

>> ...men to get together with one another.

We got to iron out our problems and iron out our quarrels and try to live as brothers.

And try to find peace within without stepping on one another. And do respect the women of the world.

>> Good morning, good morning, Virgin Islands, and welcome to "Ability Radio -- You and Your Life."

We're broadcasting live from Da Vybe radio station on St. Croix, 107.9 FM.

And my name is Iris Bermudez, and I will be your hostess this morning, as my co-host is off-island.

[ Laughter ]

Please note, the opinions expressed on "Ability Radio -- You and Your Life" are those of the Disability Rights Center of the Virgin Islands and those of our guests.

"Ability Radio" is a live call-in show, and we're encouraging the listening audience to call 340-779-1079 or 340-713-1079.

And with us today again is no other than Sherilyn Pogson from the National Association of Mental Health in the Virgin Islands.

Good morning, Sherilyn.

>> Good morning.

>> And welcome again to "Ability Radio."

>> Thank you for inviting me again, and good morning to the listening audience.

>> We're really, really pleased to have you with us again, especially to provide information regarding mental illness in the Virgin Islands.

The last time you were here, we talked about so many different things as it affects families and friends and relatives.

And you gave us some really good information.

>> Yes.

>> I, myself, went to the Internet...

[ Both laugh ]

...and I downloaded the guide you mentioned on "Navigating a Mental Health Crisis."

>> Okay, great.

>> And I'm telling you, I just stayed there and started reading and reading and reading and reading, because it contains a lot of good information.

>> It really does.

It has a lot of information.

The guide was produced by our national organization, so it's the National Alliance on Mental Illness.

And so it was provided, obviously, to the general public.

But our NAMI St. Croix affiliate, we're gonna -- we have this information, so a local version of this guide actually will be produced in the next month, so that we'll be able to go ahead and distribute, as well, locally.

So that's something.

But, yes, it has fantastic information for people to really read through and get a better understanding of what's going on with mental illness, just, you know, nationwide.

>> Yes.

>> And so that's why we want to also make sure that we put a spin on it locally.

>> Locally.

>> Some of the things that we need to pay attention to.

>> Right.

>> So, yes, I'm glad you actually sought it out.

>> Oh, I did, I did.

You know, when you talked about it, I said, "I need to look at that and see."

And it has some good statistics.

>> Yes.

>> It talks about the suicide rate.

>> Yes.

>> It talks about children, you

know, who, like you mentioned the last time you were here, who develop mental issues before the age of 14.

I mean, that was -- You had talked about all these things. And I think we should continue this kind of dialogue because you, as a person that has a mental ill-- Let me see.

I'm gonna remember the right way of saying it -- a person with mental-health conditions.

>> Yes.

>> You know, you live it.

>> Yes, absolutely.

I'm a caregiver who I'm living with it every day.

>> Right.

And this is not easy.

So, this really broke it down for me.

It really helped.

>> And one of the reasons why I really feel like the guide is very important, because as I was going through this with my family member, I didn't know what to do, where to go.

I didn't know what I was doing right, what I was doing wrong.

So, having something like a guide to reference is important, because you can go back and look things up, figure out who to call.

I mean, I figured it out eventually, but it's really difficult, while you're in it, to really know where to go, what to do.

And I really feel like, having this guide on hand is gonna help many family caregivers managing the whole situation.

>> Right, because we keep hearing about, you know, all these people running for office, that mental health is a priority.

Okay, well, let's really make it a priority, once you get in there.

>> Right.

>> Don't just talk about it.

You know, walk the walk, too,

because this is very important.  
Very important because you don't know if I have a mental-health problem right now, and you're looking at me.

And I might have some condition that it's not being expressed.

And I think that's one of the things that this guide really illustrates, you know, how you might have a mental-health issue or condition -- mental-health condition, and nobody knows about it.

>> Right.

And you know, really and truly, even if you do have a mental-health condition, managing it is really what's important.

And so if you have access to the resources that you need, whether you have one or not, you can really manage and live, you know, a life just like everybody else.

And I think that's important, as well.

We have to acknowledge the condition.

We have to make sure that you're being taken care of.

Well, first and foremost, you're a human being.

>> Right, right.

>> And so we need to make sure that we're paying attention to that, that we're all getting all of the things that we need, so that we can function and live a fulfilling life.

>> Right.

>> And that's important for all of us.

>> And what was very important that you talked about last time, too -- and I want you to reiterate it again here today, because in the guide, they talk about the stigma.

>> Mm-hmm.

>> You know, and I also read that if you really don't understand mental-health conditions, yeah, you're gonna be afraid.

>> Yes.

>> You're gonna be -- You know, you're going to be very reserved about the person that has the mental-health condition.

So let's start with the stigma and, you know, talk about that for a little while so that our community is more knowledgeable and our community knows that, honestly, it's not something that the person really wanted. It's something that happened.

[ Laughs ]

>> Absolutely not.

Absolutely not, no.

And, yes, the stigma on both -- because the stigma comes not only from the community, it also comes from the family.

>> Family, yeah.

>> The family, when they start to see, you know, some signs from their loved ones, one, they may want to ignore it, because they don't want to believe that something is really wrong, you know, with their family member.

>> Mm-hmm.

>> I think that happens in the beginning.

And then you start to think, "Well, what will other people think about me if they find out that my loved one has this mental illness?"

They gonna think differently of me, or they're gonna say something about me."

You know, so the stigma from the family, it resonates first because you're there in the home and you're dealing with it.

And then the outside stigma just makes it that much more worse, because everyone associates mental illness with a crazy person that they see just hollering on the corner, in the street somewhere.

>> Mm-hmm.

>> And, no, it's not just that.

There are so many other ways that mental illness shows up.

But that's just in our face.

>> Right.

>> We see the person on the street, and they're like, "Okay, yeah, that person's crazy and we definitely don't want to deal with that one."

>> Deal with that one, mm-hmm.

>> And so that they assume that that's going on everywhere.

And it's just not.

It's just not some of the things that they're doing.

>> Right, because even before you came, there was a lady walking up the road, right across the street from the radio station, and the first thing that came to my mind was, "I wonder how it started with her."

>> Yes, yes.

And you know, I know so much research is being done.

But we don't know what's the actual issue that creates a mental -- but there's a trigger.

There's a trigger somewhere, and then after that trigger occurs, and that person is trying to manage that condition, and if you don't get the help and the resources that you need early on, you don't manage it.

>> You don't manage it well.

>> You just don't.

>> It keeps escalating and escalating.

>> Exactly.

>> And then it requires a lot more treatment, and then it requires a lot more maybe medication.

>> Yes, yes.

But also, too, there can always be a relapse.

>> Mm-hmm.

>> But understanding the condition helps, so that a family member -- you know, as a caregiver, I can look to see, "Okay, all right, you know, he's starting to do something that's weird.

She's starting to do that again."

And I notice that that's what she used to do before.

>> Mm-hmm.

>> So, maybe she stopped taking her medication.

Because you hear that quite often, "I feel better, so I'm gonna stop taking my medication."

>> Right.

>> And you're feeling better because you are taking the medication.

And for some, they really don't understand that.

And so that's why taking the medication is helpful.

Now, some other individuals may say, "You know what?"

I don't like how the medication makes me feel.

Makes me feel like a zombie."

I've heard that, you know, on more than one occasion, and I can understand that.

And respecting your loved one and really understanding how they're feeling and how they're trying to manage the condition and not feel out of sorts is important.

So, having that understanding how they feel and having that conversation with their doctor is important, because maybe it just means modifying the medication just a little bit so that they will feel better and they'll see that difference.

So it's really important to know where you need to go and understand what you need to do so that you can manage the condition that much better.

And the earlier, the better.

It really is.

>> Yeah, because in the guide, too, it also talks about how, you know, when a person has diabetes, they get medication, insulin or whatever, to help them feel better.

>> Right.

>> It's the same thing with a person with mental-health condition.

>> Yeah.

>> They might need that medication to make them feel

better.

>> Yes.

>> So, there's no difference between both illnesses.

>> No, and that is the hardest message to get across, you know, just to the general public.

>> Yeah.

>> A diagnosis of a mental condition is the same as a diagnosis with hypertension, diabetes.

I mean, it's the same.

It's a condition.

>> It's a condition.

>> It's not something that the person is in control of.

It's quite the opposite.

>> Mm-hmm.

>> They're out -- You know, they really can't control it, and this is where the managing -- if it's medication, if it's counseling, whatever that management model needs to be -- is understanding that, "This is what I need to do to maintain my health."

But mental health is in a completely different category.

>> Yeah.

>> And you know, it's just really hard to get that across that, "Yeah, we need..."

It's all -- It's our body.

>> Right.

>> [ Chuckling ] And our brain is a very important part.

>> Yes.

>> Right. You know?

And so, yeah, we need to be able to maintain our health.

>> And when we talk about co-conditions, can you say a little bit about that?

Because, again, I'm telling you, this guide is really good.

>> [ Chuckles ]

>> I picked up so many things, I said, "Oh, wow, this is amazing."

You know, and it's changed my whole -- I mean, as a social worker, yes, I knew about mental-health conditions, you know, but I was never involved

in the treatment of  
mental-health conditions,  
because, to me, it requires  
somebody who knows, like you.

>> Mm-hmm.

>> You've been through it on a  
personal basis, but you know...

>> Yes.

>> ...because you've been  
up-to-date on everything that  
you're doing as a family member  
who loves her brother.

>> Right, mm-hmm.

>> You know?

And you want to help him, but  
there are several other  
instances where the individual  
has a co-condition.

Is that what -- That's correct?

>> Mm-hmm.

First -- and that's something  
that also that that's not paid  
attention to.

>> Uh-huh.

>> Because you have to make sure  
that you're maintaining the  
entire body.

So if the individual has a  
mental condition, but they also  
have diabetes or high blood  
pressure, they need to be  
getting regular checkups on how  
is the medication that they're  
taking -- will it -- may it  
interfere with their overall  
health.

So, yeah, it's quite possible  
that someone is managing the  
mental condition and also  
managing something as important,  
you know, as high blood  
pressure.

So, you know, their diet, their  
exercise -- all of that comes  
into play when we're maintaining  
our body.

So, yeah, there's a lot that can  
go.

And many people don't always get  
a physical.

I mean, it's hard to, you know  
-- I mean, and that's just  
everybody.

And you know, not many people  
elect to say, "Okay, I'm going  
to the doctor."

>> "Check myself out."

>> Right, yeah.

So they don't get a regular physical checkup.

>> Mm-hmm.

>> And then now they're to double that with a mental condition where they may not be thinking clearly.

There are other factors coming in.

I mean, all of -- planning for -- We all need to make sure that we're planning for our overall physical health, whether it be brain, whether it be the rest of our body.

We need to make sure that we're paying attention to our overall physical health.

>> Right.

And it's probably especially harder if you have a drinking problem at the same time.

>> Yes, mm-hmm.

>> Or a drug problem.

>> Yes.

>> Because I don't want to judge anybody, but sometimes when you see the folks in the road, on the street, and the conditions they're under, you want to take them and put them in a bathtub and first bathe them and then, you know, try to see what's going on here.

>> Yes.

>> But that, too, is a serious problem, the alcoholism and the drugs.

>> Yes.

And the alcoholism and the drugs, I know that if they are -- if they're taking -- drinking any kind of alcohol and if they're smoking...

>> Mm-hmm.

>> ...you know, any other -- any type of narcotic, that, along with a mental-health condition, is a bad -- you know, it's an absolute bad mix.

And I know that if they make sure that -- As part of the overall health, one of the things that I know that they ask

them to do, if they are taking any type of medication, that they stop.

But it's hard, because, you know, they're addicted.

>> They have a -- Addicted, yeah.

>> You know, they're addicted, so it's just a really bad combination.

But, yeah, you want to -- Many people want to help, but it's really difficult.

It's not "really difficult," it's extremely difficult.

>> Extremely difficult.

>> It's extremely difficult.

And you can only do so much, because you cannot force an adult to do something that they do not want to do.

They're an adult, and they have the right to go for care or not -- you know, not go for care unless it's really been deemed that they -- you know, that they are -- they can harm -- they're a harm to themselves or others. And then, obviously, there's measures that we have to follow, which is going through the 722 or 723 process.

>> Mm-hmm.

>> But, no, you can't force them to do anything.

And as a caregiver, that was extremely hard for me to understand, because, "What do you mean?"

I can see that something's wrong, and you're telling me that if you can't convince them that they need to go here, if they say no..."

>> It's no.

>> "...there's nothing I can do?"

And that's exactly what it is.

There's nothing I can do.

So it has to be an open conversation.

You have to really show that you're trying to really look out, you know, for your loved one's best interests, and say, "Okay, we really need to go and

do this, because, you know, this is for you.

This is for your health.

This is so that you can be okay and, you know, live a fulfilling life."

But you cannot force them to do something that they don't want to do.

>> And that has to be hard.

>> Yeah.

>> I just can't imagine dealing with something like that.

>> You know, many -- And that's why a lot of family members give up.

>> Hmm.

>> Because they want to help, they can't help.

They force them to help.

And they just get to that point where they can't take it anymore.

And you want to judge, but it's really hard, you know, just being...

As a family-gearred caregiver, you get to that point where you just don't know what to do.

>> You don't know what to do.

>> And you just throw up your hands, and it's like, "I can't do this anymore.

I can't."

But it's easy to judge, but it's just being, you know, in a caregiver's shoes.

I know that some get to that breaking point, and that's why [Clears throat] -- excuse me -- they turn away.

>> And then that's why we have the issues we have now...

>> Right.

>> ...in the community, because it's very frustrating.

>> Yes, and that's why the having access to the resources -- And we know we have limited resources here.

>> Yes, yes.

>> So, what we do have, we just need to manage them just a little bit better and lean on each other a bit more, share information, talk openly about

what we're dealing with, what we're going through, and it helps.

Being able to talk comfortably to someone else that was going through similar experiences really helps me personally.

>> Mm-hmm.

>> It's hard to explain it to someone else that's not living it...

>> Mm-hmm.

>> ...because sometimes the stories just sound, you know, ridiculous.

But talking to someone that does understand, that's going through the same experience, has certainly helped me.

And so that's where -- One of the things that NAMI on St. Croix and St. Thomas, that's where we're -- that's a role, certainly, that we're trying to fill.

>> Right, because in some instances, the caregiver wants the person to respond as a normal person would respond...

>> Yes, yes.

>> ...but that's not what's happening.

>> Yes.

>> They can't help it.

>> And we learn a lot about that through our NAMI Family-to-Family classes.

>> Okay.

>> And so we actually started our NAMI Family-to-Family class here on St. Croix.

And on St. Thomas, they'll be starting theirs early next year.

>> Good.

>> But we're actually in the middle of our first series of classes here in quite a while, here on St. Croix.

And so we have those types of conversations, like, "Okay, what are you doing?"

What are you seeing?" -- how to really respond to your family member, how to better communicate with your family member, really.

That's really what it's all about -- the communication and the tools that you can get.

>> ...one another.

>> And that sounds like a break.

And we'll be right back.

Thank you.

>> ...try to live as brothers.

And try to find peace within without stepping on one another. And do respect the women of the world.

Remember you all have mothers.

>> We're back.

And you're listening to "Ability Radio -- You and Your Life."

This is a reminder that if you've missed any portion of today's show, it is being recorded and will appear on our website at [www.drcvi.org](http://www.drcvi.org).

Again, [www.drcvi.org](http://www.drcvi.org).

And also, there is a "Walk in Our Shoes" happening in St. Thomas, hosted by the Virgin Islands Association for Independent Living.

And it's inviting the general public to join persons who are blind, visually impaired, by attending the White Can Safety Day Walk that will start from the Emancipation Garden to Boy Scout building, and back to the Emancipation Garden.

And this event will be held on Wednesday, October 31, 2018, from 10:00 to 1:30 p.m. in St. Thomas.

So, come out and join the general public and the persons who are blind and visually impaired, by participating in this walk.

>> Mm-hmm, good.

>> Sherilyn, during the break, we were talking about stats and how hard statistics are to come by, here in the Virgin Islands, with respect to people with mental-health conditions.

>> Mm-hmm.

>> And while we were talking about that, we also -- you also mentioned how people don't disclose, so it's kind of hard

to get actual statistics on how many people we have with mental-health conditions.

>> Yes.

One, they don't disclose because of the stigma.

>> Stigma, okay.

>> And second, we just -- some people don't -- they don't understand the signs.

So, if you're not getting -- if you don't see the signs early on, you don't know to go ahead and get that care, because we don't always -- you know, as we said earlier, we don't always go to the doctor and check things out.

>> Right, right.

>> So, by not paying attention to signs and not talking openly about what's going on, we may not recognize that there is a problem.

So, the not disclosing is an issue, but the stigma, I think, is the biggest, you know, is really the biggest part.

And so it's hard to say, "Okay, we have..."

>> Somebody.

>> ...30,000 Virgin Islanders that have a mental-health condition.

We can generalize.

We can generalize based on national statistics.

>> Mm-hmm.

>> But we don't have specific local numbers to say, "This is what's going on."

We can only go by the individuals that do go to the clinics or if you have family members that say that they're dealing with this in their home and this is what they're trying to do.

But we don't have specific numbers, so that's certainly something that we need to try to work on, going forward, so we can have real numbers.

It'll certainly help when it comes time to apply for funding to get the necessary funding

needed to support services here locally and federal funds.

>> Right, and a lot of things keep going back to stigma.

>> Mm-hmm.

>> You know?

And yet we're so into, you know, our personal lives...

>> Yes.

>> ...that I think sometimes we maybe fail to see changes in behaviors or changes in things that the individual is experiencing.

>> Absolutely.

>> "Oh, that's because he's becoming a teenager.

This is, um..."

[ Chuckles ]

>> You know, honestly, yes, you dismiss a lot of things as, "Okay, yeah..."

>> "It's part of growing up."

>> "...this is adolescence."

>> Yeah.

>> You know, "It is.

It's just part of growing up."

So, yeah, there are things that get overlooked.

>> Mm-hmm.

>> But having, again, just the checkups, having and being able to identify those things that you see going on.

>> Signs.

>> Yeah, those signs that you see going on, that helps with the care.

In the schools...

>> Mm-hmm.

>> ...if we had a program where, you know, from elementary on, where you'd be able to see those signs, it could help tremendously, you know, with care.

And I know there's different programs, and there's some things that we want to certainly try to advocate, you know, from a local perspective.

And that's certainly one of them.

How can we show up in the schools, so that we can make sure that we're identifying

those signs and then referring individuals to get the necessary care, early on.

>> Mm-hmm.

>> I think that's important.

>> Yeah, because, again, we want to look at those signs.

>> Mm-hmm.

>> And like you said, and you keep emphasizing it and I think that's a great point, then let's get a checkup.

Let's get a physical checkup.

Let's see what's going on here, because it might not be just because Johnny is growing older...

>> Yes.

>> ...or he's becoming a teenager, and those hormones are acting all over the place.

>> Right.

>> I mean, I remember when my 14-year-- my daughter -- my oldest daughter was becoming a teenager, I mean, she was all over the place.

>> Mm-hmm.

>> And I used to have to look at her and say, "Hey, get those hormones back in place," thinking it was hormones.

>> Right.

>> But she was just hyperactive.

>> Okay, okay.

>> You know, and that's how I was able to say, "Okay," this, to me, wasn't right," you know?

>> That's it.

And we don't know the signs.

We don't know what -- You don't know what you don't know.

>> Yeah.

>> And in hindsight, I can point to things now, you know, but I didn't know that back then.

So, it's important, knowing now how earlier detection can help an individual's managing their condition...

>> Mm-hmm.

>> ...it's really important to, if you see something, you know, ask a question or talk about it, because it can be helpful.

>> And I can point -- I can say

this, coming from a CMS background, yes, that when you go to the doctor -- when you go to the doctor and you have -- you should try to have a conversation with the doctor.

>> Yes.

>> Because the Affordable Care Act made healthcare more patient-centered.

>> Right.

>> So, if it's patient-centered and if you think Johnny is having a little too -- is acting too hyperactive or whatever, tell the doctor.

>> Right.

>> Tell him, "You know what? I'm noticing a little change in Johnny," because he or she, they're in a better position to tell you, "Well, you know what? Maybe we need to look at this more closely and see what's going on," and then early intervention.

Oh, we have a call.

Caller?

Good morning.

>> Good morning.

>> Help explain something to me, the lady, your guest.

I hear people talk about the stigma of mental health, but that seems to be clinical talk.

Exactly what is this stigma?

I mean, how do you put it in layman terms, you know, to make it tangible, in my view?

Because I don't know -- I mean, it's such a complex thing, issue, that saying there's a stigma, you know, kind of mystifies me, because some people get -- when people that supposedly have mental issues engage in some behavior that affects certain people, they react in a certain way.

So, I, again, because I don't know what this stigma really is, except a clinical term, that says what?

I don't know if I explained myself.

>> No, we -- No, I understand

what you mean.

[ Clears throat ] Excuse me.

Well, simply, stigma, if you feel a certain way -- We all feel a certain way about certain issues.

And the stigma, you fear what you don't understand.

For some, that's really and truly what it is.

You fear what you don't understand.

And if you don't understand it, or if you don't try to understand it better, then, no, you're not gonna want to deal with it.

I mean, really, quite simply, that's really what it is.

It's the fear of the unknown.

>> Mm-hmm.

>> Uh-huh, but is that really predicated on the person that's maybe on the receiving end of certain behavior, as opposed to somebody that's dealing with a person that "has mental issues."

I mean, you know?

In other words, if somebody causes physical harm or something, I don't really -- should I worry that then you have a mental issue or that makes a difference?

You know, so I don't know.

>> Yeah.

>> Well, no, if someone -- if you're saying that if someone you know has a mental illness...

>> Yeah.

>> ...and they -- I mean, you're talking about physical harm, that's different.

That's different.

>> Uh-huh.

>> No, when we're talking about a stigma, we don't understand it, we don't try to understand it, and so we just dismiss it, we don't want to deal with it, we say that person is just crazy.

>> Mm-hmm.

>> And you react a certain way to that individual.

>> Uh-huh.

>> So it's getting a better understanding.  
When we're closed-minded to what it's really about and what the person is really going through, then you're not really helping the individual.

>> Mm-hmm.

>> No, every situation is different, believe you me. No, if there is physical harm, you need to make sure that you address that.

>> I get confused.

This issue with mental, you know, where people lump [Speaking indistinctly] and mental issues that can fit in the same -- uh-huh -- same bag.

It's so complex that I don't think -- I don't like when people [Speaking indistinctly] certain aspects of the whole situation and figure that that's it, you know, right there, because...

>> Absolutely not.

>> ...if [Speaking indistinctly] situations, or to need a day-to-day moment.

I don't know.

But, anyway, thanks for your time.

>> Mm-hmm.

>> Thank you.

>> And I could add maybe a little bit more about that, Sherilyn.

And correct me if I'm wrong, but I think a stigma allows a person not to feel blame for the other person's mental-health condition.

Is that correct?

>> Um, I would say that it all depends on your perspective.

>> Your perspective.

>> It really does.

>> Right, right.

>> It depends on your perspective.

[ Clears throat ] Excuse me.

But, yeah, if you -- But at the core of it, you're just not willing to accept or understand.

>> The situation, right.

>> Or understand the situation.  
>> Right.  
>> Because I had a stigma about mental illness...  
>> Mm-hmm.  
>> ...you know, early on. I thought that, "Okay, this -- you know, this person needs to make sure that they only stay here, they don't go into the public.  
Yeah, you have to keep them away from society."  
That's not the way you respect the individual.  
>> Okay.  
>> It really isn't.  
And I just thought that, "Oh, yeah, this person needs to do certain things, get certain things.  
You can't interact, you know, the general public."  
But, you know, they're human beings.  
But I didn't understand what the person was going through.  
And so I think, for me...  
>> Mm-hmm.  
>> ...it was the understanding.  
>> Okay.  
>> It was the understanding and not being open to, one, what mental illness is all about...  
>> Mm-hmm.  
>> ...and what the person is going through.  
>> Mm-hmm.  
>> And when I learned better what mental illness was about and what the person was going through...  
>> Then you were aware.  
>> ...then I was able to empathize.  
>> Empathize.  
>> ...and really assist.  
And not just with a family member, but just, you know, any friend that, you know, were dealing with the same situation.  
I really just was not able to understand what they were dealing with.  
And if you're not willing to do that, then, yeah, you're helping

to contribute to the problem.

>> Right.

>> You really are.

>> And the thing about it is that you don't know when anything is gonna happen...

>> No.

>> ...or what causes it.

>> No, we don't know what causes it, and everyone has a completely different trigger.

>> Different situation, yeah.

>> You know, everyone has a different trigger.

And it's -- it's not -- it's not wrong -- It's not wrong to have a stigma, because you just don't know.

But once you become aware that something is going on, then you need to make sure that you get a better understanding.

>> Mm-hmm.

>> And so that's what we need to do more in our community.

That's what we need to do more in our community, and that's where NAMI St. Croix is really trying to help in that way with our Family-to-Family class, certainly helping out with our caregivers, understand better the illness...

>> Right.

>> ...and what their loved one are -- what they're going through and how better to manage that -- better manage their condition.

And then just, on a whole, with our affiliate, we meet monthly...

>> Mm-hmm.

>> ...where we have a continuous -- you know, it's a support system that's really -- that we've established in our regular monthly meetings.

Because after you finish the Family-to-Family class, we don't just send you out into the world and say, "Okay, thank you for participating."

>> "You're on your own."

>> "And you're on your own."

>> "You're on your own."

>> No, we want you to stay a part of the NAMI St. Croix family...

>> Right.

>> ...and be a part of the regular monthly meetings as we work.

We're working on education and outreach, so we have different speakers that come in and talk about different subject matters. And then we're also working on advocacy, the things that we want to see in our community so that our loved ones will get the care that they really and truly need.

It's not -- You don't learn everything overnight.

>> Right, right.

>> You don't learn everything overnight.

You're going through an experience, and you're really trying to understand, as a caregiver, this whole process, because, no, we're not doctors. We didn't go to school to learn about how to manage a mental illness.

We're living it.

>> You're living it.

>> And we're figuring out as we go along.

>> Mm-hmm.

>> And so that's where this Family-to-Family class can certainly help in that way.

As you're trying to manage through the condition, you know, of your loved one, what can you do to better support them and also take care of yourself?

That is a message that we also try to underline at all times during the Family-to-Family caregiver program, that you must take care of yourself.

You don't want to get -- You don't want to get sick.

And if you're not taking care of you, then you can't help your loved one.

>> Well, why don't you give us some examples of how you take care of you.

>> Well, for me?  
>> Mm-hmm.  
>> You know, honestly,  
recognizing when, "Okay, it's  
enough.  
I've been doing a little bit too  
much today, or this week or this  
month.  
I need to stop and take some  
time for myself."  
>> Mm-hmm.  
>> And sometimes it's I'm doing  
nothing at all.  
[ Chuckles ]  
>> Okay.  
>> Because whether if I'm  
running from work or I'm doing  
things for my family, at times,  
I just need that time for  
myself.  
>> Mm-hmm.  
>> And so it's saying, "I am not  
doing anything today.  
All I'm gonna do is wake up,  
look at some TV or read a book  
or go to the beach."  
Whatever that is, you know, for  
you, but saying, "Today is for  
me."  
>> Today is for you.  
>> Or, "This hour is for me,"  
even if [Speaking indistinctly]  
and make sure that our is all  
about you and things that's  
gonna, you know, help you and  
reinforce your well-being.  
>> Right.  
>> But, yeah, it's hard when you  
are trying to provide care, you  
know, for a loved one.  
And you have to make sure you  
set aside that time for  
yourself.  
We don't -- We're taking good  
care of everybody else and not  
paying attention --  
>> Except yourself.  
>> Yeah, we're not paying  
attention to our needs.  
>> Then you get sick.  
>> Yes, yes.  
>> And then who's gonna take  
care of your loved one.  
>> Exactly, exactly.  
But, for me, the biggest -- the  
biggest takeaway from the

Family-to-Family class is, it's understanding.

Understanding, and that understanding helped me better to manage my own personal stigma about mental illness, because I just didn't understand.

You know, there's this exercise, and I talk about it all the time.

There's this exercise that we do in the class, where you give, you know, a person a simple task.

You give them directions...

>> Mm-hmm.

>> ...on what to do.

And then there's someone behind you just whispering your ear.

You know, they're telling you random thoughts.

Random thoughts.

And I went through that exercise, and it was so hard for me to focus.

And that exercise alone really made me understand what, you know, what your loved one could be dealing with when they're trying to manage a simple task.

And so, for me, it's all about understanding.

It really is about understanding.

When I had that experience, I said, "Okay, maybe I see why my simple task of washing the dishes was too much," because, at that moment, they just weren't able to receive the information, because those voices were --

>> Were in your head.

>> Right, were in their head.

>> Mm-hmm.

>> They're talking to him, and the voices just overpowered whatever I was saying at that particular moment in time.

>> Wow.

>> And that can happen.

But it was the understanding.

It was really the understanding that I gained from the classes, is what has helped change how I

manage my situation.

>> That's amazing, because I never thought of that like that, either.

>> Mm-hmm.

>> You know, all these little voices in your head.

>> Yeah.

>> I'm trying to understand mental illness.

>> It's a very -- It was such a simple exercise.

You know, it seemed ridiculous afterwards, but it was very effective.

Very effective, like, "This is really what they're trying to deal with."

You know, you're having a regular conversation with them, and you want them to respond to you.

>> But they're not focusing.

>> But they can't focus on you, because there's so much going on in their head right at that particular moment in time.

That's why understanding how better to communicate, and learning when to have a conversation and when not to have a conversation, and just the tone of the conversation, because that's one of the things we also go over -- how to have a conversation with your loved one and not have it be this antagonistic --

>> Accusatory.

>> Yeah, accusatory conversation.

You're sitting there and you're explaining to them how you're feeling.

They can explain to you how they're feeling.

And just overall how better to -- how you can relate, because you're not gonna be able relate to each other in the same way.

It's just hard because of the condition.

>> Oh, God, and there's so many different conditions...

>> Yes.

>> ...that are going on.

>> Yeah.

And then there's some that have the dual diagnosis.

>> Right.

>> I can't even imagine.

>> [ Laughs ]

That's another topic.

>> Yeah. [ Chuckles ]

>> Oh, and we're going for a break now.

>> We got to iron out our problems and iron out our quarrels and try to live as brothers.

And try to find peace within without stepping on one another. And do respect the women of the world.

>> And you're listening to "Ability Radio -- You and Your Life."

We want to remind the listening audience again about the White Cane Safety Day Walk in St. Thomas, from the Emancipation Garden to the Boy Scout building, on Wednesday, October 31, 2018, from 10:00 to 1:30. Just come out and support our folks, and I'm sure that you'll enjoy it.

During the break, Sherilyn, we were talking about a lot of different things.

>> Mm-hmm.

>> [ Laughs ]

>> Yes.

>> Especially how we really, really want the listening audience, especially those who are caregivers to individuals with mental-health conditions, really feel about what they're feeling, you know, in order to work with and handle the individuals they have, you know, that they're taking care of. And you made a really good point about...

>> Mm-hmm, yeah.

What we were discussing, I was talking about the difficulty.

>> Yes.

>> The difficulty dealing with someone with a mental-health condition.

We recognize that the person needs help, but it's really hard.

>> Hard, mm-hmm.

>> It's really hard empathizing when they're doing something that is just so disruptive and scary.

>> And scary.

>> And scary.

So it's really difficult, as a caregiver.

I understand that.

I recognize it.

Sometimes I'm okay with it, and sometimes I'm not.

>> Mm-hmm.

>> You know, it depends on the day and what all I'm trying to manage in that particular moment in time.

But it is difficult.

And believe you me, I would never minimize it in any way.

Own and accept that difficulty.

>> Mm-hmm.

>> But also appreciate that your loved one is going through a lot.

>> Yeah.

>> And it's just trying to find that balance, how you can manage what you're feeling and then also try to help them manage what they're going through.

So, empathy.

You know, we talked about that not too long ago in class.

>> Yeah, yeah.

>> Empathy, you know, is really important.

>> Stand in their shoes.

>> Mm-hmm.

>> Yeah.

>> Exactly.

But our classes, we're getting ready to wrap it up in the next two weeks, so it'll officially end on November 8th.

>> Okay.

>> But we will have another round of classes.

And so we're gonna have those classes start in January.

So anyone that's interested in signing up for a

Family-to-Family class....  
>> Mm-hmm.  
>> ...they can give us a call.  
And that number would be  
340-626-7351.  
>> Repeat it.  
>> Yes.  
And that's 340-626-7351.  
Or you can also e-mail us, as  
well, at info-- that's I-N-F-O  
-- @NAMIstx -- N-A-M-I-S-T-X --  
dot org.  
>> Good.  
>> Okay?  
>> Good.  
I think part of that empathy is  
acceptance.  
>> Yes.  
>> Acceptance for who they  
really are, because, like you  
said, they're not okay...  
>> Mm-hmm.  
>> ...unless they're really  
doing the medication, they're  
doing what they need to be  
doing.  
But acceptance, to me, after  
empathy, is second to them,  
because a lot of them, I'm  
pretty sure, feel rejected.  
>> Yeah.  
>> The ones that we have walking  
around in the streets in St.  
Croix and St. Thomas.  
There's a rejection factor.  
"Nobody wants to help me."  
I mean, these are things that  
are going through their mind...  
>> Right.  
>> ...because even at the  
Disability Rights Center, we've  
had people come in there and  
they're really angry.  
[ Chuckles ]  
They're angry because they want  
help and they're not getting  
help.  
>> Yes.  
The acceptance by the  
individual...  
>> Mm-hmm.  
>> ...that they do have a  
condition...  
>> Mm-hmm.  
>> ...is hard, because then now  
this means that there's

something -- you know, "Maybe there's something wrong with me. What did I do?"

>> Yeah.

>> You get those comments not only from the individual, from the family members, as well.

You hear that from parents, "Did I do something to them, for this to happen to my child?"

>> That goes back to what I was trying to say about the blame.

>> Yes, blaming themselves.

No, it's not really your fault.

No, it's not.

>> [ Chuckles ]

>> No, it really isn't.

And, yes, you're right, the acceptance makes a big difference in how the care is going -- how your care is going to be going on, moving forward, not just from the individual but also from the family, as well.

>> Right.

>> And that's where the stigma, you know, comes up.

"I can't accept that, because that means that there's --"

>> "Something's wrong with me, too."

>> "That there's something wrong with me, or --" Yeah.

>> [ Chuckles ]

>> So, it all comes into play, and it affects how our loved ones are receiving care.

It absolutely does.

>> And again, like I was saying before, and you said -- you said so nicely that, you know, early intervention helps a lot.

You know, sometimes the individuals have a break in midlife or whatever.

>> Mm-hmm.

>> But getting that person to the care that they need...

>> Yes.

>> ...it's very helpful, so it doesn't escalate.

>> Exactly.

You know, unfortunately, those are the cases that we see.

>> Yeah.

>> You know, the majority of the

time, but that's because they're not getting continuous care, you know, after they've been diagnosed.

You know, unfortunately, if we have an experience that we've seen a friend or a neighbor deal with that emergency 911 call.

>> Yeah.

>> And you have three or four police cars show up at the person's house.

And then they need to be taken away, you know, to go to the hospital.

And that's one of the difficulties that I know that I had to manage, as well, not knowing how that process works and what we should be doing.

So that's something that we're also working on, from NAMI St. Croix.

And we got that message loud and clear during our meetings.

And like I said, I experienced it myself that, yeah, we need to work out, have a clear understanding of what that process should be.

"If my loved one is going through crisis, what do I do next?"

>> Right.

>> I call 911, or do I need to have the 722, go through that form process and then make the call?

There's no standard protocol that the general public understands.

It really depends on what happens at that particular day and time, how things are managed.

So having that clear understanding.

So, that's something that we're working on -- that clear protocol.

We make a phone call or we have a form, and then through that, then the person is then taken to the hospital, whatever they receive, whatever medication to stabilize.

They then get referred to the clinic, doctor, whatever that process is.

And so getting the clear protocol on, "Okay, now my individual is in crisis.

This is what I need to do."

>> Mm-hmm.

>> Also, advocating for housing.

>> Yes.

>> Dealing with the housing situation.

Many of us have our loved ones living with us, or they're helping to support them in some way.

But it's difficult if you go through the 722 process or if the person gets arrested, and then now if they're dealing with public housing, there's the issue with being able to get back into public housing, because they may now have a record.

But they have a record because of their mental condition...

>> Mm-hmm.

>> ...that hasn't been managed.

And so they had that break and they did something that they weren't supposed to do, and now they have a record.

>> Mm-hmm.

>> The also working on this guide, our guide, so that we have information -- sharing information.

That's something else that we're working on.

And access to care for our loved ones within our community.

One of the comments that we've heard, time and time again, is that, "I don't like going to the clinics."

>> Oh, wow.

>> Everyone does not respond to treatment in the same way.

They just don't.

>> Okay.

>> So it's important to figure out what's the best way how we can manage with the resources that we do have, how that we can make sure we're providing

effective care to our loved ones, meet them where they are, so we can make sure that they're getting the care that we need -- that we need them to get. But, yeah, so, there's lots of other things that we discuss at our general membership meeting. And so, generally, we meet the second Tuesday of the month. This upcoming November, we have to deviate just a little bit because of some scheduling conflicts, but our next upcoming meeting is on November 20th. It's at 5:30 p.m. at the AARP office.

That's in the Sunny Isles Annex, next to Optimal Printing.

So, you can give us a call if you need more information.

Again, that's 340-626-7351.

That's 340-626-7351.

But we hope that you will be able to join us on Tuesday, November 20th.

>> And what you said about the training is mostly what we've discussed this morning.

>> Yes.

>> And it behooves individuals or caregivers to try to make it to this training, because, I mean, this guide is really very helpful.

You know, you can...

You'll probably be printing it?

>> Yes, we will be printing it, and we'll also make it available online, as well.

>> Okay, good.

>> But we're tweaking the national guide with local information.

We want to make sure that it's applicable to a lot of the things, information that we do have locally, so it's a one-stop reference guide for you.

>> I can't thank you enough for being here with us today.

I just wish that we could do more to help the community really understand the mental-health conditions and how to deal with them and their

loved ones...

>> Yes.

>> ...because regardless of what, they need it.

>> Yes, they do.

>> They need it, because caregivers aren't gonna be here forever.

>> We all need it, we all need it.

>> Yes.

So, what's gonna happen to that individual if something happens to the caregiver?

>> Exactly.

>> So those are things that we have to think about and, as a community, come together and try to really understand mental-health conditions and intervention and all these things that we need to learn.

So, thank you again for coming.

>> Thank you for having me, and I'm willing to come back anytime.

>> Oh, well, well, we'll have you come back.

[ Both laugh ]

Especially about the training.

>> I know darn well we can work it out.

>> Thank you, Virgin Islands.

>> Thank you.

>> Again, great show.

Talk to you next week.

>> Yes, we can can.

I know we can make it work.

I know we can make it if we try.

Oh, yes, we can.

I know we...