

Testimony Regarding the Mental Health Crisis in the US Virgin Islands

Honorable Senator Fonseca, esteemed members of the court,

My name is Darian Torrice-Hairston and I am appearing before this court today to discuss my experiences with the pressing issue of the mental health crisis in the US Virgin Islands. As a Clinical Social Worker, and Director of Nana Baby Children's Home, I have been deeply involved in community mental health and have witnessed firsthand the effects of the inadequacies in mental health care provision – more so as it relates to financial inadequacies, lack of placement options, and supports for youth drug and alcohol abuse.

The US Virgin Islands, like many other regions, faces a significant mental health crisis that has been exacerbated by a multitude of factors such as geographical remoteness and limited resources, high levels of poverty, unemployment, and housing insecurity, and the impacts of natural disasters, such as hurricanes that have left lasting scars on the mental well-being of the community.

Furthermore, stigma surrounding mental illness remains a significant barrier to seeking help in the US Virgin Islands. Deep-rooted beliefs and attitudes towards mental health often prevent individuals from acknowledging their struggles or reaching out for assistance.

Many of the children who have been placed at Nana Baby Home have experienced challenges with mental health. Because all the children receive Medicaid/ MAP we have been able to ensure they receive therapy and access to some services; however, in many of the cases, no treatment was being provided prior to children entering care. This encompasses more than just therapy – we have children who need speech therapy, occupational therapy, psychiatric care, and drug and alcohol support. Early intervention is missing.

Nana Baby Home provides care for children who are aged 0-12 years old. However, since the recent closing of Seaview, a residential facility, there are limited, to no, homes for children ages 13-18 years old. Nana Baby Home has provided emergency care for 6 teenagers in the past 3 months. All who were/ and are dealing with significant behavioral challenges, mental health conditions, or drug addiction.

In one recent example, one of our residents began having serious, life-threatening symptoms due to an emerging psychiatric disorder with a neurological component. They were admitted to the hospital where they stayed for a week. It was recommended, that due to the unique nature of their diagnosis, that they be transferred off island for enhanced diagnostic measures and immediate treatment. We do not have the capacity to properly diagnose or treat them on St. Thomas, because the diagnosis is such a subspecialty. However, the hospital was informed that the medical assistance program would not pay for the transfer because it was too expensive.

The adolescent was discharged back to us with only a referral to begin a consultation with a neurologist. Before we could even make it to that appointment, the symptoms reemerged, and they were back in the hospital. A day later they were hospitalized again. Their symptoms prevented them from going to school, after school programs, and finally, even residing at

Nana Baby. Though rare, the symptoms are psychological and require more intensive diagnostics and treatment. However, MAP still will not cover the costs.

No one can predict the future, but it was the recommendation of multiple physicians and psychiatrists that the adolescent be transferred during the first few days of hospitalization. She would have received appropriate care immediately and been spared several traumatic situations.

I'll also briefly mention a current situation involving another teenager, who is battling significant issues with marijuana. They are using it to cope with racing thoughts and depression, and seem unable to quit, despite several natural consequences they are facing. We have not been able to locate any drug and alcohol courses for them. And though they are receiving therapy, psychiatric support, and medication support, they are not able to make necessary changes in behavior. The teen feels his behaviors are normal for living "here", and sees marijuana as the only way to cope.

In light of these challenges, it is evident that action is required to address the mental health crisis in the US Virgin Islands. This includes increasing funding for mental health services, expanding the workforce of mental health professionals, and implementing community-based interventions to reduce stigma and promote early intervention.

I urge this court to recognize the severity of the mental health crisis in the US Virgin Islands and to take decisive measures to address it. The well-being of our community depends on our ability to provide adequate support and care for those struggling with mental illness. It is only through collective effort and unwavering commitment that we can hope to overcome this crisis and ensure a brighter future for all residents of the US Virgin Islands.

Thank you,

Darian Torrice-Hairston, LMSW, CSW