Status of Mental Health in Our Community

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2024

Earle B. Ottley Senate Chambers, Senate Building St. Thomas, U.S. Virgin Islands Wednesday, June 5, 2024

St. Thomas East End Medical Center Corporation

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Good Morning, Committee on Health & Hospitals, Human Services Chairman, Honorable Senator Ray Fonseca, members of the 35th Legislature's Committee on Health, Hospitals & Human Services, other members of the 35th Legislature of the U.S Virgin Islands, the viewing and listening public, and, of course, my healthcare partners, thank you for inviting us to collaborate with you and the rest of our community to address mental health and wellness in the territory. I know that part of the impetus for this discussion today is that we had 2 recent tragedies, but this mental health crisis did not just begin. We saw the crisis becoming more and more apparent due to the economic difficulties and housing displacement after the hurricanes followed by the constant fear during the pandemic and the unfathomable loss of life. Our community has been hurting for a long time- some of it has been undetected or undiagnosed; some of it misunderstood and some of it quite frankly, was just ignored…

But at St. Thomas East End Medical Center Corporation (STEEMCC) we are committed to ensuring that mental health is regarded as a critical part of one's overall wellness. For that reason, every patient aged 12 and over is screened for depression. We know that early identification and intervention, access to integrated services, and individualized care and treatment plans is a key part of maintaining and restoring good mental health. We do our best to advocate for prevention services for everyone, and working together as a team is an essential part of addressing our community's needs.

We are so happy to be a part of this mental health collaborative because the more we join forces and work together as a community, the better able we are to collect and analyze data territory wide. Once we have good, current data about prevalence, access, needs and the many disparities faced by individuals with mental health problems the more we are able to affect change. We can track changes in prevalence of mental health issues and access to mental health providers and can increase the dialogue with and improve outcomes for patients and families with mental and behavioral health needs.

Undoubtedly, there is a mental health crisis here in the territory. Some of it is really obvious. We see it as we drive down the street with our homeless population and community members addicted to drugs and alcohol. We saw it very recently as headlines in the newspapers. In those cases, the mental health issues are glaring. But some of it is a bit more subtle. We have so many children with mental health struggles in our schools. Kids Count VI reported the retention rates for 9th graders for school year 2021-2022 was 19.6% and that chronic absenteeism was at 31% in school year 2022-2023. We know that chronic absenteeism, retention, bullying, and school violence all likely have behavioral health issues at their core. We also see manifestations of mental health disorders in the paper all the time: the stories of intimate partner violence, sexual assault, child abuse, elder abuse, the highly functioning alcohol abusers… All of those issues are rooted in mental and behavioral health disorders and struggles. Because this is so pervasive, it is everyone's responsibility. We have to stop just talking about it and really **do** something about our mental health crisis (and our healthcare crisis in general). If we want to stop losing lives…if we want to save families and preserve futures (the futures of the children that we as a community are responsible for) we have to do something. We have to work together to create a true behavioral health system. Along with legislation that is needed to create an effective behavioral health system, I suggest the following:

1. **TRAINING**:
    a. First, we have to provide specialized training for our first responders, call centers, social workers and our providers on how to provide care for our patients with behavioral health disorders.
    b. Then we need to provide details on exactly what they need to do, who to contact, who the back-ups are (training and drills are essential here)
    c. We need to coordinate warm hand offs and increase communication between the hospitals, community clinics and practices, the department of human services, VIPD, etc to ensure that everyone knows what to do at each step (create algorithms similar to what we do for CPR).
    d. Then we need to provide training for parents, children and educators on how to identify when someone might need help and how they can get that help.
2. **SUPPORT**: After we train, we have to continually support them. It is extremely difficult and emotionally taxing dealing with mental health patients and their victims. Very often, when they are having a crisis, they do not really know what they are doing or why they are doing it. They are not fully in control of their actions. We have to learn how to respond to them to keep the patients safe and to keep the responders safe. Sometimes situations escalate and force is needed. When that happens, we have to learn to respond with compassionate force. But to do that, we need training, and we need the funding for training. We also need to continue to do the mental health check ins for our first responders that are already happening, but we need to do team building events and empowerment workshops so that we are taking care of the first responders and caregivers as well: Focusing on how to take care of *you*: Psychological First Aid and Self Care. To accomplish this, we must have funding.
3. **AWARENESS**: We have to reach the community as a whole to be able to increase awareness, provide support and empower *US* to develop our own coping skills. This message needs to be everywhere (like Baby Shark and the Tire Kingdom song). Everyone in the community needs to know about the importance of recognizing and accepting mental health problems.
4. **BREAK THE BARRIERS**: It has to be okay to say, "I am hurting, sad, depressed or having a hard time." We have to tell our parents, our children, our friends, ourselves that it is okay to say something about your feelings. We need to get into the schools in kindergarten and teach the kids that it is okay to talk about feelings, it is okay to talk about what makes you sad and scared. This has to apply to our sons, fathers and brothers as well. Identifying with one's emotional needs does not make you weak. It does not mean that you are not committed to God or your faith. It just means you are hurting. And as a community, we have to remove the stigmas, stop the judgment and break that barrier down.
5. **FUNDING**: We need funding for training, funding for more behavioral health providers and more support staff (for example, case managers and social workers). This need for behavioral health providers and staff is not just for the health centers and the department of human services, but in the schools, the prisons, the police department as well).

Thus far, we have been discussing mental health needs from the entire community perspective. Our Behavioral Health Operations Manager and Licensed Clinical Social Worker, Mrs. Paulette Venzen-Potter, will focus specifically on what we do and who we see at STEEMCC. Mrs.

Venzen-Potter has been providing care to our most vulnerable population for approximately six years. Aside from providing direct patient care, she is working extremely hard to increase access and awareness by expanding our behavioral health department.

The population we serve at STEEMCC has many, many barriers in their daily lives. Here are a few numbers and salient points that highlight our patient base and their vulnerability:

A. We see about 7000 patients per year.
B. 18% of our patients are seen at the Center for behavioral health disorders with over 3,000 visits.
C. The two most common behavioral health disorders we see are anxiety and depression.
D. 98% of our patients live below the federal poverty line.
E. Many of our patients have housing instability, no health insurance and lower levels of education. All of those hardships put them at increased risk for mental health disorders. Some of this speaks to bigger things, but I have to mention them here because those bigger things are directly impacting the mental health of our community, particularly our children.
F. The vast majority of our children live in a one-parent household. This increases the risk of mental and behavioral health challenges because our children need family structure. Family structure gives us a sense of belonging, stability and security in a world filled with so much negativity.
G. The violence in the community, the mass shootings they see on television, the racial tension and attacks on various racial groups that they hear about all contribute to widespread anxiety and depression in our children. So, in some ways it is not an individual issue as much as it is a *community* issue, which is why it must be addressed in this arena. We need to address the root causes of our mental health crisis.
   a. Why is there so much poverty?
   b. Why are there so many broken homes?
   c. Why are there so many people with limited education?
   d. Why is there so much violence?

All of these factors play a role in our current mental health crisis. Until we address these issues, we will continue to be in crisis. Our community, especially our children, will continue to hurt. Our children are struggling with challenges that no other generation has been forced to deal with. It is our responsibility to help them now.

Mrs. Venzen-Potter will now provide testimony on the behavioral health services, future plans and the requirements to execute those plans at STEEMCC.