Testimony on the Status of Mental Health Crisis in the United States Virgin Islands (USVI)

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Testimony by Dr. McCormick

I was the primary staff psychiatrist at the RLS Hospital Psychiatry Department from July 2013 to July 2014. In this position in 2014, I met with an expert consultant from the United Kingdom, Mr. Christopher Heginbotham, who was hired by the USVI Government to propose a 5-year strategic plan to improve mental health access and care in the territories in response to the consent decree to improve mental health care and the conditions of the Bureau of Corrections. I will share some of the ideas that Mr. Heginbotham and I developed. I have been in private practice as a holistic psychiatrist in St Thomas since 2013. I was displaced from the Virgin Islands due to the hurricanes in 2017, and my practice has been part-time on island since then.

Why is there a mental health crisis in the USVI?

Quite simply, this is happening because there hasn't been adequate funding for a full-time community psychiatrist within the Department of Health on St. Thomas who can facilitate involuntary commitments to inpatient, outpatient, and long-term facilities since Dr. Spencer and Dr. Lu left in 2016.

Why isn't there enough funding for a community mental health psychiatrist?

Almost the entire annual budget allocated to the Division of Mental Health through the Department of Health (7 million dollars) is diverted to off-island facilities to house 44 Virgin Islanders. That is a staggering $250,000–350,000 per person per year—while the mental health needs of thousands of people in the Virgin Islands go unmet. Those 44 Virgin Islanders have serious mental illness (SMI) as well as sociopathy and have been involuntarily committed to those locked down mental health facilities. Further, while there is one sole psychiatrist, on St Croix under the Department of Health, there are no psychiatrists at all in the territory to provide consistent mental health services for outpatients on St. Croix and the lack of adequate coverage on St. Thomas since the retirement of Dr. Lu and Dr. Spencer 8 years ago. This situation results in the lack of adequate involuntary commitment hearings for any seriously mentally ill persons in the community or in any of the facilities where acute care and therapeutic services may be rendered (e.g Eldra Schulterbrandt, or Bureau of Corrections (BOC).

A recent law was passed by the senate last year, after being proposed by Governor Bryan as a solution to address the mental health crisis, means nothing if there are no established psychiatrists to implement the laws concerning involuntary commitments. Unfortunately, that solution is just words on a page in a book.

The current mental health crisis has only gotten worse since the only psychiatrist caring for people with SMI in St Thomas (through an outpatient service started at the RLS Hospital in the summer of

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2023) left island indefinitely in March 2024. In St Croix, Dr. Sang, is the only psychiatrist caring for the severely mentally ill in St Croix, in the Juan Luis Hospital Emergency Room and in the BOC. She has continued to see patients. There is no adequate funding to fill her position when she retires nor to fill a position in St Thomas either. While there is limited inpatient psychiatric services at the RLS Hospital in St Thomas, there have been no adequate acute care inpatient psychiatric services at Juan Luis Hospital in St Croix since the demolition of the acute behavioral care unit over 10 years ago. Further there is a lack of funding to transfer patients with SMI regularly from Juan Luis to RLSMC Hospital. Also, there are currently no skilled facility nursing homes in the territory to care for the aged and elderly with SMI since Seaview Nursing Home is no longer a functioning CMS covered facility.

Moreover, there are also no psychiatric services available for adolescents with SMI in either of the hospitals or on any district since the Unit VI Behavioral Services has been closed or at the Seaview Adolescent unit in St Thomas which closed at the end of December of 2023 due to a lack of funding. There are currently no psychiatric services either for any of the other Virgin Islanders who suffer from more milder forms of depression, anxiety, PTSD, dementia, ADHD, autism, etc.

Why are there so many people with SMI in the USVI?
Regardless of race or socioeconomic status, the incidence of SMI is approximately 5% and includes schizophrenia, severe depression and/or bipolar disorder. The incidence of sociopathy is about 3% of the population and while most people with this disorder or with serious mental illness aren't necessarily dangerous, when a person has both conditions, the incidence of criminality with lack of capacity to stand trial increases. Thus, for a population of 93,123, the incidence of people who are incompetent to stand trial due to SMI and require involuntary commitment to a locked facility is about 147, which accounts for some of the 44 people housed off island and in our prison systems.

How do we get our mental health budget of 7 million/annually back on-island?
Eldra Schulterbrandt is the central hub for bringing our money back by bringing each of our 44 people back on island. There are approximately 40 people with serious mental illness being housed involuntarily in the locked unit of Eldra Schulterbrant. Many of those people are not criminally insane and could be released back into the community if there is a designated psychiatrist at the community mental health center to attend to those under involuntary commitment proceedings to ensure they have continual access to regular psychiatric care. Newer antipsychotic medications are available that can be given as long-acting injectables that last 1–3 months, are much safer than previous medication options, and have minimal to no side effects, especially if patients are monitored at regular monthly check-ups with the community mental health psychiatrist. Bringing back just 1 of the 44 people with serious mental illness being housed off island more than pays for the additional money put into this position.

The additional funding can then be used to fully staff all the mental health facilities so that we can start taking care of all the other people with serious mental illness who currently have no access to regular psychiatric care.

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Additionally:

- More nursing staff can be hired to open the remaining beds in Edlra Schulterbrandt to allow for temporary housing for boarders at both hospitals that are not only costly but limit the availability of medical services for non-mentally ill virgin islanders.
- Professional coding and billing services can be retained to obtain federal dollars for psychiatric services in the community mental health centers, Eldra Schulterbrandt, and the BOC. (Hiring medical coding specialists has already helped bring in more federal dollars to RLS Hospital and Juan Luis Hospital) Consistent psychiatric services are required to keep CMS funding flowing to the Territory once Seaview Nursing Home is re- opened. (CMS requires 6-month reviews of psychotropic medications to maintain certification to bill for federal funds).
- Consistent psychiatric services are needed at the BOC to do determine capacity to stand trial or get adequate psychiatric treatment before being released into the community. (There is currently no one to do this and is the root cause of recent unnecessary murders of police and family members).

Clearly something has got to change. The problems are:

- Nearly the entire annual mental health budget of 7 million/annually is being diverted off-island because there is no designated psychiatrist to coordinate care and track the flow of people with SMI through the various silos of care.
- Passing laws to make involuntary commitment for psychiatric treatment are just words on paper if there is no psychiatrist to implement them.
- Regarding the proposal to rebuild the Charles Harwood Complex as a 5-story building to house the Community Mental Health Center in St Croix: Throwing more money at brick and mortar doesn't solve the problem.
- Allocation of funds for a community mental health psychiatrist and decisions of the flow of patients through the different silos of care changes whenever there is a new commissioner, so it is also important to move the Division of Mental Health services out from the Department of Health

The solution is:

- Funding for a designated community mental health psychiatrist to facilitate involuntary commitments and coordinate psychiatric care for people with SMI
- Moving the Division of Mental Health out of the Department of Health to make it its own Department of Mental Health to ensure government and federal money consistently and strategically flow to mental health centers to help people in the community and different silos of care rather than to buildings and institutions. There is no other solution to this problem until there is funding for a designated community mental health psychiatrist.

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