

- Good morning. Good morning, Virgin Islands and welcome to Ability Radio, You and Your Health. It's a Health Literacy Program funded by the VI Lottery, Making A Difference Program, and it's, we're broadcasted from Da Vybe Radio Station 107.9 FM. My name is Amelia Headley LaMont and I am joined this morning by my cohost, Iris Bermudez. Good morning, Iris.

- Good morning, Amelia. Good morning, Virgin Islands.

- How are you feeling this morning?

- I'm feeling really great. Thank you.

- Great, great. And we are delighted because we have a wonderful guest this morning. Her name is Sherilyn Pogson. She is president of the National Alliance on Mental Illness, the Saint Croix Chapter and we'll have a conversation about her work, the work of the organization. But first, let's set out, set out, set out some ground rules as typically we do every week. First of all, we request that there'll be no use of names, no personal attacks, no unfounded allegations, product pitches, no profanity, and we don't ever give medical advice. So we will not be able to respond to questions of that sort. The opinions that are expressed at this show is not those of the Disability Rights Center and it is not those of the radio station nor VI Lottery. We are a live and call-in show and if you are so inclined, we encourage you to give us a call at 779-1079 or 713-1079. So after all that, Sherilyn, good morning.

- Good morning, Amelia.

- How are you?

- I'm fine.

- I am so glad to have you this being Mental Health Awareness Month.

- Yes, very important.

- What a wonderful way to, you know, commemorate that and you have come this morning to bring us a wealth of information about the work of NAMI, we call it, which stands for?

- The National Alliance on Mental Illness.

- So tell us about NAMI, what is happening then, what we need to know.

- Well, first, NAMI is a national organization so it's available nationwide and it's one of the largest grassroots advocacy groups for, that focus on mental illness. And that is an, a serious issue not only in the Virgin Islands but also in the entire United States. You know, sometimes we think that we're unique in the issues that we're experiencing here in the Virgin Islands and we're not, some of the same difficulties that we're experiencing here in the Virgin Islands is happening all over the United States. So this a national organization that recognizes that and which is why they focus to make sure that [ inaudible ] they're available in the States and also they've made available to local communities with affiliates. And affiliates, they're just the local phase of the national organization, so they're focused from the affiliate perspective, is to make sure that we go into the community and we relay that the perspectives, the information that's coming from NAMI National and so we can all come together and have one voice. The more we really come together to really, to try to tackle this issue, the better. Right now, NAMI Saint Croix is in its infancy stage of we have just actually of been movement then made official, so we are...

- Congratulations.

- ...real eager. Thank you. That was, you know, it was a long effort on our part to make sure that we followed the guidelines because there are guidelines that we have to follow. It's a national organization and we wanna make sure that we are respecting the brand and we are not, you know, speaking on the

term, making sure that we follow those guidelines that they have given to us. So, but we've gotten an, their national stamp of approval so now to work here on Saint Croix is to make sure that we go out into the community, we listen, we work on educating, and listening to the community, and see what the needs are. What do we need to do to make sure that we enhance the services and the support services that are here in the community. We know that we have issues, there's a lack of resources that we have in the Virgin Islands, but that's everywhere again. So the more that we can get together and really try to collaborate not just from, and that's not from the NAMI perspective because we want to make sure that we collaborate with other agencies, government agencies, other non-profit organizations, and the community. We wanna hear from family caregivers, we wanna hear from individuals that have been diagnosed with the mental illness. What do we need to do? We suspect what we need to do, you know, to, into the community to make things, you know, better here in the VI, but we need to get that feedback from, you know, from the community. One of the things that people say, "Well, you didn't ask my perspective."

- Uh-hmm.

- And we're always speaking on for people, but we never actually, you know, ask them what, you know, what's important to you. So that's one of the things that we're gonna be focusing on. And we also want to try to be an information resource.

- Uh-hmm.

- How I came into the NAMI Organization? I personally am a caregiver for a family member. And when I had to figure out where to go, who to call, what to do, that was overwhelming for me, and I feel like I'm a resourceful person.

- Right.

- I can go, I, and I have a car. I can go on driving, go somewhere, talk to someone. It, and it was extremely difficult for me to figure it out. So from personal experience, I know that, I don't think that that's something that we should have to deal with locally. Dealing with the family member that is, the husband diagnosed with the, with the mental illness is difficult enough and the fact that I have to go out and really does search really hard to try to figure out what resources would make sense for me in my personal situation.

- Uh-hmm.

- That was an, you know, another traumatic experience for me. So if we can also be a resource for individuals, for you to come to us, and say, "Hey, where should I go? Who should I talk to?" Just kind of consolidate the information. There's always been work in the community with many other organizations. Everyone is doing a good work. Everyone, you know, the heart's in the right place. We know, and we have different organizations that have been doing the work, trying to help individuals in the community but it's now time for us to come together and I firmly believe that to collaborate better, so we can be one voice. One of the biggest issues that we have in our community that we don't have statistics, and when you don't have statistics, you can't go out and talk to, you know, talk to the federal government to get the necessary grants to do what you need to do. And it's extremely hard also to go and ask for funding.

- Yup.

- We know the needs there. We see people on the streets that are, that are dealing with these illnesses. We've, we hear the stories from family members that are really struggling, and we don't have the resources that we need to help and, you know, to support them.

- Well, let me ask you this. Like, you're right about statistics, what kind of, what do we know at least as far as nationally and how can we extrapolate those numbers for the Virgin Islands?

- You know, nationally, the numbers are one in five.

- So one out of five individuals will have a diagnosable mental health disorder in their lifetime?

- Yes. So if we use the, just go by the, strictly that the 2010 Census Data, we're a little over a hundred and six thousand. We know that numbers has, that numbers has changed. Obviously, it's on, it was done, you know, a couple years ago. But even if we use that, those number, we extrapolate it from that, we're talking about roughly 20,000, over 20,000 individuals here in the territory that...

- That has a diagnosable mental health disorder in their lifetime.

- And that is a significant number. Now, we can't back it up obviously but I think that is a safe, you know, that's a safe assessment. That's, you know, that's an, that's an incredible number. That's an incredible, and I know that those are services that, there are services that we need to make sure that we provide to those individuals. Now, we tend to look more on the extreme side because we, whenever we have an incident in the community, whenever we see someone on the street, that's what we're thinking of, but it's not always that. There are other diagnoses that, you know, that we really need to make sure that we take care of. Even starting from, you know, from children going forward, it's just really difficult when you don't make sure that you're providing the necessary services to care for us from children up to adults.

- Yeah. Yeah.

- So if there's something that we can do to really bring us together, and one, get real data so we can make sure that we're targeting the, you know, the one, the right population. And if we can get the necessary funding to make sure that we provide those support services, I think that would be an incredible feed for us, you know.

- And I think that one of the ways that can be done is if we stop, you know, working out of silos. We need to, like you said earlier, we need to really get into working together collaboratively, you know, so that we can, I like the special education model.

- Uh-hmm.

- Because you have a multiple group of intradisciplinary folks that's sitting at the table and I think that something like this should be done for mental health because when I'm just serving an individual by himself, I mean, he or she may have an array of issues.

- Yes.

- So we need to look at all those issues that that one person is experiencing because we're in, we're all involved with the same person basically. I mean, they go for health reasons, they go for medical reasons, they go for housing, illegal services, so it, it's going to require the whole village to work with one person. So we need to get out the silo mode that we're in because it's been happening for too long already.

- Yes.

- I, when I started out as social worker, I know, and now, we're in 2016 and it's kind of the same model that we're using, so we need to really work together, partnering with people that are working with these people and bring in even new partners.

- Yes.

- So that we can really, really do something here for the, for the, you know, the population.

- And right now, we have started some of that collaboration.

- Good.

- We've met with a couple of organizations locally and we're trying to figure out how to move forward to make sure that we continue to stay as a unit, you know, not in those silos as you, as you mentioned.

- Yeah. Yeah.

- Because everyone is do, as I said, everyone is doing great work. We all do our best. I don't think they know...

- Well, we don't know what we're doing.

- Right. Right. Exactly. Exactly.

- Okay. Well, this has been very interesting and we're gonna continue on in our discussion on the work of the National Alliance on Mental Illness. Stay tuned.

We're back. We're listening to, or you're listening to Ability Radio, You and Your Health, a literacy program funded by VI Lottery, Making A Difference Program. Our special guest today is Sherilyn Pogson. She is president of the Saint Croix chapter of the National Alliance on Mental Illness. And Iris, you had a question?

- Yes, I do. How do you work with the Saint Thomas NAMI Organization?

- Well, Saint Thomas NAMI, that's a, they're a separate affiliate. But when we can, we collaborate. We just had a meeting where we met with groups from SAMHSA Organization so that, the department, so that we can go ahead and figure out what steps we need to work on going forward. The, but typically, we collaborate when we can, but they're their, they're their own entity.

- Okay.

- They have their own activities. They've been functioning for several years now. They actually have been having frequent family-to-family counseling programs. And that's actually how I came in to NAMI. Family-to-family, it's held over the course of several weeks. What it is, it's really, it's meant for family caregivers.

- Uh-hmm.

- So the caregivers, and you don't have to be an actual family member because, you know--you know, it's all over here.

- Yeah.

- Right.

- Yeah.

- And so we have neighbors that are actually really pitching in. We have old family friends that are pitching to help provide care for our loved ones. But what is, for over the course of several weeks, you sit down and you go over the different issues and experiences of the family caregivers. And what, for me, what was really eye-opening, they, there's, there are different segments that are, that are held every week. And it, they go into what is a mental illness and the different types of diagnoses and how you should deal with the crisis. But what was telling for me, I found out there were a couple of things that I was doing wrong in my situation. There are some things that, and it also helped to put me into perspective of my loved one.

- Uh-hmm.

- Uh-hmm.

- Some of the things that I thought I was doing that was right was really wrong. It's really difficult to put yourself, you know, you know, into their shoes if you're not, you know, if you have not been diagnosed with a mental illness. But there's, there are simulated exercises.

- Hmm.

- And there was an exercise that they held. And I always remember it because I'm standing there, there were, there's two of us and someone's standing behind me, and they're talking. And so they asked you to complete a task. And I think it was a puzzle. So I'm sitting there trying to complete the puzzle and there's someone behind me just, random words, random thoughts, and I'm trying to focus to complete this puzzle, and I can't complete the puzzle because this person is behind me just nagging me.

- Uh-huh.

- And in my ear and, you know, just totally distracting me, and that was an example of how some of our loved ones, that's what they're dealing with. We're sitting there trying to talk to them and tell them to do something or we're upset with them about, you know, something that's happening and we don't understand that they're, because of, you know, depending on their diagnosis, there's something else that's going on in their mind. And they can't process what you're saying. So I would get frustrated because I felt, you know, you purposely, you know, and ignoring me, not listening to, you know, to what I was saying. But that wasn't it at all. Couldn't, you know, couldn't focus on what I was saying, couldn't understand what I was saying because there was something else going on, you know, in their mind. So it's, for me, the family-to-family course was extremely helpful and that's what really brought me in to NAMI and that's what made me stay. So Saint Thomas is having that on a regular basis. On Saint Croix, we've had it off and on, because we had, our teachers, they had to relocate. So that's something that we're going to step up here, you know, in the coming, in the, in the future.

- So going back to that example, how would you manage that? I'm curious.

- Me personally?

- Well, anyone. I mean...

- I couldn't. I, and that was, that was my issue, I couldn't. It was so distracting and I'm, and I can focus. I can, if you get me multiple tasks, I can multitask.

- Uh-hmm.

- But I'm sitting there and, it was, it was a simple task. Just simply do this puzzle. And I, and I couldn't focus, I found it very distracting but...

- But then as a caregiver, how then do you manage that? Because you have mentioned there was something that you thought you were doing correctly, but you just, you know, discover it wasn't the correct way or whatever, you know?

- What, one of the, one of the things that, well, that our instructor and that was Marla Matthews, she's also the vice president of the NAMI Saint Croix Chapter. One of the things that they, you know, that, they would always say is that you are, we may not all be doctors but you are a professional when it comes to the care of your loved one. You know you can, you understand their, you know, their different mannerisms. You can tell because you've been living with them, because you know them, you've grown up with them, whatever. You can tell when they're a bit agitated. You can tell when they're not focusing. You can tell maybe when they're not taking their medication. You know that because you're living with them, you're seeing how they, you know, how they work. And you know that. So when you see, when they, when they do different things, when they make, when they're saying something, when they're doing

something through their actions, you know whether or not something's off and maybe you need to back off.

- Back off.

- Sometimes we raise our voice and I, and I know I was guilty of that. I was guilty of raising my voice because I didn't understand why aren't you paying attention to what I'm saying or why aren't you following through what you said that you would do. And raising your voice is not, you know, is not a good thing. It's certainly not in, you know, in that situation. You have to, I'm you have to maintain your calm. You have to look at the situation and understand when it's the best time to approach that individual and talk to them. And maybe it's not at the, in this moment in time, but you step back and you can, you know, you can, you can bring it up again at a later date when, you know, when that individual is a bit more calmer. But that is, that's someone that you're living with. Now, if you're, it's someone that you're not familiar with, you may not know, you know, when something is off but if you see someone's not responding to you, maybe you need to back off. And it may not, and sometimes they don't respond to you and they may respond to someone else. So we also need to acknowledge that. Because depending on the different family roles, the, you may not be the best person to, you know, to approach that subject. It may need to be another family member. And the family member, that support system is key.

- Uh-hmm.

- It is so important. Because when it's just you, you feel like you're alone and it's you dealing with this problem and trying to figure it all out. But when you have other family members pitching in, it is just so helpful. And it doesn't, and they, and it, they don't have, you don't have to live with the individual. But it can be, I'm gonna come and stay with the person for the day, gonna help make a meal, you know, you know, bring a pot of rice and chicken. You know, that'll help.

- Right, sure.

- Because of that, I don't have to worry about cooking.

- Uh-hmm.

- But those types of things help. They really do in the long run, they really, really do.

- And that's interesting because we're talking about people that have that support system.

- Yes.

- But there's a lot of people out there that don't. So, you know, based on what you just said, I could imagine what they're going through and maybe the situation or their mental illness is getting worse and worse over time.

- Exactly. And in my situation, it was, it was a little difficult because there was, yeah, there was medication involved, but, and sometimes we know that there's difficult situations where someone is refusing to take the medication. And that's more, and that can lead to, you know, a serious crisis. But we all have to have that support system. We, without it, I know I would not have been able to really and truly deal with it.

- Uh-hmm.

- And it is not, I'm coming to, it is not, it is not always money. And sometimes is it that, it's that phone call. It's that, you know, "I'm taking you out to lunch, I'm taking you out to dinner." You know, "I'm, you know, go ahead and cry if you need to. I'm going to listen." Those really help when, it really does. And we try our best to, you know, to really be strong and push through, be it, especially if it's a family member. This is something that was personal to me because it was a family member that I, you know, I refused to let it get, you know, to let it get any worse. But there are other people, there are strangers out there that

people don't wanna, to deal with the situation. And it's also the family dynamics. We have to also acknowledge that not everyone can be a caregiver. That is a humbling, humbling task.

- Yeah.

- And not everyone is cut out for that.

- Yeah.

- But we have to be honest about that. Because if you're not, you're gonna do something, you're gonna, you're gonna be providing care in a situation that you resent.

- Uh-hmm.

- And resentment is then gonna, it's gonna come out in, you know, in the things that you do. And it's important to recognize, "This is not for me." It's not saying that you're a bad person, it just say, "It's not for me," and figure out what else you can do, how else you can manage the situation.

- Uh-hmm.

- I, you know, I said that it's something that I can do and so that's why I stepped in. But it is an extremely humbling task to be a caregiver. And it's not just mental illness, it's any caregiver.

- Any caregiver.

- Any caregiver. So for you to say, "I'm willing," family members, you know, I really ask that you, whatever you can do to support that caregiver that is willing to step in and deal with that situation. Please, make sure that you provide whatever support you can, it's not always money. Sometimes we think money, you know, if we, that we have to give them money, sometimes it's just, "I'm gonna take that person out shopping, gonna take him out grocery shopping. And we'll take him out to the movies. I'm going to take him out to, whatever it is." Sometimes, that little getaway just allows you to just breathe.

- Yeah.

- Yeah, it's extremely helpful. It was for me.

- And that's what we learned when we had our Department of Human Services, caregiver support program came to us and talked to the listening audience about that.

- I'm glad that you mentioned that. That's actually where I first sought out some assistance.

- Yes.

- Because going to that group, and I don't get to go as often, you know, as I would like, truthfully but I do, I do get to go periodically. And just being with a group of, you know, of, you know, of other, of other people that are having some of the same experiences, well, not all having the same experiences but it's just listening.

- Yeah.

- It's just the understanding. And it was, it was extremely helpful so I went and I got registered with that program and, yeah, I found it extremely beneficial for me.

- And when you're talking about families-to-families, where do you usually meet?

- We're meeting at the Red Cross building right here on the, on Sunny Isles, yeah.

- Okay.

- So hopefully we'll be able to go ahead and maintain that going forward in the future but that's something that we can always work out, you know.

- And how often do you need, well, how...

- Well, we're gonna have to start, it's been, actually it's been over a year since we've had a class.

- Okay.

- So now that we have been given the official stamp, we're gonna get that ramped up again, like I said, we had our instructor, one of our instructors that had to relocate and so now we had to get new trainers trained. And so we only have the one, and she has her other obligations that she's juggling as well. But it's a group of individuals that, you know, we're dealing with, we have all the same, we're dealing with the same issues and so we're understanding, we're trying to figure it out, we, we're not moving as fast as, of course, as we would like to, but we're moving, you know, we're moving and so that's, you know, that if we can make sure that we keep try to build up that momentum, that would, you know, that would be great.

- So how, if somebody wants to get in touch with your organization, what would be the way in which they would do that?

- There is a couple of ways, but for NAMI Saint Croix, we have a number, it's 340-626-7351 and we also have an email address and that is info@namistx.org. That's, I-N-F-O @ N-A-M-I-S-T-X .O-R-G. We are building up our website, which will be namistx.org. We already have the domain and everything, just need to make it all pretty for everyone there to look at. And to get on with Facebook, I know I need to, we need to be hip. We need to make sure that we're on Facebook as well, so we've already secured that and so that will go live, you know, within the next couple of weeks. But also on Saint Thomas, I also have the Saint Thomas contact number and that is 340-228-5327 and their email address is nami.stthomasvi@yahoo.com. That's N-A-M-I . S-T-T-H-O-M-A-S-V-I @yahoo.com. And they also have a, their Facebook is active and it's NAMI Saint Thomas.

- Okay. And who's the president in Saint Thomas?

- In Saint Thomas is Mrs. Sonia Aubrey.

- All right. All right. So you have training in place coming up, well, I mean, it's gonna take some ground work obviously but the training is one of the long-term projects that you have in store for us, this community.

- Yes. And also one of the initiatives that we're going to be working on with SAMHSA is...

- SAMHSA standing for, Substance Abuse and Mental Health Services Administration, so if we use that phrase from time to time, that's what it stands for, SAMHSA.

- Thank you, I know we, like, these are acronyms and I'm guilty of that. But yes, one of the programs that we want to, try to work up is dealing with crisis intervention and how best to handle that crisis. Because we don't know what the step, what steps we should take and it really needs to be streamlined, every situation will be different. My personal opinion has always been, I don't wanna get to the crisis stage, I'm here, a crisis, you know, someone, you know, is someone that is in crisis, the caregiver has to then call up the police then the individual gets handcuffed and taken to the hospital for their meds to be applied. We know here on Saint Croix, we don't have a Psych Unit so they go ahead and they do get their medication and they are able to be held at least for observation. I know it varies, depending on the case but there's no Psych Units, so no, they're, you know, they're not gonna be able to stay for any long period

of time. I don't wanna get to that crisis stage, I want, I want us to be proactive. I want us to try to identify as much as possible and get the individual to seek out regular care and that's at the clinics.

- Right.

- You know, we have two, we have two clinics here that see patients. The Virgin Islands Department of Health, they have a mental health division and they're providing care for those individuals and we know that it's an issue because if you don't have money, if you don't have insurance, you can't walk into a private physician's office just like that and so our clinics are really where we need to start to try to support, you know, give them as much support as much, assistance as possible so they can beef up the services that they're providing, but that's where, you know, I personally believe we need to start with the clinics and make sure that we build up the services in the community so that the individuals don't get to the crisis stage. I hate, I hated, you know, having to call the police. It, you know, that's a traumatic event in itself. You know, you're calling up the police on your loved one, waiting for them to show up and, you know, then there's a process...

- [ inaudible ] and handcuffs, that's not a very soothing scenario.

- No, no. You know, and then I, and I know there are certain, there's protocol that the VIPD, you know, that they have to follow, because now, and that's another issue that we have here, they can't just take every single individual, it depends on the circumstance. And I can say, as a caregiver, sometimes I felt like they didn't do their job because they didn't take that individual away but they have certain protocols that they have to follow.

- Uh-hmm.

- And so it was, you know, it was on me as the caregiver to make sure that I did what was right and make sure that I'm protecting myself, I'm, you know, making sure that I'm, that my loved one is also being protected as well and it, you know, and go through the right process to make that they get the care that I need. But that's an extremely traumatic event. I don't ever wanna, I don't wanna see the hospital.

- Right. You know, Iris, you touch on intervention, the, this, the education model and it made me remember that we have in existence a five-year strategic plan and the gist of it is to have a case management system where there is no right door, right? You can come in any--at any level, someone with a psychiatric disability needs support with what? Housing or, you know, medication or a social worker to assist in finding work.

- Yes.

- Uh-hmm.

- I mean that's the beauty of this plan that we've, the Disability Rights Center had advocated for, it's finally a document and it's there presented to members of our legislative branch or judiciary and we are still awaiting the meeting of a policy task force to get this plan implemented and the beauty of this task force is that it will involve representation from human services from the hospital or Department of Health I should say and also have a representation from what we call in our legal jargon "the plaintiff class" people with psychiatric disabilities who are directly affected. So those are the three co-chairs of a policy task force that supposed to get this plan implemented. It's doable but we have to have really the collective will, the political, you know, will to get this thing going.

- Absolutely.

- Uh-hmm.

- So I know that you came with a plan, Sherilyn, so I'm very happy to see that, very happy to see that.

- Well, I've been following along, you know. I have, I think that the work that was a very, very long process, the, when we actually got the final product and everything was being discussed and, you know, worked out with the Consent Decree Commission, I wasn't a member of the Consent Decree Commission but I was allowed to listen in and participate, and I, you know, we were, we were given a voice when appropriate and so while there are things that we know may need to be tweaked going forward, the fact that we have a plan, a written plan that we just simply need to continue to advocate for it, for it to be implemented, I know that was a, you know, a really a task in itself to get it, to get done. The plan is workable. There are things that we need to start, well, in my opinion, not yesterday, you know, and real, you know, not yesterday, we needed to start it years ago but there are things that we need to, you know, get going, so that we can start to really improve, enhance the services here in the Virgin Islands, we have to start somewhere, we do, we have to start somewhere. And so one the things that going forward into the New Year and we know the budget process for the 2016, 2017, you know, upcoming year. That's something that's going to be certainly advocated for the necessary funding, the necessary support to make sure that plan gets implemented where, and so we're gonna be calling on you, you know, the, you know, the listening audience to make sure that you listen out, when there's a call to action, you know. We really need to step it up. The louder, you know, our voices are, we need to say, yeah, this needs to be a priority, you know, it must be a priority and even if you have not personally been affected by mental illness, you know someone that has, you know, and that's, you know someone that has.

- And you know the definition of mental illness has broadened considerably. I mean I remember reading on my website of a story, you know, you have, I didn't think of Anorexia necessarily as an illness, but a young girl who died as a result of an eating disorder. Autism has been regarded as a psychiatric disability. Things that, you know, you, depression which can affect anyone. So it isn't limited to, you know, bipolar disorder or schizophrenia or a schizoaffective disorder or you know, it's a broad range.

- Yes, absolutely.

- But as like Sherilyn said, there's that need for us to educate ourselves because that would also impact the stigma.

- Yes.

- And we're a small community, we're not a huge New York City that, you know we tend to know a lot of people, we know about each other because it's small.

- Yes.

- And it's not something that can't be done.

- And, yeah, I mean, I like the fact that you said that, you mentioned the stigma. There is a stigma around acknowledging, "I have mental illness."

- Yeah.

- And many people don't want to acknowledge that.

- Right.

- Because it means, "I'm crazy."

- You're cocoo, yeah, yeah.

- Right. Yeah. We don't wanna, you know, we don't wanna deal with that person and you're labeled crazy going forward if you acknowledge that but we have many individuals here in the community that are functioning.

- Uh-hmm.

- Yup.

- They're functioning individuals, they just happen to have an illness just like any other illness, you know, whether it, you know, whether it's diabetes, heart disease, you know, that's an illness that people manage, you take medication, you manage that.

- Uh-hmm.

- And mental illness is absolutely manageable. It is manageable once the individual is getting the necessary medication, once they're getting the necessary counseling, once they're getting the necessary support services.

- That's right.

- So we have functioning individuals that have been diagnosed with mental illness, some, you know, they probably declare it, because they're not ashamed of it, but many are.

- Uh-hmm.

- Right.

- Many are ashamed of it and they don't seek services out because they're ashamed of it and they may, they may be able to function better in the community if they actually did seek it out. So we need to work on and getting rid of that stigma. It, you should not be ashamed to say I have, I'm at, because it, if you have a mental illness, then anyone else that has another diagnosis, any other health condition then they should be ashamed of saying, yes, I, you know, I have, you know, I'm a diabetic, you know.

- I'm a diabetic, you know.

- Yeah.

- There's nothing wrong with saying that. It's just a condition. It's just a health condition that is absolutely manageable. Yes, we have extreme cases.

- Yes.

- And those extreme cases need to be managed but it, this is a manageable issue. It is a manageable issue. We just need the necessary services in place.

- Okay. Well, we're gonna take another break and again, this is a reminder. This is Ability Radio, You and Your Health. Stay tuned.

- We're back. You're listening to Ability Radio, You and Your Health. This program is sponsored by VI Lottery, the Making A Difference Program and our special guest today is Sherilyn Pogson, President of the National Alliance on Mental Illness, Saint Croix Chapter. Sherilyn, we were talking during the break about the amount of money that our government is spending to send people with psychiatric disabilities off-island and though I don't have the exact number, I know it's in the millions and what kind of impact would that have on an individual, on a family?

- That is extremely traumatic. Not only are you moving that individual away from their family members or, and their support team, you're moving them to somewhere that they may have never been before. We don't know how often, if they've ever or how often they've traveled off-island. Moving is a, is an experience in itself.

- Yeah.

- You know, that's one of the things that I hate. Packing...

- That's not easy.

- Packing up your life and relocating whether it's, you know, it's within your territory or your state, much less going from, you know, the Virgin Islands stateside and culture differences. Yeah, that's just extremely traumatic for the individual on the, and the, and the caregiver that has been providing that care. While it may be a relief to know that they're getting the care and the services that they need, it's a, it's a traumatic experience on both ends in my opinion.

- Uh-hmm. Uh-hmm.

- You know the Disability Rights Center had done a, if I may say so myself, of excellent documentary called Forgotten in Paradise where the film just chronicles the mental health issue or movement or situation I guess in the Virgin Islands, of which you appeared.

- Yes.

- As one of our stars, a little reluctantly. But when I first saw that scene, it actually brought tears to my eyes. It really did. It was, it's just very moving and personal and that takes a lot of, as you know, a lot of courage to do that.

- Yeah. And that film for me brought in a different perspective and it also shared a lot of information about the history of mental illness here in our territory. So if you haven't seen it, you know, I encourage you to make sure you listen. Now, I know we try periodically the disability rights, yeah, to do screenings in the community. It, when you see where we were to where we are today and we're still having, you know, the, you know, the same, the same issues, we know that there is a lot, a lot of work to be done.

- Right.

- And it was encouraging to see some individuals in the community that were proud and, you know, they, you know, they stated, "Yes, I have a mental illness," and we, yeah, and we knew them.

- Uh-hmm.

- We didn't know, I mean, at least I can say I didn't know.

- Uh-hmm.

- And, but they stated, "Yeah, this is my issue. I've been dealing with it. I'm still living, you know, a full, you know, healthy life," and that was encouraging.

- Yes.

- It really was encouraging. So yeah, if you haven't seen it, make sure.

- Well, perhaps at some point we can collaborate and do a joint screening with NAMI. That would be something I would, I would welcome.

- And I know they've done that over on Saint Thomas, yes, absolutely.

- Yes. That's, so that's a plan also to do it there as well. Yeah, you know. Iris, did you have a question?

- No, I was just thinking about what was being said about the history of mental health in the Virgin Islands which is what I said before. That when I started out as a social worker, we're kind of still dealing with the same issues that we were dealing back then. And I know we've grown.

- Yes.

- I know the Virgin Islands has grown because you have some really good dedicated professional people, you know, in the trenches. And it's not like, like I said, it's not like New York City where you go into the trenches to find these people, to identify them, and deal with them. We have them all over the place and it's a small community.

- Uh-hmm.

- So there's something to be said about why we have so many mental health patients in the streets, you know, unfortunately.

- But we don't have a mental health director at the present time, correct?

- No, I think we have an acting. I know that we have a, our commissioner designee. I'm sure that's something they're gonna be working on to make, you know, make that more permanent. But, you know, work is still happening. They're still, yeah. You know, they're still doing good work in the plenty, on Saint Croix and on Saint Thomas, and also through the Frederiksted Healthcare.

- Uh-hmm.

- I know those services have been reduced a bit due to some circumstances, but we are still able to reach out to them. And also on Saint Thomas, reach out to the Saint, the East End Clinic.

- East End Clinic, yeah.

- And I know that they're doing fantastic work.

- Great.

-Right. And we're gonna have the staff from the Frederiksted Health Clinic come on the radio show too.

- Okay. That will be well on the...

- They like to correct me. They say the health center.

- The health center. Okay.

- Okay. I believe we have a call? We have a call. All right. Good morning. Maybe we lost him or her. Okay, hello?
- Hello?
- Hi, good morning.
- Good morning. The [ inaudible ] I was calling you but, hey.
- Oh.
- It's Archie, just saying good morning and good show and good information from Ms. Pogson. Hello?
- Yes. Hi, Archie. Thank you. Thank you.
- Oh, okay.
- Archie, maybe you can answer this question for me. Do you know roughly how much the Virgin Islands government is spending for off-island care?
- Oh, the numbers that were given at the time we had the, during the commission was roughly between 13 to 15 million a year [ inaudible ] and that's, and the big push was to bring the services back to the Virgin Islands and basically hire people and recirculate the funds that are going off-island and rebuild the systems in place here.
- Wow.
- Yeah, that would make a big difference.
- That would be a big...
- As a matter of fact that was, that was essentially the task given to the consultant is that don't come over the plan that was gonna cost Virgin Islands more money develop something to use the money that's in place and seek more efficient use of the funds that are already being spent. So the structure of the plan where the case management took me and, you know, bring in all the non-profit collaborators into the picture was to circulate the funds and provide services, unit services in place.
- Which should...
- So that's, yes. So that's the money that would be recirculated within the community and so that's not a new pot of money that we're asking for. It's the same pot, we're just asking you to redistribute it a little differently and keep it, keep it local.
- Exactly. So I find...
- And that would also be compliance with the law and the homestead provision that services should be provided in the community before the person's, and service is in place as much as possible.
- So that should be a rallying cry.
- Oh, yeah, oh yeah. Yeah.
- Thirteen to fifteen million, keep it, keep it here, and provide services here.
- Yeah.

- Yeah. Sherilyn's eyes lit up, Archie, I'm sorry you're not here to see it.
- Well, it was said at the table and I think a lot of people just didn't realize how it's being framed but it's listed in those community services and they list all the salaries and everything and [ inaudible ] and it was, budget-wise, they worked it out that everything there should fall under that 13 to 15 million.
- Okay. Where was that now exactly again?
- Oh, well, in the plan, they list salaries, they list a lot of different things and it was to keep within the budget.
- Right.
- Of what was stated money being sent off-island. So no new dollars have to be raised. They just have to redirect what, the funds that are already being sent.
- Okay. All right. I'm told I need to take a break. Archie thank you so much for that. I'm glad you remember the number.
- All righty. Take care, guys. Have a good show.
- You too, thank you.
- Bye-bye.
- Thank you.
- We'll take a quick break and we'll be back in a few minutes. We're back, you're listening to Ability Radio, You and Your Health. We have been educated today by Sherilyn Pogson, President of NAMI Saint Croix Chapter. We have very few minutes remaining in the program but Sherilyn, again, can you share with us what your goals are, what you've got down the pike, how people can get in touch with NAMI?
- Yeah.
- For us right now, for NAMI Saint Croix, we are going to focus on making sure that we get, beef up our volunteer base so that when the time comes for us to start advocating for the different services, that we'll have the voices, the numbers that we need to go ahead and move forward. So we're gonna focus on education, we're gonna focus on advocacy, and we're also gonna, and make sure that we focus on listening. Listening to members of the community so we can make sure that when it's time for us to advocate that we're advocating for the right things that, you know, that we the people say that we need, that we really need.
- So you'll be holding meetings at some point soon?
- We will definitely be having listening sessions.
- Town hall meetings?
- Yes, yeah. To, I know sometimes those aren't as popular but yes, but listening sessions/town hall meetings so we can, I'm here for members of the community.
- Okay.
- And they can always give us a call, 340-626-7351 or email us at [info@namistx.org](mailto:info@namistx.org).
- And you'll send me a text as well.

- Yes.

- Okay. Now we can spread the word from Disability Rights Center. Folks, let me let you know that if you have not been able to catch everything we said today, we do have podcasts on our website, [drcvi.org](http://drcvi.org). Over the next few weeks, we will be rebroadcasting previous shows. So that Iris can get some rest and visit with her family members. We're trying to keep it personal as well as political. Thank you so much for your listening. We welcome whatever suggestions you have for future shows. Have a great Saturday. Thanks again.

- Thank you.

- Thank you for having me.