

COMMITTEE ON EDUCATION & WORKFORCE DEVELOPMENT

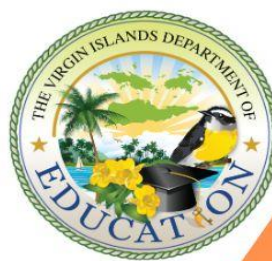
*Joint Testimony on Bill No. 36-0133 An act amending title 17
Virgin Islands Code, chapter 10, section 111(a)(1) providing
mental health education and instruction*

Prepared by:

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Commissioner**

March 25, 2026



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Honorable Kurt Violet, Chairman
Committee on Education and Workforce Development
Capitol Building
Post Office Box 1690
St. Thomas, Virgin Islands 00804

Sent electronically via kviolet@legvi.org

Dear Chairperson Kurt A. Violet, Vice Chair Senator Avery L Lewis; other committee members, Senator Marise C. James, Senator Dwayne M. DeGraff, Senator Franklin D. Johnson, Senator Kenneth L. Gittins and Senator Carla J. Joseph; other members of the 36th legislature; listening and viewing audience,

I am Dr. Dionne Wells-Hedrington, and I have the honor of serving as the Commissioner of Education for the U.S. Virgin Islands. Thank you for the opportunity to provide joint testimony on Bill No. 36-0133 “An act amending Title 17 Virgin Islands Code, Chapter 10, Section 111(a)(1) providing mental health education and instruction.” This testimony was developed in close collaboration with the Honorable Justa Encarnacion, Commissioner of Health, and the Virgin Islands Department of Health (VIDOH) leadership.

After internal review of the proposed amendment, both departments strongly support the proposed amendment to Title 17 Virgin Islands Code, Chapter 10, Section 111 (a)(1) as proffered in Bill No. 36-0133. This Bill provides a vital component for students to address their psychological development through their school years: a transition from dependence, guidance, and independence. The awareness of the mindset of the individual is very important and drawing awareness to this concept through a focus on mental health as part of the core instruction for health education is a great idea.

The Virgin Islands Department of Education (hereinafter VIDE/the Department) and the VIDOH fully support promoting mental health education, instruction and awareness as it is beneficial to our students’ social-emotional and mental wellness. Both departments play a pivotal role in increasing awareness in students’ and the community about mental health as awareness through education is the first step to reduce the stigmas attached to mental illness. We are acutely aware that mental health challenges are the leading cause of disability and poor life outcomes in young people today with significant increases in certain mental health disorders such as depression, anxiety, and suicidal ideation. Many factors shape the mental health of young people, especially social media influences, family, academic, individual and societal forces.

The VIDE and VIDOH continue to work to uphold the mandate of Title 17 Virgin Islands Code, Chapter 10, Section 111 (a)(1), by working extensively in implementing instruction, services, and activities for our students. This measure recognizes that mental health is foundational to a child’s ability to learn, develop, and thrive. Integrating age-appropriate behavioral health education into K–12 schools supports a proactive, prevention-focused approach that benefits children, families, and communities. This is evident in the VIDE Comprehensive School Health and Physical Education Standards, Domain 2: Mental and Emotional Health, which speaks to how “students will learn to achieve good mental and emotional health while learning techniques to help decrease and manage stress and anxiety” (see table below) and encompasses components of the National Health Education Standards.

Domain 2: Mental and Emotional Health

Standard: Students will learn how to achieve good mental and emotional health while learning techniques to help decrease and manage stress and anxiety.

In Grades K-3 Students will:	In Grades 4-6 Students will:	In Grades 7-8 Students will:	In Grades 9-12 Students will:
<p>P.2.1. Identify ways to self-regulate stress (e.g. take a break from playing hard, quiet time); coping with tragedy</p> <p>P.2.2 Develop an appreciation of one’s own body</p> <p>P.2.3. Identify emotions</p> <p>P.2.4. Practice using words to identify emotions</p>	<p>E.2.1. Identify and practice skills to manage stress; identify triggers for depression; coping with tragedy</p> <p>E.2.2. Describe the interrelationship of mental, emotional, social and physical health during childhood; develop an appreciation of one’s own body</p> <p>E.2.3. Describe emotions and how they can affect an individual’s behavior</p> <p>E.2.4. Identify and demonstrate healthy ways to express needs, wants and feelings</p>	<p>M.2.1. Apply skills to manage stress; identify signs of mental disorders including risks that lead to suicide; coping with tragedy</p> <p>M.2.2. Describe the interrelationship of mental, emotional, social and physical health during pre-adolescence/adolescence; develop a positive self-image</p> <p>M.2.3. Identify ways in which emotions may affect communication, behavior and relationships</p> <p>M.2.4. Compare and contrast healthy ways to express needs, wants and feelings</p>	<p>H.2.1. Evaluate and apply appropriate stress management strategies; identify ways to get help for mental disorders including coping strategies (e.g., coping with tragedy)</p> <p>H.2.2. Describe the interrelationship of mental, emotional, social and physical health throughout adulthood; develop a positive self-image</p> <p>H.2.3. Demonstrate the ability to identify positive and negative emotions and analyze their impact on behavior</p> <p>H.2.4. Analyze situations and demonstrate healthy ways to express needs, wants and feelings</p>

From a Maternal and Child Health perspective, early behavioral health education strengthens healthy development, supports emotional regulation, and promotes resilience across the lifespan. Schools provide a critical opportunity to reach children early, reinforce positive coping skills, and engage families, ultimately improving school readiness, family stability, and long-term health outcomes.

We are encouraged by key elements of this amendment and recommend strengthening them through evidence-based competencies and measurable outcomes as follows:

- **Early Intervention and Prevention:** Builds emotional awareness and resilience before challenges escalate.
- **Stigma Reduction:** Normalizes mental health discussions and promotes help-seeking behaviors.
- **Skill-Building:** Develops coping, problem-solving, and emotional regulation skills for lifelong wellness.
- **Holistic Approach:** Supports whole-child, person-centered care.
- **Standards Alignment:** Align with frameworks such as CASEL SEL and CDC WSCC model.

Core Competencies (K–12):

- Self-awareness and emotional expression
- Coping, decision-making, and substance use prevention
- Empathy, cultural awareness, and stigma reduction
- Communication, relationship building, and help seeking
- Risk recognition and healthy decision-making
- Behavioral health literacy and awareness of local resources

Supportive school environments that promote connectedness, safety, and belonging are critical protective factors against anxiety, depression, and substance use, while also improving attendance and academic performance.

This legislation responds directly to the needs identified by educators, healthcare providers, and families, and represents a practical, sustainable investment in the well-being of our children. The Behavioral Health Division at VIDOH is prepared to support implementation through training, technical assistance, and capacity building for educators and school personnel, including trauma-informed practices, early identification, and referral pathways.

In conclusion, once again, we strongly support Bill No. 36-0133 and are committed to working collaboratively with each other and our partners and stakeholders to ensure successful implementation and meaningful outcomes. It was our pleasure to offer testimony on this proposed amendment. We stand available for questions and concerns.