

Good afternoon,

My name is Kendra Perkins and I am a mental health provider who works in Massachusetts and the majority of my work is with low income individuals. I am also a divorced mother who has had three children, One of whom struggles with significant mental health needs. As a professional I understand the importance of building rapport with the individuals we serve, I work in a community mental health agency and love my job. I enjoy working with my client's and advocate for them when they are in need. However, one population that is often ignored and that population includes mental health clinicians who struggle significantly with access to equal opportunity for housing and pay and access to affordable living.

As a professional who works in community mental health our salaries are based largely on the insurance companies who dictate what the reimbursement rate is for our salaries. As a result most of us who are working full time jobs in this field and most of us do not work a typical 8 hour shift clock out and go home. Personally speaking I enjoy the work I do and often work from 8:00 am to sometimes 7:30 pm most times 6:30 pm resulting in at least 50+ hours a week with a yearly salary of less than 60K. Many of my co-workers need to work 2 jobs or have roommates to afford the basic necessities of life.

As a result of the lack of opportunity for affordable housing I am forced to live out of state, I want so much to be closer to family so I may have my own natural support around me when needed. My mother is in her 70's and has already had some medical complications due to age. In addition, I don't financially qualify for any resources for housing, health insurance or any other resources that are afforded to our populations. We won't qualify for housing assistance due to the income we earn and the length of wait or the qualification guidelines.

I am not living out of my means. My car is now 5 yrs old and is a 20K car. I have student loan debt that will need to be paid off to pay for education to do the job that I love and live alone. During the year 2019 my son and I lived in Massachusetts in a 2 bedroom apartment and my rent without utilities was \$1900.00. That monthly rent is almost 23K a year. That is not including food, gas for my car, and utilities which were a constant struggle. A one bedroom apartment can run an individual upwards of \$2500.00 in the North Shore area where as the same one bedroom apartment can run about \$800.00 in another state and can often include all utilities.

Our individuals will often report frustration with a "revolving door" that is often known in local mental health agencies. Most of our individuals deal with numerous struggles including trauma and are often found having difficulty with trusting the clinician they work with. Once their clinician is independently licensed they usually go into private practice due to the ability to earn higher wages. In addition, a clinician who is newly hired and working with our population will realize they are not making a living wage and will often leave the agency looking for a higher salary. The cost of this frequent change in hiring our individuals will disengage from treatment as a result of the thought process of "Why bother when you're not going to stay". These individuals may experience a pure sense of defeat. A potential result of not getting treatment they need may result in a jail sentence due to crimes committed while potentially being under the influence due to self medicating. How is this fair for anyone involved?

Part of my job description is to make community outreach to our individuals in their home. This is a very important part of our job description. The benefit of in person visits in their home means that we can gather information relating to our client's day to day functioning. This means living close by. For me that is not a possibility since I am forced to live out of state due to

the continued difficulty affording an apartment in the state of Massachusetts. As a result I have to rely on individuals who wish to have sessions conducted via telehealth.

As I mentioned earlier I have one child who struggles with significant mental health concerns. This child of mine has only trusted one individual and came to me not long ago to reconnect them to this clinician they worked with in their teens. This same said child does not trust others in the helping field due to his history of abuse and neglect that left him with a significant difficulty with bonding. I reached out to the clinician and was advised she does not accept his insurance. My child is now not able to get the treatment they desperately need because they can't trust. This child I am talking about is an adopted child and came to me at 19 months of age and was diagnosed in 2018 with Reactive Attachment Disorder, a very difficult diagnosis as a parent and as a provider of mental health.

I urge you to consider this story as I am not alone. I have fellow clinicians who are not able to share their story due to the reasons I previously mentioned. As for our salaries I understand your potential point of asking our superiors for a raise. While that may work for another field and I agree one should be able to speak to their employer about fair wages. However, the fair wages are not determined alone by the superiors within the agencies. My agency will send out quarterly snapshots where we as clinicians are able to express our concerns in an anonymous message about our levels of happiness within our agency. My agency has been providing us with yearly raises and bonuses when appropriate. While that may be wonderful they are limited in what they can offer. As a social worker I remember a saying that I displayed proudly on my wall was "We are not in it for income, we are in it for the outcome". Meaning that we realize we will never make \$100,000.00 a year but the riches we get come from the work the individuals we serve when they are able to graduate from services due to the mental health challenges they struggled with have been resolved. That is our success story not the story of our salary but we need to be able to afford to live.

I encourage you to ponder on this story and understand the difficulty we as community workers face when trying to help those who need it. We are not asking for special treatment. We are out here trying to help strengthen our individuals who are struggling with oppression and other mental health challenges. I will end with this. If I had a million dollars in my account today I would still do the work I do however, I wouldn't have to work the hours I work. Imagine as you review the information and make decisions understand that one day it could be a family member of yours who is working with a mental health provider and has started to make progress with their challenges will now no longer make progress because their clinician has left an agency or facility and now your family member will revert back to their old ways of coping with the daily struggles one may face.

I thank you for your kind attention to this story and ask that you take into consideration the difficulty we face as mental health providers,

Kendra Perkins