Panhandle psychologists are deeply concerned not only regarding the proposed closure of Panhandle Health Group, but also about what appears to be a rapid dissolution and transfer of clinical programs with no clear plan that includes clinically informed input or appropriate consideration of the far-reaching implications for the one in five individuals of our 88,000 residents who are likely to suffer from significant mental health issues.

Those one in five adults and children include those suffering from serious and persistent mental illness that affects every aspect of their lives. These illnesses require complex treatments, including medication, psychotherapy and a range of comprehensive community supports designed to help these individuals attain and maintain their best levels of function in the community.

The notion that the people currently being served at Panhandle Health Group can be served by other providers in the community is an outrageous and grossly inaccurate assumption. And there is a dangerous risk that opening bidding contracts to outside providers will become no more than a race to the bottom among providers with minimal training and experience, who lack access to appropriate consultation and supervision, and are in no position to provide empirically-sound, effective, and appropriate services to people who have already been subject to cut after cut in programs.
While we acknowledge an overarching need for fiscal responsibility, there is a statutory — as well as a moral — obligation for providing appropriate services to the underserved residents of the Nebraska Panhandle. People who have access to affordable medical and behavioral health care, as well as education, become fully functioning members not only of their families, but also of their communities. A fully functional community with a thriving workforce is dependent on access to these services for everyone.

After PMHC opened in 1969, it served as a model for mental health centers across the country, with particular reference to the quality of programs and the quality and commitment of the clinicians and administration delivering those services.

Sadly, those of us who have been associated with behavioral health services going back decades have seen the deterioration of services as programs have been closed, as provider roles and contributions have diminished; and we have seen the long-term, and sometimes generational, adverse effects on individuals, families and children. Some of these programs included comprehensive services for the chronically mentally ill; collaborative, community-based services for children and parents, such as the highly successful Integrated Care Coordination Unit and Reach-Out Foster Care; and accessible assessment and treatments for addictive disorders. We have listened in horror as these programs were shut down with seemingly hurried assessments that “... the numbers don’t work” while we knew no full attention had been paid to clinical outcomes, or the cost-shifting to our schools, the courts, law enforcement and the prison system.

As doctoral level clinicians, a number of us work in our private clinics, often with our much-appreciated masters-level therapists who are working just as hard as we are in our combined efforts to meet the need. Our clinics turn away as many as 15 people a week we know have nowhere else to go. Many of us work multiple hours of unreimbursed time serving as case-managers, care coordinators and consultants. A number of us are active in public policy at the state and national levels advocating for behavioral health needs of our
underserved community. We can tell you the current provider group cannot absorb the several hundreds of individuals who will be discharged out into the community, but we can tell you how this system can work better, more effectively and with fiscal responsibility.

What will not be effective and fiscally responsible is a move to throw out bids to a host of disparate agencies and individuals in a race to the bottom for what and who will cost the least.

It is our clear consensus that the mental health center has a most significant and essential role in our community and our region. We fully recognize the enormous responsibility faced by the board of governors in coming to a decision on the pending vote for closure that has such drastic implications, not only for vulnerable individuals and their families, but also for our region as a whole. We urge the governing board to take these concerns into account and allow us and concerned others to work with you in coming to a fully-informed and accountable decision.

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Catherine Jones-Hazeldine, Ph.D.

Katherine Carrizales, Ph.D.

Delinda Mercer, Ph.D.
TRINTELLIX is a prescription medicine used to treat Major Depressive Disorder (MDD) in adults.

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Important Safety Information

Suicidal Thoughts and Actions and Antidepressant Drugs
Antidepressants may increase suicidal thoughts or actions in some children, teens or young adults within the first few months of treatment or when the dose is changed. Depression

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