

Child Mental Health Care Projects

Naru Fukuchi – Director, Doctor

Tetsuro Higuchi, Manager, Psychiatric Social Worker

Planning and Research and Planning Division, Stem Center, MDMHCC

Introduction

Miyagi Prefecture has announced a policy to provide “continuous mental health care from childhood to adulthood” for children affected by the disaster. Thus, in April 2016 Miyagi Disaster Mental Health Care Center (MDMHCC, or the Center) took charge of the “Children’s Mental Health Care Project,” which continues to operate to this day.

Based on contract specifications, the following report summarizes the regional children’s mental health care projects in the Center’s charge for counseling cases with minors under the age of 20 in 2017.

1. Results

(1) Counseling

The MDMHCC provides counseling services to children affected by the disaster through municipal agencies, educational institutions, nursery schools, and so on. Many cases involve the dispatch of specialist workers to city-run infant health examinations, counseling help desks, and health centers where staff and family members seek counsel on dealing with children’s mental health care. There has also been an increase in the cases of those coming directly to the Center for help.

Counseling cases numbered 281 in total, involving 118 persons. Table 1 shows the number of cases by age group and counseling point of contact, while Table 2 shows the number of cases by age group and residence.

Among the counseling cases, in the under-6 age group, behavioral cases such as those involving delayed development, lack of participation in group activities at school or daycare, and so on are particularly prominent, as well as cases having to do with mothers’ anxieties over childcare. Cases where we connected with mothers mainly came to us via referral from municipal public health nurses or daycare teachers. In the 7-to-15 age group, cases with developmental or family problems in the background were most prominent. Finally, in the 16-to-19 age group, truancy cases related to household problems were common, with more cases of individuals seeking counsel desiring further, continuous counseling than in the previous year.

(Table 1) (Table 2)

Table 1: Cases by age group and point of contact
(Total: 281, Actual: 118)

| | | 6 and under | 7 to 15 | 16 to 19 | Total |
|-----------------------------|--------|----------------|------------|----------------|-------|
| Total | Self | 0 | 61 | 100 | 161 |
| (by point of contact) | Family | 52 | 37 | 22 | 111 |
| | Other | 1 | 3 | 5 | 9 |
| | Total | 53 | 101 | 127 | 281 |
| Actual no. | | 51 | 37 | 30 | 118 |

Table 2: Cases by age group and residence

| | Residence | 6 and under | 7 to 15 | 16 to 19 | Total |
|--------------------------|-------------------|-------------|---------|----------|-------|
| Total (by residence) | Sendai | 2 | 8 | 1 | 11 |
| | Shiogama | 0 | 0 | 1 | 1 |
| | Natori | 22 | 14 | 24 | 60 |
| | Iwanuma | 0 | 0 | 1 | 1 |
| | Watari | 1 | 3 | 0 | 4 |
| | Yamamoto | 2 | 1 | 8 | 11 |
| | Matsushima | 0 | 1 | 0 | 1 |
| Ishinomaki Region Center | Ishinomaki | 4 | 7 | 2 | 13 |
| | Higashimatsushima | 9 | 13 | 17 | 39 |
| | Kesennuma | 2 | 51 | 70 | 123 |
| Kesennuma Region Center | Tome | 0 | 1 | 1 | 2 |
| | Minamisanriku | 0 | 1 | 2 | 3 |
| Anonymous | | 11 | 1 | 0 | 12 |
| Total | | 53 | 101 | 127 | 281 |

(Table 3)

Table 3: Dispatched staff by occupation and host institution

| Occupation \ Location | Prefecture | Municipality | Nursery, Daycare | Elementary School | Middle School | Other | Total |
|---------------------------|------------|--------------|------------------|-------------------|---------------|-------|-------|
| Psychiatrist | 0 | 9 | 39 | 15 | 1 | 3 | 67 |
| Clinical Psychologist | 1 | 85 | 5 | 0 | 0 | 10 | 101 |
| Psychiatric Social Worker | 0 | 14 | 0 | 0 | 1 | 2 | 17 |
| Public Health Nurse | 0 | 75 | 1 | 0 | 0 | 0 | 76 |
| Other | 0 | 0 | 5 | 0 | 0 | 0 | 5 |
| Total | 1 | 183 | 50 | 15 | 2 | 15 | 266 |

(Table 4)

Table 4: Dispatched staff by host institution and location (city, township)

| Location \ Host Inst. | Prefecture | Municipality | Nursery, Daycare | Elementary School | Middle School | Other | Total |
|--------------------------|-------------------|--------------|------------------|-------------------|---------------|-------|-------|
| Stem Center | Sendai | 0 | 3 | 0 | 3 | 0 | 10 16 |
| | Shiogama | 0 | 3 | 0 | 0 | 0 | 0 3 |
| | Natori | 1 | 65 | 4 | 0 | 0 | 0 70 |
| | Tagajo | 0 | 1 | 0 | 0 | 0 | 0 1 |
| | Iwanuma | 0 | 15 | 15 | 0 | 0 | 0 30 |
| | Watari | 0 | 23 | 7 | 0 | 0 | 0 30 |
| | Yamamoto | 0 | 6 | 4 | 0 | 0 | 0 10 |
| Ishinomaki Region Center | Matsushima | 0 | 2 | 0 | 0 | 0 | 0 2 |
| | Ishinomaki | 0 | 59 | 7 | 0 | 0 | 0 66 |
| | Higashimatsushima | 0 | 2 | 13 | 4 | 0 | 1 20 |
| Onakawa | | 0 | 1 | 0 | 0 | 0 | 0 1 |

| | | | | | | | | |
|-------------------------|-----------|---|-----|----|----|---|----|-----|
| Kesennuma Region Center | Kesennuma | 0 | 0 | 0 | 8 | 2 | 3 | 13 |
| | Tome | 0 | 3 | 0 | 0 | 0 | 1 | 4 |
| | Total | 1 | 183 | 50 | 15 | 2 | 15 | 266 |

(2) Specialist Dispatch Services

In 2017, we dispatched specialists such as pediatric psychiatrists and clinical psychologists to a total of 266 institutions, including municipal health centers, nurseries and daycares, and elementary schools, to provide consultation services. Table 3 shows the breakdown by host institution type and occupation, while Table 4 shows the breakdown by host institution type and location (city, township).

Of all host institutions, municipalities made up the greatest number of consultations at 183 cases. Among these, there were 124 cases seeking counsel on difficult cases, 69 cases seeking counsel on difficult cases at local children's aid councils, and 31 cases of public health nurses seeking counsel regarding infant health examinations. As for consultation requests from nursery schools or daycares, there were cases of how to engage with difficult-to-approach parents of children suspected to be abused or who have developmental disorders.

(3) Workshops

There were 51 cases in 2017 where the Center held workshops or otherwise sent speakers to other events. Table 5 shows the types of specialists involved in these events and the municipality they were held at. All the events are listed in Table 6.

The workshop events held by the Center itself include the “Parent-Child Bonds and Children’s Emotional Development” event in Ishinomaki (230 attendees), the “Building Mental Health for High Schoolers Visiting Lecture” in Minamisanriku (85 attendees), and the “Children’s Mental Health Symposium: Supporting Childcare in Disaster-Affected Regions” in Sendai (48 attendees). Ishinomaki was the most popular region for events, followed by Sendai and Natori.

In addition, 3 training workshops in PFA (Psychological First Aid – a technique for psychological support immediately following a disaster) were held under the title of “Children’s PFA Training” as the importance of connecting with children affected by disaster or other accidents is being emphasized in training manuals. MDMHCC plans to continue to play an active role in providing children’s PFA training at educational institutions across the prefecture.

Table 5: Workshop events

| Event location occupation | Speaker | Psychiatrist | Clinical Psychologist | Psychiatric Social Worker | Public Health Nurse | Other | Total |
|--------------------------------|-------------------|--------------|--------------------------|---------------------------------|---------------------------|-------|-------|
| Stem Center | Sendai | 6 | 5 | 0 | 0 | 0 | 11 |
| | Natori | 1 | 2 | 4 | 0 | 2 | 9 |
| | Kurihara | 0 | 1 | 0 | 0 | 1 | 2 |
| | Watari | 0 | 0 | 0 | 0 | 1 | 1 |
| | Yamamoto | 0 | 0 | 0 | 1 | 0 | 1 |
| | Shikama | 0 | 1 | 0 | 0 | 0 | 1 |
| Ishinomaki Region Center | Ishinomaki | 7 | 2 | 0 | 2 | 1 | 12 |
| | Higashimatsushima | 5 | 0 | 0 | 0 | 0 | 5 |
| Kesennuma Region Center | Kesennuma | 1 | 0 | 2 | 0 | 1 | 4 |
| | Tome | 1 | 2 | 0 | 0 | 0 | 3 |
| | Minamisanriku | 1 | 0 | 1 | 0 | 0 | 2 |
| | Total | 22 | 13 | 7 | 3 | 6 | 51 |

‘Other’ includes clinical developmental psychologists and nurses.

Table 6: Workshops and training events

| No. | Date | Location | Topic(s) | Primary Participant(s) | No. of Attendees | Speaker Type |
|-----|------------|-------------------|--|--|------------------|-------------------------------------|
| 1 | 2017/05/09 | Sendai | Attachment and attachment disorders | NGO | 5 | Clinical psychologist |
| 2 | 2017/05/18 | Tome | How to conduct case studies | Administrative officials | 3 | Clinical psychologist |
| 3 | 2017/05/22 | Natori | Development assessment, sociality, attachment | Child welfare officials | 15 | Clinical developmental psychologist |
| 4 | 2017/05/23 | Sendai | Fostering change | NGO | 6 | Clinical psychologist |
| 5 | 2017/05/25 | Higashimatsushima | Connecting with abused children | Child welfare officials | 35 | Psychiatrist |
| 6 | 2017/06/07 | Ishinomaki | Ishinomaki Region Center's children's mental health care projects | Health care workers | 19 | Public health nurse |
| 7 | 2017/06/23 | Minamisanriku | Building mental health for high schoolers visiting lecture | High school students | 85 | Psychiatric social worker |
| 8 | 2017/07/11 | Natori | Responding to difficult caregivers | Administrative officials | 11 | Psychiatric social worker |
| 9 | 2017/07/11 | Natori | Developmental disorders and treatment | Education officials | 100 | Psychiatrist |
| 10 | 2017/07/21 | Ishinomaki | Causes and approaches to child maladaptation | Ishinomaki elementary schools | 20 | Psychiatrist |
| 11 | 2017/07/27 | Shikama | Agency collaboration in preventing child abuse | District welfare officials, etc. | 45 | Clinical psychologist |
| 12 | 2017/07/28 | Sendai | Responding to children with mental health problems | Education officials | 130 | Psychiatrist |
| 13 | 2017/08/02 | Kesennuma | Responding to children with diverse issues | Kesennuma Omose Middle School | 30 | Psychiatrist |
| 14 | 2017/08/09 | Sendai | Children's day camp sub-leader workshop | Middle schoolers | 2 | Psychiatrist |
| 15 | 2017/08/10 | Ishinomaki | Understanding difficult children | Sakura Nursery | 4 | Clinical psychologist |
| 16 | 2017/08/21 | Ishinomaki | Attachment disorders | Ishinomaki Sumiyoshi Elementary School | 14 | Clinical psychologist |
| 17 | 2017/08/22 | Ishinomaki | Children's development assessments from an understanding point of view | Kawakita District public health nurses and early childhood educators | 19 | Clinical developmental psychologist |
| 18 | 2017/08/22 | Ishinomaki | Understanding children's behavioral | Education officials | 70 | Psychiatrist |

Regional Children's Mental Health Care Projects

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| | | | disorders and how to respond | | | |
| 19 | 2017/08/23 | Kurihara | Children with developmental disorders, their caregivers, and providing support | Education officials | 32 | Clinical developmental psychologist |
| 20 | 2017/08/31 | Ishinomaki | Children's mental health in Ishinomaki: What we're seeing 5 years after the earthquake | Administrative officials | 53 | Psychiatrist |
| 21 | 2017/09/07 | Natori | Child abuse and community involvement | Education officials | 80 | Clinical psychologist |
| 22 | 2017/09/22 | Ishinomaki | Parent-child attachment and children's mental development | Children's welfare, etc. | 230 | Psychiatrist |
| 23 | 2017/09/26 | Kesennuma | Children's PFA training workshop | Administrative officials, etc. | 14 | Psychiatric social worker |
| 24 | 2017/09/27 | Natori | How to proceed with individual case conferences | Natori public health nurses, etc. | 11 | Psychiatric social worker |
| 25 | 2017/10/02 | Sendai | Social care | Short-term university students | 112 | Clinical psychologist |
| 26 | 2017/10/13 | Minamisanriku | Understanding and responding to truancy | Education officials | 30 | Psychiatrist |
| 27 | 2017/10/13 | Watari | Staff mental health care | Okuma Nursery | 20 | Clinical developmental psychologist |
| 28 | 2017/10/24 | Natori | Responding to difficult caregivers | Public health advocates, etc. | 32 | Psychiatric social worker |
| 29 | 2017/10/26 | Ishinomaki | Ishinomaki mental support work support conference: "How to support survivors" | Education officials | 10 | Psychiatrist |
| 30 | 2017/10/31 | Kesennuma | Communication | Omose Middle School second-year students | 70 | Psychiatric social worker |
| 31 | 2017/10/31 | Higashimatsushima | Higashimatsushima Child Protection Regional Council workshop: "Supporting Parents and Children in Families with Mental Illness" | Education officials, etc. | 30 | Psychiatrist |
| 32 | 2017/11/09 | Higashimatsushima | Mental health for parents and children from abusive families | Higashimatsushima Child Protection Regional Council | 40 | Psychiatrist |
| 33 | 2017/11/13 | Ishinomaki | Long-term psychological | Ishinomaki Shiritsu | 20 | Psychiatrist |

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| | | | support for students following the disaster | Oshika Middle School | | |
| 34 | 2017/11/14 | Sendai | Case study meeting | NGO | 7 | Clinical psychologist |
| 35 | 2017/11/17 | Sendai | Children's PFA training workshop | Administrative officials, etc. | 19 | Psychiatrist |
| 36 | 2017/11/30 | Kurihara | Looking at child abuse through problematic behavior in adolescence | District welfare officials, etc. | 140 | Clinical psychologist |
| 37 | 2017/12/06 | Higashimatsushima | Higashimatsushima Child Protection Regional Council workshop | Higashimatsushima Child Protection Regional Council | 40 | Psychiatrist |
| 38 | 2017/12/17 | Kesennuma | Breathing exercises using blowpipe toys | Ishigu District Children's Society | 50 | Nurses |
| 39 | 2017/12/19 | Sendai | Children's mental health symposium: "Supporting children in damaged areas" | Administrative officials, etc. | 48 | Psychiatrist |
| 40 | 2017/12/21 | Ishinomaki | Child development and appropriate approaches to care | Childcare support center | 8 | Public health nurse |
| 41 | 2018/01/09 | Tome | Organizational collaboration when working with difficult cases | Administrative officials, etc. | 12 | Clinical psychologist |
| 42 | 2018/01/23 | Ishinomaki | Children's PFA training workshop | NGO | 14 | Psychiatrist |
| 43 | 2018/01/25 | Natori | Fun childcare tips | Masuda Nursery public health nurses | 30 | Clinical developmental psychologist |
| 44 | 2018/01/29 | Natori | Case study | Administrative officials, etc. | 13 | Psychiatric social worker |
| 45 | 2018/02/08 | Yamamoto | Supporter mental health care and children's perspectives | Administrative officials, etc. | 8 | Public health nurse |
| 46 | 2018/02/09 | Sendai | Raising children through community-based support | NGOs, etc. | 35 | Psychiatrist |
| 47 | 2018/02/13 | Sendai | Fostering Change workshop | NGO | 7 | Clinical psychologist |
| 48 | 2018/02/21 | Sendai | The Social Impact of the 3.11 Disaster on the Japanese Community | Tohoku University international students | 30 | Psychiatrist |
| 49 | 2018/03/08 | Higashimatsushima | Understanding children with mental health issues | After-school club activity support workers | 40 | Psychiatrist |

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|----|------------|--------|---|--------------------------------|----|-----------------------|
| 50 | 2018/03/16 | Tome | Early detection of developmental disorders during the 18 months health exam and childcare support | Administrative officials | 20 | Psychiatrist |
| 51 | 2018/03/22 | Natori | Case study | Administrative officials, etc. | 6 | Clinical psychologist |

(4) Public Awareness

- i. Pamphlets on post-disaster children's mental health care, such as "Understanding & Responding to Children's Mental Health," were distributed at events to promote public awareness and understanding.
- ii. Along with the projects like the "Miyagi Mental Health Care Report" or educational information on the home page communicating the importance of post-disaster children's mental health care, the MDMHCC worked to promote the "Regional Children's Mental Health Care Projects." There were also efforts to promote mental health care among children themselves, with 100 sets of a dozen pencils with empowering messages aimed at children printed on them (4 kinds) distributed to workshop attendees and institutions participating in our surveys.
- iii. There were also 2 public awareness and education events related to mental health conducted in collaboration with children's school cafeterias and childcare centers.

(5) Research

The following survey research was conducted in 2017.

- i. Longitudinal Support Study of Children Born after the Hanshin Earthquake and their Families
"2017 Regional Children's Mental Health Care Project, Research Report 1: Longitudinal Support Study on Children Born after the Hanshin Earthquake and their Families" – Miyagi Prefecture baseline survey results report
- ii. Children's Day Camp
"2017 Regional Children's Mental Health Care Project, Research Report 2: Survey Research of Camp Projects aimed at Parents and Children of Affected Areas"

2. Discussion

Compared to 2016, the number of counseling programs, professional dispatch programs, and workshops have all increased in 2017. Counseling programs saw a rise in the number of support cases from 230 in 2016 to 281 in 2017, with the actual numbers (of persons concerned) rising from 89 to 118. Instances of professional dispatch also rose from 234 in 2016 to 266 in 2017, and the number of workshops increased from 43 to 51.

This is the second year running these programs, and it appears that communities' needs have broadened, which could be attributed to the fact that the respective agencies and organizations have become increasingly aware of them. Particularly as the number of counseling cases involving under-20s has continuously increased in the past three years (according to the 2017 report on projects and activities), we must continue to oversee the development of these projects.

3. Summary

It has now been two years since the Regional Children's Mental Health Care Projects first began in 2016. Of the total of 280 counseling cases this year, problems pertaining to child development, problems in the household, and truancy were particularly prominent. In workshops and consultations as well, support workers brought up their concerns about dealing with developmental disorders, abuse, and difficult caregivers or guardians of children. Although the high

rate of truancy in Miyagi Prefecture has been noted before, the earthquake is thought to have had a great influence on the school environment.

In terms of our human resource development and training programs, our children's PFA training workshops have seen great engagement, which will spread awareness of psychological first response techniques following a disaster, and we hope to continue offering this type of programming to the respective agencies and organizations into the future. There were also many attendees at the conferences and symposiums held in Ishinomaki and Sendai. These events continue to play an important role in providing opportunities for exchanging and sharing the most recent and relevant information pertaining to children's mental health care. Children's mental health care must be understood as connected to various social factors and not just the earthquake, and it is crucial to continue to develop relevant programming with the cooperation of various agencies and organizations.