

Chapter 5

Psychosocial Care

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1. Development of the Psychosocial Care Program

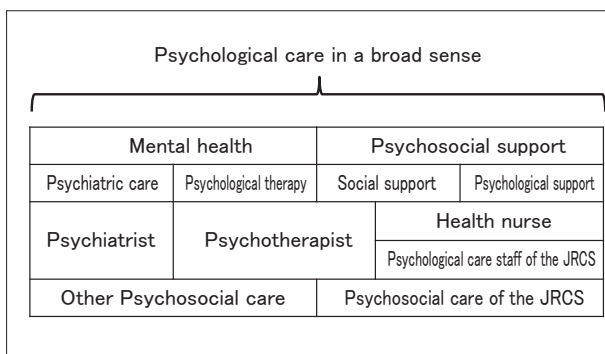
(1) Psychosocial Care of the Japanese Red Cross Society (JRCS)

a. Concept and Scope of the Psychosocial Care Program of the JRCS

The psychosocial care program of the JRCS is based on the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings of the Inter-Agency Standing Committee (IASC), which is composed of United Nations agencies and various other humanitarian support organizations. These guidelines provide direction on both mental health (psychiatric care) and psychosocial support (psychosocial support and other forms of support). The psychosocial care provided by the JRCS adopts the latter concept of psychosocial support from the International Federation of Red Cross and Red Crescent Societies (IFRC).

The classification between psychiatric care and psychosocial care of the JRCS is listed below:

Figure 5-1 Classification of Psychological Care



The psychosocial care program of the JRCS does not aim at treatment by providing such psychiatric care, but at a) listening to the sufferings of the affected people and establishing a sense of safety by talking about the stress they feel and how to cope with it, b) taking responsible for referring the affected people to psychiatrists if it is considered that they need the help of specialists, and c) supporting the work of the health nurses in the affected communities through these

activities.

Besides the psychosocial care team of the JRCS, teams dispatched from national and prefectural government staff and from hospital staff within and outside the regions engage in the psychosocial care work in the affected areas. While centering on their role as psychiatrists, these teams implement care similar to psychiatric care; the psychosocial care of the JRCS also needs to take responsibility for referring the affected people to psychiatrists if they are considered to need the help of specialists.

b. The rule for the psychosocial care staff

Psychosocial care staff members are dispatched on the basis of the decisions made by the Head of the Chapter in the affected area in principle, and the dispatched staff operates under the leadership of the Head of the Chapter in the affected area. The Headquarters for Disaster Control (HDC) of the Chapter in the affected area quickly identifies the situation and needs of the affected people, develops an action plan for psychosocial care work, conducts the management and coordination of this work, and technically supports the psychosocial care staff¹.

Figure 5-2 JRCS Guidelines on Psychosocial support at the time of disaster.

(Decisions regarding psychosocial care implementation)

4. In principle, whether the psychosocial care work is conducted or not at the time of a disaster is determined by the Head of the Chapter quickly and voluntarily.

(Management of the staff)

6. The staff operating in an affected area shall be under the leadership of the Head of the Chapter in the affected area.

(Implementation requests from the Headquarters)

8. When a chapter in the affected area is required to conduct psychosocial care over the long term and requires the dispatch of psychosocial care staff from chapters outside the affected area, the Headquarters coordinates the dispatch from chapters throughout the country while maintaining close contact with the receiving chapter. Moreover, the staff of the

(1) Chapter 2, 2 (Psychosocial Care Implementation Manual)

Headquarters can also be dispatched as required.

(Psychosocial Care Center)

12. The Head of the Chapter in the affected area shall establish a Psychosocial Care Center as part of the Chapter HDC, and is required to integrate it with the overall care work.

Note that any chapter can request the dispatch of psychosocial care staff members from other chapters throughout the country if there are not enough staff members in the affected chapter due to the large scale of the disaster. The Headquarters coordinates the dispatch in this case.

The Head of the Chapter in the affected area can establish a Psychosocial Care Center in order to integrate overall psychosocial care work as required.

(2) Decision on the action policy for the Great East Japan Earthquake and Tsunami (GEJET)

The JRCS conducted the full-fledge practice of psychosocial care in the Niigata Chuetsu Earthquake of October 2004. Since the scale of the disaster in the case of the GEJET was far larger than this one, large-scale activities were developed, such as the long-term, wide-ranging nationwide coordination of the dispatch of personnel. As for the dispatch of psychosocial care staff involved in the GEJET, the psychosocial care was mainly conducted to accompany medical teams immediately after the disaster in response to the “Policy for the Future Dispatch of Medical Teams (Draft)” released on March 13, 2011, which notes that “the medical teams to be dispatched shall be accompanied by psychosocial care staff as far as possible and carry out meticulous relief activities according to the needs.” The psychosocial care staff members, most of whom were nurses, were often dispatched as part of the staff members of medical teams, especially immediately after a disaster.

On the other hand, on March 13, two psychosocial care instructors immediately headed to the Ishinomaki Red Cross Hospital (RCHP), and started psychosocial support for the disaster victims around ISHINOMAKI, MIYAGI, separately from the activities involved in accompanying the medical

teams. They were supposed to be dispatched to a site in New Zealand from March 11 to 22 in order to support the people affected by the New Zealand Earthquake. In addition, independent psychosocial care teams were dispatched to ISHINOMAKI from the 2nd block at almost the same time.

Along with these actions, on March 15, in the Ishinomaki RCHP expert of psychosocial and health care team gathered from the Hospital in and outside of MIYAGI and started operations in the Ishinomaki Medical Region.

In addition, in IWATE, although the psychosocial care had initially been conducted by accompanying the medical teams, a Psychosocial Care Center was established at the HDC in the Iwate Chapter on April 9, and independent psychosocial support activities were launched. In IWATE, the Center tried to coordinate with each organization concerned, as well as conduct needs assessments, including the propriety of continuation in the areas where psychosocial support activities had been deployed. Besides this, it dispatched Dr. Makishima of the JRCS Medical Center as a psychosocial care coordinator² from April 8 to August 12, aiming at providing advice and guidance on psychosocial support.

Furthermore, based on the “Policy for the Future Dispatch of Psychosocial Care Staff to the GEJET Disaster-Stricken Areas”, the HDC at the Headquarters provided notification to each chapter that in principle the medical teams to be dispatched should be accompanied by two or more psychosocial care staff members (if it is impossible to be accompanied by psychosocial care staff in an individual medical facility, the staff shall be coordinated and dispatched within a chapter and a block, and it shall arrange cars to travel to the site in case the psychosocial care staff members need to operate independently away from the medical teams.

Along with the activities of the independent psychosocial care teams, the psychosocial care staff continued to operate to accompany medical teams in IWATE and MIYAGI as well.

The dispatch was conducted based on coordination by a block according to the policy for dispatch.

(2) A psychosocial care coordinator was appointed in order to avoid confusion over information caused by the input of psychosocial care staff from different regions for short periods, and to coordinate local psychosocial care by staying in the region for a long period. Until the end of November, Dr. Makishima was requested to work as a psychosocial care coordinator and took part in the activities in the Chapter, the project, “Kokoro no Kizuna” and the like, after the withdrawal of the psychosocial care teams.

However, it faced difficulties to ensure sufficient staff to form a balance with the medical team staff, since most of the care staff were nurses, and to provide liaison/coordination staff for the dispatch of independent teams. In this earthquake disaster, the activities of the psychiatrist teams and various bodies dispatched at the national level were deployed based on requests from the affected prefectures, etc., besides the JRCS, which left many issues such as confusion caused by differences in the perception of the role of operations and activity areas.

(3) Overview of the psychosocial care activities

a. Number of staff operating in Psychosocial Care

In total, 1,016 people were engaged in the psychosocial care activities of the JRCS from March 11 to September, 2011 (Figure 5-3). Of these, there were 288 staff accompanying medical teams and 728 staff in independent psychosocial care teams. In addition, besides those reporting from the Headquarters, all medical teams of the Fukushima Chapter were engaged in psychosocial care activities.

Figure 5-3 Number of Staff Operating in Psychosocial Care

	Accompanying type	Team type	(Number of teams)	Total
IWATE	161	399	(39teams)	560
MIYAGI	110	329	(87teams)	439
FUKUSHIMA	16			16
TOCHIGI	1			1
TOTAL	288	728	(126teams)	1,016

Source: Prepared by the Relief Activities Reports of the JRCS in GEJET (As of September 2012)

b. Number of staff operating in Psychosocial Care

The cumulative number of psychosocial care staff was 4,058 (Figure 5-4). From March to April many staff operated to accompany medical teams, but subsequently, the psychosocial care was gradually activated as independent psychosocial care teams partly because a Psychosocial Care Center was established in IWATE. The most active month was June, with the cumulative number of working staff at over 1,000 for the month. In August, the number gradually declined. On September 1, the dispatch of psychosocial care teams ended from the non-affected prefectures. During this period, the teams provided 14,039 disaster victims with psychosocial care in the three affected prefectures, MIYAGI, IWATE and FUKUSHIMA as a whole.

Figure 5-4 Number of Staff Operating in Psychosocial Care

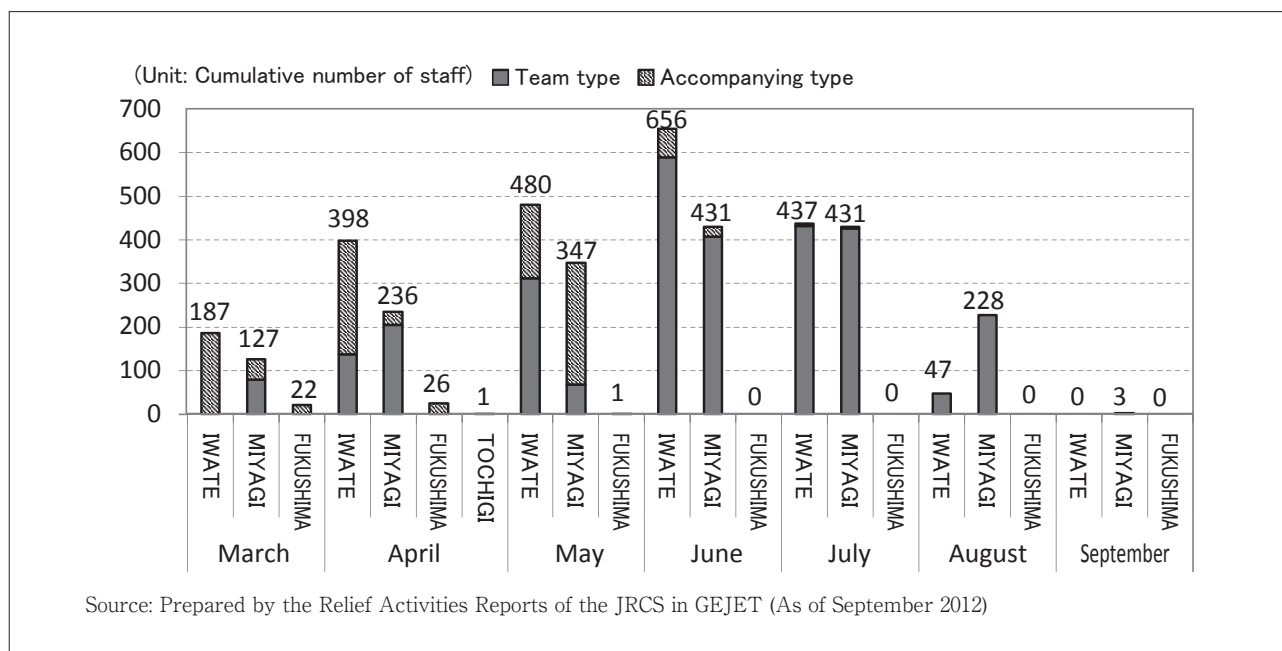
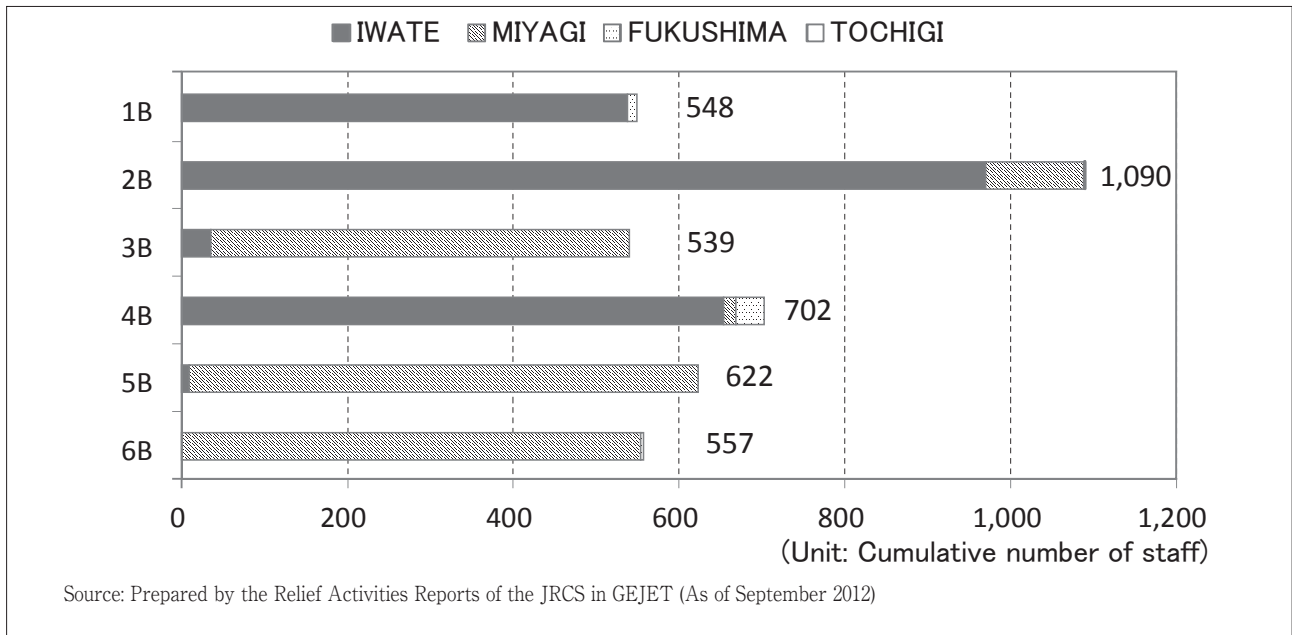


Figure 5-5 Number of Staff Operating in Psychosocial Care by Block



Furthermore, the activity performance in each prefecture was as follows: cumulative total of 2,205 staff in IWATE, 1,803 staff in MIYAGI, 49 staff in FUKUSHIMA and 1 staff person in TOCHIGI.

In addition, as for each block unit of dispatched resources, many staff members were dispatched from the 2nd block close to the three affected prefectures, which involved a cumulative total of 1,090 psychosocial care staff. Moreover, under the coordination of the JRCS Headquarters, the 1st, 2nd and 4th blocks conducted their activities around IWATE, and the 3rd, 5th and 6th blocks operated around MIYAGI. Furthermore, as for the block units, each block dispatched almost equal numbers of staff to the disaster areas and provided psychosocial support (Figure 5-5).

(4) Psychosocial care for the staff dispatched to the site and the Headquarters staff

a. Preparation of a mental health support flow chart for the dispatched staff of the JRCS

Before the disaster occurred, there were no JRCS guidelines concerning psychosocial support for the staff in advance of and after their dispatch to the affected areas, and organizational efforts lagged behind.

Therefore, the JRCS prepared a mental health support flow chart for the dispatched staff with advice from Mr. Sota Shimozono of the Japanese Ground Self Defense Forces (SDF) Medical School immediately after the GEJET (Figure 5-6). The completed flow chart was distributed to JRCS facilities nationwide through the Headquarters and block representative chapters in

March 17, after being put to a HDC meeting at the Headquarters and gaining its approval.

There were no guidelines on days off after completing the tasks, etc., up to then. Thus the completed flow chart helped to integrate the JRCS as a whole, including psychosocial support for the dispatched staff after the completion of their tasks.

b. Preparation of messages for the staff

Ishinomaki RCHP established a room for refreshing and relaxation for the hospital staff and sent messages to them. This was introduced by the Headquarters as well, allowing for the fact that even staff members who were not dispatched to the affected areas may feel much stressed. In March 25 the message made in the hospital was modified for the Headquarters, and displayed in the lavatories in order to draw attention of every staff member (Figure 5-7).



[A psychosocial care staff member listens to the voices of children]

Figure 5-6 The JRCS Mental Health Support Flow Chart for the Dispatched Staff

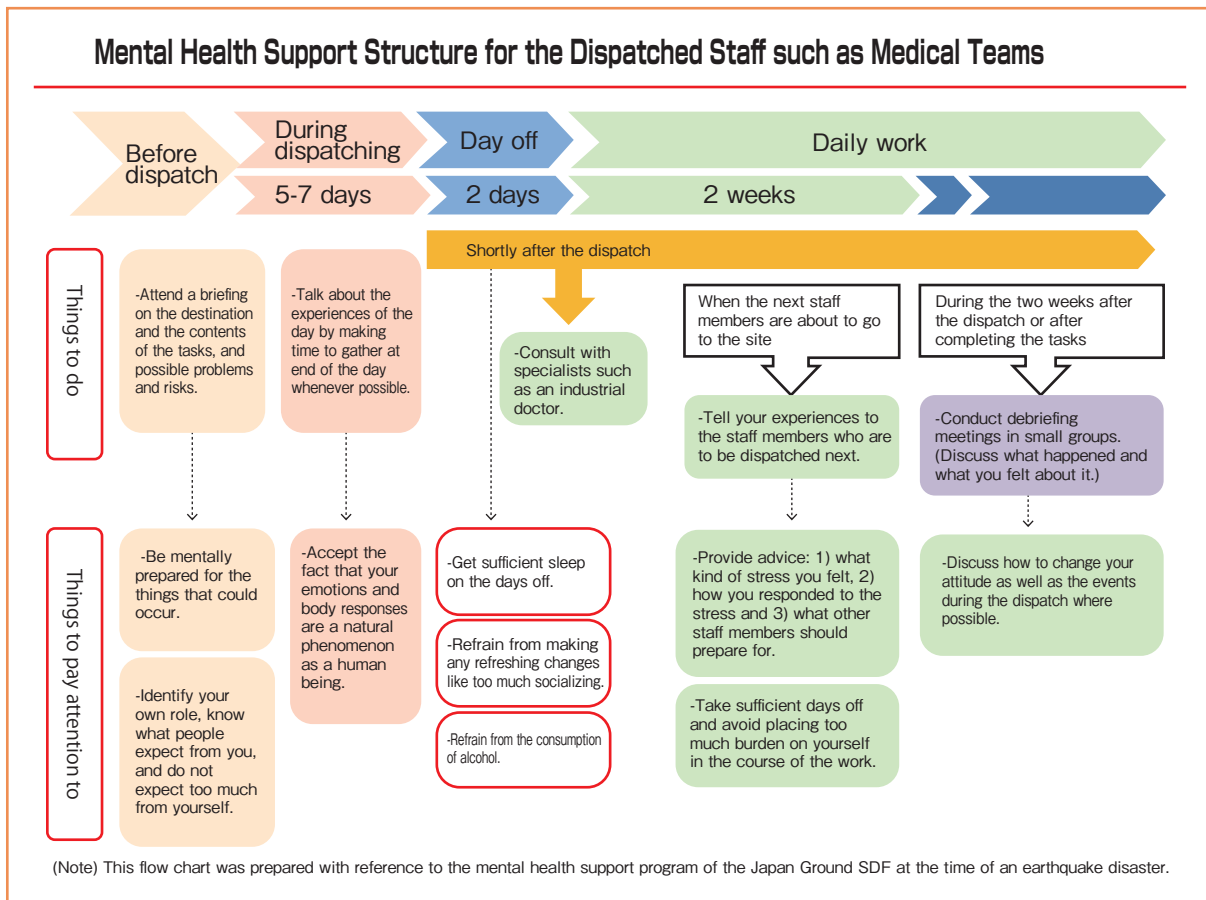


Figure 5-7 Messages for the Staff members


Dear staff members,

Thank you for your hard work every day.
 Even though you are not dispatched to the affected areas, you are a disaster supporter as long as you are undertaking tasks at the Headquarters.
 Under a state of high stress from dealing with situations where things are always changing and the future is uncertain, have you experienced a situation like the following, for example?

Cannot sleep Have no appetite Feel uneasy/scary Always feel tense
 Feel frustrated Become startled by slight noises
 Become deeply preoccupied with the earthquake or tsunami Feel in a daze Cannot trust anyone
 Suddenly flash back to the earthquake or tsunami Cannot go out

Knowing about these stress symptoms will help you to cope with stress. These symptoms can be seen in many people who are facing an emergency situation like this, but they will mostly subside as time goes by. The important things to enable you to quickly restore your mental state and healthy body are:

- Take sufficient rest and do not force yourself;
- Be aware of your life rhythms such as eating and sleeping;
- Talk with reliable persons; and
- Actively practice your own way of relaxing.



For the recovery of the mind and body of people that have undergone severe stress, it is important for others around to support them. Please encourage them to take a rest and treat them with patience. Let's overcome the difficulties and support each other!
 If you are worried about something or have something on your mind, contact the psychosocial care staff first.

c. Mental health of the initial medical teams

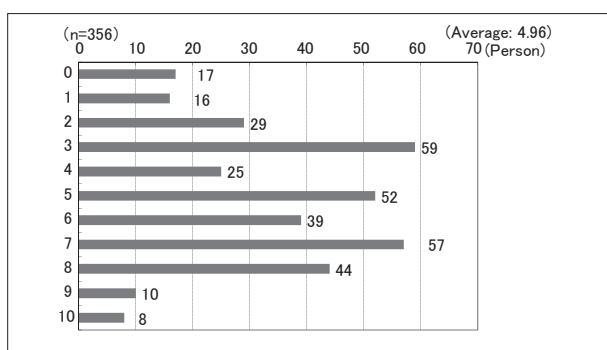
A questionnaire survey was conducted to understand the mental health of staff members who were engaged in relief activities of the initial medical teams in the areas affected by the GEJET (Figure 5-8).

Figure 5-8 Outline of the Survey on Mental Health

Name: Questionnaire Survey on Mental Health	
(1) Purpose of the survey	Understand the stress levels of the JRCS staff who are engaged in relief activities for in GEJET and consider psychosocial support for the dispatched staff during relief activities.
(2) Period of the survey	August 5-September 22, 2011
(3) Subjects of the survey	-Staff members of the initial medical teams (medical teams including dERU and DMAT) *In this survey, the initial actions are intended for those in attendance on March 11, 2011. -Staff members of the independent psychosocial care teams dispatched to MIYAGI in March. -Psychosocial care staff accompany the medical team dispatched to IWATE in March
(4) Number of questionnaire respondents	Number of questionnaire respondents (percent of respondents): 363 respondents (including psychosocial care staff: 98 persons)
(5) Attributions	<p>■ Gender: Male (197 persons), Female (163 persons), Not given (3 persons)</p> <p>■ Age: 20s (52 persons), 30s (131 persons), 40s (121 persons), 50s (59 persons), Unknown (0 person)</p> <p>■ Occupation: Doctor (45 persons), Nurse (164 persons), Clerical position (113 persons), Pharmacist (18 persons), Others (20 persons), Not given (3 persons)</p>

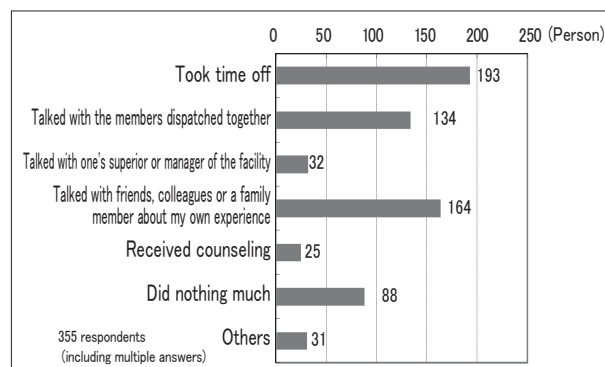
Respondents evaluated the stress in the operations (pain) using an 11-point scale, rating from “not painful at all” (0) to “very painful” (10). The whole average score was 4.96 and one third of the respondents indicated each of the ranges of 0-3, 4-6 and 7-10 (Figure 5-9).

Figure 5-9 Stress during the Operations (pain)



In addition, as a result of asking what they did to relieve stress after being dispatched, nearly half of the respondents stated “took time off” and “talked to friends, colleagues or family members about my own experience” (Figure 5-10).

Figure 5-10 Things the members did in order to Relieve Stress after the Dispatch



The results showed the current situation that some staff members felt stress during the relief activities. In addition, it revealed to cope with the stress after these activities.

(5) Psychosocial care activities by the trainees of the JRCS Institute for Nurse Managers

In GEJET, since prolongation of the disaster response activities was expected due to its scale and range, the dispatch of trainees had been considered early in the JRCS Headquarters. However, the dispatch of trainees was rejected once, because the trainees are required to attend four-fifths or more in the class for each subject in the Nurse Administrator Training I (April 12-July 22, 2011), a course to gain a qualification for the first level of Certified Nurse Administrator.

On the other hand, the psychosocial care coordinator engaging in care support in IWATE reported that it was difficult to obtain the number of psychosocial care staff required despite the rising need for psychosocial care at that time. Thus, in order to find a way to dispatch trainees to the disaster areas while assuring their training, only applicants was dispatched during the early May holiday season. Nineteen trainees applied for this, and the psychosocial care center in the Iwate Chapter was asked to coordinate the activities as well as prepare the good required for the activities such as uniforms, the necessities for the work, the means of transportation, accommodation and the like. As a result of this coordination, it was decided to send the trainees to RIKUZENTAKATA with three psychosocial care instructors, including full-

time teachers of the Institute for Nurse Managers. The trainees, divided into three groups, flexibly operated to suit the requirements of the affected people, etc., at various places such as evacuation centers and the geriatric health services facility in RIKUZENTAKATA. The contents of the operation were: to provide health counseling and a mobile clinic, to provide massages to the support staff, to set up a place to relax, to active listening to the affected people while helping them with their moving to temporary housing; and to support the cleaning of the body for people in nursing homes and the like. Approximately 300 staff members were involved over three days from May 1 to 3. This was also a valuable experience for the trainees.

2. Activities in the three Chapters in the affected areas

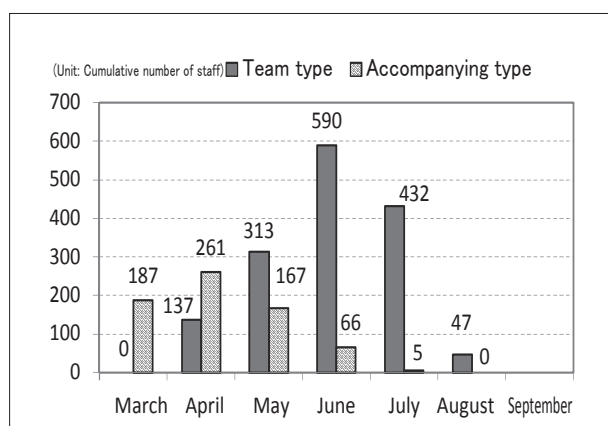
(1) Activity status in the Iwate Chapter

a. Activity status of the psychosocial care staff in IWATE

In IWATE, the psychosocial care staff started operations in March 13 by accompanying medical teams. From April 4 to August 12, Dr. Makishima of the JRCS Medical Center was dispatched as the psychosocial care coordinator. On April 9, a Psychosocial Care Center was established and an independent psychosocial care teams also started operations.

Until the end of March, the psychosocial care staff had operated by accompanying medical teams and a cumulative total of 187 staff were engaged for that month. From April, the activities of the independent psychosocial care teams had increased (the activities of accompanying medical teams decreased because of this). From April to July, the cumulative number of staff was about 400 per month.

Figure 5-11 Number of Staff Operating Psychosocial Care in IWATE



Source: Prepared by the Relief Activities Reports of the JRCS in GEJET (As of September 2012)

In IWATE, the JRCS was responsible for RIKUZENTAKATA, YAMADA and KAMAISHI. The psychosocial care coordinator and the Iwate Chapter dispatched clinical psychotherapists, who are psychosocial care instructors of the JRCS, as coordinators for each district in operation and put them in charge of the overall coordination. The staff dispatched as coordinators were clinical psychotherapists who belong to the Psychosocial Support Center for GEJET. This organization was established by the Japanese Society of Certified Clinical Psychologists and the Association of Japanese Clinical Psychology. In an agreement between the JRCS and the Japanese Psychological Support Center for The GEJET, they were dispatched as psychosocial care volunteers of the JRCS to each district within IWATE. (The agreement of the JRCS and the Japanese Psychological Support Center for GEJET is described later.)

b. Distinctive activity status of the Iwate Chapter

After the withdrawal of the psychosocial care teams, the Iwate Chapter started psychosocial care in cooperation with the Society of Certified Clinical Psychologists in IWATE. While the movement of persons from the evacuation centers to temporary housing was proceeding, concern about the collapse of traditional communities and the lack of communication among the residents was raised. Thus, this activity was conducted aiming at strengthening the local communities and promoting recovery through “the formulation of communities”, “the establishment of mutual support among the affected people”, and “support for independence.”

Every Saturday the support team visits the temporary housing and tried to make the evacuees feel relaxed by listening to them while having tea with them or measuring their blood pressure.

The psychosocial support activities of the Iwate Chapter started on September 10, 2011, and were held a total of 50 times and engaged a cumulative total of 1,276 people up to September 22, 2012. The location of the activities held was at the Nakasato temporary housing in Miyako, but moved to the Takahama temporary housing in the same city in July, 2012. (From July to August the care activities were conducted at the Nakasato and the Takahama temporary housings every other week, and in September moved completely to the Takahama temporary housing.)

In addition, the clinical psychotherapists belonging to the Society of Certified Clinical Psychologists in IWATE, as well as the staff of the Iwate Chapter and the JRCS volunteers, participated in these activities. The cumulative total number of participants reached 283.



[Psychosocial support activity at the former Kamaishi Daiichi Junior High School]

(2) Activity status in the Miyagi Chapter

a. Activity status of the psychosocial care staff in MIYAGI

In MIYAGI, on March 13, two psychosocial care instructors arrived at the Ishinomaki RCHP. At the almost same time, the psychosocial care teams from the 2nd block started operations, and on March 15, the independent psychosocial care teams took over its work.

From April to August, a cumulative total of over 200 staff per month were engaged in psychosocial care activities.

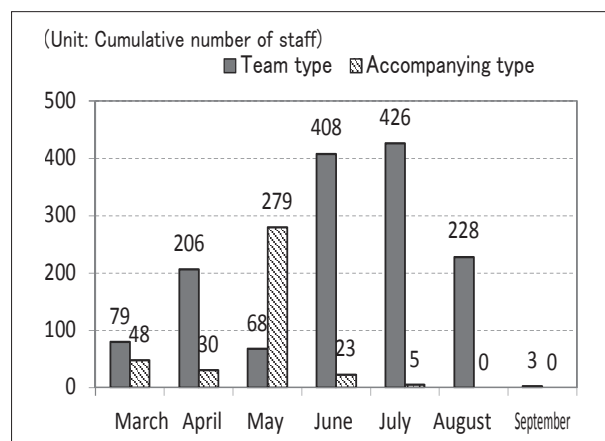


[A psychosocial care staff member listening to a disaster victim at the evacuation center within ISHINOMAKI]

The JRCS psychosocial care teams jointly operated as members of the psychosocial care team with the support teams of the prefectural organizations, doctors, universities and other organizations with the

“Psychosocial Care Center” of the Miyagi Chapter as the base, which was established in the Ishinomaki RCHP. Dr. Makishima, who had operated as the psychosocial care coordinator in IWATE from April, joined those in MIYAGI and provided guidance from May. The Psychosocial Care Center of the Ishinomaki RCHP coordinated not only the JRCS teams, but also other teams and appointed a clinical psychotherapist of the hospital as a coordinator. The coordination had the difficult task of smoothly coordinating all the psychosocial care teams, partly because it was necessary to coordinate with psychiatrists who had medical knowledge.

Figure 5-12 Number of Operating Staff in Psychosocial Care in MIYAGI



Source: Prepared by the Relief Activities Report of the JRCS in GEJET (As of September 2012)

b. Distinctive activity status of the Miyagi Chapter

On June 18, 2011, the Miyagi Chapter started operations by organizing a unique psychosocial care team that put volunteers (including the Society of Certified Clinical Psychologists in MIYAGI) at the center of the activities, in parallel with the operation of the psychosocial care teams dispatched from each chapter. Every Saturday and Sunday they operated at evacuation centers in ISHINOMAKI and ONAGAWA, and listened attentively, and provided consultations while performing relaxation. For the children recreational spaces were provided, which they enjoyed.

The Specific Red Cross Volunteer Corps such as the Nursing Volunteers (health counseling, etc.) and the Beauty Care Volunteers (hot compress treatment, etc.) entered the evacuation centers and listened attentively to the disaster victims in order to help them to relieve stress, whereas the Community Red Cross Volunteers

Corps provided something cold such as shave ice, and the Youth Volunteers were enjoying recreational activities with the children outside the centers. These activities were conducted through cooperation among the Specific, Community and Youth Red Cross Volunteers Corps.

At the evacuation centers, these activities were conducted 33 times in total and provided psychosocial care for 1,776 people up to October 15, 2011. The Nursing and Youth Volunteers, and clinical psychotherapists belonging to the Society of Certified Clinical Psychologists in MIYAGI were involved in these activities. The cumulative number of participants reached 336.



Clinical psychotherapists of the Society of Certified Clinical Psychologists in MIYAGI (left side of the bottom left, middle of the bottom right)

[Scenes of psychosocial support activities by the Miyagi Chapter]

Moreover, even after the activities ended at the evacuation centers, the psychosocial care started at temporary housing from October 22, 2011. They initially prepared hot meals, and provided relaxation and recreation opportunities, etc., but gradually increased consultation activities by visiting people from house to house. When the staff distributed pamphlets to inform people of the weekend activities, staff members listened attentively to the people they spoke to as well.

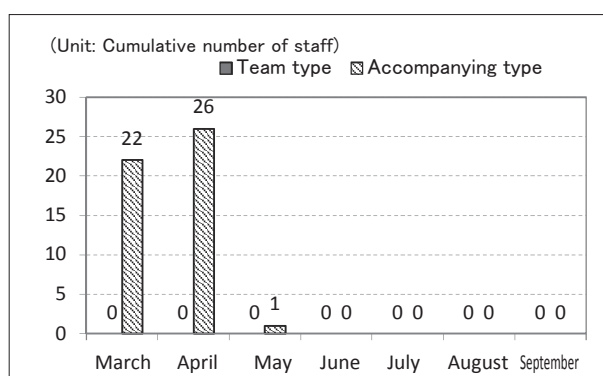
At the temporary housing, a total 23 periods of activities were carried out, providing psychosocial care for 931 people until the end of September 2012. A cumulative total of 243 participants, including Red Cross Volunteers and clinical psychotherapists, were involved in the same way as in the activities at the evacuation centers.

(3) Activity status in the Fukushima Chapter

a. Activity status of the psychosocial care staff in FUKUSHIMA

In FUKUSHIMA, the psychosocial care staff started operations from March 20 by accompanying medical teams. Since the disaster situation in the Fukushima Chapter was different from that in IWATE and MIYAGI, a cumulative total of only 49 staff were involved in psychosocial care in the Fukushima Chapter. A Psychosocial Care Center was not established in the Fukushima Chapter.

Figure 5-13 Number of Operating Staff in Psychosocial Care in FUKUSHIMA



Source: Prepared by the Relief Activities Reports of the JRCS in GEJET (As of September 2012)

FUKUSHIMA has the characteristics of the disaster such as the large number of evacuees and small number of injured people due to the impact of the Fukushima Daiichi Nuclear Power Plant Accident, and the long distance between the disaster areas and the evacuation centers. Thus many of consultations received by psychosocial support operations concerned health issues associated with the nuclear accident. Furthermore, in the Fukushima Chapter, all staff members of the medical teams provided psychosocial support as well as relief activities.

Besides, based on the status of local evacuation centers that the Chapter knew about, the Chapter also requested the HDC at the Headquarters to dispatch psychosocial care staff in a document of March 27, 2011.

b. Distinctive activity status of the Fukushima Chapter

The Fukushima Chapter also has carried out various distinctive activities, after the end of the psychosocial support activities by the teams dispatched from various areas. One of these activities was the Red Cross Health Class at the evacuation centers in

FUKUSHIMA, which started from September 9, 2011. These are intended to prevent disuse syndrome and provide care prevention for people with concerns about the health of their mind and body due to the difficult living conditions, as well as to reduce the feeling of isolation and loneliness caused by the collapse of communities. Mainly the Red Cross Volunteers organize activities such as health checks, healthy life courses and fun parties.

The Red cross Health Class was held total 21 times, 8 times in FY 2011 and 13 times before September 11 in FY 2012, involving a cumulative total of 1,017 participants.

In addition, the Red Cross Health Lectures were held for Fukushima residents who were concerned about their health due especially to the Fukushima nuclear power plant accident, which included lectures by doctors and specialists on radiation, and relaxation activities provided by the Red Cross Volunteers. A cumulative total of 470 people participated in these lectures, which were conducted one time in FY2011 and four times as of September FY2012.



[Relaxation activities by nurses of the Red Cross Blood Center - Azuma Gymnasium]

Other activities were carried out mainly by the Fukushima Chapter as follows.

Figure 5-14 Activities by the Fukushima Chapter

Name	Summary
The JRCS Nordic Style Walking	The practice of Nordic Style Walking, walking using two poles, which helps increase whole body endurance and strengthens the muscles of both the upper and lower body, as well as reducing stress and overcoming a lack of physical exercise by walking outside while chatting with others.
Movie screenings	Screening of movies suitable for recovery support
The JRCS Workshops for protecting life and health	Holding workshops on first aid (e.g. methods of cardiopulmonary resuscitation and defibrillation through the use of an AED [automated external defibrillator]), a healthy life course, and a life course for the elderly at the time of a disaster
Smile Parks in FUKUSHIMA	Provision of places to have good fun and get exercise for preschool children who lack exercise and bear a psychological burden because of the limited opportunities for outside activities due to concerns about radiation exposure from the nuclear power plant accident; Provision of permanent playground equipment (e.g. a ball pool, cyber wheel and air track) and various programs (e.g. a kids exercise club, storytelling using picture books, information panel exhibitions of the JRCS projects, and hometown art).
Social events for residents in the evacuation area	Organize events (single-day) to provide opportunities for the residents evacuated from NAMIE (aged 65 years or more) who are living in the temporary housing to communicate with the residents still in this area before GEJET.

3. Cooperation with local government bodies and other parties concerned

(1) Cooperation with local government bodies and health care centers

a. Activities of the psychosocial care teams dispatched by the Ministry of Health, Labour and Welfare (MHLW)

Under Article 30 of the Basic Law on Natural Disasters, the affected local municipalities shall request the Government of Japan (GoJ) to arrange the dispatch of psychosocial care teams (in relation to the GEJET, IWATE, MIYAGI, FUKUSHIMA and SENDAI requested the dispatch of psychosocial care teams) and accept psychosocial care teams from other prefectures through the MHLW.

A cumulative total of 57 teams and 3,498 staff were dispatched to the affected areas through the MHLW (as of 14:00, March 23, 2012, according to the 2011 Disaster Situation and Response to the GEJET by the MHLW <116th Report>).

The psychosocial care teams that were dispatched based on requests to the GoJ fully coordinated with the prefectures (a mental health and welfare center in each prefecture handled this) before deciding which local municipalities that they will take charge of.

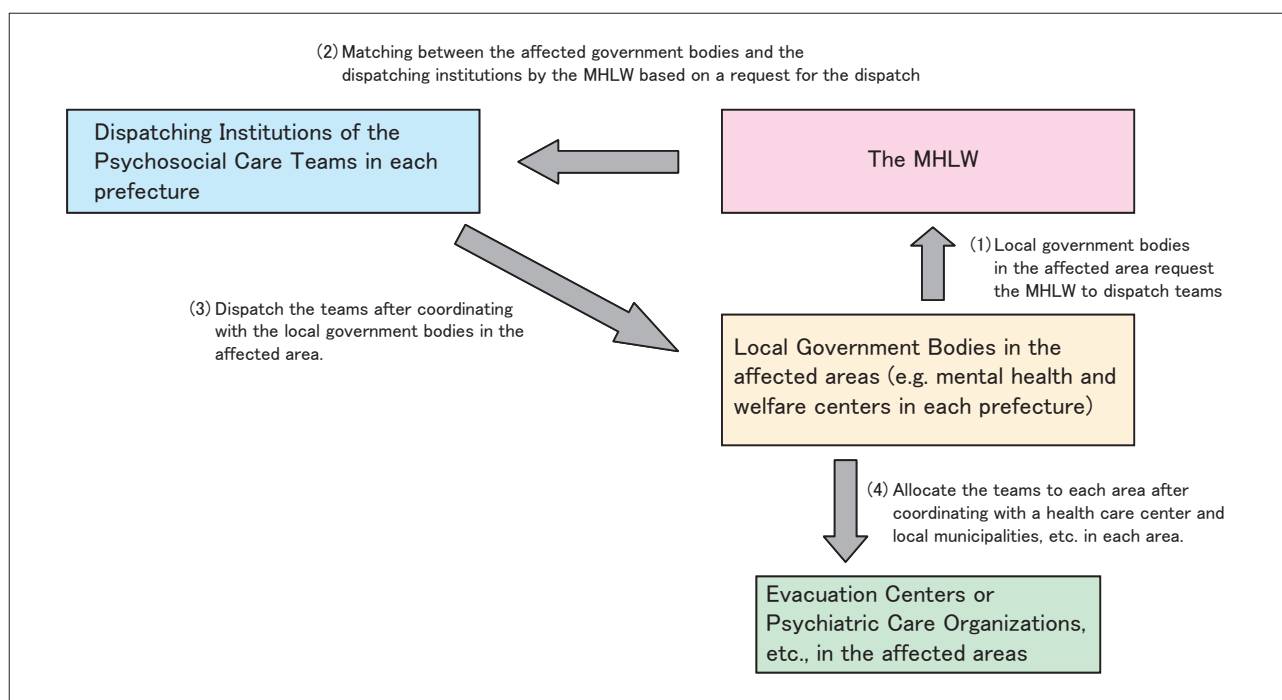
The “GEJET: Psychosocial Care Team Activity Manual in the Affected Areas Ver. 2” published by

the National Institute of Mental Health, the National Center of Neurology and Psychiatry (NCNP) describes the psychosocial care teams dispatched to the affected municipalities. In the section on the Structure of Psychosocial Care Teams, it defines them as “a team composed of multiple staff who are from various professional backgrounds as follows (the appropriate number in the team should be considered in light of its ability to travel by car)”.

- Psychiatrist,
- Nurse, Public health nurse,
- Psychiatric social workers,
- Child Mental health specialist (e.g. pediatric psychiatrist, clinical psychotherapist), and
- Due to the assurance of communications with the staff and logistics, it is useful if a driver and clerical staff accompany them.

Besides, including those from the JRCS not all teams that operated in the disaster area as psychosocial care teams were dispatched through the MHLW. In some cases the prefectural government directly requested medical institutions to dispatch psychosocial care teams. For example, IWATE accepted teams dispatched through personal communications with doctors within the prefecture. These teams were registered as psychosocial care teams at the Iwate

Figure 5-15 Flow of the Dispatch of the Psychosocial Care Team



Source: Prepared by partly adding to and modifying the “GEJET: Psychosocial Care Team Activity Manual in the Affected Areas Ver. 2”, the NCNP

Mental Health Welfare Center and operated in the allocated areas on an equal basis with teams dispatched through the GoJ.

b. Cooperation between the JRCS and local government bodies/health care centers

The psychosocial care teams dispatched to the affected areas through coordination by each prefectural government are to operate by sharing roles and information under rules set by the health care centers or local municipalities in the appropriate area by region. It is important to establish this cooperation not only among the dispatched psychosocial care teams, but also with local public health nurses who travel to evacuation centers and housing within the affected areas, as well as others. Thus the activities proceeded through sharing information on evacuees who have a possible problem.

For example, in the Ishinomaki region, a clinical psychotherapist from the JRCS coordinated the psychosocial care teams as a liaison. In the early period after the disaster they had a meeting every day and shared the information with the public health nurses of the city and the psychosocial care teams. Through these opportunities, the leaders of the evacuation centers or health care nurses traveling to the evacuation centers and housing within the disaster areas continually provide information to the psychosocial care teams when they recognized evacuees with a problem.

In addition, in IWATE, the psychosocial care liaison provided coordination for the Iwate prefectural government or local municipalities regarding the dispatch destination at the start of the psychosocial support activities of the JRCS. The Iwate prefectural government or local municipalities also adjusted their activities in order to gain further understanding of the JRCS psychosocial support activities, as well as to support them in the most suitable way in each municipality. As a result of these consultations in advance, in MIYAKO, IWATE the psychosocial care teams of the JRCS were able to operate as health support teams. Since they could operate in a way that was suitable for the municipal governments (framework), as the accepting site, the Miyako Health Care Center also could respond smoothly, resulting in very high reputation for the activities of the JRCS.

(2) Cooperation with the Japanese Society of Certified Clinical Psychologists, etc.

In case of the GEJET disaster, the JRCS concluded an agreement with the Japanese Psychosocial Support Center for GEJET (“the Psychosocial Support Center”), which was established by the Japanese Society of Certified Clinical Psychologists and the Association of Japanese Clinical Psychology, and operated the psychosocial care in collaboration with them. In March 15, 2012, the JRCS offered the Psychosocial Support Center cooperation in the psychosocial care activities, and then the care activities were able to start collaboratively on March 20. Moreover, from March 23 to 27, the JRCS psychosocial care teams and the Psychosocial Support Center jointly dispatched an advance team and visited the affected areas in MIYAGI and IWATE (ISHINOMAKI, MORIOKA, MIYAKO, YAMADA, KAMAISHI and RIKUZENTAKATA) and evacuation centers in the affected areas.

As a major activity through cooperation between the JRCS and the Psychosocial Support Center, joint psychosocial care teams were deployed five times in the Ishinomaki area in MIYAGI and RIKUZENTAKATA in IWATE from April 7 to June 30.

The joint psychosocial care teams included one or two staff so that a clinical psychotherapist joined in the JRCS psychosocial care team as a care volunteer of the JRCS psychosocial care. While measuring blood pressure, etc., the JRCS nurse provided the care, whereas the accompanying clinical psychotherapist listened attentively especially to people who seemed to have a problem. In addition, the clinical psychotherapist not only listened, but also provided professional care where needed. The joint team operated 21 days in total and a cumulative total of 60 clinical psychotherapists of the psychosocial support center engaged in these activities.

Furthermore, at the start of the dispatch of clinical psychotherapists to the disaster areas, the JRCS and the Psychosocial Support Center jointly held training workshops on psychosocial care at the time of a disaster. A total of three workshops, two in IWATE and one in AKITA, were held with approximately 160 participants. Through these activities, the Psychosocial Support Center appreciated the opportunity to gain know-how on JRCS activities at the time of a disaster. There are other on-going forms of collaboration among each prefecture. In IWATE in cooperation between

the Iwate Chapter and the Society of Certified Clinical Psychologists in IWATE, psychosocial care was conducted at evacuation centers in MIYAKO from April to August. It operated 58 days in total and a cumulative total of 130 clinical psychotherapists were dispatched from the Society of Certified Clinical Psychologists in IWATE and other areas.

After the withdrawal of the JRCS psychosocial care teams, the Society of Certified Clinical Psychologists in IWATE conducted the psychosocial support in cooperation with the Iwate Chapter.

Also in MIYAGI, the Society of Certified Clinical Psychologists in MIYAGI provided psychosocial support in collaboration with the Miyagi Chapter. From June to August, 2011, a cumulative total of 38 clinical psychotherapists were involved.

In addition, after the withdrawal of the JRCS psychosocial care teams, the Society of Certified Clinical Psychologists in MIYAGI also conducted psychosocial care at evacuation centers and temporary housing in collaboration with the Miyagi Chapter and this collaboration continues.

(3) Participation in the Kokoro no Kizuna Project

The JRCS participated in the project, “Human-care: Kokoro no Kizuna Project”. This project was developed mainly by GlaxoSmithKline plc, a major global pharmaceutical company, through industry-government-academia collaboration for the purpose of providing psychosocial support for people in disaster areas. From July 23 to September 4, 2011, the project traveled to a total of 56 places for temporary housing, community centers and meeting places in IWATE, MIYAGI, and FUKUSHIMA, involving 1,633 participants.

This project conducted health seminars and held tea parties. In the health seminars, clinical psychotherapists provided lectures on stress prevention and opportunities for participants to get exercise. In addition, in the tea parties, clinical psychotherapists or nurses who had been trained in psychosocial care listened to the participants and provided the care in a professional way where needed.

Other than the health seminars or the tea parties, they conducted sport seminars, harp performances, concerts by professional singers, storytelling or drawing parties for children and oil massages for staff of the municipalities.



[A scene of the civic medical symposium for citizens - Iwate Prefectural Hall]