

- Good morning, good morning. You're listening to Ability Radio, You and Your Health. I'm your co-host, Amelia Headley LaMont, joined by Iris Bermudez. Good morning, Iris.

- Good morning. Good morning Virgin Islands.

- How you doing?

- I'm fine. Thank you.

- Through ground rules, we request that there'd be no use of names, no personal attacks, no unfounded allegations, product pitches, no profanity, and we are not physicians. We do not give medical advice so we would not be able to respond to such questions. If you have any questions or comments, please feel free to give us a call in at 713-1079. Folks, I am so delighted. We have a very special guest joining us this morning. You may recall if you were able to tune in last week that we started the conversation on Mental Health Services and what's possible in territory. I am privileged to welcome Dr. Rita Dudley-Grant. Good morning, Dr. Grant.

- Well, good morning to both of you and thank you for having me.

- You're welcome.

- Hello, good morning radio-listening audience.

- [ laughs ]

- Well, we're really happy that you're here because I know for one thing you have an enormous passion with respect to Mental Health Care services for families.

- Yes.

- And I know your focus has been more recently with children. But before we begin, can you tell us little bit about your background, your history with the system as it is and, or as it was.

- Yes. Well, thank you and welcome again to everyone. I am a Bania from St. Thomas.

- [ laughs ]

- But I really consider myself a Virgin Islander and which is a real privilege. I grew up in Saint Thomas and then went away for school, and lived in the States for about 20 years, and then came back, worked in the government for a while under the Farrelly administration as Assistant Commissioner of Health including Mental Health Services. And then for the past 20 years and I just celebrated my 20-year anniversary, I've been working with the Virgin Islands Behavioral Services which is a Department of Human Services program for children and adolescents. I think the biggest joy that I have in my life is having been able to acquire sufficient skills to come back and give back to this community who has given so much to me. I feel very privileged to work with the children and the adolescents, the families, the adults, the elderly, all across the spectrum in our Virgin Islands and to try my very best to give voice to those who tend not to be heard, not to be seen, not to be valued. And so I have made it my mission to try and provide services, to provide a voice, to provide advocacy, to do whatever I can to promote mental services in the territory.

- Well, Dr. Grant, that's amazing because I'm a Saint Thomian as well.

- Yay.

- [ laughs ]

- You're outnumbered.

- I see that.

- [ laughs ]

- And like you, it's been a privilege to be back in the Virgin Islands and providing services from a different perspective than yours because yours is very intense, but it's interesting when you talk about seniors, and children, and family, and my question to you, my first question would be, how do you bridge those gaps? I mean it's such a wise plan thing because right now we're having grandparents taking care of their grandchildren and that has to have been awesome, awesome responsibly on them.

- It truly is and even though when we look at our community, the extended family is a part of the way in which the Caribbean and the Virgin Islands functions, but I think the difference is when you have parents that are actually functional and are providing and they're going out to bring in resources, that's one kind of extended family that is very functional. What you are absolutely commenting on are where the traps in the system have made the parents not able to contribute, but rather to just be themselves, a victim, or unable to provide, or to help. And so the grandparent is actually taking care of the children and in some instances, even having to protect the children from parents that themselves have become disabled or victimized. So what are the things that a grandparent has to look out for? Children as a whole, in some ways a very resilient but of course in other ways, they need a lot of services. So the important thing is first of all, I'm a big proponent of early childhood education. I'm sure that if you have not already, we'll have Ellie Hirsh on to speak about the importance of early childhood education intervention, and so getting the children, if you are a grandparent, into head start, daycare, making sure that they are getting that early stimulation. I think the second thing, I remember my mother said to me long ago when I came into a blended family and I was like, "What am I gonna do? Because I was in my mid-30s and I had a, you know, stepson who was two at the time, you know. She said, "Just love him. Just love children,. You know, just really give love the best way that you can," and what that means is thinking about, "Well, what would I want for myself," you know?

- Uh-hmm.

- What are the things that helped me along the way? And really making sure that you reach out yourself that any parent and grandparent reach out to get help from the teacher or the, within your religious community or something because there's another aspect of parenting right now that is very challenging. And that is all of the new methods of communication. You know, the use of media, you know, and the impact of media which I think is a really, very difficult. You must, must, must monitor the exposure to media especially in early childhood and I'm digressing, but I think it's really critical that you pay attention that you don't leave the baby or the young child in front of a TV and you're not monitoring what they're looking at because even though, "Oh, they're only one. They're only two." No. Those are being imprinted in that early developing brain and I think that a part of why we have so much violence in our community right now is because of this exposure to the video games, and the violent shows, and all of those things that have made violence just an acceptable natural part of our interaction with each other.

- Uh-hmm.

- So grandparents, I mean, I'm at the age certainly of a grandparent and my eight-year-old grandson is so much more proficient on every one of these multimedia [ laughs ] electronic devices, you know, social media and all of that. I mean, I hate to tell you this but they've left Facebook to us.

- Oh, my goodness.

- [ laughs ]

- They have moved on. Yeah, when I say to my daughter, well, on Facebook, you know [ inaudible ] Facebook, and Twitter, and Instagram, and WhatsApp, and you know, God knows what else. And so point being, use the resources that are there, keep yourself connected to a community, don't isolate,

don't, when you're feeling overwhelmed, reach out for help. I guess that's a single message really to our entire community, reach out for help. This is not growing up and growing up in these times is not something that you can do on your own. You can't do it alone.

- And that's really interesting because when you talk about getting involved. I recall when my own children were growing up, I was always at their baseball games. I was always at their plays. I was always wherever they were, I was there.

- Yes.

- So that whole socialization and including the communication was so important and it still is.

- Absolutely. Yes, yes.

- Very, very important.

- Yes, yes, learning how to communicate with them through social media as well as the other. You know, learning what all of these social media instrumentality, you know, the things, how do they use them so that you can monitor them to make it a positive thing rather than, you know, something that's detrimental. I mean, one of the big problems that we deal now with is the misuse of social media that as we know can sadly end up in that.

- Yes.

- When youngsters are being bullied or, you know, when there's sexting and all of these other things that we didn't even have a clue about.

- Right, right. Yes.

- And, but you have to, you have to have a clue. You have to really become familiar and knowledgeable because like anything else, it's a tool and tools can be used for good or for bad.

- For good or bad.

- You know, you can have a child that has a cell phone in middle school because then you can reach them after school. However that means they can reach everybody else.

- Yes.

- Right.

- Yes.

- And so it's that doubled-edge sword that you have to be mindful of.

- Yes.

- Well, this has been a very interesting conversation. We will be taking a small break and we'll be back in a few minutes. We are back, you are listening to Ability Radio, You and Your Health. I'm your co-host, Amelia Headley LaMont joined by Iris Bermudez and our special guest today is Dr. Rita Dudley-Grant. Dr. Grant, you have considerable experience working with children.

- Yes. Yes, I do. And I wanted to talk about what are some of the mental health challenges and social health challenges for children right now. I think children always, the whole point of growing up is learning how to become independent and live successfully in a community and that means learning how to fit in. A big part of children's challenges is learning how to fit in. And the issue that comes up a lot, they're two-

fold, one is, everybody has challenges but those children that may have mental health diagnosis early on and the biggest one of course is Attention Deficient Hyperactivity followed close on its heels by substance abuse and the result from that. And those two tend to actually go together because frequently you'll see young teens or teens using, they'll tell you, you know, "I use it to cool out." And so, they're self-medicating to a certain extent. So when you have a child that is already starting, kind of, behind the ball, they're having trouble from the time, head start teachers will tell you, they can tell you from head start age, the ones that are gonna be ending up into the juvenile justice system and then the adult system. Absolutely. Why is that? Because from the age of two, three, four, five, these are kids that either are very hyperactive, they're just like, you know, running, running, running all over the place. They may be extremely aggressive and I'm gonna fall into, you know, some generalizations. Now please don't hold me to it, you know, don't say, "Oh, my God, my child is very active." He could be brilliant. I mean, he could be the next Barrack Obama. It is not, don't feel like, "Oh, he's running around too much," but you will see that some kids can, kind of, go along, I mean, a lot of kids would go along, get along, you know, they'll have their momentary fights and whatever but for the most part, you know, they're engaged, they're enjoying their growing up years. And then, there are those that tend to be more isolating. They have difficulty getting along with others. They tend to be by themselves and/or they tend to become targets because they're, like, different. And easily, targets will then become aggressors. You know, if you're teasing me, if you're getting on me all the time, I'm gonna start fighting back. The worst part is that if you are having these problems from pre-K, kindergarten, first, second, third, fourth, by the time you get to middle school, you're done. You know, that's why we have that huge dropout. Middle school, if we could skip middle school somehow, you know. I'm not serious, everybody. I'm not saying...

- [ laughs ]

- What I'm just saying that that is where it really shows up. I can't tell you the number of kids that are, they've been to, well, they were really a good student, you know, they were an A-student. They were, you know, in advance classes and then they got to seventh grade and, you know, they just started hanging out with their friends and they started hanging out in the corner and they started smoking or they started getting into fights and if you look back, these may have been kids who may have done okay academically or not but they've just, because of the containment of the lower school, it provided the external structure that they were not developing inside. And they get to middle school and now you're moving from class to class and, you know, that external structure is removed and so then, you know, the inability to be self-motivated and positive and because of the messages that, you know, "I'm not good enough, I'm not able, like, I have difficulty sitting in class and I don't know what's going on," all of, all of those challenges emerge and, "Well, I'm done. I'm not going to class. I'm gonna skip this one, I'm gonna remain away from that one, I'm gonna hang with my friends on the corner, I'm gonna start using substances that will make me feel better for a minute or two or ten or, hours." So the thing is that these are all the challenges for the youth that are going to grow up into adult mental illness. That is the problem, is that it doesn't start in adulthood. It is starting from early on and the good news is the work that I do and that we do in working with children is to just basically give sufficient skills so that they can understand, "Okay, I'm gonna have some challenges but I'm gonna use this skill and that skill and the other skill," we're using a lot of trauma treatment, mindfulness meditation, emotion regulation, things that can help to calm that voice that is like, "Aah, I can't take it anymore."

- Oh, I'd be curious about that but I realized we do have a call so let's just see who's calling in this morning. Hello, good morning.

- Good morning, this is Archie.

- Hey, Archie, good morning. How are you?

- Hey. Good morning, Iris. Good morning Dr. Dudley.

- Hey, Archie. Yeah, how are you?

- Oh, good, good. I've been traveling and of course, trying to always stay in touch with the news and I don't know if Dr. Dudley knows this but only the news commented on President Obama crying when he made this announcement about his approach against violence. And part four of his plan, when you go and download the press release and his plan, it goes, which is called, "Now is the time," the president's plan to protect our children and our communities by reducing gun violence. Part four of the plan is improving mental health services.

- Yay.

- [ laughs ]

- That's great.

- And the, some of the highlights is to make sure students and young adults get treatment from mental health issues.

- Yes.

- And to reach out and identify and like you said, early identification which I won't touch on, upon and, that's part of our strategic plan for mental health services under the consent decree but I'll cover that later and insure coverage of mental health treatment. And I'm just wondering if Dr. Dudley can comment on, if this is a good direction and for Virgin Islands to get involved early on in trying to draw down some of these funds to help stop the gun violence in the Virgin Islands?

- I absolutely agree with that. I think yes, getting more funds for treatment, you know, early treatment, making sure, when I was in training, I actually served as the psychologist to the Head Start Center. And that was one of the things that I did, was to provide counseling for identified family members that had children that were already showing signs of possible emotional disturbance. So yes, early intervention, helping these youngsters to, as I was saying, develop those coping skills, those coping strategies. The issue in part however, is that sometimes, we have resources but connecting the resources to the families and to the youngsters can be challenging and the reason that in part it is challenging is because the way in which those services are provided also needs to be modified and no, Dr. Migdalia Brathwaite, over at the Division of Mental Health has been talking about creating a little group from this, from helping teams, mental health teams that go out into the community to provide services in the community, providing services in the schools, providing services where the children and families are rather trying to get them to come to your office. I mean, that is one of the real barriers. And one of the greatest challenges in my career is for me to have to say something that I said when I was 25. When was that?

- [ laughs ]

- Many decades ago. I wrote out my profession, we have not done as well as we should in removing barriers to care. A big barrier to care is trying to continue this private practice model of only providing services in an office setting. It is so much better to go to where the children and families are. Go into the housing projects, go into the schools, go to the community centers, provide services there because then, first of all, the child and the family feel more normalized. They're not going to the mental health center or the, you know, to some crazy doctor's office because I'm crazy. I mean, you will still get that I'm not crazy. Of course, we know you're not crazy. I have promoted because of Dr. Ronald Fox who was a president of APA long time ago said, his goal was to have people have a mental health checkup every year just the way you have a physical health checkup every year to make it just as normalized, just as valuable, and simple. Because guess what everybody? There's not a soul on this good Earth that never gets depressed.

- Right.

- It doesn't happen. It's a part of human living and every gets overwhelmed so the issue is not to feel like, "Oh, you're on medication and, oh, you're doing this, or, oh, you're," no, we all need health now and

again. You come for services, you talk through things, you come up with a strategy, you learn some little personal thing that you can do a little meditation, a little reflection, whatever and that helps you to live your life. Now, for some people, just like for some people, all they have is a cough or something and then other people have cancer. Yes, if you have little problems, you need little interventions. If you have big problems, you need bigger interventions. But that doesn't mean, "Oh, because you have cancer, that is the worst thing in the world and I can't talk to you and I can't be around you," you know, you can go to a cocktail party and people will talk long about their surgery and their medication and all the things that they went through and this hospital and that doctor. You ever hear them saying, "You know, I just had an emotional break and I went to Wang Louie Hospital. They put me on Thorazine and I'm feeling so much better now," right?

- People would probably leave the room.

- [ laughs ]

- Let's get real.

- [ laughs ]

- But that's the goal. The goal is to understand that this is all a part of the human condition.

- Correct.

- And so, yes. We definitely do need to bring more resources to younger children and bring more resources into the territory and support the initiatives that take the services to the people.

- Archie, are you still there? Did we answer...

- Yes, yes, I, of course, I'm listening to Dr. Dudley. She's given us such great advice through the years. And one other thing, I also pull up my NAMI paperwork. Every once in a while [ inaudible ] I go to what's happening with NAMI and their latest report, it said that African-Americans are 20% more likely to experience serious mental health problems than the general population. And it has four categories, I just wanted to see if they relate to the Virgin Islands as well, it's major depression, Attention Deficit Hyperactivity Disorder, suicide, and Post-Traumatic Stress Disorder. And just, can you give your comments on those four category?

- Oh, yes, absolutely. When it comes to those four emotional disorders, we definitely suffer from that and of course, we know that within the African-American community and within the black community, the black diaspora of the Caribbean, the Virgin Islands, there may be an over-diagnosis of Attention Deficit Hyperactivity only because we do tend to be somewhat more active and please nobody, don't, were you saying we more hyperactivity? No, I'm not saying we have more hyperactivity. I'm saying that there are different approaches to living your life so to speak and you may see something different in the population. Yes, we have a, the same incidents of depression that find in the States which actually runs around 75%, 80% over a lifetime, over a lifetime, 75 will experience a diagnosable depression. Now, of that 70% or 80%, we're only talking about at best, 20% or 30% that seek treatment. So you have a lot of people that, you know, and the thing is that, you can go into remission. You can recover naturally from a depression but if it goes on for six months, a year, or two years, then you really, it really would be a good idea for you to try and get some help. And don't wait. I mean, if it come back again, don't wait. So yes, those two and then, the suicidality, our suicide rate, I don't wanna say because I don't have the latest statistics from the Department of Health, that would be something that you could ask them because they have the epidemiology for it, but I do know that certainly we have a significant amount of suicidal ideation acting out, gestures, attempts within our population that we have to be very, very, very mindful of. And Post-Traumatic Stress Disorder, that is probably along with depression even more so, that's probably the single biggest diagnosis that brings children into our residential and, system. So why is that? It's everything I've been seeing before which is that if you're three, and five, and seven and you're being traumatized, whether you're being teased, whether you're coming from a home where you're being

abused, and we know that means physical, emotional, sexual, these things will, on a young child, distort their ability to develop normally and to survive. And so they act out in increasing ways, and that definitely then leads to emotional disturbance to the acting out. And just everybody, please know, that in teenagers you're not gonna see a lot of them walking around moping because depression is acted out with aggression in teenagers.

- Really?

- Yes.

- Okay.

- So when you see kids that are really, you know, acting out and they're fighting all the time, and they're mouthing off, you scraped the surface and you have depression underneath. Issues that have not been resolved, okay?

- But that is so good because, I'll tell you, I'm listening to you and every time you say something, I wanna say something to you, ask you a question, no, because I remember when my seven, my son was seven years old and his father passed away, and I saw things in his behavior that I says, "Oh, no. I got to handle this. I gotta do this." And up to this time, I sincerely thank Dr. Copeman, who worked with my son, who helped my son get over that death of his father, and right now my son is so successful, I'm so proud of him. Because I saw that, and I says, "That doesn't, that's not him."

- Uh-hmm.

- But not knowing how much it was affecting him, the death of his father.

- And you know what? You are the role model for an excellent parent.

- Yay.

- Because you didn't run away from it, you didn't blame him, you didn't tell him, "Get over it." you didn't push it away, you weren't ashamed that, "Oh, I have to take my son to a psychologist," and, "Oh, that means, he's crazy, and I'm ineffective." No, no, no, no. You know, you dealt with it, and that I would encourage every parent, every grandparent, every auntie, every godmother, every nanny [ laughs ] you know, when you're seeing those things, when you see something say something, do something about it. You know, it really is so important, I'm glad you said that.

- Oh, thank you. Thank you. And again, going back to something you were saying about, when the kids are seven, or in, by seventh grade, and there are lot of challenges, I think part of those challenges is that they're also changing, those hormones are coming into place. I remember telling my daughter, "Well, let's see how we can help you get those hormones back in place."

- [ laughs ]

- You know, it's so funny too because I have a colleague that's, that that reminds us all the time, you know, a lot of these behaviors are just teenage behavior, you can't diagnose everything. [ laughs ] You know, not everything is mental illness, sometimes it's just teenager behavior.

- You mentioned something about the methods you use, the meditation, and something else to that, I was just curious, what does that entail?

- You know, that's trauma treatment. I encourage you to invite on Dr. Brathwaite to talk about the learning community that has been created with the leadership of mental health, that focused on training across an interagency, the interdisciplinary spectrum, and so, a lot of us got trained on the basics of trauma, and what trauma does to your brain, and what are the most evidence-based effective approaches to

treatment. And, basically, you know, Neuropsych 101, for one second, in your brain, you've got the brain stem, which keeps you breathing, you've got your, the, your frontal lobe, which keeps you thinking and in between, you have what's called the amygdala, the middle brain, and that's your feelings, your emotion, that's the giant that gets up and overwhelms everything else. And so, when we do treatment, what we're trying to focus on is getting a handle on that middle brain, that emotional brain. The emotional brain can grow. It can change. It can get into alignment with the other parts of your brain, but it takes time, and it takes effort, it takes practice. So when we're training you on deep breathing, on thought stopping, on, you know, even exercise on chanting, on all of the things that you can do to quiet your emotions, over time, that will become your go-to response, and I've seen it with my own eyes. Kids that came in that were climbing the walls, it takes a while, but eventually, you will see they will breathe, they will count, they will remove themselves, they will walk away. You know, they would do things to help themselves regain control. So that's what trauma treatment is. Trauma treatment is helping people understand how the brain works and what we can do to improve our emotional, emotion regulation, that's a very fancy term for feeling better.

- Okay.

- Acting in a more positive way.

- Right, right.

- Not, you know, stop reacting so much to every, instead of reacting, you become an actor.

- All right. Archie, are you still on the line?

- Oh, yeah, so, I was just listening to Dr. Debbie and a lot of those things came out of the '60s. I know we were in college, we used to call it Mr. Hippie.

- [ laughs ]

- And the same thing, now it's a part of the mental health services routine, you know?

- Yes. Yes. It used to be alternative, now it's mainstream.

- Isn't that something?

- Oh, my God.

- Oh, yeah. Well, one other issue, and it's one of those things that just, I keep bringing up, do we have a suicide hotline here in the Virgin Islands?

- Archie, sadly, at the moment, we do not. Lutheran Social Services has had one that they operated in the past, but of course like everything else when the funding goes, the service goes. And so, at the moment, I mean, it's certainly is something that we really do need, and I think it would be tremendously beneficial, a great service for the community. But we, again, have to task mental health and the other community-based services, as I said, Lutheran Social Services used to run it, with seeking funding to operate it because, you know, it does take funding because even, you cannot operate it solely on volunteer, even if you have people that are volunteering, you need an administrator, somebody that's gonna setup the schedule, etcetera, etcetera, etcetera, man the phones, so on, do the training, and so when it was in operation, Lorry Christian was the last person that did it through Lutheran Social Services, but that has been a good, hmm, five or seven years ago. If one has started, I do not know, so don't let me be the expert on what services we have in the territory. I don't know, but as far as I know, we don't have one at the moment. If we do and someone is listening, please call in because it definitely is a resource that we need.

- Right. Right.

- Oh, okay. And just again, the president's proposal includes 25,000,000 for innovative state-based strategies supporting young people ages 16 to 25, that has severe high-risk for mental illness. So there's the source of money, the president's putting it out there. Let's see if we can urge Virgin Islands and the community to jump on the money that's coming.

- Well, I hope that we get that money before the election.

- [ laughs ]

- Right.

- Because a whole lot of that money is gonna disappear, but I sure would love to talk with you afterwards about where the websites are that we can look into that, because...

- Yeah, this is in the budget. And we have to go ahead and pass budget, but this is the proposal under the, '16, FY '16 budget.

- I will tell you that you're identifying a population that is tremendously underserved and that's the transitional population. The ones that aged out of the juvenile justice system around 1819, before their brains catch up with them around 25 or so, and you know, at least education provides special education services until you're 21. But we really do need more funding for transitional care that includes residential services, that includes opportunities to get your own apartment, but then have wrap around services. So that you, when you've fallen to the inevitable troubles, you know, a tenant on becoming a young adult, that there is a safety net for, so...

- Oh, I agree, I agree. And that's part of why we sort of dubbed it a "Bring him home" campaign, not having treated off island.

- Right.

- Yeah.

- Bringing that group home and have him treated here with the family is part of our, you know, community services approach.

- Yeah, I support that. I will tell you that there, I don't ever foresee that we'll have a hundred percent of that because sadly, some kids, if you're talking about major mental illness or major, major dysfunction from a very, very early state, and then a family that does not have the capacity, the parents themselves may be disabled, you're not necessarily gonna be able to bring every single child home. But I certainly support that as many as possible, that's the thing that I know. Department of Human Services, the entire group, health human services, education, Dr. Celia Victor, that's another person you should bring along to talk about the residential programs, on and off island, but the point being that, that's why we work with children and families. You really do have to try to support the families as much as possible, and help them to access resources in the community, and then you have to have the resources in the community in order to help them to deal with the really great challenges when you have a very compromised child.

- Just a brief reminder that if there's anything in this exciting program that you missed, our episodes will be placed on our website, [drcvi.org](http://drcvi.org). We're gonna take a brief bake, brief break, and we'll be right back. We are back. This is Ability Radio, You and Your Health. I'm Amelia Headley LaMont, joined by Iris Bermudez, and our special guest, Dr. Rita Dudley Grant. This program is brought to you by VI Lottery, making a difference. Archie, are you still on the line?

- Yes. Just to wrap up. I would like to thank Dr. Dudley, and give us some ideas about anti-stigma. You hit upon those issues, and I don't know how we can resolve it, but we're trying to do our best.

- Yes. Archie, thank you so much for all of your questions and your commitment over these good many years. I want to publicly acknowledge you, you've been an advocate that has been just above and beyond. So, I really, really appreciate having you in the trenches.

- [ laughs ]

- You know, it's a wonderful thing. I want to comment, there are very many ways to address stigma. One of them, I love the name of your program, Ability Radio. That is awesome and good job, Amelia. I mean, the thing is that we, how do we address stigma? By first of all, attacking it within ourselves. You know, the first step each and every, what can each and every one of us do? Each and every one of us can look at how do we think about mental illness? How do we think about that person that we see lying down on the steps when we're parking the car. Are we full of fear? Are we full of disgust? Are we feeling, like, you know, why don't he just get up and get a job? What's wrong with them? You know, or can we find a minute of compassion? I'm not saying that we don't accept that sometimes mental illness will drive you to do terrible things, but as the statistics will show you, many, many, many more very normal people do terrible things than those that are mentally ill. Mentally ill people get the bad rap, but the truth of the matter is the vast majority of mentally ill people don't do anything. They are the victims rather than the aggressor. So, have a minute of compassion. The next thing is like Ms. Bermudez said, when you see an issue, don't hide from it, don't run from it. Go and seek help. Get help for yourself, get help for your child, for your friend. You know, suggest to your friend, you know, it sounds like things are really kind of going bad. And don't be afraid to offer, actually, to make a call, get a phone number. You know, I've been talking to so and so. And there's this number. Why don't I just give it to you? Not, you're not pushing them, you're not criticizing, you're not labeling, you're offering help. We are our brothers and sisters keepers. We are the, you know, the neighbor that is the person. We can make a difference. The other thing, I think about stigma is to not be afraid to talk about the issues as we see them. Not be afraid to say, "Wow. This person seems to be having a rough time or don't be afraid that somehow, you know, I'm going to be labeled crazy and crazy is a bad thing." You know, crazy can be a great thing. I love carnival. My kids were, "I see you, Dr. Grant. I see you walking up in the carnival." Sometimes it's important to be a little crazy. It's a good thing. And so, that, that we take the sting out of the stigma. We take the sting out of the label. We try more and more and more to be inclusive, to be open. My biggest fear is that the pendulum is going to swing. And this is one minute of political rhetoric right now. That the pendulum is gonna swing and political correctness, which basically means moving the, moving the country in the direction of more openness, of more acceptance, of not using negative stereotype typic language, of not labeling people. That's gotten a bad rap. "Oh, I don't have to be politically correct. I'm gonna say what's on my mind." Well, the problem is, when you say what's on, you know your mind is a very tricky thing. The mind is a terrible thing to waste, but it's a really important thing to monitor. Everything that comes into your mind shouldn't come out of your mouth.

- No, oh, okay.

- That's a good one.

- You need to really think about it. And that's the whole trauma training treatment. Reflect, take a deep breathe, don't necessarily let everything just fly out of your mouth like that, because it can do harm. It can really hurt other people. So, if we each take responsibility for our language, each take responsibility for the way we talk about each other and about people that appear to have emotional distress, if we each really dig deep to find a bit of compassion, a bit of understanding, a bit less judgmental, that will go a long way. I think the other thing, you know, the work that you guys are doing and, you know, the work of the disability right, you know, Ability Radio, this reduces stigma. I hope that people will listen and will understand that is, that mental illness, emotional disturbance is nothing to be afraid of. It's no more to be feared than diabetes and hypertension. It's just another, it does have many components. You know, it's emotional and social, but right now, from a public health perspective, we are understanding that diabetes and hypertension are as emotional and socially-based as medically, because the more stressed we are, the more we tend to be very tense and that constricts our, and not, I'm not getting into the medical aspect of it, but we know that stress leads to hypertension and diabetes, and the other physical ailments that our bodies and our emotions, physical and emotional, and spiritual health is all interconnected. So that's the

issue is each one of us has a responsibility to be more positive, to be more understanding, to be more caring. And if you have a fear, share it. Don't try to go it alone. You know, if you have a concern, act on it. It's better to share it and act on it, and find that it's okay, you don't need help than to try to ignore it and pretend it's gonna go away, and then it actually does not.

- This is a very powerful response to the stigma question. I thank you for that. We're gonna pause again just for a short break and we'll be right back. Virgin Islands. As you hear from the song, we can, yes, we can can. You're listening to Ability Radio, You and Your Health. We were having a conversation during the break, and Iris, you made a very interesting point.

- Yeah, I think that with everything that Dr. Grant had said, one of the things we need to do is put those cell phones away when we're having dinner, and get back to the basics. Let's talk, let's communicate, let's interact more. And Dr. Grant, you can really talk more about this because every time you go to a restaurant, you see, you see the mother, the father, the child with a cell phone. And...

- That's true.

- And it's like mindboggling. Where's the communication?

- That, well, and it's interesting actually. I will say that I had that conversation with my daughter and her teenage friends, and they were saying, "Oh, we're communicating. We just communicate differently." But the truth of the...

- Okay. That's interesting.

- You know, the truth of the matter, and that's what I was saying about, you know, helping us to understand them better, but I completely agree on more and more researches being shown that we are not connecting. We maybe communicating, but we're not connecting. There's not the emotional connection that we need to truly feel satisfied, secured, connected to other people, and as was written by the author, I'm so sorry, I'm blocking on his name, the psychiatrist driven to destruction, but in point of fact, we think that we're multi-tasking and we're doing more, no. We haven't changed the way that we actually process information. It is sequential. It's one, two, three, four, five. We have not gotten to the stage of one to ten, all crammed together at the same time, so all we are doing is driving ourselves to destruction. In point of fact, we think we're doing more but what we're doing actually is less effectively. We may, it may be more but we're not focused, we're not able to keep our attention on anything. You know, we're constantly jumping between, and I am as guilty of it as anyone. You know, I have to remind myself not to pick up the phone while I'm driving because you get to the point, "Oh, well, this I have 10 minutes because I'm driving. Let me see how many texts I can answer."

- Answer, oh, no.

- Horrible, horrible. And then, I blamed my cousin because she says, "Look. You can turn on the microphone and then you don't have to use your fingers. You can just speak into the microphone, and,"

- What kind of car you drive, Dr. Grant?

- [ laughs ]

- Seriously, very bad. But, so, I absolutely agree. I would encourage everyone to refocus on human interaction, refocus on the feeling in a positive way. You know, take time for yourself every day. Then listen to Dr. Grant. Let me give you some advice. Take time for yourself every day in a good way. Not with substances, not with, you know, just take time to relax, take time to refocus, take time to remember what is important to you, take time for your family. Make sure that you don't run home and jump right into the work and, you know, don't have time to say anything to your family members, and not, you know, just rushing your child, you've done your homework and da, da, da, da, bam, bam, bam. Remember to be

positive with the people that you love. Remember to be kind to the people that you work with. The, it's important for us, you know, not, and when we make a mistake, apologize.

- Yup.

- And, you know, be sure that what we are doing is modeling the best that we can give. Try and give your best self as often as possible. And the only way to give your best self is to take care of yourself. So, I would encourage all of us to be careful and mindful of ourselves, and that way we may have more compassion for those that really need our help.

- Wow.

- And in, and in and of itself, a healthier community.

- Absolutely.

- That's right, that's right.

- Absolutely.

- Wow. I'm blown away.

- So, am I.

- Dr. Grant, thank you so much for taking the time to teach us today. You've covered a lot of very important subjects. And I am hopeful that at some point, you know, you'll be able to join us again.

- Again.

- Yes, yes.

- Thank you. And let me say, all the best to my family out in the community that really need our help. Take care.

- Yes.

- Thank you.

- You've listened to Ability Radio, You and Your Health. I'm your host or co-host Amelia Headley LaMont, joined by Iris Bermudez, brought to you by VI Lottery, making a difference. Have a good morning.