

# Licensed therapist explains the terrible working conditions behind strike of Kaiser mental health workers

Our reporters  
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The strike by 2,000 Kaiser mental health workers in Northern California is in its third week. Strikers are demanding an end to understaffing and high turnover rates which force their patients to wait months for appointments, pushing some into severe mental health crises and suicide.

Tyler, a striking mental health worker in Kaiser's behavioral health department, described the effect that high patient loads and short staffing have on the providers who feel morally burdened when they are unable to provide adequate care to their patients.

"Aside from the workload and the number of patients that we are expected to hold, the bigger struggle for me and many of my colleagues is that we're forced under a Kaiser system to practice unethically. This is not ethical care; it is not the standard of care. And the tax that it puts on people to go to their office and know that they are working in a system that cannot and will not provide ethical care to our patients is immense.

"There's a huge emotional tax on providers. That's why they're leaving in droves. We've lost 20 percent of our therapists in the last year, which is double from years before. That speaks enough to the emotional toll that it takes on therapists that have to consistently practice other unmanageable, unsustainable and unethical systems."

A major issue for mental health workers is the struggle of fitting in regular and frequent therapy appointments for patients after their initial visit.

Tyler explained: "If someone is suicidal and reaches out to us we will help them get to safety, get them where they need to be. The dangerous part is what happens after that. There are two factors. One, why are we letting them get to that place where they are suicidal

in the first place, because we can prevent that? Then once we get them safe, the dangerous part is what kind of care do they get once that initial safety is stabilized? And if they are not getting that care, then how quickly do they return back to that [suicidal] state?"

Tyler continued, "Access for return appointments is one-two months, sometimes longer for return appointments. It's terrible."

In response to a question about how COVID-19 has added additional stress on therapists and the mental health system in general, Tyler said: "The volume has gone way up, and the acuity has gone way up. I work in our behavioral medicine department and we're kind of a front line in the medical clinics. We are seeing more people coming in struggling with mental health issues who maybe have never showed up before. So, with COVID it's both an issue of increased acuity of people that were already struggling with preexisting mental health issues, and people who maybe previously weren't showing up with mental health issues that are now showing up."

Another central demand is the fight to increase what Kaiser refers to as administrative time or indirect patient time. This is an important part of a patient's care, in which providers review patient charts, organize their patient schedules, call colleagues or other experts for advice, speak to family members who help care for patients or who may need to be brought in to assist with care, writing notes and more.

He described how a lack of indirect patient time can lead to poor patient outcomes and also impact the mental health worker. "It can mean that patients in crisis don't get the help they need because you don't have the time to call them back when they're originally

reaching out to you for an urgent matter. It can mean that you don't have time to properly review a patient's record before you see them to be adequately prepared for the treatment that you're trying to give them. It can mean patients giving up on this system that they know is not going to be able to accommodate them."

He also noted: "The union is asking that we have an extra 30 minutes per day for a full-time physician, an extra 30 minutes per day in our schedules to perform the very important tasks of caring for our patients. Kaiser seems to feel that eight minutes should be plenty and even thinks that we're selfish for asking for that....in their narrative they think that we want to spend less time with our patients."

Tyler noted that the major reason that this critical time for providers is not protected is because of the difference between "billable" and "nonbillable" time which is behind Kaiser's interest in cutting as much of the indirect patient time as possible. Indirect, administrative work is not profitable by the Kaiser health system.

"Anything that is not directly billable, Kaiser views as not valuable. If it's not billable, it's not valuable to them. Kaiser will always try to chip away at that time. But we always need more of it," he added.

The strike must be expanded. The issues facing mental health workers at Kaiser are facing society and the working class as a whole. The state of Kaiser's mental health system, poor before the COVID-19 pandemic, has now reached a whole new level. The uncontrolled spread of the deadly virus has created a mental health crisis in its wake, leading many to struggle with Post Traumatic Stress Disorders, anxiety, depression and complicated grieving. The unrelenting health care crisis, the product also of decades of public health and health care cuts, has fueled a mass exodus from health care, further fueling the staffing shortage.

But despite the powerful determination from health care workers across the Kaiser system, the Kaiser unions have pushed through one contract after another which provide raises far below inflation and offering nothing concrete to address the issue of staffing.

The NUHW has not provided any strike pay, has continued to isolate the strike and is focusing workers' attention on appeals to the Kaiser board and Democratic politicians, the same multimillionaires who have pushed through decades of cost-cutting

concessions and have seen their stock portfolios soar throughout the deadly pandemic.

The NUHW has already isolated workers from one another, staggering contract deals and leaving the 2,000 mental health workers to fight alone. In March of this year, the NUHW pushed through a new three-year contract for Kaiser's Southern California mental health workers which does nothing to protect workers from high patient loads or rising inflation.

Kaiser's response has been to push higher caseloads onto providers to unsustainable and untenable levels. Kaiser is currently under investigation by the California Department of Managed Health Care for failure to supply timely mental health care to its members.

But the development of new COVID-19 variants is intersecting with a growing movement by workers across the world who are fighting back against the subordination of human life to profit.

Fifty-seven therapists at Kaiser Hawai'i recently launched their own open-ended struggle with similar demands for improved staffing, higher wages and better benefits. This will be the second strike this year by Kaiser Hawai'i mental health workers after a three-day strike in May.

In Minnesota, 15,000 nurses have voted to authorize a strike. Workers across dozens of Pennsylvania nursing homes are planning to strike on September 2nd and over 18,000 Kaiser nurses in Northern California will see their contract expire on August 31st. In Ontario, over 55,000 educators are prepared to strike but are facing a deliberately drawn-out voting process by the union.

Kaiser mental health workers must break from their isolation by building a rank-and-file strike committee, uniting with this growing network of workers across all industries who are fighting back against the continued prioritization of private profit over the urgent social needs of the population.



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