

Report of the Ishinomaki Regional Center Activity

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Introduction

The region managed by the Ishinomaki Regional Center, Miyagi Disaster Mental Health Care Center (hereinafter, “Center”), as of the end of March 2018 included the two cities and a town of Ishinomaki (population: 145,386, number of households: 61,236, area: 554.5km²), Higashimatsushima (population: 40,138, number of households: 15,732, area: 101.9km²), and Onagawa (population: 6,575, number of households: 3,124, area: 65.8km²), with a total population of 192,099, number of households: 80,092, and area: 722.km². Compared to 2017, the population decreased by 1,728 while the number of households increased by 187, indicating an advancement in the shift toward nuclear families.

As of the beginning of 2017, this Center was comprised of a part-time psychologist as president, four full-time psychiatric social workers, one admin, three part-time public health nurses, two full-time psychiatric social workers transferred to Higashimatsushima and Onagawa, respectively, and a full-time occupational therapist currently transferred to Ishinomaki. Our Center is divided into four separate workplaces. At the end of March 2017, the member posted at Onagawa left the job, with one psychiatric social worker being transferred from the Regional Center in October 2017. In the latter half of the year, our Center consisted of eleven members.

In this paper, a summation of the activities of the Center will be presented and reported on.

The characteristics of our Center’s activities

The resident support provided by our Center in 2017 (excluding by those who were transferred externally) accounted for 57.6% (549.9 hours) of all our activities (954.8 hours) in terms of time, making it the core of our undertakings.

As a general rule, visits and health surveys were conducted by several members. In order to provide the same service to those who we were unable to meet during the week due to work obligations, a public health nurse and psychiatric social worker conducted home visits during holidays. By conducting visits by people of various occupations, we believe that we are capable of carrying out an assessment from multiple angles.

Furthermore, most of our Center’s employees have worked within municipalities in the prefecture, with the average age being 60 years old. We believe that having a young staff member visit paired with an older, more experienced member will serve as a positive experience for the younger staff.

Other activities characteristic to our Center are salon activities (e.g., *Koko Farm*), mental health care workshops, human resource development training for supporters (e.g., suicide prevention workshops), and alcohol-abstinence experience meetings supported by the concerned parties. These activities have been conducted smoothly thanks to the Center’s employees, who actively take on whatever duties are possible.

1. Resident support

(1) Visiting survey

The City of Ishinomaki, our Center’s main area of activities, conducts independent health surveys of residents such as those living in public housing. The aim of this project is to ascertain the state of health and daily living needs of public housing residents, as well as to channel results back to specific health support projects for those who require latent assistance. The results of the research will be used to create the future support structure necessary for public housing residents. This project was conducted based on the 2015 health survey results made during residency application, with specialists visiting individual residents during the period from one to two months after residents move in until all

households had done so. For 2017, subjects were those who had moved into public housing between February 2017 and the end of January 2018.

Employees transferred to the Health Promotion Division, Department of Health, City of Ishinomaki (hereinafter, “Ishinomaki Health Promotion Division”), mainly engaged in providing support for supporters. They organized the public health nurses who had been transferred to the community based on the Local Autonomy Act, conducted health surveys by visiting residents’ homes with the nurses dispatched as per autonomous law, and coordinated requests and contacts with outsourced organizations.

Separate from the health survey form given to each citizen when applying for residency in temporary housing, interview surveys were conducted for those aged 40 and above on items such as: 1) “I feel like I am forgetful” and 2) “compared to one year ago, I feel like I’m forgetting more.” Among those who were suspected to suffer from peripheral symptoms of forgetfulness and dementia (e.g., delusion and depression) and those who consented to be surveyed by the person in question or their cohabiting family members, there were several cases that led to a connection to the Ishinomaki Dementia Initial Concentrated Support Propulsion Project conducted by Ishinomaki Health Department Nursing Insurance Division (hereinafter, “Ishinomaki Nursing Insurance Division”).

As per the requests for conducting public housing residents’ health survey by the Ishinomaki Health Promotion Division, the number of households that the employees from this Center surveyed were 95 out of 110 (implementation rate: 86.4%). The mean age of subjects regarding whom we received requests in 2017 was 48.0 ± 21.0 years old, meaning that there were many relatively young households, with 31 out of 42 households being made up of single men. Furthermore, 21 out of 42 households claimed that they suffered from a mental illness or complained of having mental issues (K6 score of 13 or higher) or psychological disorders (e.g., sleep disorder). Likewise, we often encounter households during our visits whose members reside with parents who have a mental illness or require nursing care among households with other family members. Thus, there are quite a few people in such households who say that they do not feel that well, consult us because they have nobody else to consult despite having concerns about their family or nursing care issues, or consult us because they have stopped working in order to look after their parents. Among these households, we determined that the following required continuation of support: five members of five households who terminated their treatment due to their symptoms worsening because of their illness, six members of seven households that continued their post-earthquake mental health care, two members of two households that received support after applying for welfare services for the disabled, three members out of three households who required help with financial problems, and two members out of two households that required assistance with family issues. We also continued lending support to elderly households and households that resided with elderly parents by sharing information with the regional general support center. Concerning the handling of financial problems, there were cases that were referred to the Japanese Association of Social Workers in Health Services, which had been commissioned by the City of Ishinomaki. There were also households that were found not to require assistance urgently at the time of the survey, but which were believed would require future support. These included single households and people with mental illnesses who were suspected to be solitary or isolated in nature, as well as households with family issues such as social withdrawal. Information on 22 people in 21 households was relayed to the Ishinomaki Health Promotion Division, and on 5 people in 4 households to the Ishinomaki Nursing Insurance Division.

Members involved in disaster survivor health support conducted meetings in 2017 held by the City of Ishinomaki, with the first of these held on September 6, 2017, and the second on December 1, 2017, where they discussed the support structures for social withdrawal and alcohol dependency, which are believed to be the main psychological issues of survivors anticipated to be of future concern. Issues were shared such as the understanding of the implementation of support structures, which included how the consultation contact point was advertised and methods of treatment. Other topics discussed were the worsening of illnesses due to the aging population within public housing and the increase in single households, dealing with those who terminated their treatment due to financial difficulties, and dealing and supporting those who were not yet in a state to receive unofficial services.

(2) Local resident salon activities (group activities)

① Koko Farm Project

The Koko Farm Project was started with the objective of having the survivors of the earthquake recover their mental and physical health by using farm work to provide a place of

recreation and interaction. Five years have passed since it started in 2013. This project is conducted twice a month from March to December on the second and fourth Wednesdays, and as needed during the summer vegetable harvest season, excluding during winter, for about two hours (including a break) from 9AM, cultivating vegetables such as eggplants, potatoes, onions, Chinese cabbage, and leafy vegetables.

The participants were 7 men and 11 women aged between 52 and 88 years. The mean male and female participant ages were 74.3 and 68.6 years, respectively, with the mean age being 70.8 years old.

In 2017, this project was conducted 19 times, with total participants totaling 221 (including the December harvest festival). The breakdown of the participants was 95 men and 126 women, with the average number of participants approximately 12 per session. Those newly participating were one man and one woman, both of whom had lost their families in the earthquake.

Although the Center employees had been driving those who were unable to participate on their own until 2016, employees began to question what would happen should an accident occur. For this reason, we discussed correct procedures during an accident with the Stem Center.

In the discussion conducted before starting the project for the 2017 fiscal year, many opinions from the participants were collected, including: “let’s collect membership fees,” “I feel a lot healthier both in mind and body after participating in farming when I was feeling mentally weak,” “opportunities for me to go out have become few after moving into public housing. The farm activities that take place twice a month are much more enjoyable than anything else,” and “please continue this initiative because I’ll pay the membership fee to reduce the burden on the MDMHCC.”

We proposed that participants use taxis as a means of transportation to and from the farm. Although some participants said that they would like to partially pay for the taxi fare, we came to an agreement after the discussion with the participants that they would use the taxi and not have to pay for it.

A participant suggested donating potatoes, onions, and Chinese cabbage to the children’s food hall (an initiative that provides free meals to children from low-income households), which received the approval of all the participants. We started donating vegetables to the three children’s food halls from 2017, including the Ishinomaki Social Welfare Council and NPO organizations that provide support to children. After the donation, we received a thank you letter from the children. Participants were delighted to see this, with one quoted as saying, “I’m happy that the children enjoyed the vegetables, which make us feel more encouraged thanks to them.”

Five years after conducting the Koko Farm Project, many people have been going outside of their homes in their daily lives, including those who have continuously participated in the project. Many people stated how pleased they were with the project, making us feel that they have been recovering both physically and mentally.

Furthermore, we are able to operate the Koko Farm Project smoothly thanks in large part to the cooperation of farm owners and volunteers with many years of farm experience, all of whom have expressed agreement with the Project’s objectives. In particular, the volunteers provide advice while talking with participants about how to plant vegetables to make the farming tasks easier. Enabling the participants to all work together is believed to be a large factor that leads to their mental health recovery.

We often encounter people with a high K6 level and those with drinking problems. We would like to continue running the Koko Farm Project in conjunction with our home visits so that those who experienced and were impacted by the natural disaster firsthand can interact with one another casually while also coming in contact with nature, in the hopes that they can recover their spirits.

The state of implementation in 2017 is displayed in Chart 1.

Table 1: Koko Farm Implementation

Implementation period and time	Number of times implemented	Total number of users	Total number of volunteers	Total number of staff	Total number of participants
April to December Twice a month 9:00–12:00	25	211	39	103	353

The number of times implemented include sessions with only volunteers (four times) and with only volunteers and staff (twice).

② Handcraft class

From 2013, we have been conducting a handicraft (collage) class taught by three volunteers with the objective of providing a place for private rental housing residents to interact. In 2017, a total of nine classes were held, with class held once a month from April to December. The total number of participants was 60, with the mean number of participants per class being 7. Although classes were scheduled to be held from 9:30 AM to 12 PM, some participants arrived at the venue prior to 9AM, as they enjoyed talking with other participants and staff members.

One participant stated, “I look forward to coming here and seeing everyone,” while the instructors have said that the participants have been helping one another to improve. After the class, tea and snacks were provided while participants and staff members showed their work to one another, talking freely about the class and their daily lives in a friendly atmosphere. Work created at the class has the opportunity to be presented in the work presentation and exchange meeting held at our Center.

Given that the Center will be relocated to a new government building in March 2018, it was anticipated that finding a place to hold the class would be difficult. After deliberating over the future of the collage class and discussing it with the instructors, we decided to end classes in December 2017.

We have had participants say, “I didn’t have anything to do after moving into the public housing and so I started making collages on my own. By chance, I happened to participate in a collage trial session at the jointly-used government building, and it made me want to participate in the class, too. Although it was only for a short time, I had a lot of fun,” and “I was happy that I could come even if it was just once a month.” The instructor also commented, “I feel sad, but if there is anything you don’t understand about collages, please let me know.” After they finished their tea and the class was disbanded, we saw participants talking to one another, forging a bond over collages, saying to one another, “I live here so please feel free to drop by.”

At first, the classes started as a place in which private rental housing residents who did not have a gathering place could interact with one another. However, as time passed, there were those who started anew, moving into public housing or self-housing restoration. The classes then started transforming into a place in which residents affected by the earthquake were able to get together.

Implementation for the year 2017 is displayed in Table 2.

Table 2: Handcrafts class (collage class) implementation status

Implementation period and time	Number of times implemented (farm work)	Type of work and content	Total number of participants
9:30–12:00 April–December Once a month	9 times	Collage-making	60

③ Life skills class

The activity was held on the fourth Tuesday of each month at the Ishinomaki Health Consultation Center, with a maximum of five participants per class. The classes were conducted by a total of three people, including two employees from our Center and an occupational therapist who had been transferred to Ishinomaki. The content of the class consisted of two parts: Things that the participants had engaged in or wanted to engage in as hobbies, and handcrafts and cooking. Each part was conducted for one hour. In the handcrafts classes in 2017 we attempted leathercrafts, as per the request of a participant, and created a train fare card holder. For cooking, we tried food that can be easily made at home using seasonal ingredients. Although the classes were small in number, the activities were held in a warm atmosphere in which the participants created artwork and cooked food together, then enjoyed sharing it with one another.

In 2017, one of the participants left due to finding employment, while another participant was unable to continue due to reasons pertaining to their home. For this reason, these participants stopped attending from August onward. When we visited those who had participated, meeting

them at their homes, they said that their physical condition had stabilized after attending the life skill class, with one participant happily stating, “although I had been hospitalized once a year, even my physician said that my condition has improved.” Furthermore, a participant stated that they had opportunities to cook and serve the food they had made in class at home to the delight of their family members. Their role within the household also increased, indicating that they are living their lives more fully. They said that although it was difficult to continue participating in the class at that time, they would like to participate once again should they have the chance.

In terms of the future of the life skill class, we would like to inquire about this further with the Regional Center, as we confirm the needs of the local community as we visit the homes of its residents.

2. Changes in support services

The employees who had been transferred to Ishinomaki have been allocated to the Adult Health Section of the Ishinomaki Health Promotion Division, with occupational therapists in charge of the Survivors’ Health Support Project. This involves admin work related to home-visit health surveys at residences such as public housing, acting as a contact point by coordinating with support organizations, reporting, and passing on information to other divisions and institutions after visiting homes. Other work includes forming a survivor support team with the city public health nurses and dispatching supporting public health nurses. As occupational therapists, they provide support to the Disuse Syndrome Prevention Project (also known as the *Yuikko Project*), the Association for Families with Executive Dysfunction, and the early-onset dementia projects.

The staff member transferred to Higashimatsujima is assigned to the Health Promotion Division, Mental Health Welfare Division, Higashimatsujima City (hereinafter, “Higashimatsujima Health Promotion Division”). They are in charge of providing auxiliary support services to the district public health care nurses, individual support for psychiatric cases, consultations regarding children’s mental health care, coordinating support for the families of suicide victims, cooperation and coordination with relevant institutions, planning for projects run by a mental health group, assisting with operations, participating in meetings with relevant parties, supervising supporters, and organizing various resource materials.

The employee posted in Onagawa is posted in the Health Welfare Division, Health Care Center, Onagawa town. Their activity in the latter half of 2017 is as follows, as per their reporting:

We started supporting Onagawa employees’ mental health projects from 2012, as we did in 2017. One such activity was issuing the *Haato Tsuushin* (translation: “Heart Correspondence”) twice a month to all employees as a mental health awareness-raising effort using the office network. Information that could be casually read between work hours was distributed, including stress reduction methods, tips on looking after oneself, and trivia related to health, to benefit employees’ mental health.

Although we had been running Heart Salon twice a month, which is a contact point where employees could consult for advice at any time until September 2017, we determined that the establishment of an individual advisory structure had become well-known due to our previous activities. For this reason, from October 2017 we started providing individual consultations whenever there was a request. In addition, we conducted a stress evaluation service in Onagawa, using a stress check sheet along with a medical questionnaire sheet during employee health examinations. An industrial physician conducted an individual consultation based on the medical examination and stress evaluation results. Our Center’s employee who was posted in Onagawa aggregated the stress evaluation results, coordinated and assisted with the industrial physician’s consultation, and provided other necessary assistance. Although seven years had passed since the earthquake, there were still many live issues, such as the drastic change in the employment environment and the continuing instability of the living environment. We started making adjustments from 2017 so that as many employees as possible could receive a consultation with the industrial physician.

We continued dispatching our Center’s part-time psychiatrist since 2012, with a dispatchment structure being rearranged to one day (full day) every other month from 2017, holding a consultation meeting in the style of MDMHCC Consultation Meetings. We have allowed consultations not only for city residents and their families but also for supporters who provide aid to the lives of the city residents, the comprehensive support center employees, and for public health care nurses. In addition to the dissemination of information via Onagawa press releases, we also disseminated information via conferences in which relevant organizations could gather, making the service available to a wider audience. The content of consultations included relevant psychiatric symptoms (e.g., depression and

insomnia) and dealing with family issues. Having the same doctor handle the cases continuously also led to a sense of security for the residents and supporters who were providing consulting, with there being some members who continued to make use of the meetings. The dispatch structure is coordinated in accordance with the city's requests for each year. In 2018, we are planning to provide lectures with local volunteers by going to the meeting halls of such places as public housing areas, as well as a tea-party organized as a response to requests made by the municipal government where a psychiatrist provides talks on mental health within a new residential community.

Even with regard to residential support, we would like to continue providing support via home-visits by coordinating and consulting with public health care nurses and related organizations, and would like to continue needed support by being mindful of conducting respectful interactions.

In Onagawa, the development of assembly-type public housing was completed in 2017, with most residents planned to relocate to their new living foundations during 2018. Presently, we have heard many people state that although they came to reside in the public housing, interaction between residents has decreased. This indicated that in-depth support would be required for a longer time. We would like to be mindful of providing support that meets the residents' needs in the future by examining what we, as dispatched employees, can do on a daily basis.

At the Center we provide help to supporters by accompanying municipal public health care nurses during home visits, participating in case conferences and area meetings, and providing support for infant health checkups. The stance of the Center is to meet the needs of municipalities as much as possible.

(1) Attendance to case conferences and area meetings

We attend case conferences on issues related to alcohol and mental illnesses after receiving a request from the Miyagi Prefectural Nursing Association of the Ishinomaki City Social Welfare Council in Ishinomaki City (hereinafter: Nursing Association), and the regional comprehensive center within Ishinomaki. We then confirmed the approach toward support provisions of each aid institution, as well as examining cases including the division of roles. Furthermore, we attended area support meetings of the Hebata and Sumiyoshi Districts, with such organizations participating as Ishinomaki City, the Social Welfare Council, the Hebata regional general support center, the Nursing Association, and occupational skills organizations.

We then attempted to share information and examine the needs and situation of the residents in temporary housing. The area meetings were changed to also share information on the residents in public housing, and not just those in temporary housing.

(2) Support for infants' health examination

We conducted a mother-child consultation service by dispatching a public health nurse to the infant health checkup examinations conducted in the Ishinomaki Kahoku block (Kahoku, Kitakami, and Ogatsu) following a request by Ishinomaki City. We provided support a total of ten times in the Kahoku block, with advice on mother and child mental health care provided during the conference held after the examination. We were also in charge of individual care for those who required continuous support.

3. Raising public awareness

(1) Hosting an alcohol abstinence meeting experience session in front of Ishinomaki Station

In order to create a structure in which an alcohol abstinence meeting experience session, which we have been conducting from June 2015 at Ishinomaki Kahoku General Branch Office, could be conducted continuously by Danshukai, Alcoholic Anonymous, within Ishinomaki, we conferred with the Non-Profit Organization Miyagi Prefecture Danshukai and the Ishinomaki Municipality. We did this with the approach of 1) moving the meeting to the periphery of a train station or to the city center area, and 2) holding it within the appointed day.

Date and time held: 1:30PM–3PM on the second Thursday of each month

Venue: 1F Conference Room, Ishinomaki City Health Consultation Center

Sponsor: Our Center

Co-sponsor: Ishinomaki Municipality

Cooperating organization: Non-Profit Organization Miyagi Prefecture Danshukai (hereinafter: "Danshukai")

The targets for this initiative were people and their families who aimed to abstain from alcohol

and supporters who were interested in abstinence. Leaflets were distributed at the contact point of consultation institutions. The meetings were held from April after asking for the cooperation of medical institutions within the Ishinomaki area.

Those who had been participating since the time the meetings were held in the Kahoku General Branch Office continued participating using the JR train service and were also joined by new participants. Furthermore, two members who aimed to stop drinking alcohol became regular members, enrolling in Danshukai. In 2017 the total number of participants was 117: This included 35 members wishing to quit alcohol, 35 members of Danshukai, 6 family members, and 41 supporters.

The sessions are currently officially hosted by us with the support of Danshukai. In reality, however, the meetings are conducted autonomously by Danshukai from start to finish. For this reason, we would like to cooperate with the Ishinomaki Municipality to provide support so that Danshukai will become the official host of the meetings as soon as possible.

(2) Work exhibition and social gathering

This project has been held since 2012 as a work exhibit and social gathering for private rental housing residents. This initiative was held as a place of interaction for people who were forced to relocate to new private rental housing or to temporary container-type housing after the Great Tohoku Earthquake away from regions they were familiar with, since many of these people had fewer opportunities to participate in regional activities.

With seven years having passed since the disaster, there have been more and more people who have commenced new lives by rebuilding their houses by themselves or by relocating to the restored public housing. This Center also had its office relocated to the Hebita District in association with the relocation of the integrated governmental office in March 2018. As a token of gratitude to the survivors who have cooperated with the work exhibition and exchange meetings, we held a meeting to deliver our gratitude (*Kansha no Tsudoi*) on November 14 (Tuesday) at the old Ishinomaki Integrated Governmental Office, in which 99 people participated.

This meeting was co-hosted by the Ishinomaki Public Health Center, received a sponsorship from the Ishinomaki Social Welfare Council, and was held with the objective of serving as an aid for the promotion of mental and physical health of the survivors.

On the day of the event, we received cooperation from the Japanese Association of Social Workers in Health Services, installing a traffic safety section with the cooperation of the Traffic Division of the Ishinomaki Police Department.

The content of the activities were: 1) social exchange section (e.g., café space and hand massage), 2) crafts corner (origami and collage), 3) work presentation (exhibiting work by the participants of the collage class and living skill class held by the Ishinomaki Regional Center). 4) , and health advice (in cooperation with the Miyagi Prefecture Nursing Association), life skill consultation (cooperated by the Japanese Association of Social Workers in Health Services), and an alcohol patch test (conducted by our Center) were held as part of the services provided at the consultation segment, and 5) a traffic safety segment involving the Miyagi Prefectural Police Traffic Safety Education Car (“safety support car”) to provide traffic safety education for the participants.

(3) Other projects

We received a request to dispatch instructors from governmental and various other institutions. For this reason, we dispatched an employee to the Ishinomaki City Eating Habits Improvement Promotion Member Liaison Conference Workshop and Nanba District Health Promotion Member Workshop.

4. Human resource development/training

(1) Training on alcohol-related issues

With the passage of time after the disaster, alcohol-related issues have begun to surface. We provided a workshop on alcohol-related issues by coordinating with governmental institutions and various aid institutions in addition to inviting a Tohoku Hospital employee as a lecturer.

① Ishinomaki Public Health Center

In 2017, we co-hosted a workshop conducted by psychiatrists from the National Hospital

Organization Kurihama Medical and Addiction Center. The workshops provided were “Things You’d Want to Know about Issues with Alcoholism” (63 participants) in August 2017 and “About Brief Interventions” in October 2017 (37 participants).

② Workshop in Ishinomaki

We conducted workshops on CRAFT Program, skills how we should support people who can’t stop drinking alcohol, after receiving a request from the Ishinomaki municipality to learn about alcohol-related issues starting from their fundamental aspects. The workshops were conducted with the cooperation of Tohokukai Hospital and were aimed at Ishinomaki municipality employees, including those working at the General Branch Office.

③ Workshops at Higashimatsushima and public awareness-raising activities via residential visits.

In Higashimatsushima we actively conduct workshops, health consultation meetings, and post-specific medical examination activities in order to promote healthy living and health promotion for the residents, with the municipal public health care nurses playing a central role.

With regard to alcohol awareness projects, we held workshops on how to best interact with alcohol for the members of the Dietary Habits Improvement Promotion Committee. We also engaged in awareness-raising activities during the consultation meetings held by the district autonomous association by having a public health care nurse work in collaboration with the Tohokukai Hospital to provide a mini-talk on alcohol, and by holding an alcohol issue case examination meeting with the regional general support center employee within Higashimatsushima.

Since 2016, Higashimatsushima Municipal public health care nurses, psychiatric social workers, and our Center’s public health care nurses have paired up and visited homes of those aged under 65 whose γ -GPT was 100 or over (40 cases) during the specific medical examination.

Specific medical examination results conducted in 2017 showed that there were nine members whose test values had improved from that of the 2016 exam. There were many family members of the tested residents who were also worried about test results. For this reason, explanations of the health exam data during the home visits were well received by these residents, with the reactions being positive.

In 2017, our Center cooperated with follow-up home-visits conducted after specific examination for approximately a month, starting in late October. There were many people who showed a high value, not just in liver function but also in cholesterol, triglyceride, and BMI values. Given that some citizens needed to improve their dietary habits, we conducted home-visits (39 cases) in pairs formed from public health nurses, nutritionists, psychiatric social workers, and employees from our Center.

Those we visited suffered from some kind of illness, with some living their lives in anxiety. The home visits were received favorably by the residents’ family members as well, partially due to an accompanying nutritionist during the visit. There was feedback stating that “there were many things I learned about my diet habit (including alcoholic consumption) and it was useful.” The visits led these residents to review their dietary habits, continue with their treatments, become motivated to drink moderately, and reduce the concerns of their family members. The specific medical examination follow-up visit served as an opportunity for subjects to once again understand the importance of living healthily.

Although the targets for this initiative were those aged under 65, those in their senior years face many issues, including excessive alcohol consumption. For this reason, examining how to expand the support framework within a region, including through collaborations with aid institutions, is a significant issue we need to address.

Our Center is extremely grateful for being allowed to participate in such a pioneering initiative, and we wish to actively participate in this during the following year as well.

④ Workshops at Onagawa

The workshops in Onagawa were held in cooperation with the Tobu Public Health and Welfare Office and the City of Onagawa from 2015. In 2017, the Onagawa Regional Medical Center made a request to the municipality, with a robust discussion being conducted with 45 participants in October 2017 under the topic of “learning how cooperation between the local community and a specialist institution should be made through case examples in Onagawa,” in which case examples were provided by Regional Liaison Office nurses from the Regional Medical Center. In January 2018 we received a debriefing from Tohokukai Hospital staff members on Treatment Programs for Alcohol Dependency, in which there were 38 participants. In addition, two supporters from the

Onagawa municipality attended practitioner training at Tohokukai Hospital in February 2018.

(2) Various workshops

In the past, we have hosted Mental Health Care workshops for those who provide support to children in the municipalities, including public health care nurses, childcare workers, other parties involved with school (e.g., teachers and school nurses), clinical psychologists, and general citizens in the prefecture. In 2017, however, we provided the following workshops:

- ① Workshop on cooperating in mental health aid activities for children in disaster-affected areas
 - Objective: Through the activities of Kohnodai Hospital immediately following the earthquake up to now, to hear about the future of regional cooperation, as well as the hospital's aid activities and children's mental health, which present an opportunity to examine support for the children and review cooperation within the region.
 - Sponsor: Natural Disaster Mental Health Care, Inc./Network Miyagi Karakoro Station (hereinafter, "Karakoro Station"), and the Ishinomaki Regional Center, MDMHCC
 - Co-sponsor: Ishinomaki City, Ishinomaki City Board of Education
 - Lecture: Children's mental health in Ishinomaki: What I learned/witnessed from five years of aid activities since the Earthquake
 - Lecturer: Naoko Satake (Hospital psychiatrist, National Center of Neurology and Psychiatry)
 - Time and date: August 31, 2017 (Thursday), 2PM–4PM
 - Venue: Big Bang Tsudoi no Heya (translation: "Big Bang Meeting Room"), Ishinomaki Kawakita General Center
 - Participants: Those involved in survivor support, including health, nurturing, and education in the Ishinomaki District
 - Number of Participants: 62
- ② Mental health care workshop
 - Objective: Six years have passed since the earthquake and although tangible outcomes of restoration are being seen, the environment that the children are in remains much the same drastically changed state as immediately following the earthquake. Children, who are the most vulnerable, are prone to experience strain from such a change. Furthermore, because they cannot speak up by themselves, supporters and guardians often only respond once children's problematic behaviors have manifested.
This lecture will serve as an opportunity to examine how supporters should interact with children that show signs of concern or impatience that may indicate a developmental disorder, as well as how supporters should interact with children. Furthermore, we will examine what we can do to elicit children's strength while being mindful of their mental health.
 - Sponsor: Miyagi Disaster Mental Health Care Center (MDMHCC)
 - Co-sponsor: Miyagi Prefectural Education Committee
 - Lecture: Parent's affection and children's psychological development
 - Lecturer: Makiko Okuyama, Director, Department of Medical Care, National Center for Child Health and Development
 - Date and time: September 22, 2017 (Friday), 2PM–4PM
 - Venue: Aeon Cinema Ishinomaki, Theater 8
 - Participants: Those who are involved in health, nurturing, education, and childcare. Approximately 200 people: Public health nurses, childcare workers, kindergarten/primary school teachers, child welfare commissioners, and foster parents
 - Number of participants: 243
- ③ Suicide prevention workshop

- Objective: In the restored public housing health survey conducted in Ishinomaki, there has been an increase in people whose physical condition has improved since relocating to public housing from temporary housing. On the other hand, there are also many single households, solitary elderly households (those aged 65 and above living by themselves), and unemployed persons, resulting in an increase in the percentage of people with illnesses.
Regarding those who have committed suicide, the national census conducted by the Ministry of Health, Labour and Welfare in 2016 showed that suicide occurs most commonly among those between their 60s and 70s, who are unemployed, or who have health and financial/life issues. For this reason, the disaster-afflicted area is prone to greater risk factors.
We invited Dr. Shinichi Tanba from the Aizu Medical Care Center Department of Psychiatry in the Fukushima Prefectural School of Medicine, who has studied suicide related to natural disasters. Dr. Tanba gave a lecture titled “Suicide Related to Natural Disaster: In Search of Clues to Support Suicide Survivors,” providing us with the opportunity to examine the issue of suicide in the Ishinomaki region and how to support suicide survivors.
- Host: Tobu Public Health and Welfare Office, Miyagi Disaster Mental Health Care Center (MDMHCC) Ishinomaki Regional Center
- Lecture: Suicide Related to Natural Disaster: In Search of Clues to Support Suicide Survivors
- Lecturer: Shinichi Tanba (Doctor, Fukushima Prefectural School of Medicine Aizu Medical Care Center Department of Psychiatry)
- Date and time: November 7, 2017 (Tues), 3PM–5PM
- Venue: Kahoku Hall, Sanriku Kahoku Newspaper
- Participants: Approximately 100 members who are involved in health, medical, welfare, education, fire, and police services in the Ishinomaki region.
- Number of Participants: 63

(3) The 17th Earthquake Survivor Mental Care Exchange Meeting in Ishinomaki

This exchange meeting held for supporters adopted an executive committee format from 2015. In 2017, an Executive Committee was created for the meeting, comprising members from thirteen governmental and private organizations, including the Tobu Public Health and Welfare Office, Ishinomaki Health Promotion Division, Higashimatsushima Health Promotion Division, Onagawa Health Promotion Division, Ishimatsu Social Welfare Council, Miyagi Nursing Association, Japanese Association of Social Workers in Health Services, Onagawa Stem Consultation Support Center Kurumi, Youth Support College Ishinomaki NOTE, the non-profit organization TEDIC, Shinwakai Disabled Person’s Consultation Support Office Tomo, Inc., Karakoro Station, and our Center.

There were those within the Executive Committee who were feeling mentally and physically exhausted as their work following the earthquake increased due to supporters having to handle issues that were becoming increasingly complex and diverse, and because the residents affected by the earthquake had been scattered. For this reason, we conducted a meeting, as in 2016, with the title Healing Ability II,” with its content focused on stress care and directed solely to the supporters.

A commemorative lecture was given with the title “The Mental Health of Supporters: From the Perspective of Emotional Labor,” for which Seiji Maeda (Chairperson, Faculty of Disaster Mental Health Medical Science, Department of Medical Sciences, Fukushima Medical University) was asked to give a speech.

The survey given during this exchange meeting collected the following opinions on the commemorative speech:

- Although there have been talks and training on the mental health care of survivors, it was good that the speech focused on the mental health care of the supporters.
- Although I have been empathizing with people as if it’s something that comes naturally, I realized that it leads to emotional labor, allowing me to realize once again the importance of looking after one’s own mental health.

- I had not been that aware of the mental and self-care of supporters, so it was useful.
- I was able to learn the importance of the mental health care of supporters from a specialist's perspective.
- I felt once again that looking after the supporters themselves is important in order to allow the support to go on for a long time.
- It was good to hear about the idea that the feeling of guilt and blaming oneself was related to PTSD and stress.

For group discussions, we conducted four sessions: 1) Discussion with Dr. Maeda, 2) Hand massage workshop, 3) Yoga workshop, and 4) Exhaustion level checkup & easy stretching.

Regarding each group discussion, we received the following feedback. 1) Discussion with Dr. Maeda: "I was able to understand more about the topic" and "it was good to learn about the supporters from each region"; 2) Hand massage workshop: "I felt that massage is important when it comes to taking care of yourself" and "I felt very rejuvenated"; 3) Yoga workshop: "I was able to concentrate on my body and was able to relax a lot" and "although there were parts that I felt were a little difficult because it was my first time, I was able to escape from reality a little"; and 4) Exhaustion level checkup & easy stretching: "It was good that these stretches could be incorporated into one's daily life in the future." Judging from the survey, we feel that the goal of Healing Strength II has been more or less met.

We received the following statements concerning the execution committee:

- It was good that the voices of the supporting organizations that practice mental health care on site are well reflected. Although it's good to check up on the status of things by establishing a committee, I feel that one can also check using surveys where the situation permits.
- I think it's good that there's an opportunity for us to express our opinions and thoughts.
- It was good that I was able to learn about the current state of things within the Ishinomaki area and to hear about concerns and resolution methods from each person's perspective.
- It was good we discussed this because I believe that there are ideas and methods that can be gained from discussing it with the Executive Committee.
- We were able to talk frankly in a fun environment.
- It was good that I was able to interact with people from various occupations during the preparation stage.
- I think it's great to create an exchange meeting with various organizations. I hope it will continue in the future.
- As we provide mental health support to the survivors, it is indispensable that trainings focus on treating targets to be supported. It was very worthwhile because I don't think there are many training programs that deeply discuss the self-care of human service providers.

The 2017 exchanging meeting was held after receiving feedback from organizations that operate within the Ishinomaki area and discussing it with them. We would like to keep holding mental care exchange sessions for those affected by the earthquake as a cooperative operation in which supporters participate.

For the meeting to be held in March 2018, we would like to examine the time this meeting will be held so that more people can participate, given that it will be held at the end of the fiscal year.

(4) Children's Mental Care Regional Base Operations

We have been holding lectures on understanding the issues that occur among children in disaster-afflicted areas and support methods for supporting and dealing with parents whose lives have changed drastically. From 2013, we have been holding a Mental Care Workshop for public health nurses, childcare workers, kindergarten and elementary school teachers, school-nurses, child welfare commissioners, and foster parents. This 2016 lecture was positioned using the children's mental health care regional base operation plan as its basis.

In 2017, the children's workshops we held were "on cooperating with children's mental health aid activities in afflicted regions," "the mental health care workshop," and "on parents' affection and children's mental development."

Requests for consultation from Ishinomaki related to the children's regional base project is increasing. In Ishinomaki, we handled a total of eleven cases—seven from nursery centers and one each from the governmental institution, elementary school, childcare support center and others—as well as a request to provide assistance to professions such as public health nurses, childcare workers, kindergarten teachers, and teaching staff members. The Mother-Child Health Section of the Ishinomaki Health Promotion Division served as the contact point, receiving consultations from such locations as the nursery center. By coordinating with the public health nurses of the contact point of our Center, we visited and set up conferences with the consulting member.

At Higashimatsushima and Onagawa, vice president of our organisation, who is also a clinical psychologist, and public health care nurses mainly handled individual case consultations after our Center discussed it with the two municipalities.

We would like to continue holding workshops for employees of relevant institutions and continue coordinating with relevant institutions in regard to providing support for individuals.

Summary

With seven years having passed since the Great Tohoku Earthquake, we are starting to tangibly see recovery in the disaster-afflicted areas, albeit gradually, as indicated by steps such as the completion of public housing. Among people who have been affected by the earthquake, although there are those who have rebuilt their homes on their own or have relocated to public housing, there are also a few people who have yet to regain any prospect in terms of their regaining their livelihood, such as by moving out from temporary container-type housing. As can be seen, a discrepancy in the speed at which people can recover from a disaster is starting to surface. Furthermore, as if to coincide this trend, restoration support organizations are gradually starting to leave the afflicted areas.

With regard to cooperation with other institutions, we conduct regular information exchanges once every two months with Ishinomaki and once each month with Higashimatsushima and Onagawa. Although not regularly, we also engage in information exchanges with public health centers and mental health welfare centers.

By holding the disaster-afflicted mental health care exchange meeting in Ishinomaki in an executive committee format, we were able to discuss the topic with relevant organizations in a frank and upfront manner. We feel that our mutual understandings have deepened, in which each organization is now asking on a regular basis for input from other organizations in the areas they excel in.

The 2017 public housing health survey independently conducted by the City of Ishinomaki during home-visits conducted one to two months after the residents had moved in became an opportunity to discover a wide variety of cases and people requiring support. By coordinating with each relevant institution, we were able to connect these people with the support they require. Given this conclusion, we would like to continue fully cooperating with the Ishinomaki City public housing resident home-visit health survey in 2018.

By visiting those who were aged under 65 and had a score of over γ -GPT100 during the specific medical examination conducted in Higashimatsushima in 2017, we were able to motivate those people to review their dietary habits and treat their medical diseases, as well as provide preventative support including advice on appropriate alcohol consumption. We believe that this pioneering initiative served as a starting point to resolve alcohol issues. Higashimatsushima also oversees many other pioneering initiatives, including all-household social withdrawal research and support for the families of suicide victims. Part of this initiative is handled by our employee who had been temporarily transferred there from our Center, and we are planning to also cooperate actively in 2018.

In 2017, we held a workshop on alcohol-related issues as per the wishes of Onagawa. We would like to continue holding workshops that meet the needs of the city next year as we continue discussions.

Coordination with the three cities within the Ishinomaki area is now smoothly operating and more frequent. This is the result of the daily activities of our employees who had been transferred there. One of the major topics to discuss is how the regional centers should cooperate with temporarily transferred employees and support them.

In conjunction, the organizational/support structures of governmental institutions are also being modified. Six years have also passed by since our Center was established, and thus our activities so far have needed to develop in accordance with the current regional state of restoration. The MDMHCC is an institution whose term of operation runs up to March 2021, and we have to prove what we can pass on and what we have achieved in the region during the ten years of our activities. The collage class

project that was terminated in 2017 fostered an approach that led its participants to engage in regional community activities conducted by the Ishinomaki Social Welfare Council and other similar organizations.

We believe 2018 will be a year in which we will continue to be engaged in our operations as our entire staff will consider and search for methods and approaches in which we can further deepen the cooperation we have established with the institutions/organizations that will continue operating in the region from March 2021 onward.

Our Center believes that our supporters are those who think about the earthquake survivors and cultivate their autonomy by aiding the survivors exhibit the power that each one of them has. We will continue to humbly listen to what those who were affected by the earthquake have to say in 2018 as well, engage in support services so that we can foster the strength of each survivor, and provide continuous support to prevent the isolation of affected residents and allow them to live as fully as possible.

Lastly, I would like to extend my gratitude to everyone who has cooperated in making this paper.