

Our impoverished caregivers

Those who care for the mentally ill deserve a living wage

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By Jane Miller and Aims C. Coney Jr.

Among the government-funded services critically imperiled by the state's budget crisis are mental health and mental retardation. As resources shrink, persons receiving state-funded care from private community providers of these services face service diminution, disorder and even destruction. Also being bludgeoned are their long-underpaid caregivers, who, though not unemployed, are stuck at poverty-level wages with no prospect of improvement.

A typical caregiver is Carolyn Kidwell, who works for one of the many Allegheny County service providers hurt by shrinking state revenue.

For five years Ms. Kidwell has helped area residents who are developmentally delayed, emotionally disturbed and sometimes unable to comprehend their needs, people who are limited in their ability to socialize and vulnerable to mistakes and exploitation. Through her experience in mental health and mental retardation, Ms. Kidwell helps them improve their basic living skills, confidence and self-esteem and to build defenses against illness, destructive behavior and despair. She works in both group and individual settings.

Statewide, Ms. Kidwell is one of more than 50,000 dedicated though appallingly underpaid workers in publicly funded but privately operated community providers for the mentally ill and mentally retarded. Though this work is complex and demanding, persistent underfunding by the state has left workers like Ms. Kidwell, who now receives \$10.02 per hour, earning much less than a living wage. This disparity is likely to be aggravated by the standstill or step-back state budget now being fought over by the governor and Legislature.

In this recession, the public understands, and is saddened by, the well-publicized suffering of the unemployed and the misery of dependent individuals served by government programs now being cut or eliminated. But overlooked are underpaid caregivers such as Ms. Kidwell. What is needed is public outrage coupled with a change of priorities by the governor and Legislature.

According to government statistics, Ms. Kidwell's wage isn't even half the average paid to all employed workers in Pennsylvania. It is well below the average that the state pays its own workers for doing similar work in state-run facilities for people with mental illness and mental retardation. Her wage places her at the federal poverty level for a family of four.

Yet among the tasks in a typical job description are "utilizing interpersonal connecting skills," "intervening appropriately in crisis/psychiatric and/or medical emergencies," "using core rehabilitation skills," "assisting in cognitive development" and detecting "subtle variances in demeanor."

To qualify, many caregivers have taken post-secondary courses and all undergo specialized training. Among their capabilities, they know how to recognize crisis warnings, how to lead individuals through times of rebellion and despair, how to handle emotions and how to improve social interactions. These are not the attributes of a worker who should be paid at poverty level.

For employers, dealing with turnover and staff vacancies is an unrelenting frustration as they search for qualified workers willing to accept humble wages typical of such occupations as day laborers, fast-food workers and cleaners.

Historically, when the state, through the Department of Public Welfare, has developed budgets for mental health and mental retardation, fiscal planners have used current costs, without factoring in improved wages. Almost callously, they assume Ms. Kidwell and her co-workers will not advance.

For instance, in the late 1990s, when the secretary of welfare issued a five-year plan to spend an additional \$500 million on mental retardation services, the secretary specified that the money was not to be used to enhance salaries for direct care staff in existing services. When caregivers and their employers objected that ongoing pay deficiencies were compounding staff turnover and vacancies, the secretary coldly commended those who were recruiting low-wage workers in Eastern Europe.

The pending State House Bill 1247 would provide mental retardation services for 20,000 individuals now unserved. In the bill's present form, there is no requirement of fair pay for caregivers. However, when, as required by the bill, state officers do develop cost projections, they should be implored to factor in wage improvements. Otherwise this program, like earlier ones, will perpetuate poor pay.

Facing indefinite wage stagnation, will caregivers like Ms. Kidwell quit the mental health and mental retardation fields?

In Ms. Kidwell's case, compassion anchors her to her work, but to finance her family she must take evening and weekend jobs with other human service organizations. All this while realizing that friends with occupations no more demanding than hers are making two or three times her compensation.

So far, the initiative to improve caregivers' pay has not come from the governor or Legislature. Would they respond to a public outcry?

Jane Miller is director of communications for Mercy Behavioral Health (janemiller@mercybh.org). **Aims C. Coney Jr.** is an attorney and board member of Transitional Services Inc., which helps the mentally ill and mentally retarded adapt to community living (aims.coney@klgates.com).

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