



December 12, 2018

As a national non-profit organization that advocates for the accessibility of psychotherapy services that recognize the importance of the relationship in the curative process, we at the Psychotherapy Action Network (PsiAN) strongly support the actions of Kaiser Permanente mental health workers as they strike this week, and particularly their demand that “clinicians want more authority to apply their professional judgement (sic) to how often they see their patients and whether individual or group therapy is indicated.” (NUHW press release Nov. 29, 2018)

Mental health has long suffered from underfunding within the medical system; for instance, despite the fact that the number of people who sought treatment for “mental disorders” nearly doubled in the decade from 1996-2006, funding for mental health care as a percentage of GDP was relatively flat during that same period, while funding for other sorts of health care grew disproportionately during that time. (Rampell, Most U.S. Health Spending Is Exploding – But Not for Mental Health, *The New York Times*, 2013). It is dismaying that such an enormous – and enormously profitable – system as Kaiser Permanente has done so little to rectify this inequity, to the detriment of patients and professionals alike. In fact, there seems to be an inverse relationship between Kaiser’s record profits on the one hand and the plummeting quality of its mental health services on the other.

While Kaiser claims to prioritize the need to offer affordable health care to many, its plans have, in terms of their capacity to treat mental illness, linked affordability to cost-cutting measures that endanger patients and staff. Patients are subjected to unacceptably long wait times for appointments and, when they are seen, are given sub-par care, even by caring and dedicated professionals, because the parameters of these professionals’ jobs do not allow them the time or the authority to determine optimal provision for their patients. Further, while Kaiser has claimed to address this problem by authorizing outside providers like Magellan to serve their patients, these patients discover that actually finding a provider in many areas who will accept their plans can be extremely difficult.

Those of us who work with people suffering from emotional challenges understand that adequate care requires that therapist judgment about what is helpful necessarily plays a primary role in decisions about length, frequency and modality of treatment. We can no more subsume our judgment to cost considerations than an oncologist can ethically

justify half a course of chemotherapy for the same reason, yet this is exactly what seems to be happening under Kaiser's roof.

PsiAN applauds NUHW's decision to stand up for quality mental health care, and thanks its dedicated members not only for striving to establish working conditions under which their patients can be adequately served, but for providing a brave example to health care workers across the country of true patient care. While we at PsiAN will do what we can to support this effort by publicizing NUHW's action, we also hope that its mental health professional members will use this opportunity to push farther for optimal care by challenging their employer's de facto rationing of treatments of adequate length, depth and relationship. Kaiser has too long cited a restrictive and deceptive definition of "evidence-based care" in order to justify its over-reliance upon medications and short-term, manualized treatments over the kinds of psychotherapeutic explorations that lead to lasting change. It is our hope that NUHW's principled stand can open the door to a revolution in mental health care at Kaiser, one of which the world and its own employees can be proud.

Sincerely,

Nancy Burke, PhD
Linda Michaels, PsyD MBA
Janice Muhr, PhD
Co-Chairs, Psychotherapy Action Network