

# Strengthening the Behavioral Health Workforce for Native Hawaiian & Pacific Islander Communities

ENHANCING CARE AND SERVICES FOR MENTAL  
HEALTH AND SUBSTANCE USE DISORDERS

SESSION 4: EDUCATION, TRAINING, AND THE WORKFORCE PIPELINE



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# Why is this important?

- Native Hawaiian & Pacific Islander (NHPI) communities face significant mental & behavioral health disparities.
- Culturally relevant care depends on a strong, representative workforce & thinkforce.
- Current gaps threaten access, trust, and outcomes for NHPI communities.
  - Largest # of patients seeking care per month and the largest # on a waitlist
  - Current clinical workforce is ill-equipped to respond competently to this need

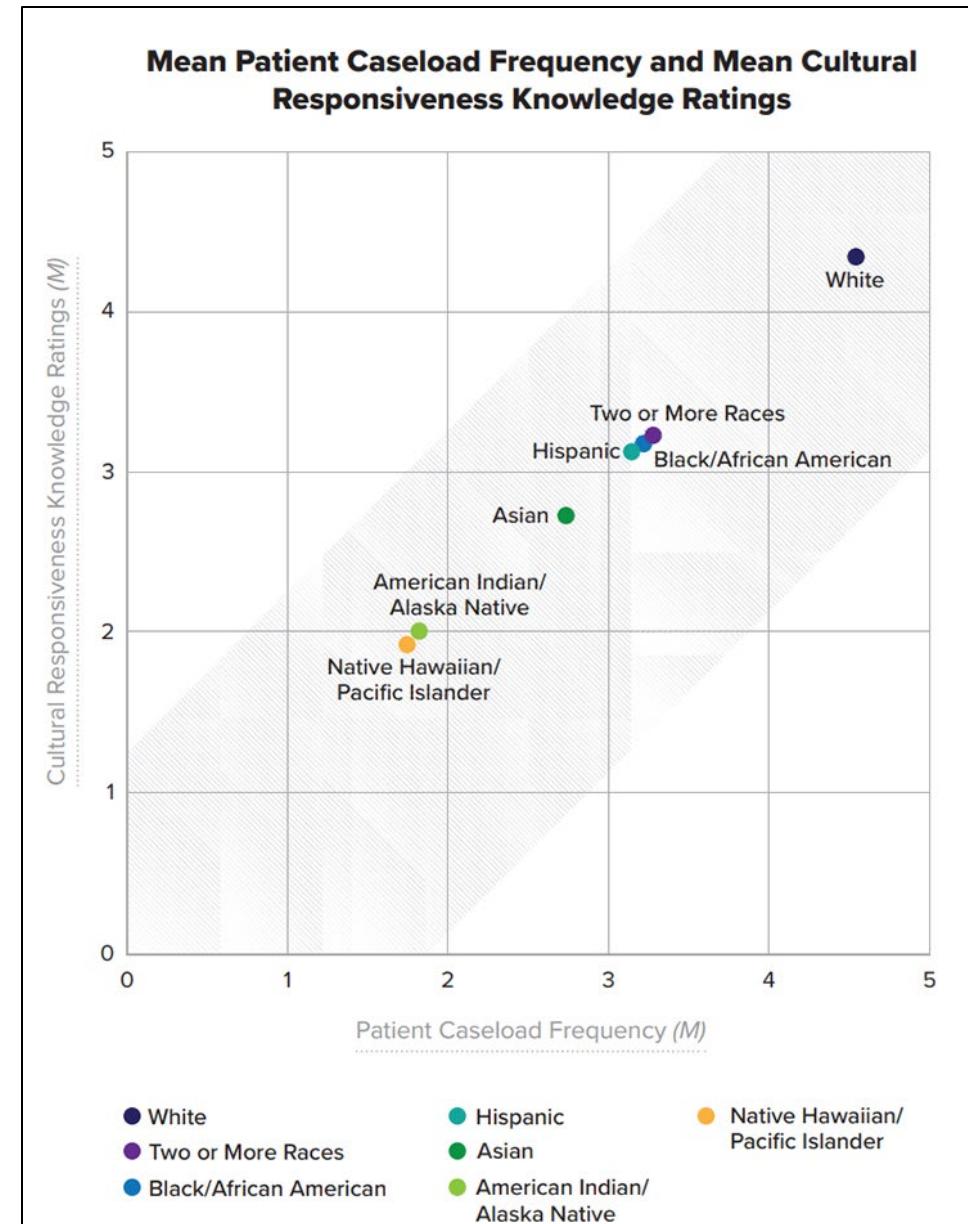


Figure from an article in APA's Monitor on Psychology, October 2023  
<https://www.apa.org/monitor/2023/10/gaps-treating-race-ethnicity-populations>

# What are the workforce issues?

- **Underrepresentation**
  - Few NHPI professionals in BH fields
  - Limited culturally & linguistically appropriate services
- **Lack of Culturally Relevant Training & Mentors**
  - Curricula often neglect Indigenous worldviews & histories
  - Low # of NHPI mentors
- **Barriers to Entry & Advancement**
  - Cost, mentorship gaps, systemic racism, rural isolation
- **Burnout & Retention**
  - NHPI providers carry extra burdens → high stress & turnover

**Figure 2.** Racial and Ethnic Characteristics of Psychology Degree Graduates by Degree Level, 2022

Racial or Ethnic Group	Bachelor's	Master's	Doctorate
Degree Level			
American Indian / Alaska Native	0.4%	0.4%	0.3%
Asian	7.1%	4.7%	5.1%
Black / African American	11.0%	12.5%	10.3%
Hispanic (Latine)	21.4%	17.0%	12.9%
Native Hawaiian / Pacific Islander	0.2%	0.2%	0.1%
Two or More Races	4.5%	3.6%	3.4%
White	49.5%	51.4%	54.6%
Unknown / Non-Resident Alien	6.0%	10.2%	13.4%

Figure from an article in APA's Monitor on Psychology, November/December, 2024  
<https://www.apa.org/monitor/2024/11/datapoint-psychology-degrees-racial-diversity>

# What factors impact workforce development?

- **Culturally Specific Characteristics**
  - Native healing practices
  - Culturally distinct ways and attitudes toward mental health; reluctance in seeking services
- **Geographic Barriers**
  - Recruitment/retention to live/work in remote places
  - Public transportation is limited or non-existent
  - Many need to travel to another island for care
- **Episodic, Crisis-oriented Services**
  - Fragmented health care system
  - Care provided by part-time, visiting providers → episodic and crisis-oriented services
  - Little to no preventive and early care
  - Lack of local coordination and continuum of care
  - Lack of interprofessional collaboration occasioned by financing and structural compartmentalization of services
- **Climate Change**
  - Displacement & loss of place – ancestral lands, sacred sites, and burial grounds causes cultural grief and identity disruption
  - Trauma from extreme events – PTSD, anxiety, depression, substance use risks
- **Collective Stress & Cultural Grief**
  - Solastalgia – distress caused by environmental change to a cherished place
  - Worry for elders, future generations, and the survival of cultural practices
- **Exacerbation of Existing Social, Cultural, & Health Conditions**
  - Historical trauma, colonization, and racism already drive health inequities

# What should be the components of a BH training program for NHPI communities?

- **Community-Centered Recruitment**
  - Prioritize local NHPI students & pathways from community colleges to advanced degrees
  - Outreach to rural islands & other island communities
  - Early exposure to behavioral health careers
- **Culturally Responsive Curriculum**
  - Integrate NHPI cultural values & perspectives
  - Include traditional healing, language, and Indigenous knowledge
  - Address colonization, historical trauma, and cultural grief
- **Mentorship & Peer Support**
  - Grow NHPI mentors & faculty
  - Build peer cohorts for mutual support & retention
  - Use community elders as cultural advisors
- **Place-Based & Community-Based Training**
  - Practicum & internships in local communities
  - Partner with NHPI-serving health centers, schools, churches, & cultural organizations
  - Train in rural & other island contexts
- **Address Social Determinants & Systemic Barriers**
  - Provide financial aid, housing, & childcare supports for students
  - Advocate for Indigenous behavioral health incorporation into local health care system
- **Trauma-Informed & Resilience-Building Approaches**
  - Teach trauma-informed care rooted in cultural humility
  - Strengthen Indigenous healing practices alongside Western practices
- **Sustainable Career Pathways**
  - Create jobs in underserved areas
  - Ensure fair pay & advancement opportunities
  - Support leadership development for NHPI providers



Oliveira-Berry, J., Austin, A., Miyamoto, R., Kaholokula, J.K., Yano, B., & Lunasco, T. (2006). The Rural Hawai'i Behavioral Health Program: Increasing access to primary care behavioral health for Native Hawaiians in rural settings. *Professional Psychology: Research & Practice*, 37(2), 174-182.

# Mohala Liko Lehua

## Training Principles & Approach



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Principal Investigator



Jill Freitas, PsyD  
Training Director



Mahealani Malepeai, MSW LCSW  
Supervising Social Worker

### Ho'opili (Engagement)

Building relationships to self (self-care), community (other trainees, supervisors, faculty, CAC, and community members), place ('Āina-based), and to the past and future – *Pilinahā Framework*.

### Ho'omālamalama (Enlightenment)

Developing evidence-based practitioners through didactic lessons on integrated behavioral health, team-based care, chronic disease management, cultural/historical trauma, and racial trauma and healing.

### Ho'omana (Empowerment)

Building capacity of healthcare system to provide intentional & organized training experiences for postgraduate BH professions, multi-layered training that trainees could assimilate into their development.

### Ho'okāhuli (Transformative)

Creating a new system of Indigenous clinical providers to hold space within the larger healthcare system for these new ways of being and treating to promote wellness.

First three principles are adapted from the work of Sir Mason Durie, a renowned New Zealand academic and a champion of Maori health, wellbeing, and education.