The Virgin Islands Consortium

Opinion | Setting The Record Straight In The Midst of Crisis: Stigma Of 'Yo' Crazy' Continues

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This long overdue commentary comes on the heels of the 2nd declaration of the mental health crisis in the U.S. Virgin Islands and is an attempt to expose and educate the public on this matter and give an overarching opine on how we can begin mending a systemic problem. There continues to be ongoing discussion on how best to tackle the daunting task of providing services to those in our community victimized by the scourge of mental illness. This task persists, especially while others in their frustration, sheer ignorance, or blatant arrogance unjustly point fingers at concocted or perceived notions of mental illness. At the forefront of this issue is in fact the many individuals in our territory who are mentally ill and/or dually diagnosed with issues related to substance abuse. This issue is further compounded when persons with a mental health diagnosis aimlessly inundate

various sectors of the community to include the beaches, bus stops, or shopping centers.

Historically, Locals could identify our mentally ill populace by name. Unfortunately, however, this is no longer true since there are many transients entering the territory, hence the demographic shifts have left their indelible mark on our previous intersection of identity. Now, the constant and telling refrain is, "*this is ah new one again, way deh come from now*?!" In point of fact, many individuals are transplanted here to avoid the unpredictable weather or the harsh economic conditions of their homestead. Sadly, these persons not only magnify the issue of mental health, but also place undue strain on the Mental Health System in the territory. Recently, suggestions were offered as to how to initiate a response or call to action. While it is easy to point out the need to have a fully functioning and well-equipped Department of Mental Health (DMH), it is negligent and irresponsible to ignore the fact that the available funding for expert professionals/providers, adequate staff, resources, facilities and equipment does not figure into the Government's coffers. The question, most deserving of a viable response, becomes how to strategically and effectively utilize available resources in a fresh way while pivoting our sights on major grants, organizations, and philanthropic/charitable entities to supplement or subsidize the provisions set forth by our Government. This is also a perfect segue to acknowledge the counselors and case managers at DMH who remain passionate despite the challenging working conditions, limited resources, and unfair characterization.

An issue highlighted in a recent opinion piece alludes to the viewpoint that the Behavioral Health Team at Schneider Regional Medical Center (SRMC) customarily shuns recommendations from other professionals and only act when officials in the highest capacity become involved. This is furthest from the truth in that there are several key factors, which must be considered in order to grasp the full scope of work. Patients who are in need of a psychiatric evaluation are first assessed and must meet criteria for admission under the guidelines of the Mental Health Act which states, persons who present as a danger to self or others can be admitted to the hospital against their will. Notwithstanding, those who meet criteria for admission still have the right to refuse treatment under the same principle of causing threat or danger to self or others. At this juncture, it may be necessary to seek the intervention of the courts and obtain permission to provide treatment despite the objection of the subject. Another major consideration is what is acute stabilization relative to psychiatric hospitalization? Simply stated, this refers to the active, but short-term care of a patient and involves treatment and discharge planning. In essence, patients suffering from a mental health disorder still have fundamental and protected rights with respect to their own care. It would be presumptuous to assume that one's illness reduces the individual's civic rights. This would not be true if the patient were a victim of cancer or some other disease, and the fact that one is mentally ill does not in any form, diminish the person's basic rights. You see, the moment we assume the power to snatch away a patient's rights based on the nature of his/her illness, we begin the process of dehumanization. Ironically, in the process we dehumanize ourselves.

Let the record also reflect there is an entrenched policy at SRMC that no patient is refused care, or discriminated against based on their inability to pay. To disseminate this myth is to promulgate the ideology of insensitivity, lack of compassion and is tantamount

to a slanderous misrepresentation and empty insult at the dedicated Providers actively engaged in providing service to their patients. Daily these committed professionals relentlessly attempt to figure out ways to assist those who seek assistance and those in dire need of help. This is invariably done with no regard to the detractors whose efforts are exhausted trying to undermine this constant work of humanity. Is the St. Thomas/St. John community aware of the fact that there is only one (1) active Psychiatrist who works at SRMC and on-call 24 hours a day, practices privately, sees and treats patients at STEEMC and provides free service at the homeless clinic? Shout out to J. Zen Meservy, M.D (psychiatrist). Sounds like Superman eh? Well, even Superman became weak from Kryptonite. In this instance, caring is manifested by expertise of medicine, researching techniques, working with families, coordinating care and remembering everyday why you have compassion for people. So, instead of the unproductive vilification and mischaracterization of a process and the professionals constantly striving to improve it, I maintain that it would be more prudent and productive to turn our energies towards active recruitment and a robust vetting process that would add the necessary talent to the territory. Furthermore, by doing so, we can as a by-product, begin to conceptualize ways in which we might stimulate our economy, so that the level of care, especially as related to our often overshadowed mentally ill and/or homeless populations becomes an enviable model both nationally and globally. It is an urgent and opportune moment to shift away from the strategic plans and form collaborative efforts towards immediate implementation and innovative mechanisms to propel the healing agenda of mental health forward.

There is so much more that could be said about this topic, but then I would also be guilty of the same repetitious verbal judo (in my St. Thomian accent resulting in “spinning top in mud”), unfounded generalizations, and faulty premises as those who proliferate idle and baseless chatter. Valiantly, I joined this fight as a *“prophet not honored in her own country,”* yet not deterred, derailed, nor unbowed; most importantly, not silent, nor silenced as the saga and stigma of *yo’ crazy* continues in a community where too often misnomers and fiction are miscast, re-presented and misrepresented as abiding truth.

Submitted on Thursday by : *Dionne M. Simmonds, Ph.D.*