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
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 critical to develop, implement, and evaluate efforts and plans that address mental and behavioral health from a systems and sustainability approach.

The University of Hawai‘i’s centralized resources, programs, and services are designed to transform the care of people with mental illness so that individuals and communities not only survive but flourish. The UH Department of Psychiatry is the largest provider of psychiatric services in Hawai‘i.

❖ 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 consultation 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 Hawai‘i 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, this expanded network of inpatient psychiatric providers and inpatient psychiatric facilities is needed. While Hawai‘i’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.

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CONTACT US IF YOU HAVE QUESTIONS

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PSYCHIATRY AND MENTAL HEALTH CARE IN HAWAI‘I
UNIVERSITY OF HAWAI‘I AT MĀNOA,
JOHN A. BURNS SCHOOL OF MEDICINE,
DEPARTMENT OF PSYCHIATRY

Life is good when you have a sense of balance or harmony. ‘Ohana is a family or team bound by a continuous thread of history, culture and/or aims. ‘Ohana 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.

Maita‘i loa is excellence in work done as individuals and
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 HCC (PI: Goebert), youth and community members were trained as trainers to provide education, and develop and implement the US government-recognized 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 Lokahi on the O‘O Mo‘u O‘u Mo‘u report.

Statewide System of Care for Substance Abuse

We are working 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 specific populations of youth who experience an elevated need for interventions (P cola Ohe 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 (PI Helm, co PI Fan Pai-Investigator Ony.) The plan states that the division’s “efforts are designed to promote a statewide culturally appropriate, community-oriented system of substance abuse services to meet the treatment and recovery needs of individuals and families to address the prevention needs of communities.”

Access to Community Mental Health Care

Psychiatric care continues to be a shortage specialty in Hawai‘i, particularly on the island groups with shorter ranges 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 integrated care. Although Hawai‘i has a comprehensive system of substance abuse services to meet the needs of underserved populations, and reduce health disparities and increase wellness.

Asian/Pacific Islander Youth Violence Prevention Center

The API Youth Violence Prevention Center has been expanded to (a) include substance abuse services in general psychiatry residency training, (b) expand specialty substance use in general psychiatry residency training, and (c) develop substance abuse services in general psychiatry residency training. The strategic aim is to develop and conduct a comprehensive evaluation of evidence-based prevention and treatment models with a translational, community delivery to individuals, families, and communities. For more than two decades, we have been actively engaged in research in evaluation; education, training and awareness; policy, and community and clinical service to reduce suicide deaths and attempts and improve suicide prevention.

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 are working to develop culturally relevant ways while using evidence-informed practices of suicide prevention. Our program recently demonstrated a 6-fold decrease in Harm in a plan to implement a suicide by two culturally relevant suicide prevention programs of Strengthen and Connect Suicide Prevention. We are examining best practices for identifying and training appropriate emergency department in order to improve care.