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NATIVE HAWAIIAN MENTAL HEALTH TESTIMONY

By Naleen N. Andrade, M.D.

Professor & Chair and Director, Department of Psychiatry  
Native Hawaiian Mental Health Research Development Program  
University of Hawaii, John A. Burns School of Medicine

I. The Utility of Mental or Behavioral Health for Native Hawaiian Reparations

Hawaiian justice means regaining our health, lands and culture, along with political and economic power in our homeland. Inseparable from the process of Hawaiian justice is how Hawaiians and their leaders will behave as they undertake this great task. Said another way, how a person, and the group they affiliate with, behaves determines how successful they will be in determining their destinies as an individual, a family member, or a member of society. Hence, mental health or behavioral health is fundamental to the pursuit of Hawaiian justice.

Among groups of people and the societies they live in, culture serves as the mechanism that creates group cohesion and shapes group behavior. Culture has been defined as the single, greatest agent of change over time among a people and their society. Culture serves as the vehicle for shaping beliefs and values, along with the behaviors which sustain these beliefs and values. Over time, these behaviors become idiomatic and determine patterns of relationships within a society. In essence, culture determines the levels of trust a people will have when dealing with other groups.

Precontact society in Hawaii, had a highly evolved set of beliefs, values and behaviors which maintained order and sustained a way of life that struck a balance between love, work and play; trust in one's family and one's leaders; human endeavors which altered the natural environment to the extent that man and nature nurtured one another in a reciprocal siblingship; and human relationships were predicated on a concept called aloha (unconditional love and sharing). The culture of this society was shattered with the arrival of foreigners.

Two hundred years later, the core struggle for Hawaiians is to re-assert, in our own land, "Who we are?" and "How we will behave?" For too long, American leaders have defined us for their own convenience. True reparations require that Hawaiians be given the financial, capital, and environmental means to again determine and control our destinies.

Hawaiians should be officially recognized as an Indigenous People within the United States and be given the rights, privileges, and entitlements afforded to its indigenous status. This would be the first essential step toward healing our people.

II. The 'Ohana - The Hawaiian Family System

Hawaiian health needs differ for each age group over the life span from a fetus forming in utero to birth, childhood, adolescence, adulthood, elderhood and death. In Hawaiian culture the common thread that flows through each of these age groups and binds them together is the 'ohana (or family bonded by blood or aloha). The 'ohana is made up of five generational stages, each stage with its own set of responsibilities and tasks:

**mo'opuna** (the infant or grandchild, the wellspring from which the future generations will flow); **keiki** (the young children who are nurtured); **'opio** (adolescents and young adults who are learning to master the knowledge and skills of adulthood); **makua** (older and middle-aged adults who produce, parent, feed, clothe and shelter their 'ohana, and are the experts in their vocations/professions); and the **kupuna** (the elders who teach and train the next generation). Addressing Hawaiian health needs from a systems-perspective requires that we examine those health problems/issues most prevalent for each age group, as well as discern how these health issues impact the integrity of the 'ohana.<sup>1</sup>

A. Population & Life Span Needs/Issues

Table 1, below, outlines the population make-up of Hawaiians by age group using first the Western classification ( Early Child, School Age, Adolescent, Young Adults, Adults, Middle Age, and Elders), followed by the Hawaiian classification (Mo'opuna, Keiki, 'Opio, Makua, and Kupuna). Data are from U.S. Bureau of Census (1990) Census of Population Characteristics, Hawaii (Washington, 1992). More recent data on the population of Native Hawaiians estimate an increase to 212,000, however, the percentages for each age group have essentially remained unchanged.

Age (Years) Western Life Stage	Male	Female	Total (Percent)	Hawaiian Life Stage
Early Child/Pre-School				Mo'opuna
Birth - 4	7,514	7,035	14,549 (10.5%)	14,549 (10.5%)
School Age				Keiki
5 - 12	12,315	11,739	24,054 (17.3%)	24,054 (17.3%)
Adolescent				
13 - 17	6,771	6,309	13,080 (9.4%)	
Young Adult				'Opio
18 - 34	19,341	19,683	39,024 (28.1%)	52,104 (37.5%)
Adult				Makua
35 - 44	9,196	9,212	18,408 (13.3%)	39,982 (28.9%)
Middle Age				
45 - 64	10,469	11,105	21,574 (15.6%)	
Elders				Kupuna
65 - Death	3,450	4,603	8,053 (5.8%)	8,053 (5.8%)
All Ages	69,056	69,686	138,742 (100%)	

B. Family Structure - Household, Economic, Stressor, & Abuse Profile - in general Hawaiians are over-represented among high risk indicators for family households, economic, psychosocial stressor and abuse profiles. Four major indicators are described below.

1. Family Size & Composition - Hawaiians tend to live in large, multi-generational family groups within multiple-room single dwellings. Notably within the family make-up is often the presence of single, teenage

<sup>1</sup> Unless specified, all data presented are from the Native Hawaiian Data Book (1998), Office of Hawaiian Affairs, Honolulu, HI.

mothers with infants and children. Twenty percent of Hawaiian births were to teenage mothers and over 45% of Hawaiian infants were born to unmarried mothers.

2. Economic & Employment Status - Hawaiian households rank the highest among households which receive Public Assistance, which include Aid to Families with Dependent Children (AFDC) and food stamps. Areas with higher levels of Public Assistance include Wai'anae, Nanakuli, Waimanalo Beach, and Molokai. While 6% of all families in Hawaii were below the poverty level, for the same period, 14% of all Hawaiian families were below the poverty level. Hawaiians had the highest unemployment rate, nearly double the county rate for all counties (Honolulu, Kauai, Hawaii, Maui) in Hawaii.

3. Additional Family Stressors: Incarceration of Parent and Youth - Hawaiian families are more likely to have a male parent incarcerated. Of the 8,000 adults arrested for crime index offenses, Hawaiians were nearly 1 of every 5 arrestees, of which: One of every 5 arrestees for property crimes, and one of every 4 arrestees for violent crimes. Among Youth offenders, Hawaiians were nearly one of every 3 arrestees for crime index offenses, of which: One of every 3 arrestees for property crimes, and one of every 3 for violent crimes.

4. Family Violence, Abuse & Neglect - Hawaiians rank third as victims and perpetrators of domestic violence related homicides. More alarming, are the findings that among Hawaiians, the total number of confirmed child abuse and neglect cases increased 300% from 1980 (240 cases) to 1990 (712 cases). The typical victim of child abuse and neglect is a 7 year old girl, whose abuser is most often a biological parent.

### III. Major Mental Health Needs/Issues by Age Group Across the Life span.

#### A. Mo'opuna (Fetus - 4 years old)

1. Perinatal Care & Maternal Substance Abuse - the needs/issues during this early child development stage is integrally related to the health, maturity, and life skills of the child's parent(s). Of particular importance is the health of the mother during the 1st and 2nd Trimester, when the fetus is at highest risk for neurobiological injury. Too many Hawaiian women wait till the 2nd and 3rd Trimester before seeking perinatal care and over 43% of women who received NO perinatal care were Hawaiian. One reason for this late access to perinatal care may be because 20% of all Hawaiian births were to teenage girls. In addition, pregnant Hawaiians who were screened for substance abuse tested positive at a rate twice the state rate.

Recent advances in Neuroscience have shown that significant cognitive and behavioral processes can be adversely affected by in utero injury from poor maternal health, maternal smoking, alcohol, and substance abuse, as well as poor parenting and nurturance of the child within the first four years of life. Developmental Psychopathology studies have also shown that children raised in families where physical abuse and domestic violence occurs are more vulnerable to developing depressive and anxiety disorders as adults.

B. Keiki (5 - 12 years old) - behaviorally many Hawaiian keiki suffer from abuse and neglect, which was described earlier.

#### C. 'Opio (13 - 34 years old)

1. Mortality: Hawaiians account for over 73% of the deaths under 18 years of age. The percent of Hawaiians killed among the major causes of death, include:

- Motor Vehicle Accidents = 34%
- Other Types of Accidents = 37%
- Suicide: All Hawaiians = 25%; Hawaiian males = 25.8%; Hawaiian females = 24%
- Homicide: All Hawaiians = 22%; Hawaiian males = 21%; Hawaiian females = 23%

2. Adolescents: A large community-based study of 7,000 Hawaiian adolescents conducted by the University of Hawaii Native Hawaiian Mental Health Research Development Program (Andrade, et al., 1993-1999)<sup>2</sup> showed the following mental health findings (see Attachment #1):

- Symptoms of Psychopathology - Hawaiian adolescents had significantly higher mean levels of depressive, anxiety, conduct disorder/aggression, and substance abuse symptoms than Non-Hawaiians.

- Suicide Attempts - Hawaiians had a significantly higher rate of suicide attempts (12.9%) than Non-Hawaiians (9.6%). With Hawaiian males having a relatively greater risk for suicide attempt than their female or male (both Hawaiian and Non-Hawaiian) counterparts.

- Prevalence rates (see Attachment 1) of Mental Disorders show that:
  - Hawaiian female adolescents have higher rates of Depressive, Anxiety, Disruptive and Substance Abuse Disorders than their Non-Hawaiian counter-parts in Hawaii, as well as their counter-parts on the US mainland.
  - Hawaiian male adolescents have higher rates of Anxiety and Substance Abuse rates than their Non-Hawaiian counter-parts in Hawaii, and the US mainland.

3. Prevalence Rates of Other Behavioral Risks - Additional health risks in this age group which increase the likelihood of diseases such as lung cancer, diabetes, and cardiovascular disease in later years include:

- Cigarette Smoking: Hawaiians are 27% to 19% total population in Hawaii.
- Acute Alcohol Abuse: Hawaiians 20% to 15% total population
- Chronic Alcohol Abuse: Hawaiian 10% to 5.8% total population\*
 

\*During 1993, this trend decreased for the first time in 7 years (1986-1992), with Hawaiians 4% to 5% all others. Whether or not this trend will continue will depend on increase public prevention programs.
- Overweight: 43.4% of Hawaiians are more than twenty percent over their recommended weight, as compared to 24.9% for the total population in Hawaii. A recent study by Mau<sup>3</sup> which looked at diet and exercise, showed that in general Hawaiians ate diets which followed the American Dietary Association recommendations for fat, protein, carbohydrates and fiber; and in comparison to other ethnic groups were higher in fiber. However, for Hawaiians the amount of food consumed per meal far exceeded the amount consumed by other groups; and Hawaiians had the lowest levels of exercise. Therefore, the major cause of obesity among Hawaiians is not high fat, but high volume and a sedentary lifestyle.

<sup>2</sup> Andrade, N. et al. (September 10-12, 1998) Report on The Native Hawaiian Mental Health Research Development Program. The Native Hawaiian Center For Excellence Annual Conference, Kailua-Kona, HI

<sup>3</sup> Mau, M. (September 10-12, 1999) Diabetes Mellitus & Intervention Programs to Effect Changes in Lifestyle Among Hawaiians. The Native Hawaiian Center For Excellence Annual Conference, Kailua-Kona, HI

#### 4. Substance Abuse

- Marijuana: is the 2nd most commonly abused drug in Hawaii. Nearly 40% of Hawaiians reported using marijuana, compared to 29% for Non-Hawaiians in Hawaii. Nearly 9% of Hawaiians admitted to current use, as compared to 6% for Non-Hawaiians.
- Methamphetamine (Ice): At a recent (December 1999) national conference on substance abuse, Methamphetamine abuse was described as "epidemic" in Hawaii. It is the third most commonly used drug after alcohol and marijuana. Hawaiians have been over-represented among ethnic groups in Hawaii for methamphetamine abuse with some families have multi-generation abuse and dealing within the same household.

#### D. Makua (35 - 64 years)

1. Mental Health & Substance Abuse: Adults in this stage of life have similar alcohol and substance abuse problems as 'Opio, with the additional caveat that Makua with addictions are usually long-term users with poorer prognostic indicators for staying clean and sober. Other longitudinal community studies of mental disorders among adolescents indicate that mental disorders of adolescence do NOT resolve themselves in adulthood. Hence, there is a high likelihood that the prevalence rates of disorders found among Hawaiian youth by Andrade and colleagues, will follow similar trends for adults. The same behavioral risk factors, listed above, also apply for this population.

E. Kupuna (65 to death) - the illnesses in this age group are predominantly the chronic manifestations and disabilities secondary to the three major killers—diabetes, cancer and heart disease. A major need of Hawaiian elders in this age group is the long term care for the cognitive and behavioral disabilities associated with diabetes and stroke.

### IV. Conclusions and Recommendations

A. Trends & Common Threads - four major trends or common threads are shown in the health needs of Hawaiians:

1. Disintegration of the 'Ohana - while Hawaiians continue to live in large, multi-generational households akin to the traditional Hawaiian family structure, the modern day 'ohana is stressed by a number of psycho-social factors that make living in a large household a HIGHER risk, rather than a PROTECTIVE factor.

- When compared to other children, Hawaiian children are more likely to be raised by a single mother, who 2 times out of ten be a teenager.
- Hawaiian families are more likely to have a biological father or brother incarcerated and have adolescent or adult family members who smoke and abuse alcohol, marijuana, and/or methamphetamine.

The psychosocial stressors listed above contribute significantly to child abuse and neglect, increased vulnerability to mental disorders such as depression and resulting suicide, and domestic violence.

2. Displacement of Pre-contact Life Style - moving from a subsistence-based agrarian society to a consumer-based capitalistic industry-driven society has displaced Hawaiians in terms of livelihood and recreational activities. Hawaiians have gone from a society whose livelihoods were based on daily physical activity where food gathering or work and play were combined (e.g., fishing and swimming) with designated periods for recreational and religious activities (e.g. Makahiki period), to a present-day society where employment in service/retail jobs are distinct activities from recreational exercise or play; and holidays are

interspersed throughout the year. Concomitantly, dietary practices in the past which required consumption of large amounts of kalo in the form of poi (a complex carbohydrate with no fat), supplemented by moderate amounts of salted fish and seafood, have been replaced by diets containing large amounts of highly processed, fatty and salted foods. The dietary practices can not keep pace with the sedentary life style, hence obesity becomes a major risk factor.

3. Lack of Prevention Programs - studies on diabetes, cancer, cardiovascular diseases, and emphysema show that Hawaiians are NOT accessing prevention programs that currently exist. Aluli and colleagues have reported compelling evidence that the use of Native Hawaiian Health Center networks have incorporated a unique cultural component into engaging Hawaiians to participate in prostate cancer and diabetes screening programs on Molokai and Maui.<sup>4</sup> These culturally unique approaches need to be expanded for diet, exercise, and smoking cessation programs.

Andrade and colleagues reported that Hawaiian high schoolers most often sought and preferred help for their emotional problems from their teachers and counselors, rather than a friend, a family member, minister, physician or nurse. These findings suggest that for adolescents engaging teachers and counselors to serve as facilitators for high schoolers to access mental health services may be useful.

4. Behavioral Manifestations of Stressors - at the heart of the above trends is the need to change behaviors with a concomitant reframing of how Hawaiians conceptualize their work, recreational activities and other activities which relieve them of daily stress (i.e., using daily exercise as opposed to a cigarette and beer to relieve stress). The high prevalence of depression, anxiety, disruptive and substance disorders among Hawaiian youth and adults is alarming because they precipitate and sustain family dysfunction and discord. These behavioral findings also signal a level of vulnerability which compromises the ability of Hawaiians to take control of their own destiny in their homeland.

B. Causal and Precipitating Factors - a number of social, behavioral and biological scientists have theorized why Hawaiians have become some of the sickest people in their homeland. Some have called it the Culture Loss - Stress Syndrome, whereby Hawaiians overtime have not yet recovered and reconstituted a new-society which blends core values and traditions governing how they worked and played from precontact society with the present-day values and practices of an 40-hour work week, coupled with structured exercise or play. Rather than integrate a multi-cultural perspective, which is commonly done by immigrant populations who choose to assimilate to American culture, Hawaiians reject a culture and society that they perceive as foreign, imposing and denigrating.

C. What Age Is Best to Make a Difference? - For the past 20 years major emphasize has been given to young children, mothers and elders. These age groups together make up approximately 40% of the Hawaiian population. However, the findings above show compelling evidence that the behavioral risk factors which predispose Hawaiians to diseases which increase their morbidity and mortality can be altered and eliminated through prevention initiatives conducted for 'Opio and Makua (Hawaiians between the ages of 18 through 64). These age groups together make up 60% of the Hawaiian population. They are also the major wage earners,

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<sup>4</sup> Aluli, E.; Reis, P.; Tsark, J.; and Chong, C. (September 10-12, 1999) Discussion on Community Prevention among Hawaiians. The Native Hawaiian Center For Excellence Annual Conference, Kailua-Kona, HI

parents to mo'opuna and keiki, and caregivers to aging kupuna within their 'ohana. It seems axiomatic, that a major emphasis for prevention should focus on this age group.

1. A Hawaiian Health Insurance Program - a possible mechanism to address the comprehensive needs of Hawaiians between the ages of 18 through 64 would be to design a comprehensive health care insurance program which emphasized prevention (with built in incentives), provides partial funding for Hawaiian weight loss programs which incorporated diet and exercise practices, smoking cessation, alcohol and substance abuse treatment, prenatal care, parenting skills and psychosocial treatments which increase coping, decreases violence, and enhances interpersonal skills for resolving conflict resolution and strengthens family and work relationships.

2. School - Affiliated Behavioral Health Programs - because of the stigma associated with seeking mental health services, establishing counseling and psychiatric services within Native Hawaiian Health Centers affiliated with Schools could be a way to provide access to Hawaiian children and adolescents. Behavioral Health services should include both allopathic and traditional Hawaiian healing approaches. The first link for students would be their teachers and counselors.

3. Alternative School Programs - existing public educational settings, while well-intended, are designed to require conformity before creativity or uniqueness. School curricula focus on rote memory and the dialectic as the means to transmit and master knowledge and skills. With rare exception public schools do not provide Hawaiian students with the traditional Hawaiian cultural process of experiential immersion as the mechanism for knowledge and skills transmission. We recommend the development of alternative school programs for Hawaiian youth to acquire knowledge and skills basic to being responsible citizens. One example, might be a program which utilized the voyaging canoes as a means to develop knowledge and skills in mathematics, ocean science, and physics; along with time management and organizing priorities; and how to establish and maintain discipline, healthy interpersonal relationships. Another, would be to utilize mahi'ai (farming) as a means to teach students values and behaviors that impart discipline, reading, writing and arithmetic skills, tenacity, planning, task completion, etc.

D. Mental Health Research - The Native Hawaiian Mental Health Research Development Program is a successful model that has demonstrated its effectiveness in developing a cadre of Hawaiian mental health researchers and scholars at the University of Hawaii Medical School Department of Psychiatry. Programs such as these are needed to further define the extent of psychopathology among community Hawaiians, the theoretical constructs that shape and sustain the Hawaiian psyche, design prevention and intervention programs which address the mental health needs of Hawaiians, and examine the efficacy of these interventions.