

Identifying the Need for Mental Health Groups In Professionals' Monitoring Programs

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Objectives

- The goal of this presentation is to:
Increase awareness of mental health issues in nurses; and enhance your understanding, regarding frequency of co-occurring disorders.

OBJECTIVES

- The attendees will **understand** the concepts of co-occurring disorders.
- This will **encourage** intake staff to be vigilant regarding : clients' perception of their mental health.

Objectives

- At the conclusion of the presentation, the audience will have acquired skills and knowledge necessary for the creation of mental health peer support groups; hopefully, culminating in the start-up of a successful group.

Identify

The goal is to identify some of the common mental health diagnoses frequently seen in medical professionals.

- Depression
- Anxiety disorders
- Bipolar disorder
- PTSD
- Sleep disorders

Increased awareness of co-occurring disorder:

- Primary Dx of Substance Use Disorder & a psychiatric diagnosis OR
- Primary Dx of psychiatric disorder & Substance Use Disorder

Do not confuse with Bipolar Dx.

- The reality is that many people entering a monitoring program have a co-occurring condition, and may not realize it, or try to hide it.

This is not uncommon

A primary Dx of SUDs and a mental health diagnosis, or visa versa.

Encourage intake people to be vigilant

The intake notes cover medications; current, recent, in the past.

Either clients are not ready to disclose MH Issue, or they may not grasp the reality that it exists. The person is only speaking of their SUD during the intake.

Keep Searching

- Once the psychotropic or psychiatric medications are discovered, more intense assessment and intake questions occur.
- However, many people are so convinced that they are OK, the MH may not show up until they are in regular groups.

Empower clients

- They may be languishing, just showing up for regular groups.
- Many wanted to talk about not getting their needs met; for anxiety, depression, anger, sadness, shame, guilt. They can not relate to much in the regular group.

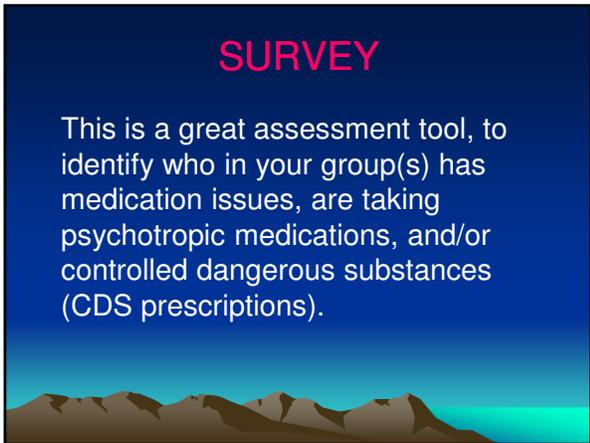
SURVEY TIME

- Then the reality occurred that maybe, if we survey the participants with generic, non-threatening questions, we could find what we suspected.
- Thus, the survey was created and it let the light in, in terms of hidden agendas.

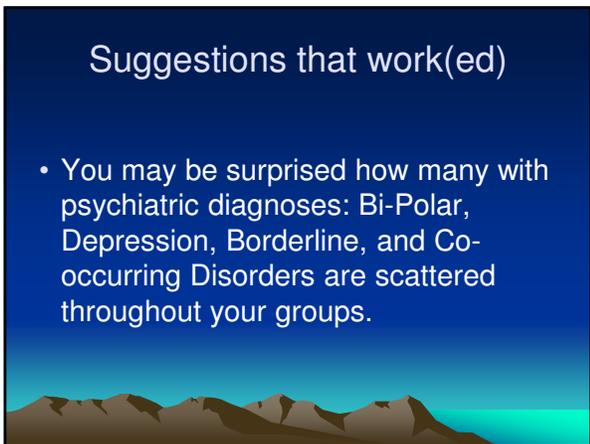
CREATE THE SURVEY

- o Circulate a survey in your group(s)
- o The clients who are seeking help will rise to the top.
- o Create a survey and seek options for MH groups
- o How do we start identifying those clients with special needs?





This is a great assessment tool, to identify who in your group(s) has medication issues, are taking psychotropic medications, and/or controlled dangerous substances (CDS prescriptions).



- You may be surprised how many with psychiatric diagnoses: Bi-Polar, Depression, Borderline, and Co-occurring Disorders are scattered throughout your groups.

SURVEY : JUST AN IDEA

1) Please list four of your best qualities.

- a. ?
- b. ?
- c. ?
- d. ?



QUESTION # 1.

This first question almost always identifies the co-dependents in the group (Examples)

- “I love helping people”
- “I enjoy taking care of others”
- “I know my nursing care helps other people.”



SURVEY

2. Given the opportunity, what would you change about yourself? (not \$, beauty...)

3. What do you want people to know about you, when you are first connecting with them?



I AM

- Kind
- Caring
- Giving
- Considerate
- “Other-ated”: term used in codependency
- treatment

What About Words Like

- STRONG WILLED
- A LEADER
- A LOYAL FRIEND
- INTELLIGENT
- MOTIVATED
- HAPPY TO BE ME

SURVEY

#4. Do you consider yourself depressed?

Are you diagnosed with depression or anxiety?

Are you taking medication(s) for either?

The 2 Big Cs

5. What do you know about Co-dependency?

6. What do you do to Comfort yourself when you are anxious or depressed?

QUESTIONS

#7. What is your biggest or worst secret in life that makes you feel scared?

#8. When you look in the mirror, what message(s) do you usually give yourself?

What do you need?

Ask each person:

9. "What are your emotional needs while you are in this monitoring program?"

Information

- Options for creating a diversified mental health group.

Initiate rules for members' safety

What are the expectations of facilitators

Mental Health Issues

Let's move on to mental health issues, usually hidden away, often pervasive.

Usually create inner turmoil, especially for professionals who often believe they are Infallible.

Mental Health/Illness ???

- Many medical professionals either burn out, break down, or turn to substances or behaviors that create chaos in their lives.
- Guilt, shame, fear, self-doubt, apathy often accompany mental illness long before it is diagnosed, and hopefully treated.

Co-Occurring Disorders

- Twice the problems: substance use disorder and psychiatric disorder.
- The case manager & facilitator play a continuing role of being available to clients, offering suggestions, encouraging 12-step connections and abstinence.

Medications

- Are you taking medications as prescribed?
- Are you taking more than prescribed?
- Are you taking less than prescribed?
- If answer is yes: what is the reason?
- Are you talking to your MD about meds?

Facilitators' Role

- Giving feedback to case managers regarding progress or difficulties endured by participants.
- Helping/encouraging participants to make healthy behavioral and psychological choices in their daily lives.

Facilitator's Role

- Following up on problems once mentioned but not pursued by client.
- Listening to complaints about finances, lack of employment, shame, despair and redirecting clients to seek work outside of nursing on a temporary basis.



Peer Support Groups

Consider Specialized: Mental Health Group

- Extremely successful; per clients: facilitators, family support, case managers, and most importantly, participant/client.



Peer Support Groups

- What is to be gained:
 - Smaller groups, less stress in group
 - Familiar histories; meds and behaviors
 - Level playing field; everyone's in the same boat, and they're all rowing in unison.



Peer Support Groups

- Facilitator encourages everyone to share, asks questions about the medications, outcomes, doctors' visits, and any issues.



Peer Support Groups

- Participants feel safe and secure within the group and enjoy the casual format.
- Clients interact with each other in a more open environment.
- In behavioral health, well-directed groups may have better outcomes than one on one sessions.



Professionals

- Dealing with nurses, who have psychiatric diagnoses, is an extremely sensitive role.
- Not everyone is educationally prepared, experienced, or comfortable enough to try this specialized field.
- For those that Do try it and thrive in it, the rewards are unbelievably pleasant.



Group Formation

Identifying clients with special needs
Consider 5-7 participants for 1 hour group.

- Be flexible and try take any of the special needs found in MH programs.



Special Needs

- These are some of the unusual people that need MH groups:
 - Victims of abuse
 - Perpetrators of abuse
 - Medications complications
 - Obesity and S/P By-pass surgery
 - Emotionally fragile people



It's Your Choice

- Whatever you are comfortable dealing with, speak to your Director, let that person know your interests.
- Identify what you want, then negotiate for what your program needs.



You're Not On An Island

- This is not a new concept.
- New Jersey RAMP has several very successful Mental Health groups.
- Some have 5-6, or 18-20, in each group



You're Not On An Island

- Don't be afraid to ask for help.
- Don't be willing to re-invent the wheel
- Don't be complacent.



REMEMBER

- These MH groups are **not open nor available to:** outside visitors or people looking for a make-up group.
- I personally believe that a facilitator should have at least two years' experience in the monitoring program, before creating a mental health group.



Common Goals for Specialty Groups

- Improving client's self-image
- Dealing with shame and guilt issues
- Medications – Understanding compliance - psychiatric medications
- Understanding - no one should tolerate abuse

Common Goals for Specialty Groups

- Learning coping mechanisms when anger takes control of thinking.
- Common themes of sustaining abstinence and strengthening recovery.
- Learning to trust: facilitators, case managers, sponsors, workplace management

DECIDING WHO SHOULD BE SELECTED

- Admission to the program because of abuse: perpetrator or victim.
- Psychiatric Dx with signs/symptoms of Dx.
- Hx of loss of work, based on inability to function, because of depression, anxiety, behavioral outbursts, psychosis.

DECIDING WHO SHOULD BE SELECTED

- People who talk about their psychiatric meds, insomnia, poor medication compliance.
- Shoplifting is taken very seriously by clinicians, and the Board of Nursing. Same holds for violence, and angry outbursts/

DECIDING WHO SHOULD BE SELECTED

- Most clients on psychotropic medications do NOT need specialty group if they are stabilized, and are talking about the medications.

DECIDING WHO SHOULD BE SELECTED

- I personally talk with people that I may be considering. I assure them the groups are small and their needs will get met.
- No one has ever declined an invitation to join the mental health group.

ADD-ONS

- Everyone in the group offers practical approaches to problems:
 - Medication \$ assistance
 - How to obtain disability – financial help

ADD-ONS

Clients get in touch with their identity again:

- Encouragement when others are feeling lost
- Not just a nurse, but an independent person.

TIDBITS OF INFORMATION

- I touch base with clients during the week by email or text.
- No particular reason. Some are feeling isolated, lost, scared.

TIDBITS OF INFORMATION

- I request email, no phone calls, tracking is easier when someone is wandering emotionally.
- Be prepared to move clients out to regular group if they stabilize on new meds.

end

Thank you

- A great big thank you for choosing to attend this presentation; it is an indication that the idea is already in your heart.
- Hopefully many of you will reach out to start a mental health support group.

JUST DO IT !!!

- Please email, text, call, or carrier pigeon me with any questions or concerns: starting or on-going with a mental health group.

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Melody Beattie

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