

# Substance Use Disorders, Mental Health and the Medical Professional



## IDENTIFYING AND HELPING



# Nurses Statistics



- 5-15% of the general population struggle with addiction.
- 4.9 million nurses in the United States.
- 10-18% of nurses struggle with addiction
- .22% nationally are known for to governing bodies (licensing boards, NPDB) for substance use.

# CRNA's



- **CRNA's are 2x more likely to relapse from a SUD than any other nursing profession.**
  - Direct access to potent drugs
  - Autonomy in practice

# Behavioral Issues of Concern



- **Mental illness affects approx. 26% of the population**
- **6 out of 10 individuals affected by MI also have a SUD**
- **These illnesses and behaviors untreated are just as likely to cause problems in the workplace**

# A High Risk Profession



- **A Culture that Promotes and Supports Prescription Medication Use**
- **High Stress Work with Limited Time for Relaxation**
- **Ready Accessibility to Medications**
- **The Belief: “I know these Medications and I can Handle Them”.**
- **Attitude that medical professionals don’t have illnesses**

# Risk Factors for Addiction and Behavioral Problems Among Medical Professionals



- **Biology and the “feel good” feeling**
- **Genetics**
- **Access**
- **Occupational stress and chronic fatigue**
- **Self-treatment of pain, sleep patterns, emotional disorders**

# Struggles in Seeking Help



- Shame and fear related to stigmatization
- Fear of loss of profession
- Tendency to intellectualize the problem (“I know how to handle this; I can stop if I want”)
- Denial is standard.

# Problems That May Be Seen At Work



- **Physically threatening language directed at others**
- **Physical contact that is threatening or intimidating**
- **Criticism of other staff members that is shaming, blaming and non-constructive**
- **Sexual harassment**
- **Other forms of harassment including, but not limited to persistent inappropriate behavior**

# Problems That May Be Seen At Work



- Repeated angry outbursts
- Crying frequently at work
- Sudden change in behavior—much more talkative, much more withdrawn
- Patient complaints
- Frequent trips to the bathroom

# Other Things You May See or Know About



- **Physical being may deteriorate (odor, glassy eyes, disheveled appearance)**
- **OUI charges**
- **Arrests for other offenses**
- **Withdrawal from friends and family**

# What Should You Do if You Observe These Things in a Friend/Colleague?



- **Provide Information (MPHP brochures)**
- **Confidential Discussion**
- **Report Concerns to a Supervisor**
- **Report to the Board of Licensure**
- **Report to the Medical Professionals Health Program (for some boards, reporting to MPHP can be done in lieu of a report to the licensing board)**

# What if he/she refuses help?



- Employer has terrific leverage
- Expectations must be clearly delineated
- Positive Example: As your supervisor I think you need some assistance to become a better member of this team. Or, you haven't been as high functioning as I believe you can be and I know a program that can help (less painful than EA)
- Negative Example: it's the Board, termination or MPHP

# What if you think you may have a problem



- **Seek help immediately! Do not risk your career and license.**

# Resources



- American Nursing Association (ANA)- they have a branch in Maine
- American Association of Nurse Anesthetists (AANA) (for CRNA's only)
  - Has many resources available for struggling nurses
- National Council of State Boards of Nursing
- Maine State Board of Nursing
- Maine Medical Professionals Health Program



# **MEDICAL PROFESSIONALS HEALTH PROGRAM**

**20 PELTON HILL RD.**

**P.O. BOX 69**

**MANCHESTER, ME 04351**



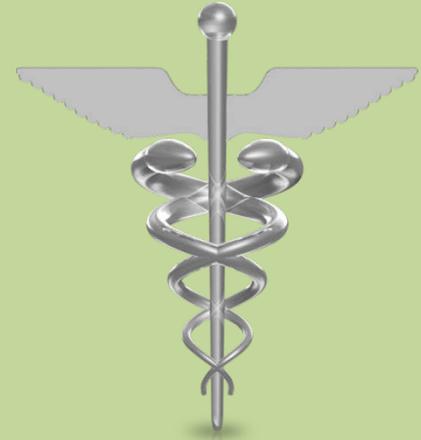
# Medical Professionals Health Program:

Understand the Partnership of Licensure Boards and the Medical Professionals Health Program



## **Who is eligible to receive MPHP services?**

- Doctors, M.D. / D.O.
- Students
- Dentists, Hygienists
- Physician Assistants
- Pharmacists
- Nurses
- Veterinarians



# Medical Professionals Health Program:

Understand the Partnership of Licensure Boards and the Medical Professionals Health Program



**How does the MPHP help Medical professionals?**

**The MPHP does not make diagnoses or provide treatment.**

The MPHP provides clinical coordination, monitoring, and advocacy services for professionals in Maine.

# Referred and Board Mandated



## Referred

- Self-referral or Other (Spouse, Friend, Colleague, Supervisor)
- No imminent danger to self or others
- No legal violations

## Board Mandated

- Board requires monitoring with the MPHP
- Entire Board is aware of case and its progress
- Presence of a Consent Agreement or other legal document (Public Knowledge)

# Medical Professionals Health Program:

Understand the Partnership of Licensure Boards and the Medical Professionals Health Program



## How does the MPHP help Medical professionals?

- 1. Acceptance of referral**
- 2. Initial intake interview**
- 3. Comprehensive psychological evaluation. IF CLINICALLY INDICATED**
- 4. Determination of treatment needs and/or eligibility**
- 5. Agreement.**
- 6. Clinical coordination and case monitoring**

# Typical Monitoring Agreement for SUD



- **Monthly Self Reports**
- **AA/Caduceus Self Help Attendance**
- **Worksite Monitor Reports**
- **Treatment Provider Reports (Therapist, Addictionist, Psychiatrist, Chronic Pain specialist, Primary Care Physician)**
- **Medication Reports**
- **Call-ins for random urine testing**

# Typical Monitoring Agreement for Behavioral Agreement



- Who is served by behavioral monitoring agreements? Those with depression, bipolar disorder, anxiety disorder, boundary issues, “disruptive” behaviors, schizophrenia (If stabilized on appropriate medications), and a few others.
- Monthly self assessment reports
- Weekly “check ins” with case manager (reflect on the week-challenges, coping skills used, supports recognized, etc)
- Monthly therapy reports
- Worksite reports
- Random toxicological testing
- Daily call-ins

# Documentation of On-going Abstinence



- Participants are required to call a phone number or connect on line Monday-Friday excluding certain holidays
- Participants are then selected randomly to submit a urine specimen at a pre-determined selection site
- Hair, nail and blood samples are sometimes required
- Soberlink has been a great favorite with employers
- Collection of reports on an ongoing basis from the program participant. Other reports as needed.

# Length of Agreements with MPHP



- The MPHP has a variety of agreements that are individualized based upon information collected by program staff.
  - “Sobriety Challenge” - 6 months often used for single OUI offense
  - Agreements for substance use disorders- range from 1 to 5 years (relapse rates 40-60%)
  - Agreements for mental or behavioral health- range from 1-3 years

# Why Be in the Program?



- These Programs Have Great Outcome Data—75-85% favorable at 10 years
- Safeguard recovery
- Demonstrate safety to potential employers
- Advocacy
- Possible return of a suspended or revoked license.
- Could be required by a Board as a condition of licensure

# Benefits of Participation by Referral



- Usually occurs earlier in the illness
- Board may not directly be involved in managing
- Advocacy
- Early detection of potential relapse or risky behavior
- The best track record for successful recovery

# Participant story #1



40 year old female came to MPHP voluntarily following receiving a second OUI offense. Was working full time as a nurse with no problems at work. The board was unaware of her situation when she first presented to MPHP (though they did become aware when she had to renew her license). Learned during intake that she was in a physically and emotionally abusive relationship. Was not in therapy and did not have supports to speak with about her home situation- and admitted she drank frequently to cope with home life. Has 2 young children.

# How MPHP intervened with Participant



- Signed her up under a 5 year monitoring agreement
- Helped her identify a therapist to work on home situation and SUD (as she willingly admitted to daily drinking)
- Worksite monitor for first few years of monitoring, then phased out as no problems occurred at work.
- Provided resources for domestic violence assistance
- When she had to renew her license, MPHP went with her to the board to advocate (and, as the workplace became aware of the board “considerations”, MPHP remained in contact with employer
- She has now graduated from MPHP. She left her abusive husband, is working full time in the unit she wanted to get into, remarried with 2 stepchildren. I get pictures periodically and she looks radiant.

# Participant story #2



34 year old female self-referred to MPHP after she was accused of diversion. She had been taking the prescription pad from the doctor she was working for and writing her own Adderall script. She was taking up to 700mg a day and was having physical side effects. As she was fired, the employer was mandated to report to the licensing board, so they were reviewing her case.

She has quite a traumatic history including divorced parents, mother who abuses alcohol and was neglectful (leaving her as young as age 14 home alone to go visit her boyfriend for days on end), a father who was not around much, a fiancé who was crushed to death in a tugboat incident about 6 years prior, a abusive boyfriend who she was living with.

# How MPHP intervened with Participant



- It was obvious that she needed to leave her immediate situation (the abusive boyfriend) and that she did not have good local supports to be there for her while she began her recovery journey.
- We recommended she go to inpatient treatment to assess the extent of the Adderall use and damage, and determine it's clinical appropriateness. She agreed and went to Caron institute for 120 days
- When she came back, she entered into a 5 year monitoring agreement. This included self-reports, attendance reports, therapy reports, worksite reports, and toxicological test
- Where is she now? She is back to working as a nurse. She is married (not the abusive ex!) and has 3 young children. She is a mentor for MPHP and speaks at engagements on behalf of Caron institute. She decided she was not ready to leave MPHP after the 5 years and opted to stay in under a senior monitoring agreement.

# Substance Use and Abuse:



## **RECOVERY OPTIONS FOR MEDICAL PROFESSIONALS**

Thank you for the opportunity to present to you. If you have any questions, please feel free to contact the MPHP at:

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