

Report on the 2017 Miyagi Mental Health Care Forum

Research and Planning Division, Stem Center, MDMHCC

Introduction

In March 2017, Miyagi Disaster Mental Health Care Center (MDMHCC) established its planned services for the next four years based on Miyagi Prefecture's policies for reaching the 2020 reconstruction goals. In 2017, the organization-wide "Miyagi Mental Health Care Forum" research project was established to contribute to research on disaster relief measures, with project administration centered at the Stem Center.

The 2017 Miyagi Mental Health Care Forum had the main theme of "6 Years of Post-Disaster Mental Health Care Services and Future Goals" and a secondary focus on "Examining Post-Disaster Mental Health Care via Survey Research." The forum took place on November 29, 2017, with the support of Miyagi Prefecture and the city of Sendai, and it hosted a total of 130 attendees who were primarily support staff from local governments.

1. Content of the Forum

(1) Objective

The main goals of the forum were to provide a platform for institutions like the MDMHCC or Tohoku University to report on their activities in the six years following the earthquake; exchange of information and ideas from speakers from other organizations; and jointly consider future rehabilitation aims and plans in community mental health and welfare. For the next few years up to 2020, the forum will continue to be held in hopes of becoming a cornerstone of the synthesis of mental health care approaches for those psychologically affected by the earthquake and discussion of the future of mental health care in the region.

- (2) Date: Wednesday, November 29, 2017 10:00a.m. – 3:30p.m.
- (3) Location: TKP Garden City Sendai, 13F Halls 13A & 13B
- (4) No. of Attendees: 130 (50 internal or municipal administrative staff)
- (5) Program: (Table 1)

Title "Six Years of Post-Disaster Mental Health Care Services and Future Goals"

Subtitle "Examining Post-Disaster Mental Health Care via Survey Research"



Table 1: Miyagi Mental Health Care Forum Program
 Photo 1: Practical Reports Photo 2: Social Exchange

Part 1 <u>Practical Reports</u> (10:00a.m. – 12:00p.m.) Opening Address: <i>Yuichi Watanabe</i> Community Support Department Director	Conference Address Practical Reports 1. <i>Chika Chiba</i> Associate Chief, Regional Welfare Division of the City of Tagajo 2. <i>Kaori Hoshi</i> Health Promotion Division of the Town of Watari 3. <i>Akemi Akasaka</i> Technical Vice-Director, Sendai Health and Welfare Office Iwanuma Branch, Miyagi Prefecture 4. <i>Wataru Shoji</i> Tohoku University Graduate School of Medicine Department of Preventive Psychiatry 5. <i>Naru Fukuchi</i> Director, Planning and Research Division, MDMHCC
Part 2 <u>Symposium</u> (1:00p.m. – 2:30p.m.) Opening Address: <i>Kazunori Matsumoto</i> Vice President	Keynote (1:00p.m. – 1:30p.m.): <i>Hiroshi Kato</i> Director, Hyogo Mental Health Care Center Discussion (1:30p.m. – 2:15p.m.) Conclusion (2:15p.m. – 2:30p.m.): <i>Hiroshi Kato</i>
Part 3 <u>Social Exchange</u> (2:30p.m. – 3:30p.m.)	Attendee group discussion Forum Closing Remarks
Exhibit area	Panel Exhibits & Slideshows (9:30a.m. – 3:30p.m.)

(6) Event Operations

While the inaugural assembly of the Miyagi Mental Health Care Forum was held by the Stem Center mainly under the direction of the Planning and Research Division, assuming the event's continued operation into the next four years, future renditions have been planned to be held by the different regional centers and their Resident Support Divisions.

2. Programming

(1) Part 1: Practical Reports

Considering the subtitle and secondary theme of “Examining Post-Disaster Mental Health Care via Survey Research,” Chika Chiba, Associate Chief of the Regional Welfare Division of the City of Tagajo, spoke on the current and future outlooks of inter-organization or inter-field support projects and team approaches, as well as the role of public health nurses in the disaster relief support network. Kaori Hoshi, leader of the Health Promotion Division of the Town of Watari, spoke on the role of health surveys not just as a means of data collection, but also as a tool to facilitate at-home support to residents, and the importance of conferences to bring the different fields involved in support work together and unify their approaches. Akemi Akasaka, Technical Vice-Director of the Iwanuma branch of the Sendai Health and Welfare Office of Miyagi Prefecture, reported on the use of arts and crafts as an at-home educational tool for families identified by the health survey to be afflicted by problems related to alcohol. Wataru Shoji from the Tohoku University Graduate School of Medicine Department of Preventive Psychiatry reported and followed up on the health survey aimed at staff of the Social Welfare Council. Finally, Naru Fukuchi, Director of the Center's Planning and Research Division, reported on the state of mental health care support in the period since the earthquake.

(2) Part 2: Symposium

- ① Keynote: “Victim Support during Disaster Recovery”
Hiroshi Kato, Hyogo Mental Health Care Center Director
- ② Discussion: Hiroshi Kato and speakers from Part 1: Practical Reports took the stage and took comments from the audience, as well as discussing topics such as the significance of the health surveys, current approaches to health care, alcohol problems in the community, and children’s mental health support. The contents of the discussion are summarized later in this document.

(3) Part 3: Social Exchange

A space was provided for attendees to mingle, review and discuss the topics mentioned during the symposium, and share their daily support work experiences with each other. Attendees appeared to be quite active in engaging with each other during this time.

(4) Panel Exhibits & Slideshows

Slideshow exhibits from the MDMHCC and its regional centers were displayed throughout the event. These exhibits introduced the Center and its past and current work to the attendees, who were able to view them before the start of the forum, during intermissions, or in the free Social Exchange time, and ask questions regarding their contents. There were attendees still looking at the displays during break times and the Social Exchange time, and staff were spotted fielding their questions.

3. Attendee Questionnaire Results

Questionnaires were included among the pamphlets handed out to attendees before the start of the forum, with their responses meant for administrative use following the event. Questionnaire responses cannot be published here, but the results can be summarized as follows. The event was generally found to be “Quite good,” with many remarks stating, “I was able to better understand the current circumstances and next steps [for mental health care].”

4. Summary

The Miyagi Mental Health Care Forum Report aims to become a key event in the synthesis of current approaches to mental health care for disaster-affected individuals by mental health care centers, Tohoku University, Miyagi Prefecture, and municipal institutions, as well as in examining the future prospects of mental health care in the region. The inaugural Forum was held in 2017 by the Stem Center in the hope that its operation would continue for the next four years. Under the theme of “Examining Post-Disaster Mental Health Care via Survey Research,” municipal bodies and health care institutions were able to report on their activities through a practical reports session and discussion followed via the symposium. The practical reports session saw deliveries on the significance of the health surveys and their results, as well as the necessity of cooperation among different support workers and the current state of inter-city collaborative efforts on the matter.

Speakers from different municipalities remarked that the Forum provided a good opportunity to share their work with other support workers that had been previously hard to come by. There were many attendees (around 50) who were presumably support workers from administrative organizations, and the questionnaire results point to a generally high level of satisfaction toward all parts of the event (including the practical reports, symposium, social exchange, and panel exhibits and slideshows). The questionnaire results also showed that the event programming was effective in giving attendees an opportunity to listen to others’ work in the field and then actively share and discuss the contents.

The symposium also facilitated a great deal of discussion. However, the subject matter tended to focus on the issue of alcohol-related problems with less discussion of other topics. It is important for future forums to also facilitate other topics (such as support worker fatigue, demand for various types of survey research, support worker coordination, *Hikikomori*, PTSD treatment, grief support, and children’s mental health.).

Symposium Discussion Remarks

Matsumoto: With the subtitle of this year's forum "Examining Post-Disaster Mental Health Care via Survey Research" in mind, I would like to begin by focusing on the health survey research conducted. Despite known disadvantages to health surveys such as difficulty in their implementation and lack of understanding of "high-risk" criteria, the pros and cons were considered and a health survey aimed at residents of emergency temporary housing was conducted by the prefecture. I believe other health surveys may have been conducted as well. For the sake of future disaster relief efforts, we must see how useful the results of this survey research may prove, and if not, how to best proceed. I would like to invite some speakers to the stage now who have more to say on these matters.

Chiba: In Tagajo, the prefecture has conducted not only a health survey, but also a survey of the state of disaster victims living in isolation in the city. Based on the results of the two health surveys discussed this morning, we have extracted the following three criteria to follow up on.

The city-wide disaster victim survey was carried out by what was then the Life Rebuilding Support Center. Home visits and other forms of support were also provided based on responses to an item on survey regarding current health status.

It was decided that the city survey questions and format would be revised by the Life Rebuilding Support Center every year until 2016, whereas the health survey questions remained the same every year for five years. This allows for ease of comparison when looking at, for instance, changes in alcohol consumption or percentage of individuals deemed by K6 assessments to be high-risk.

Hoshi: In Watari, the health survey was conducted on a rolling basis. Survey respondents were citizens of the town and visited door-to-door, where they could inform us of their current living and health situations, feelings, concerns, etc. and respond to us directly on-site, with attention paid to more serious situations. In this way, the survey was not a simple questionnaire, and participant responses up to a given point could be considered as the survey continued.

Many residents live in apartment-type housing outside the township, but because of insufficient manpower to conduct home visits on them all, we requested the prefecture to conduct a prefectural health survey to most adequately grasp the full health situation of its residents. The prefectural health surveys were conducted on a large scale on residents of temporary housing and public housing. However, the citizen response to the original survey was quite good, with many earnest and detailed responses, making us believe that continuing to proceed this way is the best way forward. Although we are recently finding that many are not responding to the K6 assessment, it appears that the overall responses to the survey have been quite earnest since the beginning, with results that are telling.

Akasaka: The prefectural health survey was carried out by cities and townships without direct involvement from health centers. Nonetheless, health centers make use of this system of municipality-managed operations for their own support services. For example, after conducting a health survey in a designated municipality, those deemed "K6 high-risk" or any other residents otherwise needing a follow-up check can be provided further care by both the government and health care center. The health survey provides an opening to address additional issues. This proved to be highly effective in cases such as a household with alcohol problems or a *hikikomori* where accompanying a municipal official could open doors for further counseling.

The health survey data was also incredibly useful for analyzing and understanding a community's issues. We would definitely like to make use of anything in the results that could be implemented in future policymaking.

Shoji: Although the last three speakers reported on the health surveys aimed at residents, what I would like to discuss today is the health survey of other support workers that Tohoku University conducted with the cooperation of municipal governments.

Our survey was originally conducted for both research and support purposes, but the research portion of our work has now concluded and providing "support for supporters" remains our sole objective. The

survey made it clear that support workers face heavy workloads and a great deal of stress. Of course, we kept in mind how organizations could benefit from the survey when considering things like how to design, implement, and follow up on it.

Although the survey's original focus was specifically on supporters' work following the earthquake, it eventually shifted to topics about mental health in the workplace in general. In that respect, we can consider becoming a platform for change in attitudes toward workplace mental health issues another accomplishment of the survey.

Fukuchi: I would like to speak on the pros and cons of health surveys. In my opinion, conducting the health surveys was overall a good idea. Although the health surveys served to identify high-risk persons, as Ms. Akasaka mentioned, they also provided valuable information on community needs and the overall picture of what has been going on. There are areas, though, that struggle with issues of manpower when having to make home visits as more high-risk persons are identified, and who feel that as these numbers increase, they start feeling like a quota.

I believe the reason for this kind of aversion to surveying is due to there being areas we are unfamiliar with when it comes to the standards of screening, identifying, and following up with high-risk individuals following a large-scale disaster or emergency situation. As a result, there are those who question the point of these types of surveys after a disaster.

The usefulness of survey research is not limited to just understanding the impact of a disaster. We conduct surveys in cases of, for example, bullying or suicide cases at schools, or when there is an incident in a workplace, etc., as well. They are a result of human innovation, and one way of looking out for our collective wellbeing, and I believe it is very important for us to adopt surveys as a necessary part of our standard practice in response to emergency situations.

Matsumoto: Thank you very much. To summarize the agreed upon points, it is necessary to consider how to make use of surveys not just as a simple questionnaire but also as a catalyst for outreach and connection with its target respondents. And for issues of manpower, we must change the structure of future surveys and come up with new solutions

for municipalities' existing approaches to survey research.

In addition, regarding surveys as an intervention strategy, Dr. Kato spoke in the keynote on how individuals can be identified as high-risk based on on-site assessment rather than whether they simply meet a number of points on a paper assessment.

For our audience members who would like to share their opinions based on their related experiences or otherwise, would you please raise your hand?

Makabe: Hello, I'm Makabe from the Miyagi Prefecture Support Center Office. Our support centers have been established in various communities following the Tohoku Earthquake, and our staff numbers, which have exceeded 1,000 during busy periods, include many support workers employed mainly by the Social Welfare Council who are related to earthquake victims and new to the field.

The Support Center Office was set up to back the activities of the various support centers across the prefecture where these support workers work at as a whole, and the prefecture has entrusted our administration to the Miyagi Prefecture Social Welfare Association. Starting with support worker training, we continue to coordinate with designated administrative bodies and associations (the Social Welfare Council). Our active support staff currently numbers around 400 but continue to shift into other roles such as LSA (Life Support Advisors).

We have heard about the health surveys as a public need, but it also seems like everyone is on the same page regarding concern about the potential for confusion when residents are getting so many different surveys to fill out from the university and NPOs. Hearing this, I thought that there should be some adjustment to how the surveys are conducted.

Additionally, at the support center we have been discussing the need to hear our staff's thoughts on not only identifying issues through the surveys, but also addressing residents' aspirations regarding their living situations and roles in their communities. Perhaps there need to be items on the survey regarding future goals.

I would like to ask Dr. Kato and the other speakers for their thoughts and advice on these two matters.

Matsumoto: Thank you for your question. You have pointed out some very important issues. I also believe it must be disconcerting for residents to be inundated with so many surveys. As different organizations draft their surveys independently, there are surely points that overlap and the schedules on which they are conducted must be disorganized from a resident's point of view. Dr. Kato, do you have any experiences you would like to speak on, or otherwise any opinions, regarding this issue?

Kato: As stated, a lot of surveys take place especially in the early period of a disaster, many of which don't seem to have a clear purpose and can be invasive and not ethically accounted for. Such was the case following the Great Hanshin Earthquake, with an overwhelming number of questionable surveys taking place.

There have truly been many so-called researchers coming to disaster-affected areas and disturbing residents for their own gain. I would like to see survey research following the proper ethical considerations, and I hope we have been able to control the situation a bit by having surveys ethically approved through the proper avenues, with the purposes of data collection properly outlined and communicated back to respondents.

After the Tohoku Earthquake, psychiatric academic societies released comments on the surveys. Those who read the comments were able to give proper consideration to surveys; it's those who did not who are the problem. Conducting research without keeping an eye on such literature is very problematic and I think it's very important for the media to report on these problems, and for us to demand higher ethical standards from survey researchers.

As for the other point regarding respondents' aspirations and goals, I think that is indeed very important and would be valuable to include in surveys. In one survey following the Hanshin Earthquake, sociologists proposed the question, "When did you stop regarding yourself as a victim?" The responses were very interesting. For those whose homes were completely destroyed, they could not regard themselves as anything but victims even 5, 7 years after the disaster. These considerations of the future lead me to believe it would be good to include questions about not only PTSD and depression, but also hopes and goals for the future.

Matsumoto: Thank you. It is certainly a problem that residents are getting so many surveys not only regarding mental health, but also physical health, building reconstruction, community rebuilding, and more. Even with the proper ethical considerations, the sheer volume of surveys is still an issue from a respondent's point of view. From the researchers' side, I think many surveys are being conducted without knowing how to establish a point of contact, how to ensure non-invasiveness, when the best times to conduct the survey would be, and so on.

Even though each survey may have real significance, the end result is still disruptive to community members. We must consider better approaches to survey research in the event of disaster with residents' perspectives in mind. I believe this is one of the issues that MDMHCC's Dr. Kodaka raised at the beginning of this forum.

On another note, I'm of the personal opinion that surveys should not just be under the jurisdiction of researchers but should involve the residents themselves in the design process. As residents would have a better sense of the significance of a survey, they could help us directly in their design and there would be a better channel of communication between residents and researchers.

Would anyone else like to contribute anything? It doesn't have to be related to the current topic.

Fukui: I'm Fukui from the Japanese Association of Social Workers in Health Services and we're involved in support services in Ishinomaki. In our daily work, we deal with issues affecting those trying to rebuild independent lives, such as problems related to alcohol, addiction, and in particular gambling.

A common theme in our work is considering whether the dependency problems were existing problems that were exacerbated by the earthquake, or new problems that arose from the earthquake. In Ms. Akasaka's presentation, she mentioned being shocked by the numbers when looking at the newest data on alcohol use. Has the earthquake exacerbated an existing trend? What is the difficulty in treating these problems? Should we be approaching those who had existing dependency issues differently? I am interested in hearing everyone's thoughts on these questions with regard to the survey results.

Akasaka: Among those we have established counseling relations with following the survey – whether in person at the center or by phone – I have seen an increase in those dealing with problems with addiction outside of alcohol, including those related to gambling, spending or shopping, etc. In my morning talk on arts-and-crafts as a form of in-home psychoeducation, the psychoeducation is meant to address not only alcohol dependency, but addiction in general, and involves the participation of the whole family, not just the person of concern.

At the Iwanuma branch, the feeling is that rather than people who began drinking due to the earthquake, there are cases of those who have always had latent issues that then came to the surface due to a catalyst related to the earthquake, such as losing their home or job. However, I think there are still more counseling cases for people that don't have anything to do with the earthquake.

Matsumoto: Would Dr. Kato like to add anything?

Kato: Along with raising awareness and working with family associations and sobriety groups, it is very important to coordinate with local physicians and health care practitioners. People struggling with alcohol dependence have poor liver function and are likely to make frequent visits to the hospital, so I feel it would be valuable for medical associations and hospitals to educate their staff on addiction problems. After the Hanshin Earthquake, attempts at coordination with physicians were made, but we were told they were too busy to take on such responsibility and there was little collaborative support for alcohol dependency. In one interesting case, I was asked to advise a sake brewing company on alcoholism but was completely ignored. “We’re the ones selling it, so no thanks.” Cigarettes have public health warnings written on the box, so why not do the same for alcohol?

Matsumoto: Alcohol-related problems were regarded as a major factor in the solitary deaths that occurred after the Hanshin Earthquake. We can see alcohol becoming an issue again with the Tohoku Earthquake, but I think what is relatively new this time is the presence of the sobriety program, which has

been established based on a degree of evidence. The proof could be seen even at this very event, with audience comments from this morning remarking on their “significant effectiveness.” As Dr. Kato mentioned, it is very important to try new approaches.

It is clear from our experience that disaster and addiction issues are strongly connected, so it is something that we should be prepared for in future disasters. In the future it will be difficult to see the direct relationship between disaster and addiction, but as the whole community becomes weak, as mentioned in Dr. Fukuchi's story, various problems will arise in weak people, so indirectly I think that it is an indispensable matter. I think this is also necessary for raising problems and issues in the future. I think that it is necessary to incorporate the programs introduced to Mr. Akasaka all over the prefecture.

In addition, I hope to hear more and more opinions from you.

Sano: I'm Sano, a school nurse from Shizuoka.

Since I'm quite a ways away from the disaster-affected area, hearing about the prevalence of issues related to alcohol today was completely new information for me.

I have a few things I'd like to ask. Since problems with alcohol are largely seen in men in their 50s and 60s, I was wondering what sort of impact or influence this has on children, and if children's problems are screened for in the health exam. For children identified as having health issues, are they able to be connected with local health care workers or specialists and receive the support they need?

Matsumoto: Thank you. Yes, we have not been able to discuss issues pertaining to children much today, and I think it would be good to hear more on that subject. Does Dr. Fukuchi have anything to say on this topic?

Fukuchi: Thank you for the question. I'd like to respond as someone who specializes in children's psychiatry. The prefectural health survey currently uses the K6 scale in assessing mental health, but this scale is not designed to assess those under 18 years of age. The surveys are sent out to households where they are usually filled out by one representative of the household. There were cases of reports of children as young as three exhibiting anxiety,

but this data could hardly be used, and we were unable to check up on these reports.

However, we are fortunate in Japan to have a system where nearly 100% of children have access to education, which acts as our primary point of contact to reach out, and psychiatrists or counselors are able to intervene at nursery centers, elementary, middle, and high schools in emergency situations to provide support to children of concern.

Matsumoto: Has the health center or municipality had any experiences with children?

Hoshi: There were some cases that were more closely related to the mental health of the mother. In Watari, much as Dr. Fukuchi described, health care centers mainly focus on schools when it comes to providing support for children, so the survey tends to focus on the parents.

Kato: A survey was conducted six years after the Hanshin Earthquake that touched on children's health. Parents were able to describe any concerns they had about their children's wellbeing along with their own problems. The results showed a very high correlation between troubled children and households with troubled parents, pointing to the importance of concurrent support for parents while providing support for children. For instance, it would be helpful to provide after-school childcare options for those in temporary housing.

As Dr. Fukuchi mentioned regarding schools as an avenue for support, after the Tohoku Earthquake, a significant increase in school counseling staff was found to be very beneficial. The Board of Education also worked hard during the Hanshin Earthquake to enlist a "rehabilitation teacher" at every school and followed the care of children identified as at risk or of concern for around 10 years.

Matsumoto: Would anyone else like to share their thoughts regarding children's issues?

Arakawa: I'm Arakawa, a public health nurse from Natori. In the second year after the earthquake, the Miyagi Pediatric Association sent a clinical psychologist to perform checkups on infants as part of a project on

mother and child mental health care. A mother and child mental health care survey would be filled out as part of the checkup. This was a five-year endeavor, and after the first and second years, children's mental health issues were able to be identified and gradually addressed. We could see that as issues with the parents became clearer, supporting the parents was in fact very important for the mental health of the children and their overall development. After this five-year project, the industry is continuing to develop in the city and clinical psychologists are still continuing their work, so I think it's very important to support parents like in the case I've mentioned.

There have also been cases where, once parents' problems were identified via a health survey, the problems of the children in the household would become apparent, or a home visit would reveal that the problem was even more extreme, like cases of abuse. It's important to be prepared with a variety of intervention plans.

Matsumoto: Thank you very much. It seems that the work in Natori shows the importance of looking at care for mothers and children when providing children's support. This case shows an example of work that began as a part of the city's budget then continued as a new project of its own.

Does anyone else have any questions?

Omiya: Hi, I'm Omiya, a public health nurse from Sendai's Wakabayashi ward office where I work on supporting victims of the disaster.

This may be somewhat unrelated to mental health issues per se, but I would like to speak on some of the prefecture survey results. In our ward, we looked at the results for the K6 assessment, day drinking, discontinuation of treatment, and ageing questions, and this year (2017) we've been following up on respondents who reported "lacking counsel or a confidant" and "households with comprising a single person or couple aged 75 or older." After listening to the stories of these people during home visits, we've started some "salon"-type community social events with exercise as the base theme, but we've recently been facing the issue of a lack of engagement from the elderly citizens that we've been hoping would come out to these events. I was wondering if anyone has any advice or suggestions on how to address this problem.

Matsumoto: Thank you. I think this may be our most difficult question so far. Dr. Kato, what would you do to address the lack of engagement from intended participants?

Kato: As mentioned earlier, there really is a problem of participants in gathering type of events being primarily outgoing women, with little engagement from those most in need of support – single men. I think all communities face this problem.

I have heard of several approaches to attempting to address this problem. One was the “Ojikoro” program aimed at middle-aged men in Ishinomaki, and I’m curious about how that turned out, if there’s anyone who knows more about it. In any case, we can only do what we think of, meaning we just have to try different things, I suppose.

Matsumoto: Karakoro Station’s Ojikoro initiative is quite well known for its name, as well. Is anyone here able to speak more on it?

Karakoro Station

“Ojikoro” is a monthly social salon aimed at middle-aged men dealing with alcohol problems or isolation. In the morning, everyone is split into groups to make lunch together, and the afternoon is recreational free time. The event fosters connection and communication in the community, and every fall, there’s an excursion to the Ishinomaki seaside where a fishing contest is held.

In the beginning, there were only about 3 attendees, but now the monthly numbers exceed regularly exceed 20. The name “Ojikoro” is an abbreviation of “*Ojisan* Exchange at Karakoro Station.” Participants are referred through home visits, no different from other organizations. We first build rapport during home visits, inviting them with the assurance that familiar supervising staff would also be there. There are times when the men will be put off by the number of people after one visit, in which case we try and encourage them to try again. For those who still will not go, we then try and focus on other methods of support rather than pushing them.

Matsumoto: Thank you for the detailed explanation. It’s wonderful that focused efforts on engagement were able to bring the numbers up from just 3 to over 20. I think it could be considered a successful example of how

creative programming and repeated outreach translated into successful results. It would be great to hear more about this on another occasion.

Our time is almost up, but I would like to turn to something Dr. Kato brought up earlier. As a part of thinking about support exit strategies, the need to support people affected by disaster will continue regardless of how budgeting changes in the future. I would like to open up the floor for free discussion on anything regarding future issues. Let’s take people one at a time.

Chiba: We have quite a few worries related to the transition to regular work. In Tagajo, the city’s general disaster victim survey already ended in 2016, outreach to high-risk individuals is declining, and we are now focused on how to proceed with our support services with those left. Among them, we are beginning to connect with those newly identified by the household health survey as people struggling with alcohol problems or *hikikomori*. Support for alcoholics or suicidal people is not something that can be dealt with instantly, and there are many support workers who are currently working with such people a step at a time for incremental change. I think providing this sort of personalized support will only get more difficult in the future as we wait for the transition to regular work and numbers of available public health nurses dwindle. As we receive advice from city staff, the mental health care center would like to continue providing support into the future.

Another thing is the support for alcohol issues. Although we have already met with many individuals who are clearly alcohol dependent, based on the city’s data analysis I think in the future we must also approach those who have been identified as being at risk for alcoholism even if they are not yet at the stage of full dependency and stage early intervention through education and awareness initiatives.

I transferred to the Disability Welfare Department back in April, and I think it would be good to continue such initiatives in collaboration with health departments who oversee health exams.

Hoshi: In Watari, our support center has already closed. Although its services have ended, we continue to carry out victim support liaison meetings. In the morning, we discussed

three of these meetings, and it is work I would like to continue in the future.

Conferences especially are an opportunity for specialists to consider the direction of support work together and receive advice on approaches to support and other challenges.

Akasaka: I think the role of the prefecture will be to support municipalities, but cities and towns will be burdened with new responsibilities and it would be good to provide whatever support is possible as we transition to regular work, for instance in anti-alcoholism measures during health exams and such. Also, in a shared role with the prefecture and municipalities, the public health centers can continue to provide at-home psychoeducation and specialist consultation on alcoholism or *hikikomori*, etc.

Additionally, as a charge of the municipality, the public health center currently attends municipal meetings once a month, which we would like to be an opportunity to meet and discuss issues related to the transition to regular work and other things to consider for the future.

Shoji: Regarding what Dr. Kato was saying about research ethics, I think that is something we are sure to keep in mind as we continue to conduct survey research. In fact, when we asked the Social Welfare Council to carry out a survey, we asked when they expected to be able to do it and were told by a supervisor that they would need 4 months' notice due to the press of business. That was very difficult to hear, and I had conflicting feelings about whether we were in fact inducing more stress through our work.

As Dr. Kato mentioned earlier, along with reminding everyone involved in research of the importance of research ethics, today's event was a good opportunity to communicate the importance of preparation, where we more clearly articulate what we need from surveys sent out to organizations, public offices, schools, etc.

Fukuchi: I think I speak for mental health care centers in general when I say we will respond to whatever orders come our way in earnest to the extent that we can within the budget.

At the same time, as a health care practitioner I am very conscious of Japan's

problems with mental health and psychiatry. I think mental health care services up to now have operated on the framework of specialists seeing patients that come to them, where seeking counsel on *hikikomori* at a hospital was not possible without the person in question making the appeal themselves. The disaster has demonstrated the need for direct outreach to persons of concern and the importance of building rapport. I think there's been a change to a new attitude of, "Rather than wait for them to come to us, we will go to them."

I think it'd be a great waste to think of these changes in the field as applicable only to the disaster, and such preventive and community-based approaches should become the norm of mental health care. Ideally, there should be no need for mental health care clinics or hospitals, and our goal should instead be a decrease in the number of inpatients. I think preventive outreach toward community members will build better, more sustainable communities, and that is the future we should be aiming at.

Matsumoto: Dr. Kato, if you have anything to add?

Kato: We have focused quite a bit on alcohol-related problems today, but I think there is something else we also must not forget, and that is just the sheer impact of trauma that follows a disaster like an earthquake. PTSD is not something that has come up much today, but it is core to many of the problems discussed. In my experience as someone who was affected by the Hanshin Earthquake, looking at the reports following the Tohoku Earthquake, I am sure there are many people suffering serious cases of PTSD. Although they may be able to ignore many problems by developing coping mechanisms to get by in society, symptoms are likely to take hold when the problems can no longer be avoided. Looking at various counseling cases, it does seem the number of cases of PTSD are relatively few, but we must not forget that for those few, it is a very grave issue that they are constantly coping with in their lives. I hope that in seven or ten years, Miyagi Prefecture will be able to have the infrastructure to support and treat PTSD.

Another issue is grieving. Many people in the area have lost their families, yet the subject of grief does not come up much in the data. Often, it is only after the fact that the large numbers of people dealing with grief are

realized. Thus, I think we need to make sure to give adequate consideration to grief support as part of our system of mental health care practice, which we have not spoken on so much today.

Matsumoto: Thank you everyone for your sustained participation from the morning, and a special thanks to our guest speakers who have taken the time out of their schedules to present their valuable experiences and thoughts to us.

Today we have focused more on Miyagi Prefecture's southern areas, but there remain many other disaster-affected areas in the prefecture that I hope can be the subject of further discussion. I hope we can continue this cycle of reflecting back on past approaches to improve future ones so as to continue providing better support.

I also hope that after this, people will continue to connect with each other and share their ideas and opinions with each other. Thank you everyone for your participation today.

Thank you to Dr. Kato and all the speakers who presented their practical reports.

Symposium Summary

The symposium brought forth many different perspectives in the form of reports related to survey research. The discussion following facilitated deeper discussion of issues presented in the practical reports, which are outlined as follows.

1. The importance of unifying health surveys with municipal surveys on general citizen circumstances according to the specific needs of the area and connecting survey results with practical implementation of support services
2. The importance of health surveys in clarifying issues in a community and standardizing their role in acting as a window for disaster relief support
3. The need to coordinate survey efforts immediately following a disaster so as not to burden locals with undue stress and responsibilities arising from a large volume of surveys
4. The importance of workplace mental health is becoming more apparent as an extension of support for supporters
5. Addiction issues, focusing on alcohol problems in particular
6. Children's issues
7. Ways of encouraging community engagement in isolated seniors and middle-aged men
8. Difficulties providing continuous care as disaster relief services come to an end and services transition into regular support services
9. How to maintain the outreach services provided as a part of disaster relief services in general mental health welfare services
10. Continuing the inter-occupational collaborative approach (case studies, care conferences, etc.) developed as disaster relief support as a part of training in the regular system
11. PTSD and grief support

Points 1 to 3 were previously mentioned topics that were elaborated on further in the discussion, while points 4 to 11 were new topics brought up as important points that should be discussed further at future symposiums or other events.