

Kaiser striking mental health workers speak out against poor conditions

Our reporters
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Tuesday marks the second day of a strike of 2,000 mental health workers at Kaiser Permanente in northern California. Key demands raised by the strikers have centered on low wages, continued understaffing and lengthy wait times for patients, which have undermined the ability of psychologists, therapists, and chemical dependency counselors and social workers to provide adequate care.

The National Union of Healthcare Workers (NUHW), which negotiates the contract on behalf of the 2,000 strikers, on Tuesday organized pickets outside of Kaiser facilities in Fresno, Modesto, Oakland, Sacramento, Santa Clara and Santa Rosa. The union has announced it plans on rotating pickets between different facilities throughout the strike.

NUHW—which has a membership of 16,000 health care workers, including 4,000 mental health workers at Kaiser—has divided its own membership, having reached an agreement for 2,000 mental health workers at Kaiser’s southern California facilities earlier in the year.

The decision by the NUHW to separate Kaiser workers in southern and northern California is in sharp contrast to the growing anger among health care workers across the US at deteriorating conditions. The Minnesota Nurses Association (MNA) announced that 15,000 nurses in the twin cities voted “overwhelmingly” to strike, and earlier this month nearly 400 nurses at Buffalo Veterans Affairs (VA) Medical Center went on strike.

Jeremy, a licensed marriage and family therapist at Kaiser, explained why he went on strike, “We’re out here on strike, really for patient care. I work as a case manager. I see acute cases of patients with severe mental illness and suicidal practices. I actually have really good working conditions, I see my patients

weekly. I provide care that I believe is ethical and adequate. I believe that all of our patients should have access to that level of involvement by their therapists.

“Most of the patients by the time that they get to me have operated well enough in their lives but didn’t get the care that they need when they needed. Their mental illness escalated to the point where they needed more acute care. Many of them are at risk of hospitalization or have been hospitalized. They shouldn’t have had to get to that.

“So, the reason I’m out here also is that good patient care can’t be provided by clinicians who are impaired by their working conditions. Our clinicians are so stressed, overworked, and yet are really passionate about the work that we do. They’re very skilled, but we can’t do great under conditions like this. We’ve been bleeding therapists.”

He said that Kaiser has been losing mental health workers, further devastating working conditions. According to the NUHW, 850 practitioners have left Kaiser over the past 18 months. Jeremy explained: “Right now, on the adult generalist team, we have about 11 open positions. Some of those have been open for over a year, we keep either losing clinicians from Kaiser or they get promoted to management. So, we have many more managers than we need and never enough therapists to provide the amount of care that should be provided.

“I’m gonna say we’re at about 60 percent staffing. For some of the clinicians who left last summer they posted those positions to be filled. I think they’ve interviewed maybe twice in the year. Not more than that, and no hires. It’s a dire situation, you cannot get people to come over to Kaiser.”

Shay, another striker, stated, “One of the main issues is the fact that patients have to wait so long. After a

client calls, before they can actually get an ongoing provider with whom they can build a relationship, they have to go through a process of talking about their issues with a screening and intake staff member. They then have to wait over two months. So, we're almost close to a three-month mark before they actually would be able to get services.

“Patient care, that’s the thing that we seem to feel about the most. It’s hard for our clients, even for therapists who have returning clients, because there’s no room and no space for them. Any type of cancellation, whether it’s on the patient side or the clinician side, will cause an even further delay and maybe an increase in mental health symptoms.”

Anessa, a clinical psychologist, said, “I’m out here today because I think it’s incredibly important for the Kaiser system to understand how hard it is for mental health clinicians, psychologists, marriage and family therapists to be able to provide the type of good mental health services that are within best practices. We can’t do it anymore within the system that Kaiser has created. We don’t have parity with the medical side. We don’t have a system where we can actually treat patients.

“I love my work. I love being a psychologist. I think I can do good work, but I just can’t do it enough. I need more therapists. I need a better system of being able to see them [my patients] more often and then yes, move them off to other levels of care, or move them into not needing me at all. Where we’re at, patients are using higher levels of care, going to hospitalization, or feeling like their only option is to hurt themselves and die.”

After some discussion of the strike of 5,000 nurses at Stanford Health Care in April, and their demand for adequate mental health support, Anessa added, “Those are frontline workers who are experiencing so much trauma. Then what we’re talking about there is where do the clinicians come from to be able to even support them? My colleagues have experienced a lot of secondary trauma as well. We need support on all the different levels.”

Last April, Kaiser’s Santa Clara Medical Center became a tragic example of the ongoing mental health crisis among health care workers. In the middle of a shift, a nurse working in the emergency room went into a closet and fatally shot himself. Shortly after the

suicide, a nurse at the Santa Clara facility told the WSWS, “Kaiser is notoriously bad with their mental health services, so this is obviously not a good look for them. Nothing will change. Nurses are burnt out and COVID highlighted how undervalued our labor is and we are nothing but a commodity to hospitals.”

The strike at Kaiser has won widespread support among health care workers throughout northern California and across the country.

Denise, a health care worker in Michigan and former Kaiser employee, expressed her solidarity with the strike, telling the WSWS, “I fully support the Kaiser Permanente health care workers’ strike.

“This money-making health care system is a system that is no longer fit for purpose. Not for the health care worker and not for the general public.”



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