY2017 will be the year in which the engagement with “Research Projects that Contribute to Anti-Disaster Policies in the Future” will begin in a comprehensive and focused manner, and the following projects are planned:

① Summarizing research findings

While maintaining a regime that ensures the stable running of the business statistical system, MDMHCC engages with summarizing the available statistics for research use.

② Health survey with the social and welfare council

In collaboration with the Tohoku Preventative Department and community support divisions, we will continue implementing the survey and providing follow-ups.

③ Drafting official activity record

We will begin to work on summarizing MDMHCC’s activities and research for the future.

④ The Miyagi Mental Health Care Forum

We will hold a forum for MDMHCC; related local authorities; and related organizations such as the Tohoku Preventative Department, to reflect on the support we have provided so far and to think about how to rebuild mental health and welfare for the future.

⑤ The Bulletin of MDMHCC

We will publish the “Bulletin of Miyagi Disaster Mental Health Care Center, No.5” as an activity report for FY2016.

(7) Mental Health Care for Children Community Base project

The Mental Health Care for Children Project commissioned in FY2016 will be implemented in response to the community’s demand with continued help from external supporters.

We will also hold the “Children’s PFA training session” not only in Sendai but also in various places in the prefecture, and upon request, we will look into transforming it into a business.

(8) Other

① Staff development

In FY2017, we will hold the plenary training session comprising the plenary meeting and staff regular training session thrice a year (twice in Sendai and once in Kesen’numa). The regular training sessions will be held on a common theme to be shared by all the staff. In planning the plenary meeting, we will ensure that we secure enough time for staff members’ socializing and for exchange of views.

The plenary meeting will be held six times; some are stand-alone events, and some are delivered using Internet conferencing technology. In order to share each center's activities, each division will have a discussion on a theme beforehand so that there is adequate opportunity for discussion.

Additionally, we will continue publicizing external training opportunities and encourage staff members to participate systematically. This is for the purpose of staff development.

② The construction of business statistics system

We continue to accumulate business report data, conduct an analysis of the situation of individual support and various projects, and carry out a chronological analysis so as to capture each community's demand. For this purpose as well, we will work on developing a stable system and network environment.

③ The implementation of the management plan

We will engage with the implementation of the management plan, taking into consideration the diverse demand from the community to ensure that our support activities for the next four years will be flexible and effective.

4. Discussion

Reflecting on FY2016, we can say that because of drafting the management plan, we were able to develop our projects while taking into account FY2017 and beyond. We looked into the "PFA training session" based on the WHO version as a new human resource development project, but since we were freshly commissioned with the children's project, we decided to prioritize the "Children's PFA training session."

Because we need multiple instructors to implement the children's PFA training session, we trained instructors first with help from SCJ, and we now have several PFA instructors in MDMHCC. We also implemented training sessions with the trained instructors. We expect that the WHO-version PFA training session to be implemented in FY2017 will also train several instructors who can then be deployed in the prefecture, which means that the opportunity to receive PFA training in the prefecture will expand and that the number of participants will increase. We believe that the training of instructors of mental health-related training, not restricted to PFA, is hugely significant as "a resource to be preserved for the community in the future."

Furthermore, we engaged with projects with a view for future development such as the strengthening of research regime, the expansion of eligible areas for the training sessions on alcohol-related problems, and planning of specialist training from a new perspective.

It is essential in FY2017 to examine MDMHCC's activities regarding their effect what needs to be retained with a view to "preserve resources for the community in the future," while continuing with the activities so far. For this purpose, we think that it is necessary for the Planning and Research Division to engage with research.

5. Conclusion

MDMHCC will conclude its activities at the end of FY2020. Following this, we need to engage with our work thinking about the next four years. In order to achieve the mission "to improve community mental health and welfare in the affected areas," the basic ideal in the management plan, we intend to engage with our work as the Planning and Research Division without being restrained by "what we have done so far" and by thinking about "what is needed in the future."

In response to the Kumamoto Earthquakes of 2016, a new "Kumamoto Mental Health Care Center" has been created. We strive for opportunities to share information not only with Iwate and Fukushima but also with Kumamoto so as to contribute to our future activities.

