Report on Activities to Support Victims of the Great East Japan Earthquake in Tagajo City: Collaboration between Multiple Organizations and Supporters of Many Different Professionals

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1. Background

The Miyagi Disaster Mental Health Care Center (hereafter, MDMHCC) was established in December 2011 to work in the field of mental health following the Great East Japan Earthquake. A characteristic of the Center is that it has been conducting support projects as a point of contact mainly for local governments' health and welfare departments and staff working with disaster victims since the very beginning.

Victim support in Tagajo started with an outreach project following up on mental unhealth high-risk individuals (hereafter, the Outreach Project) after a present-state survey of disaster victim households in Tagajo in the fall of 2011. Tagajo is a commuter town of about 60,000 residents adjacent to Sendai. The disaster caused 156 deaths (including related deaths), 1,746 completely destroyed houses, 1,634 houses destroyed to a large extent, and 2,096 partially destroyed houses. In Tagajo, there were many more with private rental housing (1,402 households) scattered across town than with prefab temporary housing (373 households). Thus, the post-survey Outreach Project involved support activities from not only two organizations commissioned by Tagajo City (Office A, Medical Institution B) but also a health care center and the Center.

Since everyone had different approaches to support when the project started, it was necessary to undertake collaborative efforts. This report is intended to help us think about how to conduct support in the future by looking back on initiatives taken by Tagajo City and the Center as they engaged in support for high-risk individuals in collaboration with other organizations and people of various professions.

2. Methods

We aggregated FY2012–FY2015 data by year to extract from the Center's records those initiatives that likely facilitated collaboration between multiple organizations and supporters of many different professions.

3. Ethical Considerations

These data are a reuse of Tagajo disaster victim support project data and were presented at the 15th Japanse Society for Traumatic Stress Studies Conference. We used the data after Memoranda Relating to Data Provision of Disaster Victim Projects were exchanged between Tagajo City and the Center.

4. Results

(1) Support recipients

Present-state questionnaires were distributed to households in Tagajo whose houses were at least partially destroyed, asking about living and health conditions. Moreover, a prefectural health survey for private rental housing has also been conducted since FY2012. The number of persons receiving support for each fiscal year is shown in Table 1. In FY2011, Office A was commissioned by Tagajo City to visit all households after the disaster victim present-state survey, and it was those individuals for whom a second visit was deemed necessary that received support in FY2012. Since FY2013,

support has been given to those to whom the indicators of “K6 score of 13 or more,” “Drinks alcohol from the morning or noon,” or “Suspended treatment” apply.

Table 1 (persons)

Fiscal year	FY2012	FY2013	FY2014	FY2015
Support recipients	200	496	381	350

(2) Supporters’ affiliations and professions

Office A : Before the earthquake, they were primarily tasked with providing guidance to company staff after health checkups.
Two certified dieticians, two public health nurses, and two nurses providing support twice a week.

Hospital B : Psychiatric hospital. One psychiatric social worker and one nurse provide support twice a week.

Health care center: Municipal health care center in Tagajo. One to three public health nurses provide support once a month.

Center: A doctor provides support once a month. Two clinical psychologists, two public health nurses, two psychiatric social workers, and two nurses provide support thrice a week.

(3) Initiatives

Table 2 shows initiatives that likely facilitated collaboration.

Table 2. Number of initiatives (times)

Fiscal year	1. Case meetings	2. General meetings	3. Discussions	4. Study meetings	Total
FY2012	19	7	3	2	31
FY2013	35	20	4	1	60
FY2014	37	15	11	2	65
FY2015	43	21	8	3	75

1. Case meetings were held for supporters to discuss cases where assessment was difficult. A doctor gave advice once a month.
   Typical cases included depression, suicidal thoughts, suspected PTSD, alcohol-related issues, and sleeplessness.
2. General meetings were held for everyone involved in the support to share feedback about the present situation and discuss the future direction of the support.
3. Discussions were held between responsible persons and the Center as needed in preparation for case meetings and general meetings.
4. Study meetings were doctor-led opportunities to learn about the following 17 mental symptoms so that all supporters could carry out accurate assessments of mental health conditions.
   1) Feeling depressed 2) Loss of interest or happiness 3) Fatigability and low energy
   4) Suicidal thoughts 5) Feelings of guilt or worthlessness
   6) Reduced ability to concentrate or make decisions 7) Sleeping disorders
   8) Loss of appetite 9) Grief 10) Social withdrawal 11) Re-experiencing
   12) Avoidance 13) Hyperarousal. 14) Negative cognitive or mood changes due to trauma
   15) Symptoms of mental disease (apparent) 16) Reduced cognitive functions, etc.
   17) Excessive alcohol consumption and related issues

5. Discussion

The number of case meetings has increased each year, likely because it has become possible to discuss difficult assessments with everyone on a day-to-day basis. As a result, we surmise that we have been able to recognize the features of the different organizations and supports of various professions, thereby conducting the support while compensating for each other's deficiencies. Moreover, thanks to the doctor giving advice at study and case meetings once a month, we believe that the supporters have become able to conduct mental health assessments accurately and effectively. Supporters alternate at the different support offices, so we will continue to hold general and study meetings centering on the case meetings.