Engaging Indigenous Community Partners in Hawaii

**988 READINESS AND CRISIS SERVICES**

Hawaii’s behavioral health system has sought to evolve, improve and expand its services over many decades. These efforts have included the development of a System of Care that reaches from early childhood to older adult needs. A fundamental principle of these efforts is the phrase, “nothing about us without us,” which underscores the significance of collaboration, empowerment, and inclusion of populations of focus when designing and implementing services.1 As Hawaiian behavioral health agencies continue to collaborate with local Hawaiian communities in planning for 9-8-8 rollout and implementation, these efforts will ensure that the expertise of Indigenous natural helpers, knowledge, and traditions are infused in the behavioral health approach.

In their most recent efforts through TTI 2022, Hawaii Behavioral Health (HBH) is enhancing services for Indigenous Hawaiians by consulting with various communities representing the ethnic, religious, linguistic, and cultural diversity found in the state.

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1 p6 Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers
HBH celebrates the many facets of the Indigenous Hawaiian culture as protective factors for resilience and a pillar of behavioral health wellness; ties to traditional cultural values, community involvement, education, and culturally rooted services and supports.

By linking their efforts with Hawaiian Indigenous behavioral health services, the current TTI work recognizes these values as protective assets in Indigenous-driven services. These same conceptual frameworks are being applied in reaching out to LGBTQ+ youth and enhancing crisis response efforts for all Hawaiians. When programs and interventions are culturally anchored and developed with local input and partnerships, they can foster supportive communities, strengthen families, and empower individuals with tools and skills to manage their behavioral health needs.\(^2\) It is crucial to engage natural leaders, Indigenous community partners, and people with lived experiences (peers) to identify gaps in service provision and gain feedback on how the medicalized Western model of behavioral health may not meet their specific needs.

UNDERSTANDING INTERGENERATIONAL TRAUMA

When strategizing engagement of the Asian American/Native Hawaiian/Pacific Islander (AANHPI) population, it is extremely important to note the heterogeneity of the population. AANHPIs represent over 50 unique countries of origin, over 20 major religions, a variety of cultural values, spoken languages, and number of generations on US territory, ranging from recent immigrants to 4th generation. AANHPIs have long been lumped into an umbrella racial category in the United States — it was only in 2000 that the U.S. Census made the Native Hawaiian and Pacific Islander (NHPI) group into a distinct category from Asian Americans.\(^3\)

\(^2\) [https://doi.apa.org/manuscript/2018-37731-013.pdf](https://doi.apa.org/manuscript/2018-37731-013.pdf)

\(^3\) [https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4959.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4959.pdf)
When developing services for the diverse ethnic groups living on Hawaii, it is paramount to provide services through a lens of trauma-informed care, decolonization, and celebration of the myriad of Indigenous cultural values found in any given region.

There is no universal approach or service that will resonate with every individual in Hawaii, so it is essential to seek feedback from various groups about which mental health services, religious values, and cultural practices will be most powerful when integrated with the behavioral health system. Behavioral health officials must see culture as a cornerstone of resilience and wellbeing and need to be careful not to succumb to the “international bias that neglects the diversity of ethnic population compositions outside of Western sovereign states.”

A decolonizing approach to behavioral health means that colonialism is seen at the center of the historical trauma and pain of the oppressed, and cultural and community strength is at the heart of healing.

U.S. colonialism has radically altered the social, economic, ecological, and political living conditions of NHPI populations, not unlike the AI/AN population. Indigenous Hawaiian communities had to face profound trauma, uniquely characterized as multi-generational and historical, directly as a result of the legacy of repeated colonization, without the cultural safety nets of traditional healers and community support.

Throughout the second half of the 19th century, U.S. land seizures and the overthrow of the Hawaiian Monarchy resulted in profound loss of cultural and economic opportunities for Indigenous Hawaiians. The U.S. placed restrictions on native language, hula, traditional medicine, and other cultural protective factors that Indigenous Hawaiians relied on for healing and overall livelihood. Even today, the pressure on Indigenous Hawaiian people to assimilate into the mainstream culture is an ongoing byproduct of the historic colonization. Considering the historical trauma of colonization and identity erasure, it is unsurprising that

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4 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6726839/
6 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6602838/

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suicide rates for Indigenous Hawaiians have been increasing since the state began collecting suicide statistics in 1908 and are among the highest in the world for youth.\(^8\) Behavioral health services are often culturally inappropriate; they may overlook the effects of colonial violence on generational mental health and fail to affirm Indigenous culture and community as resilience factors.

Behavioral health services in Hawaii admirably promote the healing strengths of indigenous culture and practices. Ideally, these services will continue to honor the various interpretations of mental health found across Hawaii, which are often influenced by the complex intersections of faith and religion, language, cultural practices, migration history, societal stigmas and beliefs, and complex historical trauma. Thus, behavioral health officials in Hawaii should continue to seek feedback, guidance, and collaboration from all facets of their Indigenous communities: community leaders and Elders, individuals who use mental health services, their family members, and providers, to enhance behavioral health services and programs to be reflect the traditions, values, and beliefs of those being served. Before scaling up services available to Indigenous communities, it is essential to verify the effectiveness of interventions and ensure that they are rooted in the strengths, not the deficits, of a community.\(^9\)

The launch of 9-8-8 presents states and territories with an unprecedented opportunity to build relationships with their local Indigenous communities and other populations that have historically been underrepresented in and excluded from the behavioral healthcare system.

Enhanced collaboration and learning with Indigenous Hawaiians in developing these services will improve accessibility, comprehensiveness, and cultural appropriateness of resources available to individuals in crisis or seeking behavioral healthcare.

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\(^8\) https://doi.apa.org/manuscript/2018-37731-013.pdf

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Resources

Recommendations for Treatment of Asian-American/Pacific Islander Populations

Asian American, Native Hawaiian, and Pacific Islander Self-Care and Healing

17 Mental Health Resources for Asian Americans and Pacific Islanders

Advancing Best Practices in Behavioral Health Care for Asian American, Native Hawaiian, and Pacific Islander Boys and Men

Pacific Southwest Mental Health Technology Transfer Center (MHTTC)

Transformation Transfer Initiative (TTI) 2022 Resource Guide