The Hawaiian island of Molokai is well known for its history as a leper colony, and patients with what is now known as Hansen’s disease still live on an island that is accessible only by commuter plane or passenger ferry. There are no traffic lights or supermarkets beyond mom and pop-style stores. But even though psychologist Darryl S. Salvador, PsyD, is a city boy from the Honolulu area, he loves his life on Molokai and his job as director of behavioral health services at the Molokai Community Health Center (MCHC) in Kaunakakai.

A third-generation Filipino American whose grandparents came to work in Hawaii’s sugar plantations, Salvador relishes the challenges of providing psychological care in an isolated, medically underserved rural area. He’s excited about being part of a multidisciplinary team of health-care professionals. And he’s taking advantage of many opportunities to provide leadership.

Serving the underserved

Salvador began his career thinking he would be a teacher, but experience counseling youth at his church and in the community helped move him into psychology. He earned a PsyD in clinical psychology from Argosy University in Honolulu in 2004.

During a postdoctoral fellowship at Tripler Army Medical Center in Honolulu, he spent one day a week providing services at the MCHC and another center on Maui. When Salvador finished his fellowship training in 2006, he became the MCHC’s first full-time psychologist.

Part of the attraction was the generous loan repayment program offered by the National Health Service Corps (NHSC), whose mission is to attract health-care professionals to work in medically underserved areas. Thanks to the program, Salvador has already repaid almost half of his $108,000 school loan.

“It’s nice to be able to work [as a team] on cases. The patients coming here can have complex issues.”

The real attraction, though, was the challenge of providing care in such a remote setting. “I didn’t realize how rural rural could be,” says Salvador. The island’s population is around 7,300. Many residents live in poverty.

Stigma can be a big issue when it comes to behavioral care, says Salvador. “People still think that psychologists only see people who are hearing voices or things like that,” he says. Seeing a psychologist can be a source of shame for the Native Hawaiians and Asian Americans who represent the bulk of the island’s population. “Culturally, people tend to keep things within their own families,” he says.

It’s not just a matter of ethnicity. “People on Molokai have seen so many providers come and go,” says Salvador. That transience makes it difficult for residents and providers to have the level of trust they need to discuss sensitive issues like depression or sexual abuse.

Providing information at community health fairs and engaging in other outreach activities has helped Salvador educate residents that talking over problems with someone can be helpful. And the longer he’s there, the more people seem to trust him.

More and more residents are overcoming their hesitations and coming to see Salvador. He works four fast-paced 10-hour days at MCHC, then flies to Oahu to help train interns and postdocs as a clinical supervisor/faculty with the I Ola Lahui Psychology Training Program.

He loves the variety of his work as the island’s only psychologist. “In one session, I might be seeing a seven-year-old and his parents for ADHD issues,” he says. “In the next session, I might see a 42-year-old patient dealing with
Integrating care

One of the most exciting things about working in a federally qualified community health center designated to provide primary care services, says Salvador, is the opportunity to work as part of a team of health-care professionals.

Because he’s on location in the clinic, Salvador can easily help out when the physician, dentist or nurse practitioner senses that a patient is struggling with depression, anxiety or some other psychological disorder.

But Salvador doesn’t address just mental health issues; he’s also concerned about his patients’ physical health. His intake procedure, for example, includes taking a full biopsychosocial history. He not only asks patients about their psychological or behavioral issues but also about any physical problems or medications they’re taking.

If Salvador learns during his initial assessment that patients aren’t taking the medication they need for hypertension or diabetes, for example, he’ll urge them to work with the center’s physician or nurse practitioner to get those conditions under control. The team of health-care professionals might also consult about psychotropic medications that may be helpful to patients struggling with psychological issues. (Salvador has post-doctoral specialized training in psychopharmacology.)

In turn, the physician and nurse practitioner refer patients to Salvador who need help sticking to exercise plans, medical regimens or other strategies for preventing health problems or keeping existing problems from getting worse.

“It’s nice to be able to work [as a team] on cases,” says Salvador. “The patients coming here can have complex issues.”

Salvador even collaborates with the center’s dentist. He helps address the needs of patients who want to stop smoking and consults with the dentist regarding strategies that can help him deal with patients who may have behavioral difficulties.

Salvador believes his skills as a psychologist allow him to contribute effectively to patients’ overall health. “I tell...
patients, ‘My strategy is to help you get yourself better physically and mentally,’” he explains.

This strategy fits with his overall philosophy. “I believe very strongly that good health means everything – your physical, mental, behavioral and spiritual health,” says Salvador, who credits both his internship at the Portland, Oregon Veterans Administration Medical Center and his fellowship at Tripler for his commitment to integrated care. “To treat someone just from a psychological viewpoint means you lose some of the opportunity to help them even more.”

Providing leadership

That spirit of interdisciplinary collaboration carries over to the administrative side.

Because the MCHC had opened its doors only recently in 2004, Salvador was able to chart his own path when it came to developing the behavioral health service. Unlike in a health center model where the behavioral health director falls under the medical director, Salvador reports to the executive director of MCHC.

He and his colleagues meet weekly not just as an interdisciplinary team but as an executive team to hash out clinical and administrative issues. “That gives us the opportunity to see each other as equals and peers and to work together,” he says.

Salvador’s executive director encourages him to be a leader even beyond the health center. Until last year, he chaired a behavioral health hui. (Hui, he explains, is a Hawaiian word meaning group.) Members are behavioral health providers from community health centers (CHCs) across the state of Hawaii who come together quarterly to work on projects and interact with one another. Among their core activities, members of the hui engage in peer consultation for difficult cases and share program and treatment ideas to improve the quality of care provided to patients in their communities. Salvador plays additional professional roles as well, serving as a community ambassador for the NHSC and as a member of APA’s Committee on Early Career Psychologists.

Spreading the word about the many opportunities available in CHCs is one of his goals.