- Good morning Virgin Islands. This is Archie Jennings with the Disability Rights Center of the Virgin Islands, and I'm the co-host of this show, Ability Radio, you and your life sponsored by the Lottery Commission of the Virgin Islands. My other co-host are Amelia Headley LaMont, Executive Director of the Disability Rights Center, and Irish Bermudez, one of our favorite advocates. This morning, we're gonna celebrate and give awareness to mental health month, and as part of that program, we're gonna have, with me this morning is Dr. Laurie McPearce, who is recent join party to the Virgin Islands, she came during a time when she got a, dropped right in the middle of her strategic plan development, and had some input into that, and I would like to get her thoughts on mental health issues as she has seen it over the last two years or three years.

- I've been here for almost four years.

- Almost four years.

- Thank you.

- Time flies when you're having fun, right?

- Yes, exactly.

- And Dr. McPearce, give us a little bit of your background with regard to being a psychiatrist and your interest in the, in the area.

- Sure, well, I wanna start with thanking you for having me on this show this morning. And so in my early days, I always wanted to be a scientist who was interested in the mind body connection and so that led me to go to medical school, and go on to my residency training, and family medicine, and psychiatry, and it's, kind of, blending of the integrative medicine approach. And then I went on to do a fellowship in schizophrenology kind of getting back to my roots of wanting to do scientific research, so I spent the next 10 years in academic, medicine, teaching, and doing research, and then I came here in July of 2013.

- Oh, wow. Okay. Yeah, it's right in the middle of the developmental plan.

- Right.

- You mentioned two different things and one is something that I'm never picking up when I was in undergrad, was the mind body connection that, sort of, grown out of something that was developed, like, in the '60s, would you, sort of, say how that concept evolved over the years?

- Well, I think for hundreds of years, I have been going back to Hippocrates and Descartes, you know, they've always been interested in the mind body duality, you know, the mind is kind of this etheric entity, I mean, it's hard to say, you know, where the thoughts are stored, and different things like that, so there's a lot of, a lot that we know about the body and how that works, but it's only been in the last, you know, 40, 50 years like you're saying that there's been more research in how the brain works, and we know that if you're physically healthy, but not mentally healthy, you don't have the whole package there. So it's very crucial to have the mental health piece there, and if that's not working. Well, you know, how do we, how do we fix that, and make somebody function better and enjoy life.

- Okay. And also you mentioned, you study academically, was it just in the schizophrenic area or total academic of studying different mental health issues?

- Well, in academia, I was in a Department of Psychiatry, primarily, and my research emphasis was in understanding schizophrenia and depression, and then I also had funding to look at eating disorders, which often have depression and comorbid delusional thoughts with that as well, so I've published a number of articles and book chapters and that was about 75 % of my time for 10 years was doing research and teaching, and then teaching medical students and residents how to treat patients.

- Okay. And during that period of time, were you engaged in clinical work as well in your studies?

- At all times, I was, actually, that's the fun thing about being an academic scientist is that I get to actually work with real people. And so everybody and I didn't work with lab rats or anything like that, I actually had, you know, real people in my studies, and some of them with people had, you know, I treated, and the fun thing is I got to treat patients while teaching students and some of the younger physicians how to take care for people with mental illness.

- Okay. And what are the things that's happened over the years, and I think maybe the general public should, sort of, understand the change and approach of what I would say treatment of their, be of persons with mental illness, and institutions, and the approach of the United States has taken to deinstitutionalize, and bring those services to the communities, and can you give us some background in that evolving issue?

- Yeah, I think there's always been a concern about the care of patients, people with mental illness, and in an institution, and so there was a real push back in the '60s to what they called deinstitutionalize mental health. And so the idea was that we could have more services in the community that could take care of patients, so people with mental illness and their own communities, and their own homes, and different kind of housing situations where they might be, there might be some staff there or different levels of taking care of people in the community. The problem is that the money never followed that, so the, as people were taken out of the institutions, and that freed up some of those money, those money were supposed to go and help with community mental health programs, and that didn't happen. So what ended up happening, unfortunately, is that there are some people who, especially with severe schizophrenia or severe bipolar disorder, there's always gonna be some people that need a lot more services and can't really function on their own, and when that's not available, people end up getting their care in jail. So the deinstitutionalization actually, what ended up happening is not putting people in the community as much, it ended up getting them in jail, and that's where a lot of people are getting their mental health service, and that's really a shame, it's even more expensive on society.

- Well, it's also not only in jail, but there are large homeless population that resulted in that deinstitutional?

- Yeah, because they have nowhere to go, and then the services just aren't there, so you know, one of the problems we're facing here in the community, in Saint Thomas and Saint John is that we don't have a psychiatrist now at the Community Mental Health Center to help these patients stay on their meds and we don't have the programs and the housing, kind of, situations to get them the help that they need. So a lot of times, patients with, people with schizophrenia and severe illness, they're not really able to function without their medication, but once they have their medication, they often will go home, they feel fine, they're doing very well. And so that's, kind of, one of the problems right now, I think with our homeless population is that the access to mental health care is difficult. The other piece of that too, is that in the, in the community here are involuntarily commitment laws are challenging. So sometimes people, this maybe going on a little bit more than what you wanted me to go on, but it's related is that, one of the things that you have to do with people that have schizophrenia, about 50% of the people who have that illness have poor insight into their illness, and it's very challenging to get them to take their medications, and often times they'll take it because family members will, sort of, coax them into it, what they do in England is they'll give them 20 bucks to come in to their appointment, so there's, kind of, there's this emphasis to, kind of, come in, take your medication, but if they don't have that insight, then there's involuntary commitment laws that will make sure that the, that the person comes in and gets their injection or gets their pills, and that keeps them off the streets, and out of the hospital.

- Okay. Well, we'll stop at that point and take a break, and pay some attention to our sponsors. Welcome back Virgin Islands to Ability Radio, You and Your Life. I would like to remind that we do have a call in line if you have any questions or issues that can be brought up. Well, and the phone numbers are 779-1079 and 713-1079. And we're here with Dr. Laurie McPearce. And Dr. McPearce, we just finished talking about the issues regarding the lack of services available to those, in community centers. And there's other issues and what do you see has caused these issues in the Virgin Islands?

- Well, the, I think there's many issues. I think it's, it is a complicated problem. There's many levels of, there's many areas that need more help as talked about in the strategic plan and there's more services needed at the community mental health center, you know the hospital, the VOC rehab, the drug treatment center. But the bottom line is that these things need money. And so I think that's what it keeps boiling down to is that where's the money to pay for these things? And where's the money to bring in more psychiatrists? So here in Saint Thomas, we only have two full time practicing psychiatrists. But nobody at the community mental health center or at Eldra Schulterbrandt, or to help out at Seaview, at the Seaview adolescent or nursing home. And so that there's really a paucity and there's a big problem there. So the solution is bringing a psychiatrist and the answer then is "Well, where's the money for that?" In my understanding from the strategic plan was that there's quite a bit of money. It appears that there's five million dollars that are designated for mental health in the Virgin Islands annually. So where's that money going? Well, it boils down to the fact that there are a number of people who have very severe mental illness and have been criminally violent, and there wasn't a place to place them here on the island. So we have to place them in the states. And each one of those cost about two hundred and fifty thousand to three hundred and fifty thousand each. And once you place, you know, 10, 15, 20 of those, that's where most of our money is going. And so the money is there, and the solution would be to bring those people back on island. And, you know, where with the facility be for that? We do have facility for that. You know, Eldra Schulterbrandt perhaps might be, might be an option. And some of those people that are at Eldra Schulterbrandt, as long as they had programs in the community, a lot of them are ready to be placed back out in the community, and just bringing one of those patients back from the states that's been placed would pay for a psychiatrist for a full time psychiatrist that could come here.

- And the placement, you see it's viable today as far as your review of services here in the Virgin Islands?

- Yes. It appears that there are number of people at Eldra Schulterbrandt that would be ready to be reintroduced into the community as long as they have proper follow up, and it would open up at least a couple of spots for some of these patients, and that would bring back quite a bit of money that could fund all these other services that we need. And the way that they could be coordinated. The good thing is that this is a small community, we have the infrastructure to do it. At Barbel Plaza, there's a great staff there, there's a number of places in the community. We even have the infrastructure for the Clear Blue Sky for the day treatment program. And there's VOC rehab. We just need more coordination of care. And the reason that's not happening is because of money.

- Okay. And you mentioned there's only two practicing psychiatrists here in the Virgin Islands at the present time, including yourself?

- Yes. In Saint Thomas.

- In Saint Thomas.

- Saint Thomas, Saint John. And then my understanding is in Saint Croix, they've also had a lack of psychiatric help at the community mental health center there. And I think that's because their main psychiatrist had left about two years ago. So there's absolute paucity of psychiatric presence in Saint Croix as well, which is unfortunate.

-What about services on Saint John? Are you knowledgeable if people are getting services for Saint John?

- My understanding is anybody in Saint John that needs psychiatric help has to come to Saint Thomas to get help from one of the two psychiatrists we have here now.

- And in your practice before you came to the Virgin Islands, what do you see was different in that community or state that's lacking here in the Virgin Islands?

- What was the, it was a larger community, and there was a lot more money put into the mental health system there. So there was very good coordination of care, so if you had a person with severe mental illness that had been off their medication or who was in crisis, they could be hospitalized. They would get the help from a social worker discharge planner. And there would be a variety of options for them to be placed back into the community with more help to make sure that they didn't fall through the cracks again. So making sure that they got appointments with, at the community mental health center that they got a social worker or a counsel that could work with them, that they got linked into VOC rehab, that they could have access to medication. And that there would be some sort of housing arrangement whether they went back with their family, or if they needed to be placed in some kind of group home. But there was this coordination of care with the idea that once a person is hospitalized, we don't want them to keep coming back through the system. And one of the problems here in this community is that we are lacking the coordination of care. So the same people are being readmitted, being placed on their medications, but then there's no follow up plan for how they're gonna continue to get access to the medication, have a safe place to live, have a way to get reintegrated into the society, whether it's through some kind of job, or training, or, and some things to do with their day.

- And you had worked at the hospital as well as the clinic here in the Virgin Islands, right?

- Well, I worked at the hospital for the first year.

- Okay. And did you see a high rate of recidivism at that time?

- Yes.

- Oh, also you were at, like I said, when you came to the Virgin Islands, you sort of dropped in the middle of the strategic planning. And I always thought you had a great idea regarding what that hospital could do regarding day treatment. Could you explain that concept?

- Right. Well, there's different levels of hospitalization. So there's the, you know, somebody is in acute crisis whether they're suicidal, homicidal, meaning they wanna kill themselves, or they're being violent or dangerous to somebody else, or they're really addicted to drugs, and, you know, or kind of spinning out of control. So there's the acute hospitalization part where there's intensive services that's very expensive, because they have to have 24-hour monitoring to ensure their safety. But after they get stabilized, what typically happens is that there's a what we call partial hospitalization program or day treatment program, where the person is not hospitalized overnight, but they come to maybe a part of the hospital or somewhere in the community where they get intensive treatment with a therapist, and life skills training. And they get that for a maybe, it's usually for two or three weeks, or if it's for drug treatment, it might be up to a month. And they get those type of intensive services that aren't hospitalized per se, but kind of a day hospitalization. And then after that, the third step would be following up at the community mental health center or with their psychiatrist, and working with the therapist. And often times with some kind of ancillary person, like a social worker that can help get them into vocational rehab or a job training, or try and get them back into some kind of schooling, or just some kind of life training. And keeping accountability of them, making sure that they get back in to take their medications. You know, one of the problems is that when the patients, when these people with severe mental illness are not on their medication, often times they can't function very well, but once they're on their medication, they are, they are doing so well. And they, there has to be a system in place to encourage them into, let them have access to the medicines and the care that they need.

- Well, you mentioned in England, there are some incentives by giving out money?

- Yeah, I was, I was, that's what I had heard from the consultant that had come over, I thought that was wonderful. He's from England, and England does have, or the UK has one of the best mental healthcare systems in the world. And what they do for people with schizophrenia to incentivize them to come in for their appointments, they'll give them $20 or I, it was 20 Pounds, apparently. And that helps them to, you know, to encourage them to come in. Because, it is so much cheaper treating somebody on an outpatient basis, than having them go off their meds and then have to go through the whole system again. Where they have the acute hospitalization, which often can be, you know, $1,500 a day, getting them back on their, every time somebody is not on their medication, sometimes the illness can get worse over time, it takes them longer to stabilize again. And the cost of having somebody re-hospitalized three or four times a year is so expensive. Compared to giving somebody $20 a month, to make sure they come in and get their injection.

- Oh, okay.

- And on an outpatient basis, you know, that would be, you know, a hundred dollars for the visit a month and $20 giving them cash. So, if you do the math, it's much, much cheaper to incentivize outpatient care and compliance with medication.

- I'm gonna go back a bit and one of the things I always see a lot of parents having a difficult time dealing with, is with regard to schizophrenia.

- Uh-hmm.

- Many, I actually, I work as a dorm counselor in college. And I actually saw someone who went into crisis, which later I learned with schizophrenia. Could you sort of explain that issue with regard, or like the ladies told me that I have a very bright child, got to around their 20s and then, basically, they didn't know what happened.

- It's really one of the worse illnesses to, that I can think of. You know, with somebody who might be born with some kind of, you know, intellectual disability or some kind of physical abnormality, you know, right off the bat. And you can deal with that. But, what happens in schizophrenia, is that the person can be perfectly normal, doing very well in school, and the main onset, the median age for onset of schizophrenia in males, is usually late teens to early 20s. And then in females, it's mid 20s, early 20s to mid 20s. And so, you have a child, who's doing really well, you're excited that they're doing well in school, they're usually very creative people. So, they've got lots of potential, and then suddenly, they can't function. And what typically happens in schizophrenia is that there's this prodrome or say this sort of, early thing that happens that they kind of looked depressed. And this can go on for a year or two. And, you know, not really sure why the person is not motivated, they're just not doing well in school anymore. And then suddenly they'll get psychotic symptoms, and it just, it takes everybody by surprise. It takes the person that's experiencing the illness by surprise. And then, the family doesn't know quite what to do. And they're, it's an illness that occurs in about one person of the population no matter where you are in the world. And it's one of those things that, it's gonna be in every community. Because, it just occurs that way, and it's typically, it does would be in an over simplified way of saying, how schizophrenia occurs or why it occurs. But, it's the creative, they've got maybe two copies of the creative gene. And, you know, every successful society that has creative people, we're always gonna have mentally Ill people in our communities. And, you know, a measure of a good community, how well community is doing, is how well we take care of our people that aren't able to care for themselves. We, so that's one of the issues, is that we have an obligation as a community care for those that aren't able to take care for themselves, and are disabled. It's just one of those things that happens.

- Well, tell me this, because, again, you mentioned a couple thing of, that comes with probably more highly functional people, creativity is great. What are some signs a parent can see, and what if, is, if anything they can do to help prevent or help the child get over the crisis?

- Well, I wish that we could prevent schizophrenia.

- Okay.

- There is, there is a lot of research going into that. What we do know that is early intervention does seem to help. That is one of the things that we can do. So, as soon as you see your child not functioning well, and these are usually, you know, your adolescent or young adult children not doing well, is getting them help as soon as possible. Because, early treatment actually can help the illness not become so severe. And there is a chance for recovery if you catch this early. And so is just paying attention to your child and looking for those changes, and often times, it is that they're just not functioning well or seeming depressed. Because, that, they're always, almost always happens first before any psychotic stuff happens, or it, you know, when they're in crisis and having that psychosis, something has to be done immediately. But, prior to that, you can, if you're watching them and seeing they're not functioning well, get them the help.

- Okay. Well, again it's one of those things, I'm going back to my college days. During that long winter period, January through March, some people will go turn to drugs or Marijuana. And so, a lot of times the depression was messed by them self-medicating.

- Right.

- Basically, taking the drugs. What, and I think a lot of parents misinterpret the taking of the drugs as them just, you know, going off and getting more into the drugs where may be a signal that they need help, right?

- Right. It's one of those things that with mental illness. A lot of people who have mental illness where they have a family member or friend they, there's this feeling that, you know, maybe they brought it upon themselves. And maybe they could just make it go away, if they ate better, you know, were more healthy.

- Like get off the drugs.

- Or not doing the drugs. But, often times what does happen as you said, that they're self-medicating. With my experience with people with schizophrenia and bipolar disorder, and you've been, just major depression as well, is that they're feeling so rough, they're trying to fix it, they're trying anything to make themselves feel better. And often times when the, when people with schizophrenia get on their medication, they stop smoking. I mean, somebody whose smoking pot all day long gets on their medications and we, you know, make sure that they're not having side effects, and they like it, and they said "You know what? I've gone to smoking like one or two times a week. And I'm thinking about giving it up. I see, I don't like the effect." And so, often times, you know, the drugs are just sort of masking an underlying problem. And just to take a little side on people with alcoholism. We always thought when I was in my training 20 years ago that alcohol causes depression. But now, all the data is suggesting that, it's usually depression that precedes the alcoholism. That there's an underlying mental illness, and once that gets treated, people do stop drinking, and they don't, they don't want to.

- Yeah, and that's the issue with regard to them having the knowledge too that perhaps, they have an issue as well as to, as self-medication. Because I think when we were in college, we're trying to get, they were training us to help the person think that maybe it's not the drugs that perhaps you need to talk to somebody. Sometimes, I was wondering about family members as well as giving in that information they get the person to talk more and go to, they don't like to call it therapy but, a counseling.

- Yeah, for sure. That's the one of the, probably the easiest place to start. There's certainly a lot more counselors on the island, and in most communities, then there are psychiatrists. So, that would be the best place to start. And sometimes there are many issues that can just be solved through psychotherapy and the support of counseling. And then if that doesn't work, then you go to the next step of medications. But most of the studies do show that a combination of counseling and psychotherapy with medication interventions can help, and for some people they might have to stay on medications the rest of their lives. But, for other people with more episodic illnesses, sometimes the medication just needs to be there for a year or two and then they get counseling and they can do well on their own. So, that part really needs to be monitored by a psychiatrist and a counselor and often times we work together, and try to make, figure that out for each individual.

- And this is another, I guess, one of my rants is that a lot of people think they understand mental illness. I had someone yesterday tell me "Oh, he's been such a nice person, you know, he doesn't seem like he have a mental illness." And he's very talkative and, you know, trying to, somebody was banned from using a signal dock or they're going through an issue with a signal dock at a rental place, and I was trying

to explain to her, "Well, no, it's not really evident when a person has a mental illness. And they don't go around acting what we would call crazy all the time. But could you sort of, explain or give, we always call the hidden illness as far as when we do our educational pieces, but can you give the, some sort of, aspects on what is mental illness for general population?

- Sure. I mean, the latest statistic is that one in four people in America and taking a psychrotrophic medication. So there are various mental illnesses out there. So, anxiety disorders would be the most common. Up to 20% of people can have, you know, varying degrees of anxiety, posttraumatic stress disorder from trauma, major depression, and then the more severe illnesses, as I had mentioned earlier is the bipolar disorder and schizophrenia, which are actually more rare, excuse me, but the most common are depression. So, upwards of, upwards of 15% of people, women more than men will experience depressive episode at some point in their life. And, I guess, the main thing to maybe comment back on, are they, are they normal? I mean, there's, you know, you're looking at a lot of people that have had mental illness and you would never know because once they get better, their doing fine and once they get on medications or even people with severe mental illness, when they're on their medications and they're on the right ones, they're great, nobody would know and I tell my patients that so very often is that, you know, this is their private business and there are so many people in the community that have it and are functioning very well. And, you know, with, there's always a silver lining with anything, you know, that is, that is with an illness and often times, people with mental illness are very, are very creative and are, they have the IQ gene, so they've got a lot of gifts.

- We got a caller. Hello, caller.

- Hi, good morning.

- Hello.

- Hi, good morning. Archie, it's Amelia. Good morning.

- Good morning, Amelia. How are you doing this morning?

- Well, I'm having a telephone challenges, I just wanted to thank you and your guest, Dr. McPearce I am so delighted with your participation this morning, and this fantastic ideas we're getting. I'm interested in the idea that England is doing to encourage individuals to visit their treating division. That sounds great and I think that would work well. [ laughs ]

- All right.

- And I'm, you sound so calm and I would love to know what your secret is because certainly the work that you do is not easy, can be quite stressful, and so I think we would also benefit from hearing how you try and keep balance in a very challenging profession.

- Well, that's a, that is a great question. I actually feel very, I feel very fortunate and lucky to have a career where I'm able to help people in a daily basis. So, I find it very fulfilling to be able to make a difference in people's lives. And when I was just doing research, you know, I didn't have quite as many patients as I have now. So, there'd be a long periods of time of not getting that reward but when I'm doing clinical work every day like I am now, I mean, every day, I, I'm seeing people getting better, I actually even have people thank me for it, family members thank me and I find that very rewarding. But I do believe in that mind, body balance and so I, from myself, I do exercise on a regular basis, I get my hundred and fifty

minutes in on aerobic exercise, I do meditate, and I do, like, everybody else here who's got a family tried to make that time for my family as well. So, yeah, it's all about balance, you know, one of the ideas in psychiatry that I would teach to my students is thinking about the bio psychosocial model of treatment and of health and so, you know, we want to try and focus on the biological so, you know, eating well, getting your exercise, taking care of yourself, psychologically, you know, making sure that if you have any issues going on, that you got a counselor, somebody you can talk to, and then the social piece, you know, finding some work that's meaningful and, you know, I'm a believer in, if you do the things that you enjoy, you'll have enough money to survive at least, and do that. So, I think that's really important and then I do think that, you know, we underappreciate the spiritual part so I think, you know, we've got the body, mind, and spiritual piece and that's really important to try and integrate those three things. So, I would say that that's a, I kind of, try to practice what I preach.

- That's excellent. Thank you. Thank you so much. I mean, really, I appreciate your thoughts and this has been an excellent show and again, let me just repeat that, this program I trust is recorded, and we will post it on our website drcvi.org. Have a good morning and thank you.

- Thank you.

- Thank you, Archie.

- Good morning. Take care, Amelia.

- Take care.

- You too. Bye-bye.

- We still have another caller?

- No.

- Oh, okay. And at this time, we'll take a slight break and get back with Dr. McPearce and this is You and Your Health, Ability Radio. Good morning. This is Ability Radio, You and Your Health, and I think we got someone online. Welcome, caller.

- Yes, good morning.

- Good morning.

- Interesting topic this morning since we celebrated Disability Month. I'm just calling to make an announcement that there's gonna be a training on June 6th and 7th for individuals with mental illness in the Frederiksted health clinic on the second floor between 10:00 and 4:00 p.m. and to leave a number where they can call to register if they're interested in participating in the wellness recovery action plan training. Can I…

- Okay. Go ahead and give the number.

- Okay. It's 626-7351. Again, it's 626-7351. And I also have a question for your guest.

- All righty.

- I heard her speaking about schizophrenia and people being able to recover from that. I was told that individuals that suffer from schizophrenia, even though they're on medication, they cannot recover from it. People with schizoaffective they can, so, I'm not sure if that, I was told correctly, a psychiatrist told me that. So, I'm not sure if I was misled or if there's hope from schizophrenia to actually recover?

- Well, that is a very good question and it's a, it's a topic of great inquiry in the scientific world to try and figure that out, but what we know from very large, very large data sets looking back is that typically, people with schizoaffective disorder tend to have a better prognosis, meaning that their illness doesn't, isn't usually quite as severe as schizophrenia that, and that's kind of a generalization because there is, there is lots of people with schizoaffective disorder that do have very, very severe illness. I would say that for the most part our understanding is that there, you can't, you can, so recover health with medication. It usually means long term medication use. But there are many people working and functioning well who have, who have schizoaffective disorder and schizophrenia when they're on their medications they can function very well. They just need to continue to have access to mental health services. So is there, so would you be able to fully recovery or just improve with the illness that every few people can be completely cured or schizophrenia. The one thing the we're finding is, and some of the studies in Europe is that the early treatment of adolescence like very, very early treatment. There are some people that if they get treated early enough that they do go into , to remission and could be illness free. But that is, that is kind of a controversy or if not too many of those people have them. But that's the idea is that early intervention maybe able to change the course of that illness. But I want to emphasis that people with schizophrenia or schizoaffective disorder when they're not taking their medications they typically are doing so poorly that they're gonna, usually need to be hospitalized or getting their care in jail unfortunately. And it's usually just for minor stuff, but then they get into jail and then they get on their meds, and then they're perfectly fine. But the problem is if, once they leave jail, once they leave the hospital. It's hard to make sure that they take the medication. So they're, it's almost like they're functioning so much differently when they're on their medication. And that's the problem no matter where you are in the world is how to ensure that those people stay on their medication and that usually requires a lot of services. So here in this community we have a lot of family and friends that will help out. And I think that what's holding it together right now is that, you know, people look after each other so well here. But to really make this function to better to optimize, you know, the health and care of our vulnerable people with this illness is that there needs to be mental health services. That it's an absolute must because they function well. And many, I would say virtually all the people that homeless on the street right now have mental illness. And you don't even have to worry about doing much else for them except getting them on their meds. Because when they're on the meds they're like "what am I doing here. I'm ready to go home. I think we're done here. Where's my family?" So, and so then how do we get them the medication? So it really comes down to getting a psychiatrist or to here on island that can work at the community mental health center and at the other facilities that we, that had sort of mentioned earlier, you know, that we need somebody in the jail the substance of this program. And even have kind of been or sort of community treatment model. It's the psychiatrist is the key stone. And right now my understanding is that, they're kind of offering a 1960's salary to psychiatrist and it's just, you're not gonna be able to get a psychiatrist in for that it comes down to money. And money is there you just have to bring back some of our people that, you know, I mean $5,000,000 a year for mental health is a lot. And but it's being diverted to taking care of these patients. It's just kind of, it's kind of snowball that it was nobody's fault. But that's the problem and it's a big problem that we don't have the money here that we need. But there's a relatively simple solution and we just to talk I think with our, with our leaders and senator with, you know, the people that can help get this changes made to get money back here on island. And brining a psychiatrist and help, I mean it would, it would, it would snowball in the right direction once we're able to get a psychiatrist back here and

to care for our permanently ill or just as much a members of our, of your community as anybody else. They just need the treatment.

- Right.

- And I wanted to ask you what organization is sponsoring the training?

- It's the, Mr. Shacko Matar he's from SAM, he's an employee of SAMHSA. And he's coming in from the States to train individuals on wellness, how they can better care for themselves and, you know, it's like, you know, like get know when, you know, you're gonna get ill and how you're gonna, you know, get those, you know, that information from yourself so you can better treat yourself and before you actually get sick.

- All righty, any other part of the announcement?

- No, that would be it. Thank you.

- Thank you.

- Thank you.

- Okay.

- And you've mention that a little bit regarding bipolar and depression. My understanding is depression is a disease that may carry over more and be more prevalent than heart disease. But before you answer that question we have to go to a break and pay attention to our sponsors.

- Okay.

- Welcome back to Ability Radio, You and Your Health. And we're here with Dr. Laurie McPearce. And I was asking you a question about what I was reading about statistics regarding depression is that and what the prevalence is in our society.

- Yeah, depression is a major, major problem and the global burden of depression is extensive. Because it does lead to decreased work productivity, decreased quality of life, often times it'll affect other family members. Let me say for example, mom is depressed that's gonna lead to a poor outcome, you know, with her children and things. So, and it can lead to, it can lead to heart disease and other medical problems. So it probably is one of our biggest problems and it's highly treatable. A lot of times for the more mild depressions counseling and psychotherapy can help. And then there is times where the medication can help and people that are vulnerable for depression there's often a genetic propensity. And one of the things that we know too if there's been early childhood abuse whether it's physical or sexual. It does, with the data now shows that it does set the brain up to be more vulnerable to depression as an adult. And so then when there are stressful events one of the things that I explained to people to help them better understand why they got to this kind of depressed state is, our adrenal glands, you know, produce a lot of cortisol and that can be very neurotoxic to your brain. Its evolution needed there to help your cardiovascular system, but it wreaks havoc on your brain and so the medication actually most of the medication just harness were our own good serotonin which is the neurotransmitter or the molecule involved with depression or mood regulation. And it just helps keep some of the good stuff up there a little bit longer in our brain and there's a healing process that goes on. So oftentimes for a first episode of depression somebody goes on medication for just six or nine months. Get over the depressive episode, get some counseling and they don't need to be on medication for the rest of life. But if they don't get treated the illness worsens and it's harder to treat it and sometimes it's almost impossible to treat if the depression has gone on for so long. So that's why early treatment…

- So early intervention again?

- Early interventions.

- And like you said, the mind, body connection. Mind, body, and spirit.

- If your body is, you can have a perfectly functioning body, but if your brain is not working right. You're not gonna be able to enjoy that part or be able to function well, so.

- Well, Dr. McPearce, I'd like to thank you so very much for giving your insights into mental illness. This is Mental Health Awareness Month for a lot of folks who are having those issues as well the organizations [ inaudible ] and National Alliance on Mentally Ill, both on Saint Thomas and Saint Croix are pushing for programs for the community to become involved, become aware, become educated and for, to help and assist others in the community that have mental health issues. But we all need to learn a lot more about it and not be afraid of persons with mental illness. Again this is Archie Jennings of Disability Rights Center and we want to thank you the listening audience for Ability Radio You and Your Health signing off.

- Thank you, Archie. Take care.

- Thank you, Dr. McPearce.

- This is WLDV…