
*Cultural
Competency
Toolkit*

CHAPTER **4**

**Oahu's "Mixed Plate"
Speakers Bureau**

The Mental Health Association in Hawai'i
200 N. Vineyard Blvd., Suite 300
Honolulu, Hawaii 96817
Tel. (808) 521-1846
Fax. (808) 533-6995

Paula Heim, Project Director
Kaanoi Kaapana, Public Education Assistant



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Executive Summary

The Mental Health Association in Hawaii (MHAH) used its NCSTAC funding to strengthen its existing speakers bureau by recruiting and training mental health consumers of different cultural backgrounds. Over the course of this project, MHAH recruited eight Native Hawaiian and Asian American consumers, provided them with training in mental health education and advocacy and in developing public speaking skills, and organized engagements for these new leaders to speak and advocate in the community.

Project Goals

- To locate potential leaders in various ethnic groups.
- To provide public speaking and mental health training to consumer leaders.
- To facilitate a series of community speaking engagements.

Introduction

Hawaii, with its long history of hosting immigrant workers, is one of the country's most ethnically diverse states. In the 19th and 20th Centuries, families from the far corners of the globe — Japan, China, the Philippines, Portugal, even Scandinavia — migrated to this chain of islands in the South Pacific to build new lives for themselves as plantation workers. Today, the State Health Department reports the breakdown of ethnicity in Hawaii as 21.9 percent Caucasian, 20.6 percent Hawaiian or part Hawaiian, 19.4 percent mixed Asian, 18.2 percent Japanese, and 12.7 percent Filipino. Chinese, Korean, Samoan, and African Americans make up an additional four percent of the population.

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Hawaiians take pride in their diverse heritage, and a popular offering at the local eateries remains the "mixed plate" — a sampling of

various dishes representative of different local ethnic groups. In this spirit of embracing diversity, MHAH proposed to expand its existing speakers bureau into a "Mixed Plate Bureau," by recruiting and training Native Hawaiian and Asian American consumers in order to reach out to a broader spectrum of Oahu's population.



The speakers bureau was decisive in preventing the closing of the Diamond Head Day Treatment Center, shown here.



Organizational Overview

Before launching the Mixed Plate project, MHAH already had a long and successful history of providing public education and promoting consumer involvement in public policy by empowering consumer volunteers. Founded in 1942, the small but robust organization has been active in Hawaii for 58 years.

In 1998, key projects for the association included working with the Equal Insurance Coverage Coalition, presenting healthcare reform and advocacy trainings, and helping the State Department of Health and the Department of Human Services to establish an

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ombudsprogram. All of this was accomplished with a staff of five, a volunteer legal counsel, and 18 volunteers serving on the Board of Directors. At the time of this project's inception in 1999, MHAH was also fortunate to be able to draw upon the talents of some 50 consumer volunteers.

The Oahu Speakers bureau, the foundation for this project, was already a thriving, active body. In 1998, the bureau, comprised entirely of consumer volunteers, presented talks to over 4,000 people to reduce the persistent and destructive myths surrounding mental illness. In applying for this grant, however, Paula Heim, the project director, saw the need to reach out with this bureau to Oahu's Asian American and Hawaiian Native communities.

Implementation

In May and June, MHAH invited interested consumers to join the speakers bureau by publicizing a series of training workshops for potential bureau members. Notice of the workshops was included in the association's quarterly newsletter, and faxes were sent to local community mental health centers and clubhouses. A sample recruitment flyer is included in the appendices. Initially, ten consumers were recruited, and eight of these individuals completed the entire training agenda to become active members of the speakers bureau.

Kaanoi Kaapana, MHAH's public education assistant developed the four educational workshops designed to teach interested consumers how to become savvy mental health advocates. Workshops, which lasted from two to six hours, provided an overview of the mental health system in Hawaii and gave consumers opportunities to develop their public speaking and presentation skills.

Immediately after completing their trainings, the new Mixed Plate Speakers Bureau took on a rigorous agenda of public education and advocacy. From October 2000 through January 2001, they offered twelve presentations at local high schools, universities, television programs and churches serving Asian Americans and Native Hawaiians.

Besides providing an overview of mental illnesses and discussing the available health services in Oahu, speakers also tackled many cultural misconceptions about mental illnesses — explaining that these diseases are not the results of sin or weakness. Just how the



Speakers Bureau Presentation Schedule

Date	Location	Audience
10/09/00	Local restaurant	Religious leaders
10/20/00	Trinity Broadcast (TV 26)	Christian
10/26/00	Trinity Broadcast (TV 26)	Christian
11/02/00	Farrington High School	Adolescents
11/03/00	Mid-Pacific Institute	Adolescents
11/09/00	Moanalua High School	Adolescents
11/15/00	Nanakuli High School	Adolescents
11/16/00	Hawaii Baptist Academy	Adolescents
11/22/00	Kamehameha School	Adolescents
11/27/00	First Christian Church	Church outreach
01/17/01	Nanakuli High School	Adolescents
02/02/01	St. Andrew's Cathedral	Symposium
02/07/01	University of Hawaii	Graduate students

bureau tailored its approaches to different ethnic communities will be explored more fully in the discussion section.

Speaker bureau members also jumped feet-first into public advocacy with the impending closing of the Diamond Head Life-Skills and Mental Health Treatment Services Center, a local community treatment program providing a vast array of services to mental health consumers from dental treatment to emergency assistance to life-skills training. According to Heim, bureau members "lobbied vigorously" in the media and at legislative meetings against the closing of Diamond Head, and due to their efforts the Center is still open and running today.

Finally, Heim also called upon speakers bureau members to assist in MHAH's voter empowerment project, an effort to register mental health consumers to vote and to provide public education on candidates and policy issues.



Discussion

Brian Oishi, a Hawaiian of Japanese descent and a member of the Mixed Plate Speakers Bureau, has a story he loves to tell: When he first started experiencing psychiatric symptoms as a young man, he went to his Auntie and asked her for help. His Auntie heard him out and then told him not to worry, because in a week he would receive the help he needed.

To find a common ground that respects traditional values while still addressing consumers' medical needs is the challenge of cultural competency.

Oishi was relieved and eagerly waited for the promised cure only to be presented, after a week, with a cucumber. Etched on the cucumber were characters in Japanese. His Auntie explained to him that he was supposed to rub the cucumber over his head and he would get better.

"You can imagine my disappointment," says Oishi, when he retells this story. "I had been waiting a week and I

thought I would get better, and all I got was this cucumber. But I knew that I had serious problems and I knew that I needed some kind of real medicine."

Oishi ended up "rebellious" by seeking Western medical attention for his mental health problems. He credits this medical attention with allowing him to be the capable consumer advocate that he is today.

Kaapana, also a mental health consumer and of Native Hawaiian descent uses remarkably similar language: "I rebelled to get the help I needed." In traditional Hawaiian culture, she explains, problems are addressed through spiritual healing and through a tradition of "open discussion" which "always takes place only within the family." Prayers and rituals are used, "but no one consults a professional psychiatrist. It is a matter of pride and respect to solve problems only within the family."

Finding common ground

To find a common ground that respects traditional values while still addressing the very real medical needs of people with mental illness is the challenge of cultural competency. For Heim, who is herself part Chinese American and part Hawaiian, and for Kaapana, discovering how best to reach out to Hawaii's various ethnic communities has been an ongoing process.

They cite numerous examples of cultural attitudes that could possibly present a barrier to seeking mental health services. In general, states Heim, "there is still a lot of distrust among Asian Americans of western medicine. Some societies in Hawaii see mental illness as a punishment by God. It is therefore considered a shame to the family to be mentally ill—especially among the Japanese, for example, it is shameful to even speak of mental illness."

Or in the Chinese culture, drawing any attention to oneself—even when asking for help—can be considered "boasting." "The younger generation," says Heim, "is supposed to learn by listening and watching. Asking questions is not required or welcomed."

"The Mixed Plate Speakers Bureau workshops empowered me with the confidence, ability and desire to take action through testimony and advocacy."

—Charlene Ryerson,
speakers bureau member



But Heim, Kaapana and the members of the speakers bureau have found ways to bring their message to diverse groups. Heim says that because of the stigma surrounding mental illness, one of the main focuses of public education must be simply, gently "to try to get people to acknowledge to themselves that something is wrong." Once individuals can take this step, and once they see the example of speakers bureau members living productive lives of recovery, they can be encouraged to seek the help they need.

MHAH has learned to take advantage of the traditional leadership provided by members of the older generation, the "kupuna."

In working with the Native Hawaiian population, Kaapana has learned to take advantage of the traditional leadership provided by members of the older generation, the "kupuna." "We always go to the kupuna first and explain what we're doing before doing outreach." Once a public presentation has received the nod from the kupuna, it is far more likely to be attended and accepted by other community members.

Culture, not language

Initially, MHHA proposed to provide public education materials in different Asian languages as part this project. They collected informational brochures produced in Chinese from SmithKline Beecham but soon discovered that paying to translate materials would be prohibitively expensive.

At the same time, they found that providing translated materials to Oahu's Asian communities was not really necessary. As opposed to mainland Asian American communities, "most people are second, third, fourth or even later generation Americans," Heim explains. Usually, English is spoken as a second language in the home." Consequently it is more a cultural than a language barrier that public educators in Hawaii must bridge.



Members of the Mixed Plate Speakers Bureau represent Hawaii's various native and Asian-American communities.

Conclusion

Thanks to the funding this grant has provided, the Mixed Plate Speakers Bureau will continue to thrive. To date, three new consumers have been recruited in addition to the eight already in the program. With an additional grant opportunity from the National Institutes of Mental Health, MHAH will also expand the speakers bureau into a faith based community outreach program in cooperation with Pacific Health Ministry and community religious leaders. In this way, MHAH can continue to serve its ethnically diverse population while being respectful of its rich cultural heritage.



Additional Resources

Publications

(Asian Americans)

Takaki, Ronald. *Strangers from a Different Shore: A History of Asian Americans*. Boston: Little, Brown. 1998.

Tuan, Mia. *Forever Foreigners or Honorary Whites?: The Asian Ethnic Experience Today*. New Brunswick, New Jersey: Rutgers University Press. 1998.

Uba, Laura. *Asian Americans: Personality Patterns, Identity, and Mental Health*. New York: Guilford Press. 1994.

Zia, Helen. *Asian American Dreams: The Emergence of an American People*. New York: Farrar, Straus, and Giroux. 2000.

(Native Hawaiians)

Gallimore, Ronald. *Culture, Behavior, and Education: A Study of Hawaiian-Americans*. Beverly Hills, California: Sage Publications. 1974.

Kape'Ahioikalani Maenette et al. *Culture and Educational Policy in Hawaii: The Silencing of Native Voices*. Mahwah, New Jersey: L. Erlbaum Associates. 1998.

Native Outreach: A Report to American Indian, Alaska Native, and Native Hawaiian Communities. Bethesda, Maryland: National Institutes of Health and National Cancer Institute. 1999.

Organizations

Bernice Pauahi Bishop Museum
The State Museum of Natural and Cultural History
1525 Bernice Street, Honolulu Hawaii 96817-2704
Tel. (808) 847-3511 Website: www.bishop.hawaii.org

The Chinese Chamber of Commerce in Hawaii
42 N. King Street, Honolulu, Hawaii 96813
Tel. (808) 533-3181 Fax. (808) 533-6967
Email: info@ccchi.org Website: www.ccchi.org

Office of Minority Health
Department of Health and Human Resources
Tel. (800) 444-6472 Email: info@omhrc.gov
Website: www.omhrc.gov

Internet Resources

The Evolution of Identity in Hawaii: A Group Independent Study Project,
http://www.brown.edu/Students/Brown_Hawaii_Club/HI_GISP/Index.html

Hawaiian Cultural Preservation Association, <http://hawaiiancultural.org>



SmithKline Beecham provided educational materials in Chinese.