

### **3. Projects of Cooperating Agencies and Organizations**

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## Activities Related to Disaster Psychiatry and the Health Field Conducted by the Tohoku University Department of Psychiatry

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After receiving a contribution from Miyagi Prefecture in October 2011, the Tohoku University Department of Preventive Psychiatry (hereafter, “Department of Preventive Psychiatry”) was established under the umbrella of the Tohoku University Department of Psychiatry. It has worked to provide support and conduct research in the aftermath of the Great East Japan Earthquake. The primary active members in FY 2017 were as follows: From the Department of Preventive Psychiatry, Takahashi, Shoji, Usukura, Kano, and Saito; from the Psychoneurology Department, Matsumoto; and from Hospital Psychiatry, Sakuma, Ueda, Hamaya, and Sunagawa. Much of our work was conducted in collaboration or cooperation with the Miyagi Disaster Mental Health Care Center, and we also work as part-time employees of the Center.

With regard to our support efforts for supporters working in their home regions, we continued our support work for four social welfare councils (Kesennuma City, Onagawa Town, Shichigahama Town, and Yamamoto Town). We continued to offer regular health checkups at support bases, health counseling at the workplace, advice for HR supervisors, and training for employees, among other things. The problems of each workplace are different, and we devised and implemented training regimens and support systems specifically suited to each. In the future, we would like to assist social welfare councils in organizing their internal structure such that they are able to continue to offer workplace mental health support in the wake of a disaster, especially after external aid wanes.

At present, we are slowly strengthening our efforts to broaden understanding of and support methods to address psychological trauma. Due to experiences surrounding the Great East Japan Earthquake, understanding of problems arising from psychological trauma, including post-traumatic stress disorder and complicated grief, has slowly expanded. However, the roots of these problems run deep, and touch on a variety of issues beyond happenings directly related to disaster experiences, including abuse and violence. We believe awareness of psychological trauma is critically important. On May 5 and 6, 2017, we held a “Cognitive Processing Therapy for Trauma Training Session” in Sendai City. Aimed at psychiatrists and clinical psychologists, we invited four professors to give lectures and provide training on the newest treatment methods for trauma. Additionally, we started the Miyagi Trauma Treatment Research Group and held joint study sessions twice over Skype with Fukushima Medical University.

We held several training sessions at multiple levels to spread the cognitive behavioral approach to a wide range of subjects. Our “Exercise Training for the Mind and Heart” sessions were held twice last year and primarily targeted lay supporters. The first session focused on communication skills, while the second focused on problem solving techniques. Persons from a wide range of professions (mostly from Miyagi Prefecture) participated each time, and we plan to continue spreading basic knowledge of the cognitive behavioral approach in the future. For specialists who wished to learn the cognitive behavioral approach in more detail, we invited Professor Yutaka Ono to hold “Psychological Support Skill-Up” lectures twice. This year, we used case studies to educate participants on an easily applicable cognitive behavioral approach that can be used in situations where structured cognitive behavioral therapy is difficult to implement. In addition, we spread our “Skills for Psychological Recovery” (SPR) program, a support program that uses the cognitive behavioral approach and is specially designed for the disaster recovery and reconstruction period. We held the training session over a two-day period in December and invited Tomoko Ohsawa to serve as lecturer. We enjoyed enthusiastic participation, including from veterans in the mental health field in Miyagi Prefecture, and we believe the training session was quite enriching.

In order to devise better youth mental health policy, we continue to work to strengthen the relationship between mental health care organizations and the school system. In cooperation with Miyagi Prefecture and

Aoba Ward of Sendai City, we held training sessions, etc., for faculty at high schools and vocational schools that involved supervision of meetings with students, knowledge and responses to mental illness, and heightening of communication skills when interacting with students, parents, and other faculty members. Additionally, this year, we have begun our project from the Japan Agency for Medical Research and Development (AMED), “Research on Mental Health Development and Growth in Childhood and Puberty” (principal investigator: Masafumi Mizuno).

On February 3, 2018, in Sendai City, we held “A Training Session for Collaboration Between Schools and Mental Health Care: Diagnosing and Working Together on Mental Conditions of Puberty and Young Adulthood,” which incorporated both a lecture and group work. Individuals including school counselors and faculty participated. In addition, we implemented a survey that gathered good cases where mental health care agencies and schools in Miyagi Prefecture collaborated.

This year, at the request of prefectural municipalities and the Miyagi Disaster Mental Health Care Center, we have dispatched lecturers to training and lecture sessions. Primarily, these have been suicide countermeasure projects inside the prefecture and workplace mental health training sessions. In addition to these efforts, we have participated in academic conferences and symposia where our presentations on the current status of mental health vis-à-vis disaster damage, and our research results have served to transmit information and raise public awareness within and without Miyagi Prefecture. We have continuously engaged in public awareness activities for disasters, including serving as lecturers at Miyagi Prefecture DPAT (Disaster Psychiatric Assistance Team) training sessions, reports of support activities for the Kumamoto Disaster at the Japanese Society of Psychiatry and Neurology, and lectures in Kumamoto Prefecture itself. Additionally, we regularly attended conferences of the Research Division of the Miyagi Disaster Mental Health Care Center, supported its research projects, and assisted with its data-gathering projects. Finally, we collaborated on the Miyagi Disaster Mental Health Care Forum put on by the Center.

With regard to our research activities, we submitted our research on the mental health of employees of social welfare councils (Ueda et al., 2017) to PLoS ONE, and our research showing an increase in patients admitted to the Kesennuma Regional Psychiatric Hospital following the disaster (Sakuma et al., 2018) to Asia-Pacific Psychiatry. Additionally, at the 16<sup>th</sup> Meeting of the Japanese Society for Traumatic Stress Studies, Sakuma’s presentation on “Long-Term Progression of PTSD Symptoms Following Large-Scale Disasters” won the Best Presentation Award, and Shoji’s presentation on “Research on Psychological Recovery Skill Intervention” won an Outstanding Presentation Award. Finally, in collaboration with the NEC Solution Innovator, we are engaged in a research initiative to develop a health promotion support program for community residents that makes use of information communication technology (ICT) and incorporates the cognitive behavioral therapy approach.

In the future, we will hold our relationship with the Miyagi Disaster Mental Health Care Center in high regard, and in order to achieve the expansion of community mental health care in Miyagi Prefecture and the development of preventive psychiatric approaches, we will continue our comprehensive support, education, and research activities, including support for hometown supporters, spreading of the cognitive behavioral approach, spreading of support for psychological trauma, strengthening of the relationship between mental health care agencies and schools, spreading and raising of public awareness of disaster psychiatry, and development of countermeasures and policies for suicide and workplace mental health.