We Must Treat Our Mental Health Providers Better

Larry Conner MA LPC

COPACT Government Relations Chair

My career as a professional counselor started 31 years ago. My first jobs were in two chemical dependency treatment programs and on a crisis team in a community mental health program. I happen to believe it is a good idea to work in various areas of the mental health system when you are early in your career, finding your path into the field. Registered interns need clinical hours and supervision, and historically both were available in agencies. Registered interns also need experience with various types of clients with different types of mental illness.

This makes sense to me now as someone who has been in private practice for 26 years. All of my varied experience early in my career has made me much more confident and skilled throughout my years of private practice. I received excellent supervision from a number of experienced and skilled supervisors employed by the agencies where I worked.

So, why am I writing this? The system of “apprenticeship” in mental health centers in Oregon appears to me to be breaking down. These days an intern working in community mental health is likely facing three major challenges: brutal caseloads, a lack of adequate supervision, and low pay. To my mind, the system of mental health “apprenticeship” sounds like it has become a system of exploitation.

Here are some troubling examples of what COPACT is hearing about. Many Registered Interns carry caseloads that even an experienced clinician would blanch at. We have heard of new graduates carrying up to 100 clients with serious and pervasive mental illness. Because of those caseloads, new graduates are forced to engage in what they consider to be unethical treatment, seeing seriously disturbed individuals for short sessions spread out over unreasonably long periods of time. They are being required to terminate services with clients before they think the client is ready to end services. COPACT is hearing about many new graduates burning out quickly with the big caseloads and forced unethical choices, and they are leaving the field. That is tragic because those new clinicians have put great effort and financial resources into getting their degrees, and they usually carry big student loan debt. Furthermore, the mental health field has invested a lot of time and energy in getting them trained through graduate school and practicums.

The second example of the system breaking down is that COPACT is hearing about Registered Interns not consistently receiving supervision through their agencies, or receiving supervision from a clinician who is newly licensed, and who has limited experience. In many cases Interns have to purchase supervision from an outside source, something that can be quite expensive.

That brings us to the third example of the system not working well: Clinicians in Community Mental Health Programs are severely underpaid. How are Registered Interns supposed to be able to afford to purchase adequate supervision if their pay is ridiculously low?

COPACT met with Oregon Health Authority Leadership two years ago to try to address some of these issues. We were especially strong in our expression of concern about the huge caseload issue. What we heard at that time was that OHA was not focused on that issue at that moment because it was deeply involved in the implementation of Health Care Reform and the buildout of the CCOs. Unfortunately, we have not seen any change since then in reduced caseloads, consistent supervision, or improved pay.

Over the last several months, COPACT has heard of efforts to unionize workers in community mental health centers in Multnomah County. I can fully understand why clinicians would want to unionize. How else can they seek working conditions that are supportive of their ethical professional development? How else can they find a way to pay their bills?

Our profession is extremely important. New therapists are essential to the health of our profession, and the mental health of countless vulnerable Oregonians. It is tragic that many of those therapists are burning out quickly and leaving the field. The way it is going, the therapy profession will become sick, and our citizens will suffer enormously.

My message is clear: All internships should include reasonable caseloads, strong experienced supervision, and good pay. It is as simple as that. I am hoping that the managements of the community mental health centers and mental health agencies throughout the state get the message, that working new therapists to the bone while paying them low wages is cruel, unethical, unhelpful, and destructive to the mental health of our state. I hope they hear the message. Now.