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Special Feature Article

Development of the Suicide Prevention Plan of Noda Village: Community Improvement in order to Support the Life of Those Related to Each Other

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Abstract

Noda Village is located in the Kuji area, which has a high rate of suicide in Iwate. In 2001, suicide prevention activities were started as an important issue in cooperation with the local government, public health center, and local organizations, including Iwate Medical University. Local practitioners built relationships with visible networks and advanced comprehensive suicide prevention. As the village was heavily damaged by the Great East Japan Earthquake Tsunami in 2011, suicide prevention and mental care in the disaster area were simultaneously focused on. A section of the Health Welfare Department shared problems with experts and pushed forward plan development. A promotion system that assumed the mayor as the responsible person was created, and the related section of the government participated in it widely. We also conducted a questionnaire to understand the broad needs of the residents. As a result, reported problems included improvement of the consultation counter, gatekeeper training, and isolated preventive community improvement. In addition, during the team meeting with

the cooperating staff, the tasks for suicide prevention and basic ideas were considered comprehensively. Furthermore, we utilized an existing committee to spread the use of the plan effectively and appointed 13 special committee members, including a local physician, dentist, director of the public health center, and a psychiatrist, and conducted "a sectional meeting on community improvement of 21st century committee resident's welfare" referring to 20 constitutions. The activity briefing sessions were widely publicized to local residents in order for the action plan of Iwate and that of Kuji Public Health Center to remain consistent. We will promote the plan and improve the system of local support as the next step.

Keywords: suicide prevention, disaster medicine, mental care, Noda Village, local health center

Introduction

Noda Village is located in the northeastern part of Iwate Prefecture, with a total area of 80.80 km². It is bordered by Kuji City to the north and Fudai Village to the south, and is part of the Sanriku Fukko National Park overlooking the Sanriku Coast in the eastern part. It has a cool and humid summer climate due to the easterly winds called Yamase, and a mild climate with little snowfall in winter.

Local specialties produced from the rich natural environment include thick, sweet "Araumi Scallops" from the rough seas of Sanriku, "Nanbu Fukui Pork" raised on elaborate feed, nutritious "Mountain Grape Wine," "Marine Rose," a rose-colored jewel excavated from Japan's only Tamagawa mine, and

"Noda Salt" made by the traditional direct boiling method.

As of the end of December 2018, the village had a population of 4,251, 1,637 households, an aging population of 36%, one elementary and junior high school, one dental clinic, one internal medicine clinic, and two pharmacies, but the residents also receive care at medical facilities in the neighboring cities of Kuji, Ninohe, and Hachinohe, and face depopulation and a lack of medical resources.

Health services in the village are mainly provided by the Health Team of the Resident Welfare Division of the Noda Village Office, which consists of a chief supervisor, two chief public health nurses, a public health nurse, a nutritionist, and two clerical staff. The

section chief also serves as the secretary-general of the village social welfare council. This paper outlines the village's suicide prevention practices, mental health care after the Great East Japan Earthquake, and formulation of a suicide prevention plan.

I. The Beginning of Suicide Prevention

At a workshop held in 2000 for public health nurses in the Kuji Public Health Center area, it was recognized that the Kuji area had one of the highest suicide rates in Iwate Prefecture, but there was much concern and anxiety about how to address the issue due to prejudice and lack of knowledge.

In 2001, Kuji municipalities, health centers, Iwate Medical University, and other related organizations began working together to address suicide as an important regional issue. The Kuji model is based on the six pillars of: primary prevention, secondary prevention, tertiary prevention, network, work area, and mental disorder response, and is characterized by the face-to-face collaboration of related organizations. One of the key components is the Kuji Regional Mental Health Support Network Liaison Committee. The Kuji Health Center, municipalities, medical institutions, nursing care facilities, social welfare councils, school staff, fire department, listening volunteers, Kuji Regional

Mental Health Care Center, Iwate Medical University, and other related organizations in the Kuji area have collaborated in this network, which has held monthly training sessions and produced activity reports since its inception.

The knowledge and networks accumulated by the municipal public health nurses have become a natural part of their public health services, such as awareness-raising, health checkups, health counseling, health education, human resource development, home visits, salons, and various events for infants to the elderly, as well as for mental health promotion.

II. Suicide Prevention and Post-disaster Mental Health Care

The central part of Noda Village was severely damaged by the Great East Japan Earthquake and Tsunami of March 11, 2011. The tsunami, which breached the seawall, reached 37.8 meters high, and 912 people were evacuated to 11 evacuation centers in the village. The number of fatalities in the village was 28, and 515 houses were damaged, one-third of the total number of affected households. The debris amounted to 167,336 tons, equivalent to the village's waste disposal volume for 100 years. The village's only internal medicine clinic, dental clinic, two pharmacies, and village health center

were also damaged, and disaster headquarters were set up on the second floor of the Noda Village Office because the first floor was flooded.

In response to the situation in the village, we divided the extent of intervention into three levels depending on the damage in order to rebuild community health activities. The Kuji Public Health Center, in cooperation with municipal public health nurses and others, made risk assessments based on the information obtained from home visits, and shared this information among supporters in an easy-to-see format by adding it to a residential map. Furthermore, while predicting the changing situation of the village on a timeline, related organizations were able to divide roles and provide support in accordance with the needs of each intervention.

At the same time, the internal medicine clinic, which had been completely destroyed and washed away, opened a temporary clinic, and continued to support the physical and mental health of the villagers without interruption through cooperation with the Kuji Medical Association and Iwate Medical University, and through the support activities of the Kuji Dental Association and Pharmacists Association, which markedly encouraged the recovery of community health activities.

Before the earthquake, the village had conducted a "kekebito" training course for community welfare and health promotion committee members, in an attempt to create a village where everyone can support each other by learning listening skills as part of a human resource development program for suicide prevention. The name "kekebito" comes from the dialect word "kekeru," which means to be considerate and concerned about another person. Lectures and role-plays were given by psychiatrists and clinical psychologists on the topics of "dealing with mental illness" and "becoming a good listener: Listening to one's feelings." Participants commented that they would like to make use of the lectures when they receive advice from people close to them or when they themselves are troubled.

After the earthquake, local residents who had attended the village training course held 78 salons called "Dandelion Salons" in evacuation shelters and temporary housing, along with health counseling provided by the village. A total of 156 people volunteered to listen and support the 768 people who participated in the salons, and these activities became a major driving force for subsequent health activities. The name "Dandelion Salon" was chosen in the hope that the listening activities, like the dandelion flower, would grow

strong roots, bloom, and spread throughout the community like cotton wool, and take root again, even under harsh conditions.

In addition, with the cooperation of the Iwate Medical University Mental Health Care Team, we visited evacuation centers and conducted a questionnaire survey.

As a result, we identified many complaints, such as lack of exercise, tiredness from group-living in evacuation centers, easy fatiguability, irritability, anxiety, and inability to sleep. In response to complaints regarding insomnia, we, together with the care team, delivered bedding and pillows from our relief supplies to improve the environment, much to the delight of the victims.

As the stress of evacuation life prolonged, there was concern that the number of residents complaining of cardiovascular disease and mental health problems would increase. It was necessary to ensure that the health checkups of the villagers were carried out according to the annual plan; therefore, we asked the care team for help and began by cleaning the site where the checkups were carried out. The depression screening was conducted as a mental health promotion medical checkup by making the specified medical checkups free of charge. In the post-checkup guidance

meeting, in addition to explanation of the results and health guidance, psychiatrists provided advice on mental health promotion and practical guidance on self-care.

In response to these community-based activities of the Iwate Medical University Mental Health Care Team, Iwate Prefecture commissioned Iwate Medical University to operate the Iwate Mental Health Care Center, which opened seven consultation rooms in four regional centers along the coast of Iwate Prefecture. The Kuji Regional Center opened in March 2012, and even now, 10 years after the earthquake, more than a dozen people visit the center every Wednesday.

Since the Great East Japan Earthquake and Tsunami, the center has continued to work together to link mental health care and life reconstruction with suicide prevention, utilizing the network cultivated through the suicide prevention project.

Many disaster victims face new difficulties due to environmental changes, aging, and prolonged stress even after rebuilding on their own or moving to public disaster housing.

III. Commencement of Suicide Prevention Plan Formulation

In Noda Village, the number of suicides from 2013 to 2017 was 6. We started development of the plan by sharing

issues based on the situation of life hardship and illness, with the goal of saving as many lives as possible.

In developing the plan, a psychiatrist was asked to serve as a supervisor. The psychiatrist, the general manager in charge, and the public health nurse discussed the contents of the explanation in advance of the meeting of the Suicide Prevention Headquarters. At the meeting, information on national trends in suicide prevention and the situation in affected areas was shared, as well as issues based on the suicide situation in the village.

The proposal was also made to establish a decision-making structure by organizing a promotion headquarters and coordination team, with the chief executive officer in charge. The plan's outline, direction, and schedule were agreed upon by all parties concerned.

The fact that the coalition members (practitioners) were able to work together with the understanding of each section chief was effective in facilitating the schedule that followed, so that the relevant departments within the agency could participate widely and promote suicide prevention as a whole administration.

At the same time, a questionnaire survey of local residents was conducted under the guidance of the supervisors in order to reflect the voices of local residents in the plan and use secondary

indicators such as the implementation rate of the project and process evaluation, rather than just the number of suicides due to the small population size. According to the results of the questionnaire, the residents desired the enhancement of consultation services, training of gatekeepers to support those in distress, and creation of a community that prevents isolation.

At the Coordination Team Meeting, the results of the resident questionnaire were reported, an inventory of projects related to suicide prevention including related organizations of each section was compiled, and the basic principles of the plan were discussed. The following advice was obtained from the director of the Iwate Mental Health Welfare Center and psychiatrists on sharing information at the meeting: all aspects of the residents' lives and services should be included in the plan, the plan should have a gatekeeper's perspective, and the plan should not be a collaborative effort after a problem has occurred, but rather in advance of it. The participants realized new perspectives and possibilities in the projects of the village and related organizations that at first glance had nothing to do with suicide prevention, and they were able to reaffirm the different ways of thinking of each section and think about the division of roles. Furthermore, the lecture by a

psychiatrist helped the staff to improve the quality of their daily work for residents, such as their responses at the counter.

In order to effectively disseminate the plan, it was necessary to involve outside organizations such as senior citizen clubs, NPOs, nursery schools, high schools, commerce and industry associations, police, and fire departments, but many problems were encountered in terms of personnel selection, budget, etc. Therefore, we appointed 13 special committee members, including local physicians, dentists, public health center directors, and psychiatrists, to form a 20-member "Resident Welfare Subcommittee of the 21st Century Village Development Committee," utilizing existing committees.

The basic measures of the plan in our village are to continue the evidence-based Kuji Model, which has been implemented as a comprehensive approach to help villagers live better lives, and to organize and expand the current situation in the formulation of a new basic policy. Priority measures include the promotion of measures for high-risk individuals, care and support for disaster victims, and enhancement and reinforcement of gatekeepers.

In order to ensure consistency with the Iwate Prefecture Action Plan and Kuji Public Health Center's plan, we have

been sharing information on the progress of the project. One part of this is the "Support for Living Seminar" held every year in the Kuji area, where health centers and municipal officials report on their activities to local residents. In February 2019, 273 people gathered and exchanged opinions on the theme of "Suicide Prevention Plan in Kuji Area and Future Suicide Prevention Promotion", chaired by the director of Kuji Health Center and advised by a psychiatrist from Iwate Medical University.

Conclusion

Twenty years have passed since suicide prevention efforts began, and local awareness has increased as a result of these efforts over the years. The Kuji area's suicide rate has been decreasing, although it has fluctuated, and the number of years in which the suicide rate has been lower than the national rate has been increasing, indicating that the efforts are proving to be worthwhile and that the Kuji area is passionate about continuing its efforts.

We would like to make use of the network gained in the process of formulating the "Noda Village Life Support Promotion Plan" in March 2019, and while continuing our current efforts, we would like to further expand them with closer cooperation, and as a bridge to the reconstruction of Noda Village,

which is still in the middle of its recovery. We strive to create a "safe and secure village with a rich heart" that can save as many lives as possible. There are no conflicts of interest to disclose in relation to this paper.

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