MENTAL HEALTH SERVICES FOR NATIVE HAWAIIANS: THE NEED FOR CULTURALLY RELEVANT SERVICES

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INTRODUCTION

The fervor to increase institutional accountability has extended to the human services. Accountability in the human services broadly refers to the efficiency of a system so that resources and services are allocated in an equitable manner to address identified needs. "Actions which are taken and decisions which are made must be justifiable in terms of the stated goals and objectives of the program" (Gelman, 1983:83). This definition is semantically different but not philosophically different from business which focuses on productivity as "achieving a desired benefit level with less costs" (Nagel, 1863:143).

In both public organizations and the human services, it has become increasingly necessary to identify needs clearly, articulate goals and objectives, and provide services with desired outcomes which are cost-efficient. Critical to this process is the involvement and participation of the people who are recipients of services and consumers of products from public organizations or clients of the human services. While the demand for institutional accountability will continue to be an issue for public organizations, it has only recently gained attention as an issue for the human services.

Mental health services for ethnic minorities of color is one area of the human services which has historically been remiss in accountability. The President's Commission on Mental Health (1978) stated that the general delivery of mental health services to minorities, by and large, has been inappropriate and ineffective. The findings from

this Commission report have subsequently been affirmed by the human services literature (Pedersen, Draguns, Lonner, and Trimble, 1981; Green, 1982; Lum, 1986; Devore and Schlesinger, 1987) which argues that the mental health system is organized around a noncultural set of assumptions. Essentially, the assumptions presume that there is similarity among all people regarding the origins and patterns of problems, help-seeking behaviors, and coping repertoires.

These assumptions are predicated on the White-European culture and imply that the values of the dominant culture should characterize the nature and scope of the mental health system. These assumptions are fallacious inasmuch as there is great variation among people because of differing historic origins, cultural values and traditions, and lifestyle practices. Therefore, the immediate implication is that groups who do maintain different and sometimes opposing values and beliefs are excluded and/or penalized in such mental health systems.

One particular minority group of color, which has traditionally been excluded as planners, providers, and clients of the mental health service system, are Native Hawaiians. The criticism that mainstream or western mental health services have failed to meet the needs of this group is becoming more and more evident (Alu Like, Inc., 1985; Mokuau, in press). One response to such criticism has been the development of a demonstration program aimed at providing mental health services which are unique to Native Hawaiian culture. Native Hawaiians participated in the planning and implementation of this program.

This article presents the findings of a study which assesses clients' perceptions of this special program. The major objective of the study was to determine if Native Hawaiian clients found the program to be more helpful that western mental health programs in resolving their problems and concerns. Specifically, the study examines clients' perceptions of the program's staff and services.

NATIVE HAWAIIANS AS A DISTINCT CULTURAL GROUP

Native Hawaiians are but one of the twenty-nine groups (Toshioka, Tashima, Chew, and Murase, 1981) comprising the constituency recognized by the United States Bureau of the Census as "Asian and Pacific Islanders." Their distinctiveness, however, inheres in the fact that they are the only Asian and Pacific Islander group considered to be indigenous to the United States. Native Hawaiians are persons of

either pure Hawaiian or part Hawaiian blood whose ancestors were native to the Hawaiian Islands prior to the arrival of the first westerners in 1778.

Except for the popular stereotypic labels of carefree and relaxed, Native Hawaiians tend to be unknown to the American public. Their relatively small population size, approximately 185,000 in the State of Hawaii((Public Law No. 100-579), is a factor which has contributed to their "unknown" quality and has obscured awareness of the scope and severity of their mental health problems. Recent reports, however, are beginning to discredit the stereotypic labels and have begun to document the tragic mental health profile of Native Hawaiians (Alu Like, Inc., 1985a, 1985b; Kamehameha Schools/Bishop Estates, 1983). These reports indicate that Native Hawaiians, when compared with other populations in the State of Hawaii, are overrepresented in areas commonly associated with mental illness, including suicide, child abuse and neglect, alcohol and substance abuse, and crime.

Takeeuchi *et al.* (1987) and Blaisdell (1989) assert that these mental health problems must be viewed within the context of historical events. Over the last two centuries, Native Hawaiians have been deprived of equal access to social, economic, and political resources which has contributed to a suppression of their culture and, ultimately, to their pervasive vulnerability to an array of social and psychological problems.

Paradoxically, Native Hawaiians tend to underutilize western mental health services. In a study conducted by Higginbotham (1987:119), clinical personnel of the Division of Mental Health (Department of Health, State of Hawaii) indicated that Native Hawaiians found western mental health services unacceptable and "avoided these services like the plague." According to the study, services at clinics were seen as a last resort by Native Hawaiians who had tried every other alternative first. Higgenbotham continues that many Native Hawaiians visited western agencies only because of court orders or because they were "chronic" patients needing follow-up drug prescriptions.

There are many possible reasons for underutilization of mental health services, including lack of geographical accessibility, high cost of services, cultural encapsulation of the worker, and cultural inappropriateness of the programs. For many Native Hawaiians who live in rural communities, some on other islands besides the major island of O'ahu, there has been limited access to services in urban O'ahu

because of great distances and high cost. One extreme example documents this case (Mukuau, 1990:239.

> Hana, a rural community on the island of Maui, has many Native Hawaiian residents. A typical visit to a major healthcare organization for a Hana resident could mean a six hour drive to the airport, a 20 minute airplane flight to O'ahu, a taxi ride to the healthcare organization, and a return trip.

Services have also tended to be underutilized because of lack of workers' knowledge and sensitivity to Native Hawaiian culture. Too often, mental health workers, trained in western concepts of help-giving and help-seeking, will not be prepared to modify their concepts or utilize indigenous concepts to "match" the expectations of the client. Furthermore, these services and programs are culturally inappropriate because they reflect value assumptions which, more often than not, are different from that of Native Hawaiian culture. These services fail to define as well as resolve the problem within the context of the culture.

Given the extent of mental health problems in the Native Hawaiian community and the acknowledged lack of accountability of the mental health system to this population, it is important that changes be made. Efforts to improve the mental health system for Native Hawaiians must include cultural promotion and restoration. Ideas for these changes might directly derive from the reasons for underutilization. Recommendations for changes include:

1. Developing community-based mental health clinics which will be easily accessible to the population;
2. Maintaining a low cost or fee scale schedule which will encourage compatibility with the economic status of clients;
3. Hiring, training, and retraining bilingual and/or bicultural staff; and
4. Developing and implementing programs which are culturally appropriate and sensitive to the values, beliefs, and practices of this population.

DESCRIPTION OF HALE OLA O HO'OPAKOLEA

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One program in the State of Hawaii which was developing in 1981 in response to the demand for culturally relevant mental health

services for Native Hawaiians is Hale Ola o Ho'opakolea (Hale Ola). [1] The overall goal of Hale Ola is to create and implement a neighborhood-based and culturally compatible mental health program for Native Hawaiians. This program is located on the Wai'anae coast, a densely populated Native Hawaiian community in rural O'ahu. The staff and clients of Hale Ola are residents of this community and all of the staff and an overwhelming majority of the clients (83%) are of Native Hawaiian ancestry.

Except for the Program Director, the original staff of Hale Ola did not hold formal college degrees. They had training and experience in the human services area, but their special expertise was in the area of indigenous Native Hawaiian healing methods and practices. In addition to the original core staff, Hale Ola developed a network of culture healers who were accessible for consultation and direct service. The significance of Hale Ola's creation as a grassroots Hawaiian healing center cannot be overemphasized (Higginbotham, 1987:101).

The program is organized around the concept of the bicultural client. While it provides services which are both indigenous and western in orientation, there is an emphasis on indigenous healing. Indigenous healing refers to those methods and practices which are unique and specific to Native Hawaiian culture and include a form of family therapy called *ho'oponopono* [2], a method of physical therapy or massage called *lomilomi* [3], and a kind of healing conference or council called *kukakuka* [4]. Basic values underlying the structure of Hale Ola express Native Hawaiian social norms as self-responsibility, shared love, patience, harmony, cooperation, and help (*Ibid.*, 110).

Western services, predicated on a medical model of diagnosis and treatment, are utilized informally in terms of record-keeping and case management. Clients of Hale Ola experience mild to moderate psychological dysfunction incurred from the stresses of everyday life and, thus, service delivery focuses on non-therapeutic assistance and support (*e.g.*, information-giving, support groups) as well as some counseling for emotional problems.

METHODS

Design

A descriptive-evaluative study was conducted in 1984 by an

independent consulting firm as a means to document the accountability of Hale Ola in meeting the needs of its constituents. The study assesses clients' perceptions of services and staff of Hale Ola.

Sample

The participants of the study were clients of Hale Ola who had received or were receiving treatment or services at the time of program evaluation. From a list of approximately 600 clients who had been seen in a 12-month period, a random sample of approximately 100 clients was selected. Of the 100 clients contacted, 72 completed the questionnaire for a response rate of 72%.

Background information on the participants was collected. A general demographic profile of the participants revealed that they tend to be female (78%), primarily of Native Hawaiian ancestry (83%), and residents of the Wai'anae cost for 11 years (67%). Most of the participants indicated that they were referred to Hale Ola by relatives and friends (43%), but a number of them were referred by other human service agencies in the community (23%). The majority of participants had some form of medical plan or insurance (88%) with only a small percentage indicating that they had no medical insurance (12%).

In assessing the frequency of client contacts with Hale Ola, it was found that it was more common to have telephone contacts rather than direct contact (*e.g.*, home visits, sessions at Hale Ola) with staff. Forty-three percent of the participants indicated that they had between 1-5 telephone contacts and 38% indicated that they had between 6-10 telephone contacts in one month. In regard to direct contact, 40% of the participants revealed that they had between 1-5 hours of personal contact with the caregivers and 18% had less than one hour or no direct contact in the month.

Instrument and Procedures

A questionnaire with a combination of open- and close-ended items was developed for this study. The items of the questionnaire were developed by the independent consultants conducting the study after in-depth discussions with Hale Ola staff and advisory board. The questionnaire was then reviewed by staff and advisory board and was pilot-tested with a small group of clients to assure validity and reliability.

The questionnaire focused on three major areas: (1) client background information; (2) clients' perceptions (feelings) of Hale Ola's services; and (3) clients' perceptions of Hal Ola's staff. In terms of clients' perceptions of services, clients rated Hale Ola's services on seven different dimensions, including (a) choice of care-giver, (b) quickness of service, (c) sensitivity to needs, (d) service to entire family, (e) length of time to get an appointment, (f) distance of agency from home, and (g) cost of service. These items were rated on a four-point scale ranging from "1" (very good) to "4" (poor). In addition, clients were asked to respond "yes" or "no" to the question, "Do the services you received help you in mind, body and spirit?"

In regards to clients' perceptions of Hale Ola staff, items were similarly rated on a four-point scale (1 = very good to 4 = poor) emphasizing staff's knowledge (what they know), attitude (how they behave), and practice (what they do).

As overall assessment measures of services and staff, clients were asked two final items, one close-ended, the other open-ended. The close-ended item requested that they identify, from a list of agencies and healers, to which would they refer their friends given the occurrence of mental health problems (Native Hawaiian healer, Hale Ola, state clinic, private clinic, other). The open-ended item requested that they cite differences between Hale Ola and western style care.

The procedure for data collection included an initial telephone contact with clients inviting them to participate in the study and then the mailing out of questionnaires. A second mailing was done as follow-up to encourage the completion and return of questionnaires. All questionnaires were identified by code numbers to insure anonymity of participants and confidentiality.

RESULTS

The ratings of Hale Ola's services by clients on the seven different dimensions were overwhelmingly positive, with the greatest number of responses falling in the "very good" category (Table 1). Just about 50% and more of clients rated four of the seven dimensions as "very good," and these included "quickness of service," "sensitivity to clients' needs," "length of time to get an appointment," and "cost." Furthermore, no participant indicated a rating of "poor" on any of the dimensions. There were, however, clients who responded

TABLE 1
RATINGS OF SERVICES

DIMENSIONS OF SERVICES	RATINGS									
	Very Good		Good		Fair		Poor	Not Sure		
	1		2		3		4	5		
	N	%	N	%	N	%	N	N	%	
Gives more choices on preferred caregivers	30	38	21	26	6	8	0	14	18	
Gives quicker help with problems	38	48	22	28	2	3	0	9	11	
More sensitive to client needs	42	53	16	20	3	4	0	10	13	
Services for the whole family	29	36	14	18	2	3	0	25	31	

TABLE 1 (cont.)

Length of time for clients to get appointments	45	56	16	20	1	1	0	10	13
Distance to Hale Ola from client's home	29	36	28	35	15	6	0	10	13
Cost compared to other agencies	38	48	14	18	2	3	0	17	21

TABLE 2
AGENCIES MOST RECOMMENDED BY CLIENTS

	Yes		No		Not Sure		No Answer	
	f	%	f	%	f	%	f	%
Hale Ola	60	75	4	5	8	10	8	10
Hawaiian Healer	41	51	9	11	21	26	9	11
State Center	35	44	14	18	21	26	10	13
Private Clinic	30	38	14	18	26	33	10	13
Other	17	21	21	26	30	38	12	15

"not sure" on all dimensions and on certain dimensions, such as "service for the whole family" and "cost," the response rate was over 20%.

When clients were asked if the nature of the services received at Hale Ola helped them in body, mind, and spirit, the majority of responses revealed assistance in all three. Most clients felt that services helped them primarily "in mind" (75%), to a slightly lesser extent, "in spirit" (69), and "in body" (59%).

When asked to rate Hale Ola's staff on the dimensions of knowledge, attitude, and practice, clients tended to be in agreement. Similar to the ratings of service, the ratings of Hale Ola's staff by clients were also extremely positive with approximately 50% and more of clients' responses falling in the "very good" category for the three dimensions: knowledge (18%), attitude (65%), and practice (54%). The combined ratings of "very good" and "good" revealed responses of approximately 80% for all three dimensions: knowledge (78%), attitude (80%), and practice (79%).

On one of the final overall measures of services and staff, clients were asked to which agency would they refer their friends. Many clients responded in the "not sure" or "no answer" categories. However, for those clients who did respond, the most frequently cited person/agency for referral was Hale Ola (75%). This was followed by the Hawaiian healer (51%), the state clinic (44%), a private clinic (38%), and other (21%) (Table 2).

On the final overall assessment item, clients were asked to cite differences between Hale Ola and western style care. Forty-eight percent cited differences that were generally in favor of Hale Ola's style of services, while 12% reported differences that were more in favor of western style care. From all the comments drawn, four clusters of reasons supporting the services of Hale Ola emerged: 1) better service (20%); 2) better atmosphere (11%); 3) staff more sensitive to Native Hawaiians (10%); and 4) better program--serves whole family (7%). There were two clusters of reasons supporting western style care: 1) more professional (7%) and 2) more visible (5%).

Specific comments seemed to indicate that clients found the staff of Hale Ola to be more "personal and friendly," "initiating and maintaining one-to-one contact," and "family outreach." Additionally, clients reported that staff were "not constrained by time" factors and that they could come to Hale Ola and find a "caregiver who was willing to listen" without the imposition of any time limit on the

session. In contrast, clients commented that their experience with western style care tended to be more "clinical and impersonal," "time-restrained" (*e.g.*, appointments with a time limit), and in some instances, staff of these services were "condescending and judgmental." Interestingly, nowhere in these specific comments on services is there mention of the utilization of indigenous Native Hawaiian healing methods with the clients.

DISCUSSION

Native Hawaiians experience a full range of social and psychological problems, yet historically they have underutilized western mental health services. The major explanatory factor for underutilization is that western mental health services have not incorporated and used culturally appropriate knowledge, skills, and values. One comment by a mental health clinic director typifies the kind of attitude which has encouraged the perpetuation of a system based on a monocultural set of assumptions and values. "We treat mental illness, we don't treat Hawaiians" (Higginbotham, 1987:97). That author implies that there is great danger in the type of attitude in which cultural background becomes irrelevant and the diagnosis and cure become the same for all.

Hale Ola was developed and implemented in response to a need to provide culturally relevant mental health services for Native Hawaiians. In line with the four recommendations cited earlier, Hale Ola is intended to be: 1) community-based and accessible; 2) low in cost; 3) staffed with caregivers who are bicultural, with a special sensitivity to Native Hawaiian culture; and 4) appropriate in terms of the promotion of Native Hawaiian values, beliefs, and indigenous practices. The study in this article examines the importance of the program by assessing clients' perceptions of Hale Ola services and staff.

Hale Ola Staff

In general, the findings from this study indicate strong support for Hale Ola. Clients tended to rate all dimensions of service as well as all dimensions of staff characteristics as "very good" or "good." In context to the recommendations in the previous paragraph, it is interesting to note that the majority of clients gave ratings of "very good" and "good" to Hale Ola's accessibility in the community (71%)

and cost (66%). Hale Ola is located in the heart of the rural community Wai'anae and anyone living in the area is eligible for services. Furthermore, there are minimum fees for services, primarily based on a sliding scale. Community accessibility and costs are two factors which are critical to increased service utilization for Native Hawaiians. Most Native Hawaiians reside in rural communities and are forced to commute to urban areas where mental health services are more readily available. Community-based programs encourage more frequent use of services and would be less costly in terms of finances and time (Mokuau,

As for the competence and attitude of staff, clients indicated that they were "very good" and "good" on knowledge (78%), attitude (80%), and practice (70%). Specific comments on staff functioning included, "Staff are easy to talk to because they are more of your own kind," "Staff are more friendly," "Staff come down to a person's level," and "They help us to feel at home." Administrators and staff of this community-based program are Native Hawaiian residents of Wai'anae and thus tend to be more attuned to the special dynamics of the community and culture. Members of the advisory board are also community residents. Empowering Native Hawaiians to be participants in the planning, design, and implementation of Hale Ola is an important component in its success.

In particular, Native Hawaiian staff of Hale Ola communicate respect for key values of the culture such as the primacy of the family and the reciprocal relationship of healer and client. Native Hawaiians believe that members of the family experience a connectedness which derives from similar origins (Pukui, Haertig, and Lee, 1973). This connectedness encompasses the nuclear, extended, and spiritual family. Thus, mental health caregivers need to focus on the family as a collective, rather than on the needs of only one individual of the family. For example, it is not uncommon for Native Hawaiian clients to talk about the recently deceased as part of the problem resolution (Paglinawan, personal communication), and it becomes important to include the contributions of the deceased as part of history taking (Higginbotham, 1987) and problem solving.

The reciprocal relationship of the caregiver and the client is acknowledged by Hale Ola staff. Reciprocity, a mutual exchange of information and feelings, is best exemplified by a pattern of communication in Native Hawaiian culture called "talk story." Boggs (1981) states that "talk story" is (Paglinawan, 1983:8):

> ... a complex art consisting of recalled personal events, parts of legends, joking, verbal play and ordinary conversation ... people talk story as a means of searching for and recognizing shared feelings.

At Hale Ola, staff are able to disclose personal information that may be useful to the client in problem resolution. It conveys to the client that he/she is not alone and that there are people who care and who will help. This exchange of information is done informally and contributes to the development of an egalitarian relationship rather than a formal doctor-patient relationship. Most importantly, talk story is a method of communication that is utilized in all personal relationships and so the stigma normally associated with mental health services is minimized.

Hale Ola Services

The appropriateness of services for Native Hawaiian clients is evidenced in all of the study's results but perhaps is best highlighted in clients' responses that they feel they are helped in mind, body, and spirit. Native Hawaiians approach life holistically and, therefore, mental health practices which address all dimensions of human functioning are critical. The sensitive caregiver realizes that psychological difficulties cannot be separated from related life concerns, nor does he/she refer clients to specialists who work on specific fragments of clients' life spectrum (Higginbotham, 1987:117). Rather, the caregiver, to the extent possible, responds to the balance of the mind, body, and spirit. Mental health, for many Native Hawaiians, is the maintenance of that balance. One might even extrapolate that illness occurs when there is an imbalance of these dimensions of functioning.

The caregiver who understands and treats the entire person in mind, body, and spirit operates in a culturally appropriate way for many Native Hawaiians. The validity of the cultural appropriateness of holistic healing appears to be confirmed by another finding. Clients indicate that they would most frequently refer their friends, who were experiencing mental health problems, to Hale Ola (75%). It appears that clients' satisfaction with Hale Ola's services was sufficient and therefore they would recommend the program to their friends. Implicit in this finding is the trust of the cultural relevance of the program.

Inherent in holistic healing is the emphasis on spiritualism.

Native Hawaiians believe that spirituality infuses all aspects of life. Kanahele (1986) states that all objects and creatures are interrelated by a creative force which is the divine power of the gods (Mokuau, 1989). Thus, Native Hawaiians consistently demonstrate a respect for animals and inanimate objects, and ultimately believe that all people and objects of this world and the spiritual world are united. Hale Ola staff observe these traditions of the culture and will sometimes use prayers as a way of opening and ending their sessions with clients.

Indigenous Services

From all indications, it seems that Hale Ola rates very favorably. One curiosity in the findings, however, is that clients do not make specific reference to indigenous healing (*e.g.*, *ho'oponopono, lomilomi, kukakuka*). As a follow-up to the study, the researchers asked caregivers why there was this omission since their expertise was in this area and a basic rationale for the program was so that indigenous healing could be used. It appears that Hale Ola staff have utilized indigenous healing to a limited extent but have not had frequent opportunities to utilize methods. They did not feel that the methods of indigenous healing were appropriate for the wide majority of problems that clients presented. However, they did feel that Native Hawaiian values and practices were still persuasive in the services provided and guided their responses to their clients.

For example, doing client outreach and including the whole family in open discussion isn't necessarily a method of indigenous healing but it does demonstrate congruence with and respect for the Native Hawaiian value of the family unit. Another example relates to the aspect of time and appointment scheduling. In Native Hawaiian culture, there is an emphasis on time orientation so that it is flexible and fluid and not overly constrained by deadlines and timetables. It is important to accomplish things and to maintain timetable responsibilities, but not if it interrupts a client's story. The western statement, "Your time is up, we can continue next week," would be seen as inappropriate and insensitive as it requires the client to place his/her pain "on the shelf" temporarily. Therefore, Native Hawaiian caregivers will tend not to be restrictive with time and will allow clients to speak as needed.

This study has consistently documented high ratings for program staff and services of Hale Ola. It is clear that it is the participation of

Native Hawaiians in planning and service delivery that has heavily contributed to the excellent ratings. Culturally relevant mental health programs for them begin with empowering them to be at the core of developing, planning, and implementing these services (Andrade, 1989).

CONCLUDING REMARKS

The issue of accountability in the human services is newly emerging. Accountability in mental health services for people of color and in particular, Native Hawaiians, has become more of a reality with the establishment of one culturally relevant mental health program. Given the scope and severity of mental health problems among Native Hawaiians, however, this program is grossly insufficient.

The study in this article begins to document the importance of culturally appropriate programs and solidifies the need for more such programs. It is based on the simple idea that the best way to help a group of people is by doing it in a manner that is compatible with their values, worldviews, and practices. This article does not necessarily promote the development of a parallel system of mental health services for Native Hawaiians, but it does promote the need to incorporate cultural understanding and practices into existing services and the importance of having caregivers who are of that culture. Until this occurs, how accountable are we?

NOTES

1. Hale Ola o Ho'opakolea - House of Healing.
2. Ho'oponopono - an indigenous healing method in Native Hawaiian culture which focuses on the family and the ways the members end their disputes. There is a strong belief in the importance of the spiritual world. The term translates to "setting to right."
3. Lomilomi - an indigenous healing method in Native Hawaiian culture which involves the use of massage or physical therapy. There is the belief that massage facilitates the restoration of the spirit within the body.
4. Kukakuka - an indigenous healing method which involves all concerned parties talking honestly together in a group such as a council or conference gathering.

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