The University of Hawai‘i John A. Burns School of Medicine Department of Psychiatry: Past, Present, and Future

Anthony P.S. Guerrero MD

The Medical School Hotline is a monthly column from the John A. Burns School of Medicine and is edited by Satoru Izutsu PhD; HJMPH Contributing Editor. Dr. Izutsu is the vice-dean of the University of Hawai‘i John A. Burns School of Medicine and has been the Medical School Hotline editor since 1993.

The University of Hawai‘i John A. Burns School of Medicine Department of Psychiatry (UH JABSOM DOP) eagerly anticipates the medical school’s 50th anniversary. The DOP was also founded in 1965 as a section under the Department of Medicine. Dr. Walter Char (front row, center) was Chair of the section, and he established psychiatry as an essential specialty within JABSOM.

In 1969, Dr. John F. McDermott Jr. (back row, center) was recruited to help reorganize the section as a full department in what would become a four-year M.D. degree granting program in 1973. A single four-year accredited residency program was born from the reorganization of the existing one year residency programs at the Hawai‘i State Hospital and the Queen’s Medical Center (QMC). He also founded the child and adolescent psychiatry fellowship program and chaired the Department of Psychiatry from 1969 to 1995.

In the 1990s, the Department grew through the State–University collaboration. The Department provided faculty staffing for the Hawai‘i State Hospital and child and adult community mental health clinics as well as psychiatric leadership to meet national accreditation standards. Dr. Naleen Andrade (back row, left) oversaw this collaboration. She would eventually become Chair of the Department from 1995 to 2012.

In the early 2000s, the DOP founded subspecialty training programs (the only ones in Hawai‘i) in geriatric psychiatry and addiction psychiatry. Dr. Andrade also initiated the DOP Research Division, which has become the home for various nationally recognized research programs, including the National Center on Indigenous Hawaiian Behavioral health. The work of the Division has allowed the DOP to achieve national and
international recognition for its work in cross-cultural psychiatry and in mental health disparities with a focus on Native Hawaiians and Pacific Islanders.

Traditionally the DOP has hired faculty under a full-time practice model, which allowed for the development of academic clinical services that were valued by collaborating hospitals. In the 2000s, the DOP practice plan grew within the framework of JABSOM’s faculty practice plan, or University Clinical Educational Research Associates (UCERA). This faculty practice model was expanded by Dr. Andrade and further developed by Dr. Anthony Guerrero (back row, right), who was appointed permanent chair of the Department in 2013.

The DOP’s mission contributes to the overall mission of JABSOM by providing leadership in psychiatric education and training, research, faculty development, and clinical services in Hawai’i, Asia, and the Pacific Basin. The Department is committed to expanding knowledge within a cross-cultural, biological, psychological, and social framework.

The vision of the Department, updated in 2013, is to be an excellent provider, employer, training program, and research center in Hawai’i and the Asian/Pacific region, and to contribute to the overall JABSOM vision as an integrated, academic mental health care model comprised of: education, training, and workforce development; quality, accessible, and sustainable psychiatric care; development of mental health policy; mental health research and program evaluation that informs and improves all of the other components; professional development, engagement, and mentorship of faculty, residents, and staff; and administration and business management.

The four core values of the Department are aloha, lokahi, ‘ohana, and maika’i loa. Aloha is selfless giving without expectation of reciprocity. It is the ability to empathize with others and treat colleagues and those served with the sensitivity and respect that brings out their best qualities and strengths. Lokahi is the ability to be servant-leaders who strive to establish a set of working relationships that build a team or an ‘ohana. These relationships seek to achieve balance or harmony. ‘Ohana is a family or team bonded by a continuous thread of history, culture and/or aims. Maika’i loa is excellence in work done as individuals and as ‘ohana.

In essence, the goal is to be an academic medical department in partnership with our collaborating hospitals. A team of physicians provides seamless quality coverage and access to multiple psychiatric subspecialties. In addition, the Department strives to be a key resource for Hawai’i for workforce development and intellectual capital. To accomplish this, the Department strives to maintain strong, fully accredited residency training programs that can benefit everyone in the community.

Currently, the department is organized into four major divisions, which include clinical services, education and training, research and evaluation, and administrative services. Each of the divisions collaborates closely in supporting the academic clinical unit, which is the basic unit of the department, and in the interface between the department and the collaborating medical centers.

There are 23 psychiatrists in the department, three of whom are fully general psychiatrists. In terms of additional fellowship training and additional board certification, we have 14 child and adolescent psychiatrists, five addiction psychiatrists, three geriatric psychiatrists, two consultation and liaison psychiatrists, one pain medicine specialist, one forensic psychiatrist, six physicians who are additionally certified in primary care general pediatrics, three physicians who additionally have a PhD degree, two physicians who have been certified in performing elecroconvulsive therapy, and one physician who performs ketamine treatments for refractory depression.

The DOP provides the majority of psychiatric team care coverage and psychiatric service line leadership at QMC, including its medical/surgical units and emergency department, child and adolescent and adult psychiatric inpatient units, and child and adolescent and adult outpatient clinics. In addition, the DOP also collaborates closely with Kapi’olani Medical Center for Women and Children in its consultative behavioral health service. Furthermore, the DOP collaborates closely with the State Department of Health, Child and Adolescent Mental Health Division, in providing much-needed clinical and consultative services, via telepsychiatry, to rural neighbor island clinics, as well as in a primary care interface project that strives to serve as a model for healthcare transformation in the future.

The department provides education and training in the required disciplines of psychiatry and behavioral sciences for JABSOM students. Fully accredited programs in psychiatry, child and adolescent psychiatry, geriatric psychiatry, and addiction psychiatry are maintained. The majority of the program’s graduates remain in Hawai’i and serve the public sector; they also provide much-needed psychiatric specialty care on the neighbor islands. In addition, the DOP provides continuing medical education for the healthcare community and general community, in the form of weekly grand rounds, journal clubs, and subspecialty conferences.

Current research programs include the National Center on Indigenous Hawaiian Behavioral Health; the Asian-Pacific Islander Youth Violence Prevention Center; the Pacific Addictions Research Center; and the Hawai’i Caring Communities Initiative, which focuses on suicide prevention and community outreach.

As a modern business unit, the DOP is fully supported through its comprehensive array of dedicated administrative services that include finance and contracts management, program administration for education and training, human resources and faculty practice operations, and information technology.

The annual operating budget of the DOP exceeds $7 million. The majority of its revenue comes from clinical service, billed through the faculty practice plan, as well as from clinical coverage contracts with hospitals and healthcare partners. For every dollar that the DOP receives in state-appropriated funds for the University, the DOP generates approximately five additional dollars for these activities, mainly through clinical services and extramural research grants. The majority of the department expenses are in personnel.
Faculty members are employed in a full-time faculty employment model through JABSOM and University Clinical, Educational and Research Associates (UCERA) (faculty practice plan). They are employed within a model that specifically recognizes the different components of their academic job, including clinical, academic, research, teaching, and service (“CARTS” model). It is through this model that productivity in all of these areas is specifically incentivized. In addition, this model aligns itself with the collaborating medical centers’ quality initiatives, which are important for any future model of health care in the Department.

Since 2009, the DOP has produced 126 peer-reviewed journal publications, two books, and 25 book chapters; in addition, there have been numerous national and international peer-reviewed presentations at meetings, seminars, and conferences.

Each year, the department engages in an annual strategic planning process. For 2014-15, the goals include improving recruitment and retention; solidifying funding and resource stability through new collaborations and optimizing outpatient practice with the goal of diversifying education and training opportunities; promoting faculty development; utilizing new avenues and technology to improve communication; and advancing programs in cultural and global psychiatry.

Overall, through the current activities, the Department hopes to be a vibrant contributor to health care of the future and contribute to reducing the nearly one third of the (nationally) $1.2 trillion of waste in healthcare every year, attributed to behavioral etiologies. The hope is to develop, implement, and evaluate new models of mental health care delivery that are focused on prevention and have the potential to address multiple downstream adversities. Finally, the department hopes to continue to partner with the major healthcare organizations in the State of Hawai‘i, in order to be a valuable resource for workforce development, expertise in all specialty areas, and quality accessible care.

For updates on the Department of Psychiatry, please follow us at blog Hawaii.edu/dop/

Author’s Affiliation:
- Professor and Chair, University of Hawai‘i, John A. Burns School of Medicine, Department of Psychiatry, Honolulu, HI