# 2017 Activity Review

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## Introduction

For seven years now, the Miyagi Disaster Mental Health Care Center (MDMHCC) has been providing mental health care services in six focus areas in local areas affected by the earthquake, with the Stem Center, which opened first in December 2011, and the Kesennuma and Ishinomaki Region Centers in April 2012. Since 2017, we have also taken charge of community initiatives aimed at children's mental health, with programs intended to provide continuous mental health care to children throughout adolescence up to adulthood as part of Miyagi Prefecture's "Vision for the Future and Earthquake Disaster Recovery Plan."

Below, we review statistics on MDMHCC's activities throughout the fiscal year of 2017 and focus on the current issues of areas affected by the earthquake. Additionally, looking at trends over the past years, we consider the current state of mid- to long-term support provided and goals for the future.

## 1. 2017 Statistics

Table 1 shows statistics relating to MDMHCC's activities in 2017. Resident support cases had been on an upward trend since the Center first began its activities up to 2015, until 2016 when the number of cases decreased. However, in 2017 the number began increasing again. (Number of cases per year: 7,680 in 2015; 6,752 in 2016; 7,237 cases in 2017.) In contrast to the Stem Center Resident Support Division and Ishinomaki Region Center, whose case numbers have decreased since 2016 (Stem Center Community Support Division: 1,727 cases; Ishinomaki Region Center: 1,341 cases), both the number of cases at Kesennnuma Region Center and the number of outsourced cases has increased. (Cases in 2017: 1,235 at Kesennuma Region Center; 2,233 transfer cases.) From this, it is apparent that there are differences in each region when it comes to circumstances and appropriate programming.

No significant changes were seen in other areas of provided services from 2016.

**Table 1: Number of cases by affiliation**

| | Divisions | | | | Planning Dept. | Stem C Mgmt. | Temporary or Contract | Other | Total |
|---|---|---|---|---|---|---|---|---|---|
| | Kesennuma | Ishinomaki | Stem | Municipal Transfers | | | | | |
| Resident Support | 2100 | 918 | 1602 | 2471 | 50 | 65 | 14 | 17 | 7237 |
| Support for Supporters | 82 | 139 | 430 | 700 | 1 | 109 | 3 | 28 | 1492 |
| Raising Public Awareness | 166 | 47 | 61 | 18 | 61 | 37 | 8 | 1 | 399 |
| Human Resource | 11 | 19 | 20 | 21 | 21 | 62 | 15 | 3 | 172 |
| Support for Various Activities | 6 | 1 | 0 | 0 | 0 | 5 | 0 | 0 | 12 |
| Planning and Research | 0 | 0 | 0 | 1 | 1 | 8 | 0 | 0 | 10 |
| Meeting Liaison | 631 | 126 | 384 | 467 | 223 | 41 | 4 | 0 | 1876 |

## 2. Area of Focus Development

The effectiveness and results of MDMHCC's six focus areas are reviewed below.

(1) Resident Support

Various community support programs aimed at local residents were initiated with the aim of improved mental wellness in affected areas and a preventive approach to mental health care.

① Target Demographics

a. Number of Support Cases and Comparing Response Methods

Table 2 shows the total number of cases of each type of response method. MDMHCC provided various types of consultation and support via home and walk-in visits, phone, etc., based on requests from residents, municipalities, and various disaster relief organizations. The total number of cases increased from 6,671 in 2017 to 7,121 in 2018. Outreach remains the primary form of connection to those seeking support, with home visits making up the largest number of cases. The number of cases of walk-in visits has increased significantly, while other forms of support correspondence remain relatively even. (Numbers differ as Table 1 excludes support correspondence by mail.)

Looking at the breakdown, the number of home visits has decreased from 3,068 in 2017 to 2,913 in 2018, while the number of walk-in visits has greatly increased from 1,211 to 1,700. Cases of telephone counseling have also increased from 1,843 to 2,131. This increase in walk-in visit and telephone counseling cases can be thought to reflect the Center's adapting to the changing needs of patients.

The number of patients who were directed to the Center via home outreach or the health survey has also decreased (Table 3). (1,425 cases in 2016; 926 in 2017; 671 in 2018.) There has also been an increase in the number of patients referred by family or a public organization or who otherwise found the Center on their own. Before, many of the Center's cases were follow-ups in response to individual government referrals following the prefectural health survey. Furthermore, although a new health survey this time directed at public housing residents has now begun, the number of surveyed households has decreased, and the response rate is also lower. From this, we can expect the downward trend of home visit support cases to continue.

*Table 2: Number of cases by support type (Excludes mail correspondence; N = 7,121)*

| Support Type | Cases |
|---|---|
| Home visit | 2,913 |
| Walk-in visit (at counseling help desks, etc.) | 1,700 |
| Telephone counseling | 2,131 |
| Group activity | 203 |
| Case conference (for those seeking counsel) | 29 |
| Accompanied doctor's visit | 97 |
| Other | 48 |
| Total | 7,121 |

*Table 3: First time visit referral sources (Multiple choice; N = 1,313)*

| Referral Source | Cases |
|---|---|
| Health survey, Door-to-door visit | 671 |
| Administrative agency | 308 |
| No referral | 258 |
| Family member | 122 |
| Physician, Welfare Center | 29 |
| Support center, Temporary support staff | 19 |
| Other (Neighbor, Workplace, Unknown, etc.) | 123 |

b. Sex, Age, and Employment Demographics

Looking at the demographic breakdown of support targets by age, the most served demographic is the 60-to-70 age group, making up 1,348 cases. Unemployed persons make up around 60% of the 20s, 30s, and 40s age groups, and about 75% of the 50s and 60s age groups. (Figure 1)

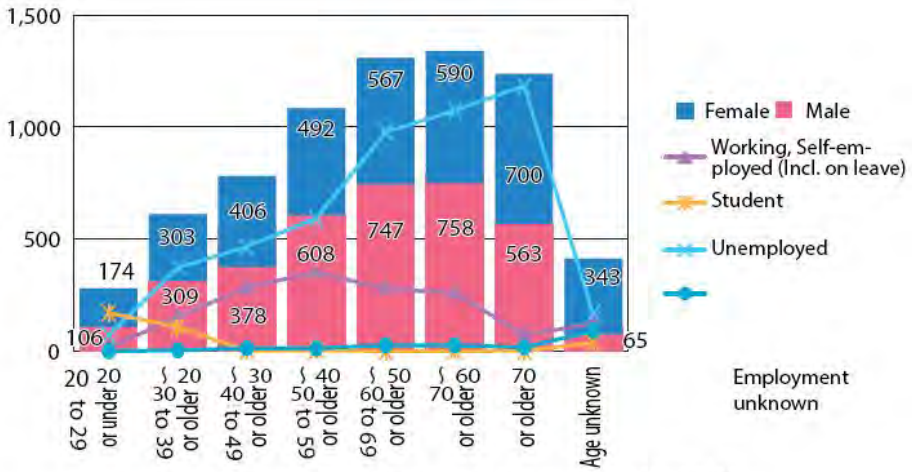


Figure 1: Support targets by sex and age group (Total; N = 7,121)

c. Disaster Casualties Current Status

Although the total numbers have decreased, the ratios of support targets by bereavement status is largely the same (Figure 2). Regarding type of bereavement, there was no particular change in the numbers of those who identified as bereaved partners, siblings, and extended family members, but there were fewer cases of bereaved neighbors (Figure 3). The total numbers of those who reported dealing with a disaster-related injury to self or a close relative (Figures 4 and 5) or housing damage (Figures 6 and 7) have decreased from 2015 to 2018, while the percentages have hardly changed.

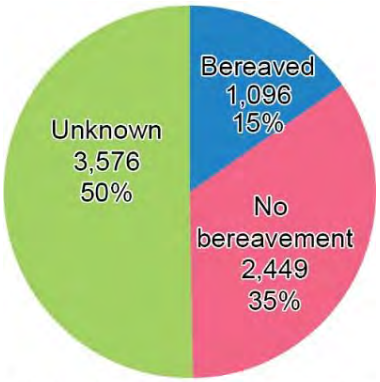


Figure 2: Bereavement status (Total; N = 7,121)

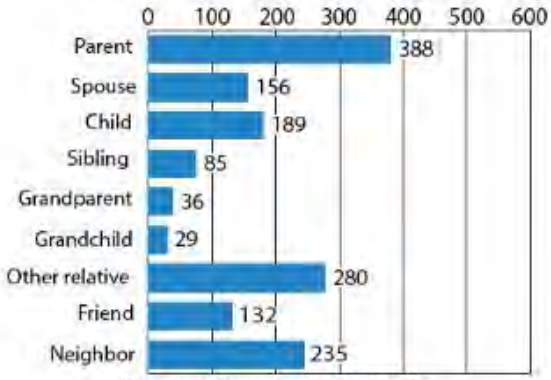


Figure 3: Bereavement details (Multiple choice, Total; N = 1,096)


Figure 4: Injury to self or close relative (Total; N = 7,121)

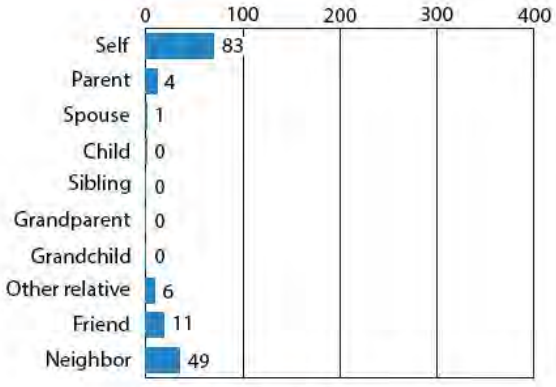


Figure 5: Injury details (Multiple choice, Total; N = 1,096)

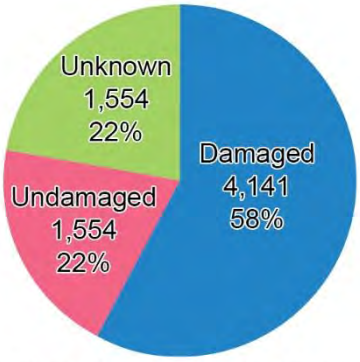


Figure 6 Housing damage
(Total; N = 7,121)

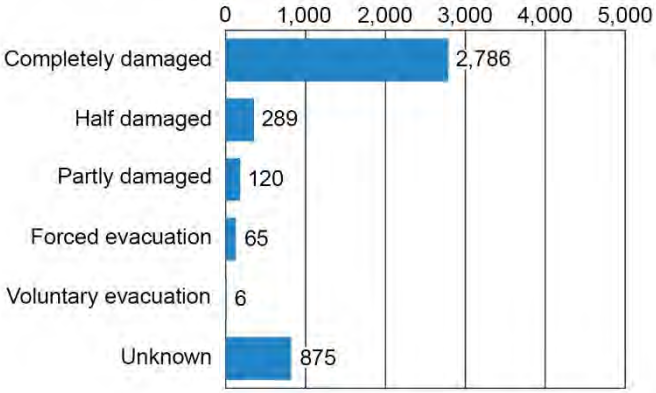


Figure 7: Housing damage
(Total ; N = 4,141)

d. Housing Status

With regard to the housing situations of support targets, the numbers of those who live in container-type temporary housing and apartment-type temporary housing has continued to decrease from 2016, while the number of cases of those in public housing are increasing (Figure 4). Container-type housing in particular has seen its numbers nearly halve every year since 2015. (1,898 in 2015; 908 in 2016; 439 in 2017.) The number of those with their own home has increased by more than 900 since 2015. The housing situation also differs by region. 70% of Kesennuma Region Center's patients live in their own homes and 16% in public housing. At Ishinomaki Region Center, only 25% live in their own homes and 55% in public housing. The Stem Center sees 51% of its patients living in their own homes and 33% in public housing. (Figure 8)

The number of single-member households is increasing across all types of housing. The degree of those in container-type housing or apartment-type housing has increased considerably by 13 points since 2016 (Figure 9).

Table 4: Current housing situation
(Total; N = 7,121)

| Housing Type | Cases |
|---|---|
| Own home | 3,983 |
| Prefab housing | 439 |
| Private rental home | 292 |
| Emergency disaster housing | 2,114 |
| Other, Unknown | 293 |

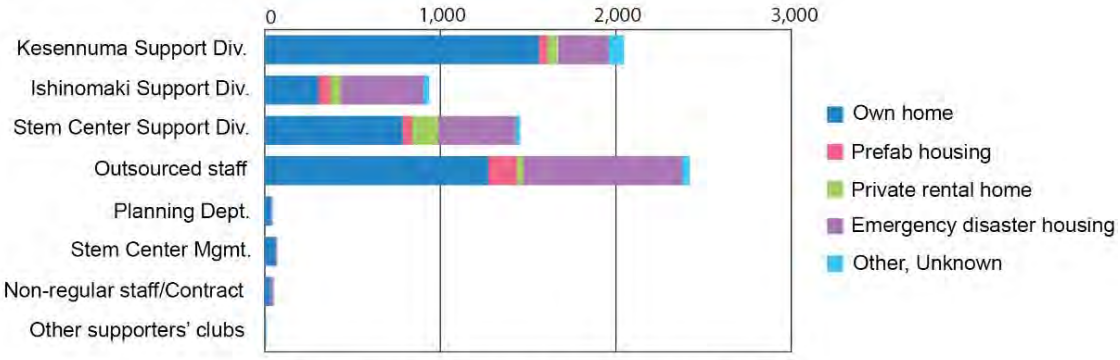


Figure 8: Current housing situation by division (Total; N = 7,121)

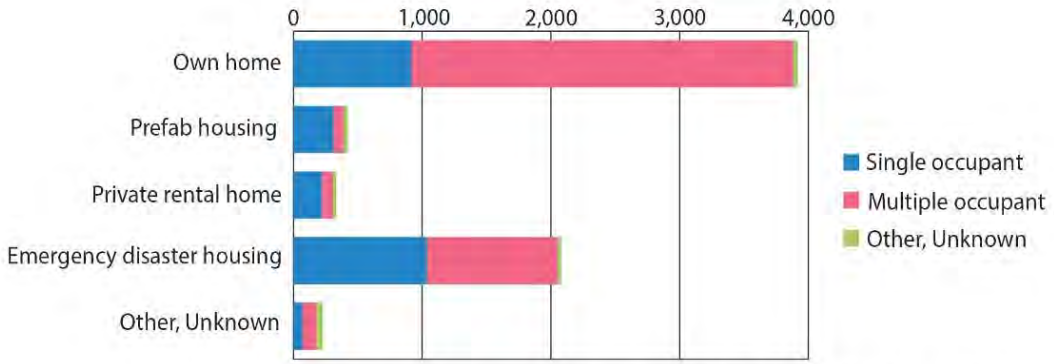


Figure 9: Current housing and household situation (Total; N = 7,121)

e. Backgrounds of Clients

From 2015 continuously through to 2017, the most common concerns and topics of counseling were "changes in mood," "health problems," "family and household concerns," and "addiction" (Figure 10).

"Interpersonal relationship issues" were less common than "issues due to lifestyle change" and "financial concerns" in 2015 and 2016 but became more prominent in 2017.

Otherwise, while "anxiety about the future," "financial concerns," and "employment concerns" became less common, the rate of "mood swings" has increased by 7.7 points and surpassed 3,000 cases for the first time. "Issues due to lifestyle change" appears to be less of a problem with each year (20.7% in 2014; 18.9% in 2015; 13.5% in 2016), accounting for only 7.3% of cases in 2017. This is likely due to the steady improvement of housing development.

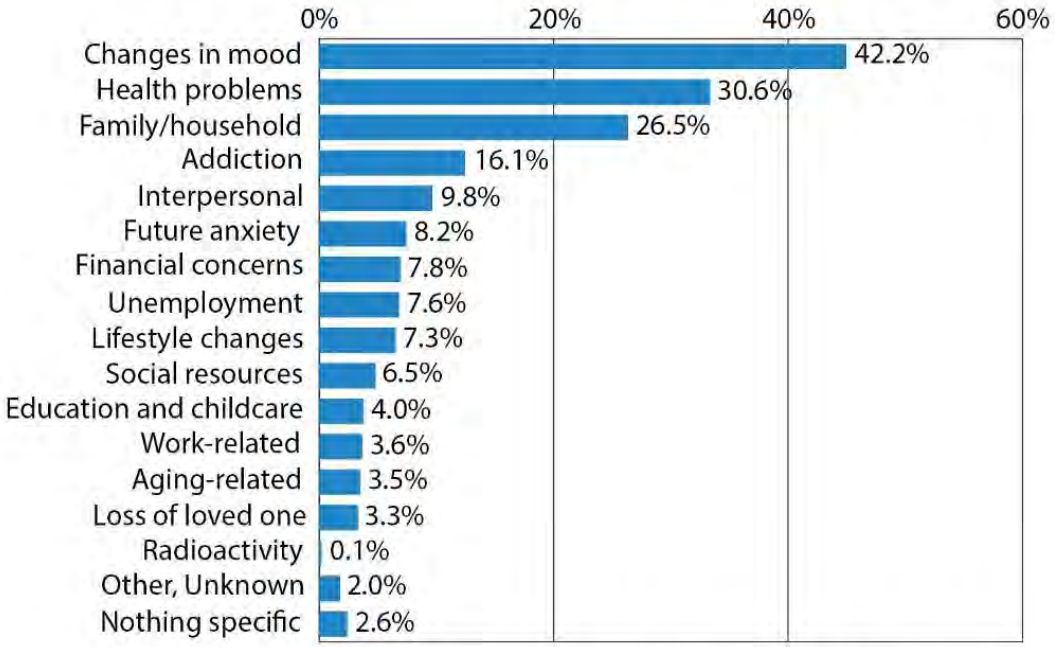


Figure 10: Percentage of valid responses for each counseling subject matter (Multiple choice, Total; N = 7,121)

f. Psychological Symptoms

Looking at specific mental health-related symptoms from the concerns regarding "changes in mood" in these three years (Figure 11), it is apparent that although "anxiety" has overtaken "physiological symptoms" in 2017, overall there has been little change.

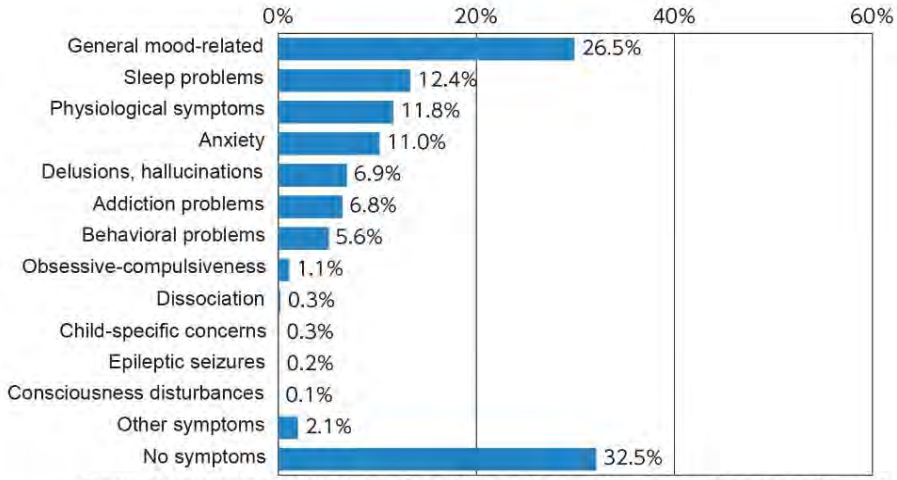


Figure 11: Percentage of valid responses for specific symptoms regarding change in mood (Multiple choice, Total; N = 7,121)

g. Medical History, Time of Onset, Treatment History

The percentage of those with a known medical history has increased each year, from 35.8% (2,716 cases) in 2015 to 44.1% (2,948 cases) in 2016 and 46.8% (3,335 cases) in 2017 (Table 5).

Although cases of "F2: Schizophrenia, Schizotypal, and Delusional Disorders" have overtaken cases of "F3: Mood (Affective) Disorders," F3 cases have not decreased and in fact have been on the rise year by year (729 cases in 2015; 806 cases in 2016; 888 cases in 2017). Moreover, it is apparent that many cases of "F3: Mood (Affective) Disorders" and "F4: Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors" manifested after the disaster (Figure 12).

Table 5: Medical history and current treatment plan of support targets (Total; N = 7,121)

| Psychological Medical History | | Cases |
|---|---|---|
| Existing medical history | (Currently in treatment) | 2,350 |
| | (Treatment ended) | 269 |
| | (Treatment interrupted) | 610 |
| | (Untreated) | 21 |
| | (Treatment history unknown) | 85 |
| No medical history | | 2,764 |
| Medical history unknown | | 1,022 |

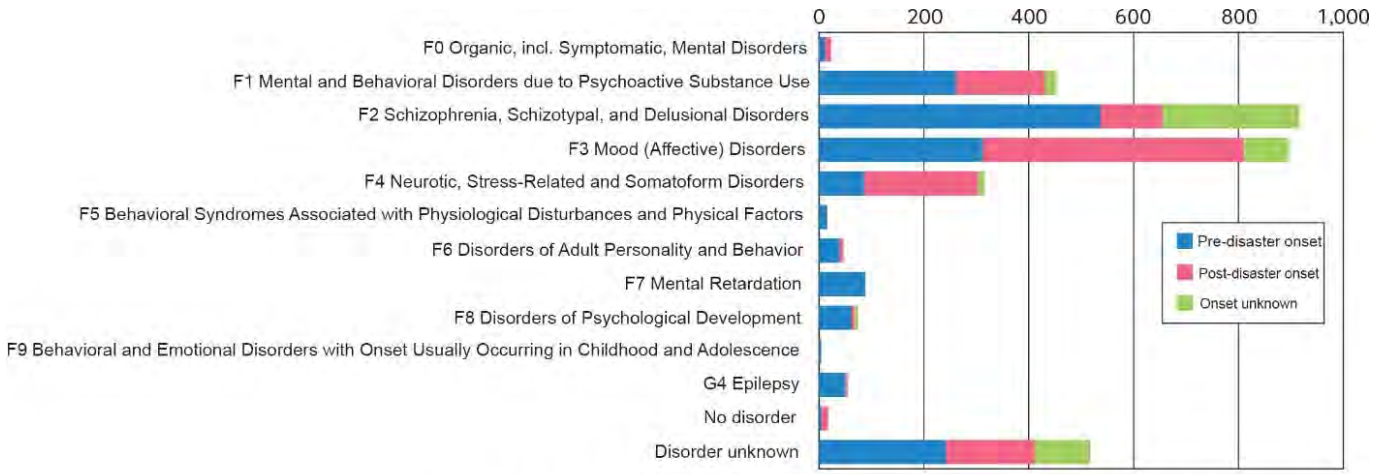


Figure 12: Cases by diagnosis for those with medical histories (Multiple choice, Total; N = 3,335)

② Description of Support Provided

a. Cases by Support Method and Division

From the data below, we can see that the number of cases served by the Kesennuma Region Center is increasing, particularly the number of walk-in visits, which has come to exceed the number of home visits. The number of cases served by the Ishinomaki Region Center and Stem Center are decreasing, but the high proportion of home visits (50.3% for Ishinomaki Region Center and 65.3% for the Stem Center) remains unchanged from last year (Figure 13).

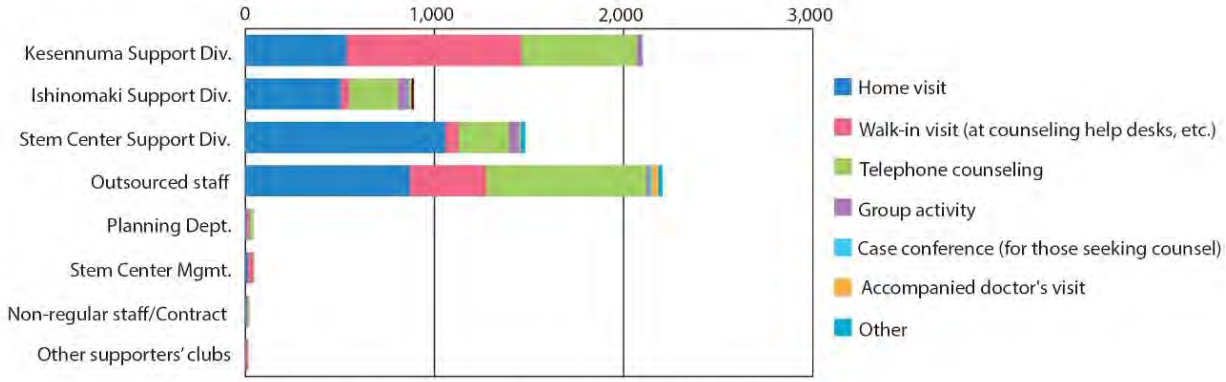


Figure 13: Cases by support type and division (Total; N = 7,121)

b. Support Targets

82.6% of all cases are of persons seeking counsel for themselves. The next most prominent group are those seeking counsel for relatives at 11.3%. These are typically the most common demographics in any given year. In 2016, the number of cases of government officials or “other parties” seeking counsel decreased slightly (Figure 14).

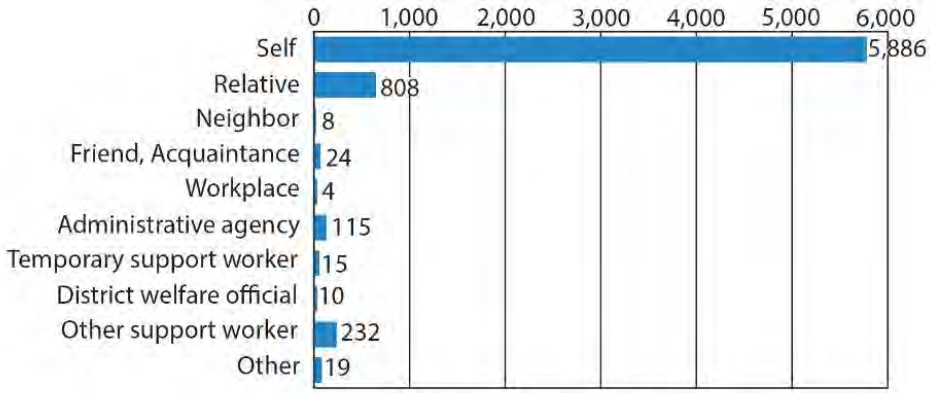


Figure 14: Support targets (N = 7,121)

c. Affiliated Organizations

The percentage of municipal affiliates has increased year by year, with 45.6% in 2014, 52.8% in 2015, 65.7% in 2016, and 72.8% in 2017 (Figure 15). Such data may be a reflection of the shrinking role of temporary support staff and support centers established after the earthquake, with local governments preferring to aid in relief efforts through existing administrative channels.

MDMHCC is also cognizant of the role municipal support staff have provided as we look toward the end of our role and prepare for the handover of our services to local governments.

In addition, it should be noted that there are differences in the significance of the affiliations with welfare centers and other health care centers depending on the region (Figure 16).

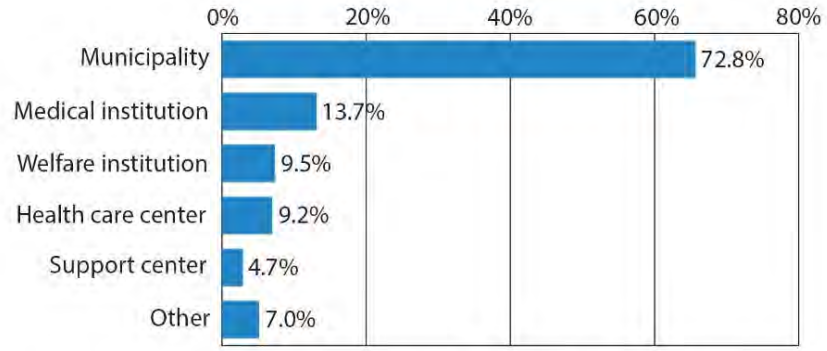


Figure 15: Percentage of valid responses for affiliated organizations (Multiple choice, Total; N = 1,508)

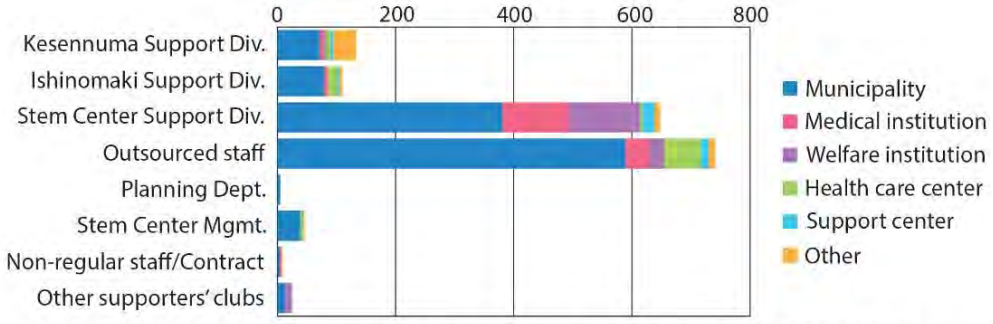


Figure 16: Breakdown of affiliated organizations by division (Multiple choice, Total; N = 1,508)

③ Support Case Termination

In 2017, 1,224 support cases (17.1%) were closed, a decrease of 184 cases since 2016. Compared to 2016, a higher percentage of cases closed with an "improved situation" status, but the number of such cases decreased by 178 (Table 6). Additionally, of closed cases referred to another organization, the percentage of referrals to municipal organizations remains high at a level similar to that of 2016, particularly in contrast to years prior to 2016 when most referrals were to other health care organizations, before dipping in 2017, when welfare center referrals became more common (Figure 17).

Table 6: Case outcomes (N = 7,121)

| | Status | Cases |
|---|---|---|
| Continuing | Fixed-term | 3604 |
| | Continuing basis | 2291 |
| | Other | 0 |
| Closed | Situation improved | 1081 |
| | Referral to another org. | 107 |
| | Denial of support | 36 |
| Other | | 2 |

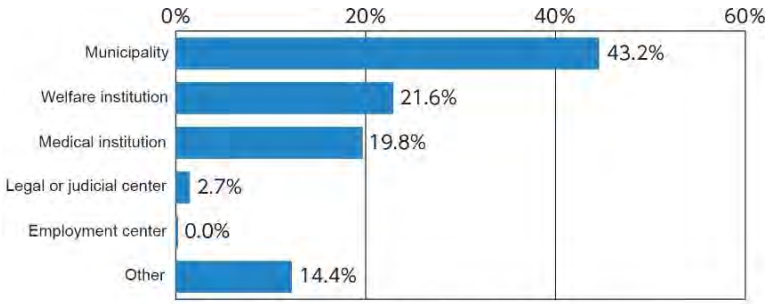


Figure 17: Valid responses for referrals to other organizations.
(Multiple choice, Total; N = 107)

④ Miscellaneous Resident Support

Regarding resident support programming, various community social events or "Gatherings" to address different community needs have been held in addition to the usual one-on-one counseling services provided, such as the field vegetable gardening gathering, "Koko Farm" (Ishinomaki Regional Center); the meet-and-greet socializing event for migrants from Fukushima Prefecture, "Utsukushima Salon" (Stem Center); and the apartment-type housing resident get-together, "Kokoro Café" (Kesennuma Regional Center).

Statistics on gathering events are included in the "Social Activities" section of (3) Raising Public Awareness.

⑤ Summary

2017 was the first year a decrease in overall resident support cases was seen. With the development of recovery efforts leading to a decline in temporary housing residents, the completion of public housing construction, etc., it was thought that the health care needs of residents would continue to decrease. In fact, 2017 has brought about an increase of support cases. Cases involving both adults in their 40s – the so-called prime of one's life – and young people under age 20 have increased, with the number of cases dealing with under-20s increasing for the third consecutive year. Despite home reconstruction efforts and the availability of public housing providing stabilization of the housing situation, there remain many complications in people's lives regarding work, education, and more. As various support groups shutter their doors over time, it is likely that the number of people needing support will only continue to rise in the future.

As people deal with the anxiety and instability of the life changes they have experienced on the road to recovery, the lasting effects of disaster on mental health are clear. From the Center's counseling records, cases of people dealing with "mental health concerns" have exceeded 3,000 for the first time. In the seven years since the disaster, the number of relief effort support workers has decreased. Community restructuring is under way as more people move into public housing and disaster relief is being shifted to the care of existing government projects.

Under such circumstances, fine-grained support measures are needed to aid disaster-affected areas, and MDMHCC aims to center its work on support for local communities.

(2) Support for Supporters

To provide aid to support workers in affected areas, training sessions and counseling sessions are held and specialists are dispatched to local governments.

① Targets of Staff Support

As in previous years, administrative organizations far surpass any other type of organization, which seems to point to the continuing role of various municipal governments in disaster relief efforts. At the same time, child welfare organizations have surpassed health care organizations and private organizations. In addition, there is increasing support for committee members and ward officials (Figure 18).

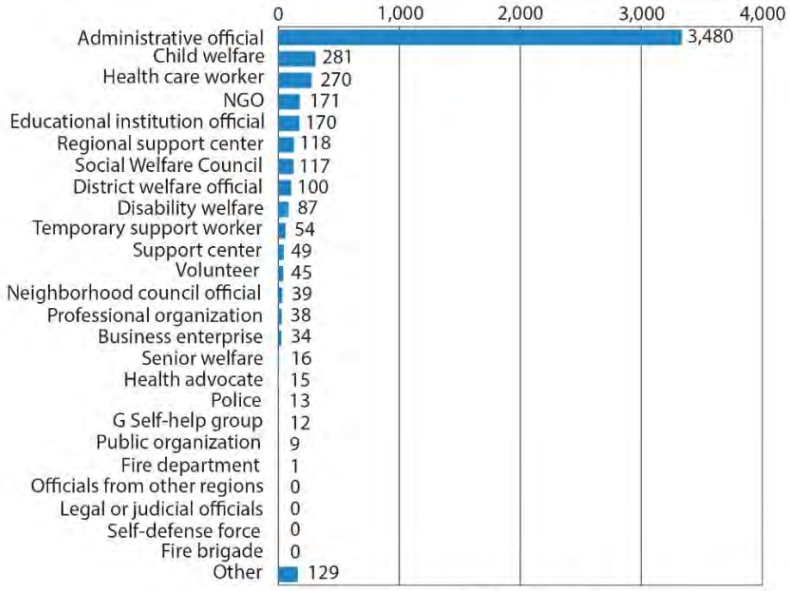


Figure 18: Support targets (Total; N = 5,248)

② Types of Support

Support cases for support staff numbered 1,492 in 2017, continuing the annual decline in numbers since 2014 with 1,915 cases, 2015 with 1,606, and 2016 with 1,549 (Table 7).

The number of cases involving "professional guidance and advising" has decreased since 2016. 57 of cases concerned alcohol problems, which marks a decline overall although they still make up a high percentage of all cases (107 in 2015; 90 in 2016). There was also a large number of cases concerning abuse (60 cases). At the same time, the broad category "Other" has been on the rise for three years in a row, which includes many cases involving advising on cases of children's mental health (Table 8).

**Table 7: Support cases for support staff case types (Total; N = 1,492)**

| Support case info | Cases | Targets |
|---|---|---|
| Post-visit/interview report | 166 | 287 |
| Professional guidance/advice | 367 | 1,352 |
| Regional problems | 25 | 174 |
| Workplace mental health | 11 | 16 |
| Case conference (aimed at support staff) | 280 | 1,276 |
| Setting up a counseling help desk | 89 | 134 |
| Health exam support | 34 | 517 |
| Administrative support | 447 | 848 |
| Other | 73 | 644 |
| Total | 1,492 | 5,248 |

**Table 8: Professional guidance/advice topics (Multiple choice, Total; N = 367)**

| Topic | Cases |
|---|---|
| Alcohol-related | 57 |
| Gambling problems | 1 |
| Prescription medicine | 1 |
| Depression | 23 |
| Complicated grief | 2 |
| PTSD | 5 |
| Abuse | 60 |
| Other | 265 |

The breakdown of forms of support for supporters shows that although the relative numbers for each division remain much the same, the number of cases of transfer staff has seen a considerable rise (615 in 2016 to 700 in 2017). In the Stem Center Community Support Division, it is understood that the proportion attending case meetings is higher than at the Kesennuma or Ishinomaki area centers. Among seconded staff, the number of cases attended by a case meeting has increased greatly (50 in 2016, 138 in 2017). As in 2016, both the Stem Center Community Support Division and transfer staff cases saw large numbers. Types and numbers of cases of support for supporters are likely greatly impacted by regional circumstances and local government policies. (Figure 19)

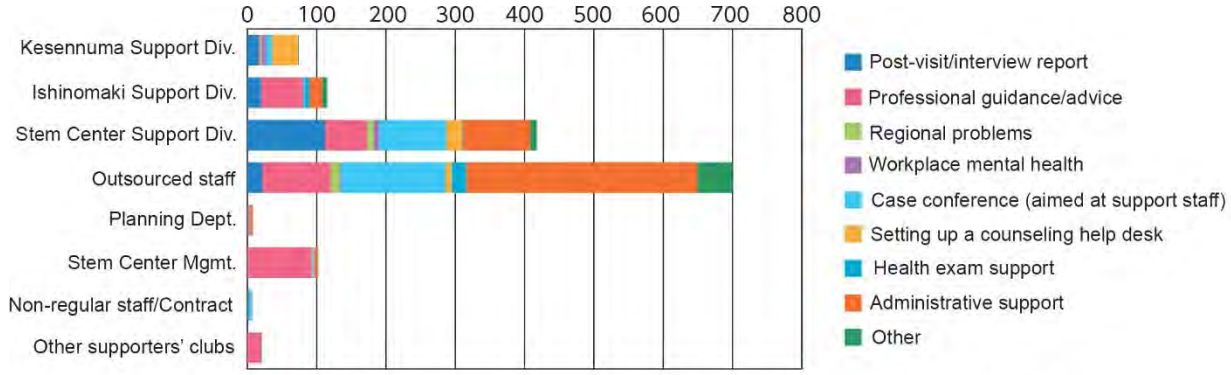


Figure 19: Support for supporters cases for each division (Multiple choice, Total; N = 1,492)

In terms of receiving specialist guidance and advice, transfer staff and the Stem Center Community Support Division saw large numbers of cases concerning alcohol problems. Additionally, in 2017 the Stem Center Management saw numbers of cases concerning abuse at a similarly high rate as the year before. The large number of "Other" cases is due to the increase children's mental health care guidance cases for cases other than abuse (Figure 20).

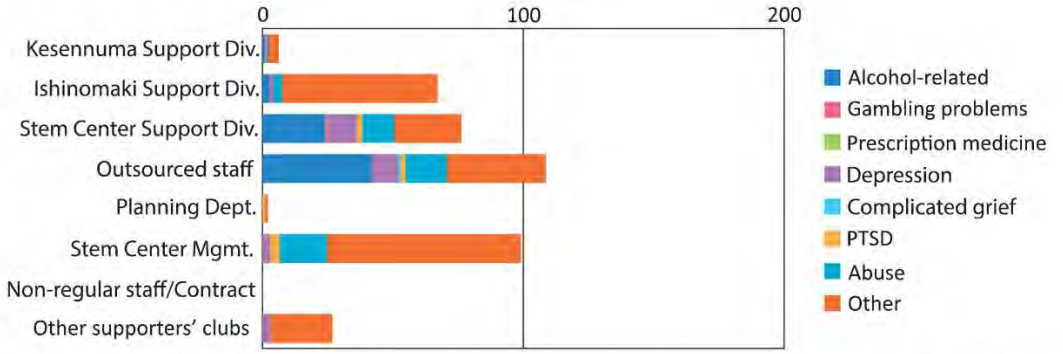


Figure 20: Professional guidance/advice topics for each division (Multiple choice, Total; N = 367)

③ Professional Aid for Local Governments

In response to requests from local governments, in 2017 MDMHCC again dispatched 8 employees as transfer workers to 7 municipalities. They were largely psychiatric social workers, although there were also 1 occupational therapist and 1 clinical psychologist included among them.

④ Summary

With the decline of support workers from external organizations, the increasing demand for support services for certain support workers (such as the rapid increase in support cases for transfer workers) was concerning. However, it must be noted that the overall number of cases has been on the decline for the past three years. "Report following home visit or interview" cases have decreased from 246 in 2016 to 166 in 2017, likely due to the decrease of home visits overall.

Cases of "specialist guidance and advice" have also decreased to 367 from 411 in 2016. Cases involving alcohol problems have decreased but remain relatively high. Furthermore, cases categorized as "Other" have continued to increase over the past three years, which include cases concerning children's mental health care such as supervising child protection case study conferences.

Meanwhile, the number of "mental health help desk" and "health exam" cases are on the rise, with health exam support persons seeing a considerable rise of 517 people. This is likely due to the increase in support workers seeking specialist guidance regarding infant health exams. The need for support for supporters dealing with children's health care is expected to increase accordingly.

In continuation from 2016, 8 staff members were deployed as transfer workers to 7 municipalities. The number of programming cases have increased overall since 2016, providing some on-site relief for local governments. In light of the eventual cessation of MDMHCC services, such deployments are important for joint planning for the future with local governments.

(3) Raising Public Awareness

① Means of Spreading Public Awareness

We aim to raise public awareness of mental health and wellness following disasters through various means, including distribution of flyers, media appearances, community educational workshops, social events, etc. (Tables 9, 10)

In addition to PR magazines introducing MDMHCC and its regional activities issued September 2017 and March 2018, the Center has also reissued its own pamphlets. Details regarding training sessions, workshops, conferences, and other events are also posted on the MDMHCC home page to reach widespread audiences. The Center also maintains a blog and mailing list for regular online updates.

**Table 9: PR Magazine Issues**

| Issue No. | Month | Copies printed |
|---|---|---|
| 17 | September | 2000 |
| 18 | March | 2000 |

**Table 10: Pamphlet information**

| Distribution area | Title, Contents | Print Type | Copies printed |
|---|---|---|---|
| Prefecture-wide | MDMHCC Pamphlet | Reprint | 1500 |
| | MDMHCC Pamphlet (Revised ed.) | Reprint | 2000 |
| | Let's Know! How to Engage with Alcohol | Reprint | 4000 |

② Educational Workshops

In response to requests from local governments, 84 mental health workshops (for both support workers and general community members) were held. Workshops aimed at the general community involved not only lectures, but also made use of presentations involving images, music, exercise, etc., to make them more readily accessible to all residents. The total number of events held has decreased since 2016, although the number of events related to addressing alcohol problems increased by 4, with 25 events held. As for workplace support, 13 lecture events reaching 495 persons were held to address mental health in the workplace, such as the collaboration on the "Deploying Presenters for Mental Health Building Seminars" project with the Miyagi division of the National Health Insurance Association (Kyoukai Kenpo) (Table 11).

**Table 11: Educational workshop topics (*N* = 84)**

| | No. held | Total attendees |
|---|---|---|
| Emotional response to the earthquake | 2 | 78 |
| Mental illness | 1 | 31 |
| Basic listening skills workshop (for bereaved families, etc.) | 2 | 22 |
| Addiction problems (incl. alcohol) | 25 | 104 |
| Earthquake's effect on children | 7 | 550 |
| Stress and mental health care, self-care | 34 | 823 |
| Physical health | 0 | 0 |
| Workplace mental health | 13 | 465 |
| Current status of affected areas and MDMHCC programming | 0 | 0 |

③ Salon Events

Community-centered social events where residents could talk and communicate with each other – called "salon" events – totaled 132, with 117 events being directly organized or co-organized by the Center and 15 events with the Center in an assisting role to another organization. This is a decrease since 2016 (Table 12).

**Table 12: Salon events (N = 132)**

| | Center Division | | | | Other | Total |
|---|---|---|---|---|---|---|
| | Kesennuma | Ishinomaki | Stem | Outsourced | | |
| MDMHCC held or jointly held | 38 | 31 | 37 | 1 | 10 | 117 |
| Cooperation with another org. | 4 | 0 | 5 | 6 | 0 | 15 |

④ Summary

The primary purpose of public awareness activities is to provide education and spread information on better understanding mental health care to community members. We do this via a variety of means including pamphlets and other paper publications as well as through the Internet. MDMHCC also responds to media requests in order to further publicize the important role of mental health care following the earthquake. We believe that mental wellness practices adopted into daily life are beneficial for keeping up overall mental health, and this is the aim of public awareness efforts.

At the same time, our social events not only to provide education on mental health care, but also provide validating spaces for people to experience various new things in a social environment. In this way, they can be thought of as a type of group therapy for local communities, acting in fact as a form of Resident Support. Social activities are an effective way of combatting the isolation often felt by residents during the process of building a new community.

Spreading public awareness about the effectiveness of social activities in combatting isolation is of great benefit for many community members, and it is important to keep this in mind as we continue social event programming.

(4) Human Resource Development

A key area of focus for MDMHCC is developing human resources for mental health care specialists and support workers working in disaster relief, allowing network-building through conferences and other types of programming. 172 such events or programs were held, an increase from 152 in 2016. The number of attendees has also increased.

Training workshops and lectures aimed at local governments and other organizations providing support services were held at levels similar to previous years. Alcohol-related problem training was conducted at the request of various regional organizations both in coastal and inland areas. Staff who have undergone sobriety-related training in other prefectures presented these new approaches to public health nurses at 3 different sessions across Miyagi. Training related to alcohol problems included 24 sessions on addiction-related problems and 3 sessions on "support skills (for supporting alcoholics, etc.)," for a total of 27 sessions. (Table 13)

**Table 13: Human resource development activities (*N* = 172)**

| Description | No. | Attendees |
|---|---|---|
| Earthquake relief conference | 1 | 56 |
| Media conference | 0 | 0 |
| Addiction problems | 24 | 433 |
| (Alcohol) | (24) | (433) |
| (Other addictions) | (0) | (0) |
| Support skill workshop | 53 | 1718 |
| (Listening skills) | (6) | (114) |
| (Stress and mental health care, self-care) | (5) | (528) |
| (Other) | (42) | (1076) |
| Supporter mental health workshop | 9 | 260 |
| Workplace mental health workshop | 16 | 352 |
| Children's mental health workshop | 22 | 1245 |
| Senior mental health workshop | 1 | 56 |
| Countering suicide workshop | 16 | 24 |
| Mental illness/disorder workshop | 4 | 555 |
| Affected areas and MDMHCC programming | 6 | 604 |
| Case study | 17 | 148 |
| Other | 3 | 96 |
| Total | 172 | 5547 |

① Conferences

The "Miyagi Earthquake Relief & Mental Health Care Conference" was held by the Ishinomaki Region Center in the city of Higashimatsushima. Both running the event itself and the planning process presented many opportunities for different groups and organizations to connect with each other, and an executive committee was formed. The planning process involved spending time with many local groups and joint discussions right up to the day of the event.

As in previous years, the "Miyagi Earthquake Relief & Mental Health Care Conference" was held only once, although with three different regional sessions. However, a "Miyagi Mental Health Care Forum" event was held for the first time. An outline of items related to the forum is reported on in (5) Research.

② Professional Training

The Center conducted 53 training sessions for support workers to gain specialist insight and master technical skills related to their support work.

The MDMHCC was the principal organizer of the all-day Training of Trainers (TOT) workshop on WHO Psychological First Aid (PFA), a technical workshop focused on early-stage approaches to mental health care. We were able to train 7 PFA instructors at this TOT session. A separate session focused on children's PFA was also held jointly with Save the Children Japan.

In addition, we have continued our collaboration with the Tohoku University Graduate School of Medicine Department of Preventive Psychiatry from 2016 by jointly holding the "Exercise for Heart & Mind," "Skills for Psychological Recovery," and "Psychological Skill Training" training sessions.

③ Summary

Up to now, our efforts in human resource development have involved the planning and implementation of development and training programs centered on sharing techniques and knowledge relevant to the support services required in disaster relief. In 2017, as we finally reenter a period of stability, training has centered on the concepts of "prevention" and "preparation" in particular. With alcohol-related problems, the implementation of the former is the sobriety-related training, while the latter is the PFA training (including children's PFA training). Both are relatively accessible and practical approaches; it is important that non-specialists and those working closely with residents in the community be able to easily adopt these approaches.

Nonetheless, it is also important to continue providing more specialized training. Practical alcohol-related problem training and interpersonal skill training must include following up on cases.

Even more so than technical training and continuing education, providing networking opportunities for support workers is indispensable for future community development, and it will become increasingly important to hold conference-type events.

(5) Research

As we enter a time for the MDMHCC to reflect on its seven years of service, we have changed the name of the Planning Division to the Research Division to promote survey research and other research projects. External advisors and reviewers were invited to form an ethics committee and improve the research quality.

In addition to implementing health surveys for local governments and the Council of Social Welfare in cooperation with the Tohoku University Graduate School of Medicine Department of Preventive Psychiatry, we have also conducted several research surveys regarding programs and services like resident support programs, supporter networking, social events, etc. We are also currently carrying out the "Longitudinal Support Study on Children Born after the Great East Japan Earthquake and Their Families" in collaboration with the Iwate Prefecture Children's Center.

8 research projects and 2 symposiums have been announced in 2017 (Appendix).

Looking back on support services in the six years following the earthquake, a forum centered on the future of community-based mental health care in Miyagi, the "2017 Miyagi Mental Health Care Forum," was held. The forum focused on the mental health care services provided during the six years after the earthquake and future goals. A symposium on similar matters was also held following reports from local governments, the Center, and the Tohoku University Graduate School of Medicine. Attendees were able to connect and exchange ideas and information, and the MDMHCC and its activities were introduced at the event through an exhibition area.

(6) Support for Various Activities

Many of the Center's activities were made possible with the sponsorship and cooperation of various other support organizations. The Center also took on interns from various educational institutions.

## 3. Summary

Seven years since the earthquake, residents of container-type housing and apartment-type housing have continued to move into disaster public housing. However, the needs of those who cannot move must still be addressed. Furthermore, those who do move form part of a bigger picture of community rebuilding, and the change in lifestyle and environment can render them especially prone to isolation.

At the same time, the number of temporary support workers is on the decline as external support groups begin to withdraw from the area, increasing resident support demand for administrative workers. This is likely the cause for the increasing activity seen from administrative organizations with regard to support work.

As for salon events, although they are still actively being held in different communities, they too are on a decline. Both salon events held by the MDMHCC and other organizations are decreasing in number, with the number of salon events held or jointly held by the Center this year being lower than

in 2016. Nonetheless, they continue to be run. Besides salon events, other social events like meet-ups have been taking place in different regions. Such meet-ups are important by providing opportunities for isolated persons to connect and form bonds in a new community.

It is difficult to pinpoint the effects of the results of counseling cases, which now number over 7,000. Even with further training and consultation, it is difficult to assess to what extent diverse needs could be addressed. We feel that there is a constant change in the challenges different communities face as time goes on, and the Center's role is in providing support services in line with the views of both community members and local support workers. Some problems that have been identified since the Center's opening – such as alcohol-related problems – still persist. As scissor-like disparities become more apparent, it is our humble desire to continue our work to address the continuing needs of local communities.