

# Report of the Community Support Division, Stem Center

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## 1. Introduction

The Miyagi Prefecture's restoration plan has divided the 10-year span following the earthquake into the three stages of recovery, regeneration, and development. As of 2018, we have entered the development stage, the last part of the plan.

Even at the Miyagi Disaster Mental Health Care Center (MDMHCC), an operation plan has been prepared based on this restoration plan, engaging in support activities aiming for the improvement of regional mental health welfare based on the following five principles:

- (1) The support for the afflicted-sites is conducted as a mental health care activity based on outreach via each municipality;
- (2) Assistance for supporters is conducted multilaterally through consultation and mental-healthcare programs;
- (3) Providing seamless support from children to adults based on the prefecture's restoration plan;
- (4) Developing support activities for regional mental health welfare in accordance to the state of the afflicted-municipality; and
- (5) Summarizing activity outcomes and research that contribute to the countermeasures for future large-scale natural disasters.

Using the remaining time to operate the Stem Center of the Community Support Division (hereinafter, "the Division") to the fullest, we will engage in initiatives for resolving the plan. As a precursor for such initiatives, we need to accurately capture the actual regional status, as it is subject to change on yearly basis, and share the information obtained with the responsible members of the municipality.

This paper will review activity content and its outcome for this Division for 2017, followed by a discussion.

## 2. Our activities

Of the Miyagi Prefecture coastal area, the jurisdiction of this Division covers the southern coastal area that extends from Matsushima to Yamamoto but excludes the Kesennuma and Ishinomaki areas, along with the municipalities in the inland area. The employees that handle the operation consist of 12 people, with managing employees allotted to the department in charge of the disaster survivors of each municipality, providing support that matches the needs of each location.

### (1) Resident support

The residential support provided by our Division has seen a gradual increase in the number of cases handled since we began our activities. The number of cases reached its peak in 2015, but its number has been decreasing since then (Graph 1).

■ Coordinating conferences ■ Support for various activities ■ Support for supporters ■ Human resource development training ■ Resident support ■ Raising public awareness

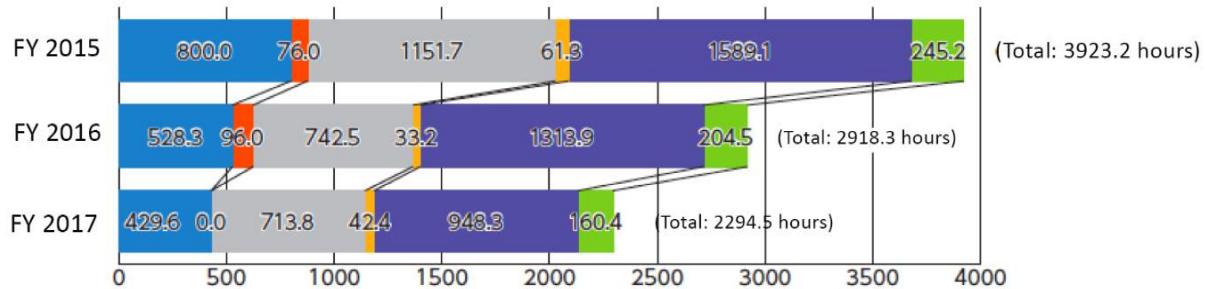


Figure 1: The trend of Community Support Division activity time

In terms of the instigating factors behind consultations (Figure 2), health surveys and requests from a governmental institution were the highest cause, as it was in 2016. This is believed to reflect our Division's stance, which is to respond through collaboration with governmental institution managers in order to align our efforts, which we have consistently done since opening the Center.

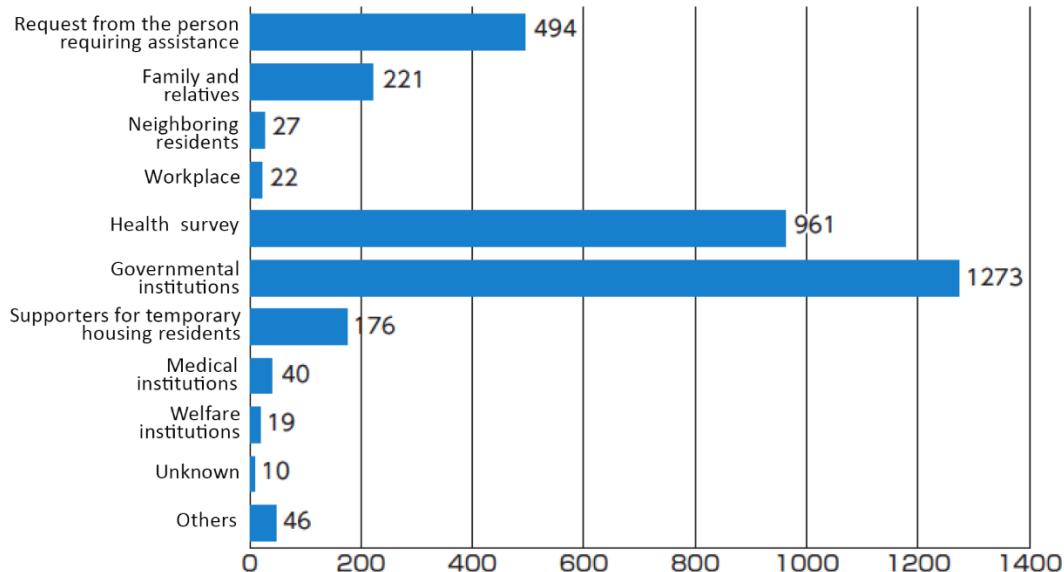


Figure 2: Instigating factors behind consultation requests within the Stem Center operation area (total number of cases)

The background prompts behind consultation requests show that the percentage of psychological disorders, health problems, family issues, and addiction/alcoholism was high, as in 2016. The fact that the percentage of women seeking consultation in relation to family/household issues was large did not change either. The number of consultations attributed to the change in residential environment is showing a declining trend annually.

Among the issues of persons requiring support have to whom we provided support several times or continuously, alcohol-related issues stand out. Each time we hold conferences on the support content within the Division, we examine case examples. Furthermore, in order to clarify the effectiveness of our support services from statistical data, we have been analyzing the background of alcohol-related cases, how to provide support, and the results. However, we only conducted a simple aggregation of the status of support cases for 2017 and did not extend it to statistical processing that could be used for analysis. We would like to continue discussing how the index of support activity evaluation should be considered. The state of support for alcohol-related issue cases in 2017 is presented in Table 2.

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**Table 1: The number of cases within this Division's area of operation by support method (includes employees that have been transferred to other regions) (total numbers)**

		Community Support Division
Home visits		1,258
Coming to the center in person		286
Phone calls		388
Consultation during a group activity		120
Contact via letter		25
Accompanying during a medical examination		17
Others		18
<b>Total</b>		<b>2,112</b>

**Table 2: State of support for alcohol-related issues cases handled at the Community Support Division**

Item \ Actual number of persons	Total	Gender		Age group							Household status		Alcohol-related issues severity level					Support target		Support other than home visits		
		Male	Female	30s	40s	50s	60s	70s	80s	Single Family	Several	Low-risk consumption	Risky consumption	Harmful consumption	AL-dependency	Person in question	Family	Consul-tation suppo-rt	Abstinen-c-e meeting support	AA suppo-rt	Associa-tion of sobriety	
		57	52	5	2	13	9	18	13	2	22	35	6	14	20	17	49	17	6	3	2	10

### (2) Support for supporters

The type of help to be provided to supporters was determined first by conducting a survey of the needs of the departments that manage survivors' support at the beginning of the fiscal year, with employees dispatched according to those needs. The composition of the support team and the number of days support was provided is as follows (Table 3):

**Table 3: The number of days providing support and the team composition**

Municipality	Number of people and professions	Support format	Frequency
Matsushima	2/ psychiatric social worker, public health nurse	Dispatch	Once a week
Shiogama	1/ psychiatric social worker 2-4/public health nurses, psychiatric social workers	Temporary transfer Dispatch	Once-twice a week
Shichigahama	2-4/psychiatric social workers, public health nurses	Dispatch	Twice a week (2-4 people) January 2018 onward
Tagajō	2-4/public health nurses, psychiatric social workers	Dispatch	2-3 days
Yamato	2/public health nurse, psychiatric social worker	Dispatch	1-2months, 1 day
Tomiya	2/public health nurse, psychiatric social worker	Dispatch	1-2 months, 1 day
Natori	2/clinical psychologist, psychiatric social worker	Temporary transfer	
	2-4/public health nurses, psychiatric social workers	Dispatch	2-3 times a week
Iwanuma	1-2/ psychiatric social worker, public health nurse	Dispatch	Twice a week
Watari	2/public health nurse, psychiatric social worker	Dispatch	1-2 times a week
Yamamoto	1/ public health nurse	Dispatch	Once a week
	1/clinical psychologist	Dispatch	Once a month

The support team of each municipality deals not only with meeting needs directly requested by various municipality employees, but also by ascertaining the needs of that region by attending such meetings as survivor supporters' conferences. Furthermore, we aim to establish coordination between supporters and share information through case conferences and other meetings.

The number of cases implemented to provide support for supporters in our Division is starting to show a declining trend from FY 2016 (FY2016: 660 cases → FY2017, 430 cases).

In terms of the specific content of help provided to supporters, home visits, sharing the

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information with the case manager after a home visit and interview, providing instructions and advice from a specialist's perspective, and case conferences account for a large percentage (Table 4). We aimed to share the status and support required for each municipality and handle cases in collaboration with case managers.

**Table 4: Implementation state for support provided to supporters, number of cases handled within the region of our Division's activities (include those who have been transferred to other regions)**

Content/number of cases		
Reporting after home-visit conference		120
Instruction/advice from a specialist's perspective		220
	Alcohol	32
	Gambling	1
	Depression	19
	Complex grief	2
	PTSD	5
	Abuse	48
	Others	158
Breakdown of specialist's advice (total number)		
Regional issue		11
Workplace mental care		5
Case conference		160
Opening a mental health consultation contact point		28
Assisting with medical examination		23
Supporting admin work		277
Others		17

With regard to instruction and advice given from a specialist's perspective, alcohol, depression, and abuse encompass a large percentage of cases. In particular, alcohol-related problems frequently become an issue in each region, with the community supporters being highly interested in this. Some of the challenges we need to address include "earlier interventions" and "skills for sobriety support." For this reason, this year we held a workshop on sobriety for supporters, which attracted many participants from all across the prefecture. For other issues, we have had to address cases that are difficult to handle. For this reason, we held workshops in 2017 on topics including treatment-care management (Table 5).

**Table 5: List of training programs for supporters**

Municipality	Training content and topics	Main target	Number of times conducted	Number of participants
Shiogama	Lecture for newly-appointed supporter related to mental health in Shiogama: The crux of mental health	Temporary housing residents supporters		7
Shiogama	Workshop for newly-appointed Shiogama employees (mental health-related): The crux of mental health	Government officials		5
Shiogama	Shiogama Municipality new public health care nurse seminar (case example review meeting)	Government officials	2	5 (in total)
Shiogama	Shiogama consultation skill workshop: WHO-edition psychology emergency measure	Government officials		20
Shiogama	FY2017 mental health case review meeting	Government officials	8	22 (in total)
Shiogama	Shiogama consultation skill training: Sobriety support that can be provided in 10 minutes!	Government officials		18
Rifu	Workshop on listening: On listening	Health officers		40
Matsushima	Association of Helping One Another in Life: Volunteer Workshop: The minds of the elderly, their characteristics, and how to communicate with them	Volunteers		24
Tagajō	Tagajō Restoration Mutual-Support Center employee workshop: How to handle people with delusions (senior citizen)	Temporary housing residents supporters		16
Tagajō	Seminar for instructing on the topic of alcoholic consumption: Sobriety support that can be	Government officials		24

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provided in 10 minutes!					
Yamato	Yamato gatekeeper workshop: Now, you can be a gatekeeper too!: How will you act if someone asked for your advice?	Welfare commissioners			70
Natori	Natori Masuda Nursery Center Lecture: Development assessment, sociability, and attachment	Employees in the child welfare field			15
Natori	Natori Public Health Center, Mother and child's mental health care seminar: How to handle a caregiver who is difficult to support and the case assessment/How to advance individual case conferences/Case example review I & II	Government officials	4	41 (in total)	
Natori	Natori Public Health Center, Mother and child's mental health care seminar: How to handle a caregiver who is difficult to support and the case assessment	Health promotion officers			32
Iwanuma	Iwanuma care manager workshop	Employees related to regional general support centers			45
Iwanuma	Iwanuma Smile Support Center workshop: Listening to people's mind/How to approach a person well: How to provide effective communication I, II, & III	Support center employees	3	23 (in total)	
Watari	Watari Welfare Commissioner Children's Commissioner Council Regular Meeting: The understanding and handling of mental disorders	Welfare commissioners			65
Watari	Okuma Preschool Inter-School Training: Mental care of employees	Employees in the child welfare field			20
Watari	Watari Residential care support managers liaison conference workshop: Seminar for improving communication skills	Employees in the elderly welfare field			49
Yamamoto	Workshop for Yamato Welfare Commissioner: Let's Learn to Protect It!: Mental health	Welfare commissioners			32
Yamamoto	Yamato Children's Center employee workshop: Health-care for supporters and how to watch over children	Government officials			8
Yamamoto	Designated resident nursing support managers liaison council workshop: Responding to addiction	Employees in the elderly welfare field			13
Shikama	Shikama regional council workshop on measures for children requiring aid: Preventing child abuse and coordinating with relevant institutions	Welfare commissioners			45
Kurihara	Kurihara regional welfare support center life supporter workshop: How to interact with users	Support center employees			16

In this period when seven years have passed since the earthquake, there are more municipalities engaging more often in tasks such as reporting on the content of the support they have given so far and creating and organizing a support registry and case resource material. Staff members within our Divisions are also increasingly engaging in such tasks. Here at this Division, we also believe that this is an important role, given that such material is expected to serve as important resource material for examining disaster support in the future.

### (3) Raising public awareness

The public awareness-raising activities in which the Community Support Division is involved in are mainly: 1) Regional resident exchange project (salon activities), 2) public awareness-raising training for residents, and 3) opening the mental health consultation contact point.

#### ① The operation of a regional resident exchange project (salon activity)

The Natori Health Salon (Association of Sobriety) and Watari Men's Club were projects that were created due to supporters wishing to create a place for men, who are prone to becoming isolated due to the change in their residential environment, where they can mingle with one another in a relaxed social environment. Our Center has cooperated and participated with the Shiogama Hot Salon and Iwanuma Support Center Salon, which are projects sponsored by the city. The achievement and activity content of the 2017 regional residential exchange projects our Division

sponsored are presented in Table 6.

**Table 6: Salon activities that we operated or cooperated in**

Municipality	Name of the activity	Subjects	Sponsored by	Number of times	Number of participants
Shiogama	Shiogama Hotto Salon	Other general citizens	City of Shiogama	2	26
Shichigahama	Shichigahama <i>Ohanashi</i> (translation: "talking") Salon Dandan (Hanabuchihamama District)	Public housing residents	City of Shichigahama	1	
Natori	Natori Health Salon (Association of Sobriety)	Other general citizens	MDMHCC	12	131
Iwanuma	Utsukushima Salon (Salon aimed at those evacuating from Fukushima Prefecture to Miyagi Prefecture)	Other general citizens	MDMHCC	11	159
Iwanuma	Iwanuma Smile Support Center salon activity	Public housing residents	City of Iwanuma	3	29
Iwanuma	Iwanuma Tamauranishi exchange meeting	Public housing residents	City of Iwanuma	1	29
Watari	Watari Men's Club (a gathering of men under 70 living by themselves)	Public housing residents	MDMHCC	2	22

#### 【Natori Health Salon (Sobriety Group)】

Objective: Seminar on sobriety (its objective is to maintain physical and mental health)

Main target: Natori citizens/residents who are middle-aged men with a tendency to consume alcohol excessively.

Participants' age group: 60s: 4, 70s: 8, 80s: 1

Frequency held: Once a month.

The program has a two-part structure, with part one involving salon activities such as men's cooking and mingling with peers and part two involving a sobriety program. The sobriety program was handled by the Miyagi Prefecture Sendai Public Health and Welfare Office Iwanuma Branch, in which advice is given to participants while checking their drink journal.

#### 【Watari/Men's Club】

A gathering aimed at single men aged under 65. Activities such as cooking and exercise were conducted in collaboration with the Health Promotion Division for mental and physical health purposes. It was concluded in 2017.

#### 【Shiogama/Hot Salon】

Held at two neighborhood associations. Mainly centered on recreation and was dealt with by installing a consultation booth.

#### 【Utsukushima Salon】

This activity was held at the Iwanuma General Welfare Center I-Ai Plaza, for those who have relocated from Fukushima Prefecture to the southern region of Miyagi Prefecture. In addition to plans made based on the season, cooking and ikebana flower arrangements were also conducted. Through such activities, programs to collect information on the state within Fukushima Prefecture and site relocations to are conducted.

We provided support with the aim of participants becoming familiar with life in their newly relocated sites.

#### ② Public-awareness raising training for residents

Lectures to raise public awareness among residents and similar activities were conducted as per requests from the municipalities.

#### 【Yamamoto/Health-promotion class】

This class is to be conducted in all administrative districts for five years, hosted by the City of Yamamoto, with 2017 being its second year. The classes involved lectures by psychiatrists, making small ornaments and doing light exercise with an occupational therapist, and a mini-lecture on stress by a psychiatric social worker.

#### 【Natori municipality employee mental health workshop】

A workshop named “Workplace Mental Health: Health Care of the Mind” was conducted with the cooperation of the Department of Preventive Psychiatry in the Tohoku University Graduate School of Medicine for all employees. Resource materials on sobriety were distributed to all participants.

【Watari Dementia Salon Talk】

This activity was conducted for general citizens in response to the request by the regional general support center. Named Dementia *Gatten* (translation: “understanding dementia”), it discussed such topics as how to approach people with dementia and key considerations when interacting with them.

【Shiogama Nutrition Class for Thinking about Health】

We were in charge of the lecture on “Tips on Relieving Stress: Mental health you can do from today!”

【Shikama Town Mental Health Promotion Lecture】

At the lecture titled “Is Your Heart Healthy?” held for the welfare commissioners, health promotion members, and city residents, we discussed various countermeasures for dealing with stress and various other issues.

③ Opening the mental health consultation contact point

We handled consultations at the Mother and Child’s Mental Health Consultation, a Natori City project (implemented three times). Even during the stress examination conducted during the Iwanuma Comprehensive Health checkup, we opened a consultation contact point and handled consultations from residents (implemented five times).

④ Other raising public awareness projects

We provided information on how to deal with stress by appearing on Natori community radio shows.

We established a consultation booth at the Energetic Yamamoto Everyone’s Health Festival, held in Yamamoto, conducting an alcohol patch test to disseminate knowledge on alcohol consumption.

(4) Human resource development

Concerning various issues about which we have received requests from the municipality, we conducted a human resource development program with the aim of disseminating knowledge.

The content of main activities conducted in 2017 includes four research studies on issues related to suicide prevention measures (4 cases) and support skill training (14 cases). The breakdown of support skill training includes dealing with people with delusional disorders, issues relating to children (e.g., child abuse), psychological first aid (PFA) training, and sobriety. In particular, there were many requests for cooperation on improving skills for dealing with addiction-related issues. For this reason, we co-sponsored the sobriety support improvement seminar with Miyagi Prefecture Sendai Health Welfare Office, Iwanuma Branch. We had 71 supporters participating in this seminar, indicating that they had a great deal of interest in this topic.

(5) Research

In 2017, we summarized the achievements we had made in conjunction with Tagajō since the earthquake, aiming to present it at an academic conference in 2018.

(6) Support for various activities

We participated in a Natori sobriety association activity. Although in 2017 it was named the Association for Abstinence, it became a regular Natori meeting in April 2017, being held once a month in the Natori Health Center. We attended the meeting as a mediator so that residents we support would have an easier time participating.

**3. Discussion and the community’s future tasks**

We found the following to be the key characteristics of our Division’s initiatives after reflecting on our achievements in 2017.

① Sobriety support

Each municipality has several case examples of alcohol-related issues, with there being many supporters who felt that it was difficult to cope immediately after the earthquake. In order to address such needs, here at the Center we have been providing in-hospital training in cooperation with Tohokukai Hospital. In 2017, we have been engaging in several more initiatives focusing on sobriety.

First, in order for several employees of our Division to learn the HAPPY program, a sobriety program, these employees attended the “2017 Brief Intervention & HAPPY Program Workshop” at the Hizen Psychiatric Center, National Hospital Organization. In addition to utilizing the concepts here to support residents, we also continuously conducted sobriety programs in a salon activity held once a month. Furthermore, training for the “sobriety support you can provide in 10 minutes,” which is essentially a shortened version of the HAPPY program, was hosted in collaboration with the Iwanuma Branch of the Miyagi Prefecture Sendai Public Health and Welfare Office. Here, we invited Dr. Takahiro Fukuda from the Saga Prefecture Medical Center Kosei-kan as the lecturer. We saw attendance that far surpassed our predictions from across the prefecture, as well as receiving requests from various municipalities to conduct lectures for public health nurses and nutrients. These results proved the high level of interest in sobriety support programs.

Even among those who have obstinately refused to practice abstinence, there are quite a number of people who are more willing to moderate their alcoholic consumption. Even supporters who kept being rebuffed when they proposed abstinence anticipated this program as an opening to establish a relationship. Alcohol-related issues require various types of support in accordance with each phase. By expanding the understanding of sobriety support, we expect to see a spread of secondary prevention in alcoholism-related support. This is expected to also prevent an increase in serious alcoholism (alcohol use disorder). We are planning several initiatives related to sobriety support in 2018 as well and would like to continue working to disseminate the relevant knowledge and knowhow.

On the other hand, handling people who have already attended the training is also an issue. Only when attendees of sobriety training use what they learned during their daily routine and become fixed practitioners in the community can we gain credibility for the workshop. By examining the possibility of holding follow-up training for attendees and establishing networks in different areas, we would like to increase the number of practitioners capable of handling alcohol-related issues within the prefecture.

## ② Handling difficult example case

Each municipality deals with various complex cases. Our Division's staff members have put these cases together as case examples. In addition to securing the time to reflect on these cases regularly along with municipality employees and other relevant parties, we aim to reduce our workload burden by tackling these cases as a team from a management perspective. We secured time for supervision and case reviews in order to prevent the work burden of each of our Division's employees from growing too large.

In the municipality we work at, there are many occasions on which our Division's staff members accompany workers from the municipality during home visits as part of the support provided to supporters. We receive feedback stating that having knowledge and know-how being passed on by our Division's employees makes this practice worthwhile. Furthermore, we have been told that exchanging opinions with others from various professions, including clinical psychologists and psychiatric social workers, helps determine policies after considering information from a wider perspective.

Because our organization has a limited timeframe, it is to be expected that the issues we handle will be passed on to employees of the region in the future. We believe that handling the issues that the community faces together with local institutions and reporting on our achievements is a significant task we need to undertake.

## ③ Various issues caused by community restructuring

As people relocate from temporary housing to public housing, the human relationships they had formed at temporary housing become severed, which may result in residents losing

opportunities to engage in daily activities and feeling more isolated.

There still remain many people impacted by the change in living conditions, including people who face extreme difficulties in their daily lives due to difficulty traveling (e.g., grocery shopping) and those who have moved from one prefecture to the next to avoid harm caused by radiation and finally decided to settle in Miyagi Prefecture.

On the other hand, we have lost some opportunities to conduct outreach support (e.g., home visits) due to many external aid institutions leaving and decreases in health surveys, which had been conducted more frequently in the past. We are losing opportunities to find, intervene, and resolve issues within the community.

Currently, salon activities targeting these people are still being held. However, based on our daily practice we keenly feel that latent needs remain high besides those of the current participants. How we will approach these latent, potential needs is an issue that we cannot continue to overlook. We would like to examine how to address this issue by referencing the response policies of each municipality and community regeneration plan.

④ Research

Summarizing the achievement of support activities that we have conducted in different municipalities will serve as important information when examining the state of natural disaster support in the future. We believe that summarizing our past initiatives in various formats and publishing this will be a significant task for the future.

#### 4. Summary

Seven years have passed since the Center began conducting our activities. At the afflicted site where we had worked, self-housing restoration, construction of restored housing, and other relocation measures were being steadily conducted. At the same time, the so-called Scissors-like Gap, discrepancy of recovery, in the current state is becoming more serious. For this reason, the issues of each region are starting to become latent, in which case we fear that they would become even more difficult to see.

In particular, issues related to alcohol are deeply rooted in each municipality. When we listen to the life stories of people with alcohol abuse issues, we learn that each of them have stories of a harsh past. We can see that despite feeling that life is difficult, they are attempting to overcome yet another rough trial from the natural disaster. As we provide support for their restoration process, which is by no means simple, we cannot help but feel the importance of time and of people helping one another.

Natural disasters greatly change peoples' living environment, highlighting various issues related to regional mental health welfare. We believe that the issues that we face right now and how each community will face these issues, which are becoming difficult to see, will greatly impact the future of regional mental health welfare.