

Interest in psychiatry or mental health research?

Frequently Asked Questions

- ▶ Can I do research in psychiatry?
 - ▶ The answer is ALWAYS yes
- ▶ Do you have any clinical trials research opportunities?
 - ▶ Not at this time, but you can still ask
 - ▶ Mostly clinical effectiveness research
- ▶ Do you have research labs?
 - ▶ No bench research, behavioral “labs” in substance use and suicide prevention
 - ▶ Research workgroups in adult psychiatry, Native Hawaiian mental health, substance use, suicide prevention
- ▶ What do most students work on?
 - ▶ It depends on their availability
 - ▶ Case studies are great and always something new
 - ▶ Literature reviews for existing projects
 - ▶ Data entry and analysis
 - ▶ Community engagement
- ▶ How does selection work?
 - ▶ The Point of Contact knows the vast majority of projects in the Department and the requirements for volunteers
 - ▶ She matches you based on your interest, goals and availability to potential projects
 - ▶ You are introduced to faculty researchers via email to see if it’s a fit. Be sure to ask for a paper or two on the project.



Interest in psychiatry or mental health research?

What we need to know

- ▶ Have you completed CITI human studies research ethics?
 - ▶ Researchers and key personnel (biomedical OR social behavioral)
 - ▶ Privacy (IPS) training
- ▶ What are your interest areas and experience?
 - ▶ Send your CV
- ▶ What you want to get out of it?
 - ▶ Experience with interviewing
 - ▶ Exposure to qualitative methods or quantitative analyses
 - ▶ Opportunity to work with psychiatry faculty
 - ▶ Publication
 - ▶ You tell us
- ▶ What is your availability?
 - ▶ Hours
 - ▶ Days/Times during the week
 - ▶ Duration
 - ▶ Be realistic



“There is no beginning or end to healing. The seeking of health and healing is a process spanning from ‘ōpio (youth) to kūpuna (elders) and is spiritually understood as the essence of healing and health.” ~Kupuna Malia Craver



As integral partners in the fruition of E Ola Mau a Mau, the UH Department of Psychiatry wholeheartedly endorses the recommendations for impact in mental and behavioral health and wellbeing including:

- ❖ **Promulgate Effective Community Engagement Programs.**
 - ❖ Programs that promote community engagement improve reintegration and social networking.
 - ❖ When programs can engage families instead of individuals, programs are more effective and can improve mental health status for more than just one individual.
 - ❖ Communities want to help shape the direction and focus of efforts through collaborations.
- ❖ **Expand Effective Culturally Based and Culturally Adapted Prevention and Treatment Interventions.**
 - ❖ There is a need for programs using cultural and wholistic approaches designed to foster healthy Native Hawaiian mental health and behaviors and that prevent mental health challenges before they occur.
 - ❖ Such interventions bridge the gaps that Native Hawaiians may experience between their behavior and their values.
- ❖ **Decrease Stigma and Ensure Access to Services.**
 - ❖ The stigma of mental illness adversely impacts all levels of well-being, including prevention, help-seeking, access, recovery, and resilience.
 - ❖ A responsive system of care will improve access to mental health treatment and will eliminate health disparities for Native Hawaiians, their families, and communities.
 - ❖ An effective behavioral health system must be capable of providing an array of prevention and treatment options in multiple settings, including services that are culturally responsive and that contribute to and support improvement of treatment outcomes.
- ❖ **Increase Workforce Development and Training for Behavioral Health Providers.**
 - ❖ Shortages of mental health providers disproportionately impact residents from neighbor islands and other rural communities.
 - ❖ Treatment for Native Hawaiians can have lasting effects if the provider uses methods or skills that are relevant to the beliefs and values of the person being treated.
 - ❖ Native Hawaiian practitioners, mental health care providers, community health workers, and educators have direct linkages to appropriate resources that make them essential wellness navigators for the Native Hawaiian community.
- ❖ **Enhance Funding and Resources for Mental Health.**
 - ❖ Native Hawaiian community-engaged and culturally based programs led by well-trained providers require funding.
 - ❖ More funding and resources in health, education, justice, and other systems are needed for sustainable effects.
- ❖ **Incorporate a Systems Approach that Utilizes the Socioecological Model and Focuses on Long-Term Sustainability.**
 - ❖ The socioecological model considers the complexity of well-being and mental health, including interdisciplinary factors at various levels: individual, family, social, community, and societal.
 - ❖ Effective leadership will be crucial to develop, implement, and evaluate efforts and plans that address mental and behavioral health from a systems and sustainability approach.

Naleen N. Andrade, Deborah Goebert, Earl Hishinuma, Kate Leilani Kahoano, Pohaokalani Sonoda-Burgess, Jessi Cadorna, Isabella Ahrens, Kalei Chandler-Ahsing, Melissa Hamada, Kauano Kamana, Noella Kong, Sasha Madan, Nalani Minton, Deja Ostrowski, Charlie Schlather, Aukahi Austin Seabury, Jeanelle Sugimoto-Matsuda, Ian Chun, Mark Alapaki Luke, Anaeliz Colon, Ciera Pagud, Adriano (Puna) Sabagala, Kealoha Fox, Palama Lee, Ka’ala Jane Pang, William Rezentes (2020). Mental and Behavioral Health and Wellness. In *E Ola Mau a Mau: The Next Generation of Hawaiian Health*. Honolulu, HI: Papa Ola Lōkahi.



Culture is an emphasis

PSYCHIATRY AND MENTAL HEALTH CARE IN HAWAI‘I

UNIVERSITY OF HAWAI‘I AT MĀNOA,
JOHN A. BURNS SCHOOL OF MEDICINE,
DEPARTMENT OF PSYCHIATRY

The University of Hawai‘i, John A. Burns School of Medicine, Department of Psychiatry (UH Department of Psychiatry) is committed to expanding knowledge within a multi-cultural, biological, psychological, and social framework. The UH Department of Psychiatry is the State’s leading academic unit in mental health treatment, education/training, and research.

- **Treatment** – Our department is the largest provider of psychiatric services in Hawai‘i. We provide the majority of psychiatric team care coverage and service line leadership for The Queen’s Medical Center, as well as consult-liaison services for the other major healthcare systems in the State. Our spectrum of services also extends into the community. In this role, our faculty and residents often care for the most vulnerable patients and populations in Hawai‘i.
- **Education** – The majority of psychiatrists in Hawai‘i have some affiliation with our Department. Our trainees are diverse, and through successful collaborations, are able to rotate through a wide variety of placements and experiences.
- **Research and Quality Improvement** – As one of the medical school’s most robust research units, our faculty and staff are experts in critical issues such as evidence-based treatment modalities and frameworks, cultural psychiatry/mental health, and suicide prevention.

Access to Inpatient Psychiatric Treatment

Despite increased efforts, Hawai‘i has a gap in services for individuals with severe mental illness and substance use disorders who lack decisional capacity. Currently Hawaii State Law provides mechanisms for involuntary psychiatric admission and treatment for individuals who are a danger to themselves or others. However, our laws regarding involuntary psychiatric admission do not currently address significant portions of the population who are severely mentally ill who do not present an imminent safety risk. Involuntary treatment in Hawaii is limited to 48 hours, less than many other states across the nation and not allowing for adequate time for assessment or treatment engagement. We often face challenges resulting from civil commitment without an ability to provide access to timely and appropriate pharmacologic treatment to individuals requiring inpatient hospitalization.

As a result, individuals often cycle among homelessness, emergency room treatment, hospitalization, and incarceration. Like many states, Hawai‘i incarcerates more individuals with severe mental illness than it hospitalizes. The UH Department of Psychiatry provides psychiatric services in the homeless community, emergency department, inpatient psychiatric units, and jail. Future directions to improve access to inpatient psychiatric care for individuals with severe mental illness or substance use could include revising or examining the efficacy of our statutes regarding involuntary hospitalization, civil commitment and mandatory treatment. In order to provide these services, an expanded network of inpatient psychiatric providers and inpatient psychiatric facilities is needed. While Hawaii’s population continues to expand, our inpatient mental health facilities have not kept pace resulting in frequent bed and space shortages. Reimbursements for hospital inpatient psychiatric care should reflect the importance of this area of service. Further resources may be needed to address our currently overburdened inpatient departments and providers.

CONTACT US IF YOU HAVE QUESTIONS

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UH Department of Psychiatry Core Values

Aloha is selfless giving without expectation of reciprocity. It is the ability to empathize with others and treat colleagues and those served with the sensitivity and respect that brings out their best qualities and strengths.

Lōkahi is the ability to be servant-leaders who strive to establish a set of working relationships that build a team or an ‘ohana. These relationships seek to achieve balance or harmony.

‘Ohana is a family or team bonded by a continuous thread of history, culture and/or aims.

Maika‘i loa is excellence in work done as individuals and

mixed-methods, community-informed research and evaluation providing insight

Asian/Pacific Islander Youth Violence Prevention Center

The API Center takes a comprehensive approach to reduce and prevent interpersonal youth violence by developing an effective, comprehensive, public-health, and culturally competent model to serve as a national prototype (Principal Investigator [PI] Hishinuma). This is accomplished through infrastructure development, community mobilization and empowerment, research, training, and dissemination. Currently, the team is working on a youth re-arrest diversion program for the past 5 years (PIs Hishinuma, Miao) and on a portraiture project detailing system change over 20 years in one local school (PIs Chung-Do, Makaiau).

Hawaii's Caring Communities Initiative for Suicide Prevention (HCCI)

Suicide is a leading cause of death in the U.S. and Hawai'i, with more dying from suicide than traffic-related injuries and drownings. Native Hawaiian and Pacific Islander adolescents are now among the highest risk for suicide-related behaviors, especially those who reside in rural communities. Through HCCI (PI: Goebert), youth and community members were trained as trainers to provide education, and develop awareness projects and activities that incorporated evidence-based practices. Our program was tailored to meet cultural needs that were identified by community leaders, which emphasized the importance of honoring community knowledge and prioritizing relationships.

National Center on Indigenous Hawaiian Behavioral Health

The strategic aim is to develop and conduct a comprehensive program of: (a) epidemiological, translational, community-based, clinical and preventive intervention and neuroscience research; (b) clinician-educator-researcher education/training; and (c) culturally effective diagnostic and treatment protocols (PI N.N. Andrade). For the last three years, the Center has been collaborating with Papa Ola Lōkahi on the *E Ola Mau a Mau* report.

Statewide System of Care for Substance Abuse

We are partnering with the State of Hawai'i, Department of Health, Alcohol and Drug Abuse Division (ADAD) on a set of projects designed to improve the state's system of care. Our Youth Needs Assessments are designed to address both general youth needs via a school-based alcohol, tobacco, and other drug use (ATOD) survey, as well as special populations of youth who experience an elevated need for interventions (PIs Onoye and Helm). This year the survey has been expanded to assess vaping in more detail. It also includes numerous risk and protective factors. Our State Plan project is designed to assist ADAD to fulfill its 2018 strategic plan by emphasizing a data-driven system of care (PIs Helm, co-PI Fan Co-Investigator Onoye). The plan states that the division's "efforts are designed to promote a statewide culturally appropriate, comprehensive system of substance abuse services to meet the treatment and recovery needs of individuals and families and to address the prevention needs of communities."

Some of Our Recent Publications

- Agapoff, J. R., Goebert, D., Takeshita, J., Kracher, S., & Curriuan, A. (2019). Improving Patient Care through Collaborative Consultation Integration: a Quality Improvement Initiative. *The Journal of Behavioral Health Services & Research*, 1-7.
- Agapoff IV, J. R., & Olson, D. J. (2019). Challenges and Perspectives to the Fall in Psychiatry Fellowship Applications. *Academic Psychiatry*, 1-4.
- Agapoff, J. R., Tonai, C., Eckert, D. M., Gaverro, G., & Goebert, D. A. (2018). Challenges and perspectives to the rise in general psychiatry residency applications. *Academic Psychiatry*, 42(5), 674-676.
- Curriuan, A., Takeshita, J., Goebert, D., & Fleming, L. (2019). A business plan for multidisciplinary consultation liaison team: Return on investment. *General hospital psychiatry*, 61, 84.
- Eckert, M. D., Agapoff, IV, J., Goebert, D. A., & Hishinuma, E. S. (2018). Training psychiatry residents in patient handoffs within the context of the clinical learning environment review. *Academic Psychiatry*, 42 (2), 262-264.
- Goebert, D. A., Hamagami, F., Hishinuma, E. S., Chung-Do, J. J., & Sugimoto-Matsuda, J. J. (2019). Change pathways in indigenous and nonindigenous youth suicide. *Suicide and Life-Threatening Behavior*, 49 (1), 193-209.
- Guerrero, A. P. S., Balon, R., Beresin, E. V., Louie, J. H., Brenner, A., & Roberts, L. W. (2019). Rural mental health training: An emerging imperative to address health disparities. *Academic Psychiatry*, 43, 1-5.
- Helm, S., Hishinuma, E., Okamoto, S., Chin, S. K., & Silva, A. (2019). The relationship between ethnocultural identity measures and youth substance use among a school-based sample: A focus on Native Hawaiian youth. *Asian American Journal of Psychology*, 10(3), 206.
- Helm, S., & Okamoto, S. K. (2019). Gendered perceptions of drug offers as a context for aggression and violence. *Journal of Interpersonal Violence*, 34 (11), 2292-2312.
- Hishinuma, E. S., Smith, M. D., McCarthy, K., Lee, M., Goebert, D. A., Sugimoto-Matsuda, J. J., Andrade, N. N., Philip, J. B., Chung-Do, J. J., Hamamoto, R. S., & Andrade, J. K. L. (2018). Longitudinal prediction of suicide attempts for a diverse adolescent sample of Native Hawaiians, Pacific Peoples, and Asian Americans. *Archives of Suicide Research*, 22 (1), 67-90.
- Jacobson, D. A., Witten, R. E., & Ona, C. M. (2019). Impact of repetitive transcranial magnetic stimulation (rTMS) on cortisol levels and neuropsychological functioning in a mental health outpatient setting. *The Military Psychologist*, 34(3), 12-17.
- Louie, A. K., Coverdale, J. H., Balon, R., Beresin, E. V., Brenner, A. M., Guerrero, A. P. S., & Roberts, L. W. (2018). Enhancing empathy: A role for virtual reality? *Academic Psychiatry*, 42(6), 747-752.
- Lu, B. Y., Agapoff, J. R., Olson, D. J., Williams, S. R., Roller, A., & Goebert, D. (2020). Rapid and sustained improvement in treatment-refractory depression through use of acute intravenous ketamine and concurrent transdermal selegiline: A case series. *Journal of affective Disorders*, 262, 40-42.
- Makaiau, A. S., Sugimoto-Matsuda, J. J., Glassco, K., Honda, F., Rehuher, D., Hishinuma, E. S., Kida, L. E., & Mark, G. Y. (2019). Ethnic studies now: Three reasons why ethnic studies should be a requirement for high school graduation in the United States. *Oregon Journal of Social Studies*, 7 (1), 20-51.
- Munnely, S. M., Hishinuma, E. S., Lee, M., Smith, M. D., & McCarthy, K. (2018). Demographic, social, and mental health aspects of American Indian and Alaska Native adolescents in Hawai'i. *American Indian and Alaska Native Mental Health Research*, 25 (2), 20-53.
- Nishimura, S. T., Hishinuma, E. S., Goebert, D. A., Onoye, J. M. M., & Sugimoto-Matsuda, J. J. (2018). A model for evaluating academic research centers: Case study of the Asian/Pacific Islander Youth Violence Prevention Center. *Evaluation and Program Planning*, 66, 174-182.
- Okamoto, S. K., Helm, S., Ostrowski, L. K., & Flood L. (2018). The validation of a school-based, culturally grounded drug prevention curriculum for rural Hawaiian youth. *Health Promotion Practice*, 19 (3), 369-376.
- Schatte, D., Gaverro, G., Thomas, L., & Kovach, J. (2018). Field guide to boot camp curriculum development. *Academic Psychiatry*, 43, 224-229.
- Schultz, B. R., Lu, B. Y., Onoye, J. M., & Toohy, T. P. (2018). High resource utilization of psychiatric emergency services by methamphetamine users. *Hawai'i Journal of Medicine and Public Health*, 77 (12), 312-314.
- Solimine, S., Takeshita, J., Goebert, D., Lee, J., Schultz, B., Guerrero, M., Tanael, M., Pilar, M., Fleming, L., Kracher, S., Lawyer, L. (2018). Characteristics of patients with constant observers. *Psychosomatics*, 59, 67-74.
- Stroup, T. S., & Gray, N. (2018). Management of common adverse effects of antipsychotic medications. *World Psychiatry*, 17, 341-356.
- Williams, S. R., Agapoff, IV, J. R., Lu, B. Y., Hishinuma, E. S., & Lee, M. (2019). The frequency of hospitalizations and length of stay differences between schizophrenic and schizoaffective disorder patients who use cannabis. *Journal of Substance Use*, 24 (1), 21-28.
- Yang, K. I., Chung-Do, J. J., Fujitani, L., Foster, A., Mark, S., Okada, Y., Saad-Jube, Z., Youkhana, F., Braun, K. L., Cassel, K., Helm, S., Ka'opua, L. S., Mataira, P. J., Nishita, C., Okamoto, S. K., Sy, A. U., Ing, C. T., Qureshi, K., & Umemoto, K. (2019). Advancing community-based participatory research to meet health disparities in Hawai'i: Perspectives from academic researchers. *Hawai'i Journal of Medicine and Public Health*, 78(3), 83-88.

'Ike aku, 'ike mai, kokua aku kokua mai; pela iho la ka nohana 'ohana

Recognize others (watch), be recognized (observe), help others, be helped; such is the family/community way.

The words expressed in this *'olelo no'eau* (saying) capture a fundamental philosophy necessary for creating and sustaining a system for mental health care. Many Native Hawaiians and others living in Hawai'i, consider everyone in their community a part of their extended family. In the *'ohana* (family), you know others and they know you, and you help others and know you will be helped.

ensuring quality mental health care and prevention in clinical and community settings



Access to Community Mental Healthcare

Psychiatry continues to be a shortage specialty in Hawai'i, particularly on the neighbor islands with shortage rates ranging from 18%-38%. Hawai'i would require more than 100 full-time psychiatrists to meet current patient need. This number does not reflect subspecialty needs like child and adolescent psychiatrists.

The most prominent strategies for improving accessibility to psychiatric services are telepsychiatry and primary care integration (AKA, collaborative care). While the former can mitigate geographic barriers to access and reduce inefficiencies related to travel time, the latter further leverages psychiatrists' time and expertise through collaboration with primary care providers. These new models will likely play a greater role in the careers of future psychiatrists. To date, we have been a leader in the State in telehealth, providing child and adolescent psychiatric care for complex cases across the State. We have also been a leader in collaborative care, working with primary care providers. We support the expansion of collaborative care and telepsychiatry throughout our state. This would be facilitated by third party payers adopting appropriate service codes and reimbursement levels to encourage the development and continuation of these services.

Additionally, an innovative model of health care education and delivery known as Project ECHO (Extension for Community Healthcare Outcomes) provides high-quality specialty care using state-of-the-art telehealth technology and case-based learning. In 2017, Hawaii's Project ECHO linked UH psychiatrists with primary care clinicians in underserved areas to deliver training and answer complex specialty care questions on patients with mental illness.

Lastly, assertive community treatment models including case management services and assisted community treatment statutes may be useful tools in providing care for individuals with severe mental illness. More attention and resources are needed to meet the mental healthcare needs of individuals with a severe mental illness in community settings.

- Alexandra A, Withy K (2017). Does Hawai'i Have Enough Psychiatrists? Assessing Mental Health Workforce Versus Demand in the Aloha State. *Hawai'i Journal of Medicine and Public Health*. 76(3):15-17.
- Aplasca A., & Alicata D. (2018). Primary care integration. In A. Guerrero P. Lee, & N. Skokauskas (Eds.) *Pediatric consultation-liaison psychiatry*. Cham, Switzerland: Springer International Publishing
- Guerrero, A. P., Chock, S., Lee, A. K., Sugimoto-Matsuda, J., & Kelly, A. S. (2019). Mental health disparities, mechanisms, and intervention strategies: Perspective from Hawai'i. *Current Opinion in Psychiatry*, 32(6), 549-556.
- Withy, K. (2019). Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project to the 2020 Legislature.



Sex Trafficking

Trafficked persons are underserved for multiple reasons, and the mental health burden on these populations is unmet primarily because they have not yet been identified.

Psychiatry plays a significant and unique role in the identification, treatment, rehabilitation, and prevention of sexual trafficking as we are uniquely positioned to understand the complexities of human development, trauma, and psychiatric comorbidities through the use of a biopsychosocial approach. Important factors include ethnic or sexual minority, parental substance abuse or mental illness, victim of abuse, family conflict, lack of supportive family network, running away, child welfare or foster involvement, having a family member in the sex trade, friends who purchased sex, homelessness, poverty, pre-existing adult prostitution hanging out in areas with large numbers of transient youth, and the existence of organized crime (gangs).

We support efforts to reduce risk and strengthen resilience. We are examining best practices for identifying trafficking in the emergency department in order to improve care.

Hope

Substance Use Prevention

Substance use represents a significant health disparity among indigenous and minority populations in the U.S., including in Hawai'i. This is particularly problematic in rural communities where health promotion and prevention resources are limited. In addition, the majority of Hawaiians reside in rural areas of Hawai'i and Native Hawaiian youth tend to have early substance use onset and higher use rates relative to their non-Hawaiian peers.

The UH Department of Psychiatry has been conducting culturally grounded substance use prevention with Native Hawaiian youth and communities. The Ho'ouina Pono project is a school-based intervention targeting middle school youth. The Puni Ke Ola project is a community-based intervention using the culture-as-intervention philosophy for substance use prevention among adolescents.

Okamoto, S. K., Kulis, S. S., Helm, S., Chin, S. K., Hata, J., Hata, E., & Lee, A. (2019). An efficacy trial of the Ho'ouina Pono drug prevention curriculum: An evaluation of a culturally grounded substance abuse prevention program in rural Hawai'i. *Asian American Journal of Psychology*, 10(3), 239-248.

Helm, S., Lee, W., Hanakahi, V., Gleason, K., & McCarthy, K. (2015). Using photovoice with youth to develop a drug prevention program in a rural Hawaiian community. *American Indian and Alaska native mental health research (Online)*, 22(1), 1.

Suicide Prevention

In Hawai'i, one suicide death occurs nearly every other day. Suicide can have lasting harmful effects on individuals, families, and communities. The UH Department of Psychiatry is a leader in suicide prevention. For more than two decades, we have been actively engaged in research and evaluation; education, training and awareness; policy; and community and clinical service to reduce suicide deaths and attempts and to improve the wellbeing of the people of Hawai'i.

We provide suicide prevention, intervention and postvention services and training to providers, community members, and Native Hawaiian and rural youth. With our community partners, we implement awareness activities in culturally relevant ways while using evidence-informed practices of suicide prevention. Our program recently demonstrated a 6-fold decrease in making a plan for suicide by combining two culturally adapted programs—*Sources of Strength* and *Connect Suicide Prevention*.

Chung-Do J, Goebert D, Bifulco K, Tydingco T, Wilcox S, Aea D, Arume B & Alvarez A. (2015). Mobilizing communities at-risk to prevent youth suicides. *Journal of Health Disparities Research and Practice* 8(4):108-123.

Goebert, D., Alvarez, A., Andrade, N. N., Balberde-Kamali, J., Carlton, B. S., Chock, S., Chung-Do, J. J., Eckert, M. D., Hooper, K., Kanianu-Santos, K., Kaulukukui, G., Kelly, C., Pike, M., J., Rehuher, D., & Sugimoto-Matsuda, J. (2018). Hope, help, and healing: Culturally embedded approaches to suicide prevention, intervention and postvention services with Native Hawaiian youth. *Psychological Services*, 15 (3), 332-339.



Ultimately, our research and evaluation will help inform ways to improve program content and delivery to underserved populations and reduce health disparities and increase wellness.