

## FEATURE PULL-OUT SECTION

# Long-anticipated Nurses' Health Program Launches

Program will help nurses seeking treatment for mental health disorders and substance use

After more than eight years in development, the long-anticipated Nurses' Health Program (NHP) has now officially launched. The program is designed to provide support and treatment for Ontario nurses who suffer from mental health disorders and/or substance use.

This program, designed and implemented by nurses for nurses, will be of immense value to Ontario's more than 175,000 nurses.

The voluntary, bilingual, not-for-profit NHP is the result of the planning and vision of nursing leaders from four provincial nursing organizations, the Ontario Nurses' Association (ONA), the Registered Nurses' Association of Ontario (RNAO), the Registered Practical Nurses Association of Ontario (RPNAO) and the regulatory body for nursing in Ontario, the College of Nurses of Ontario (CNO). The NHP is administered independently by Lifemark Health Corporation.

The program is the first of its kind, offering a proven approach to the assessment and treatment of mental health disorders and/or substance use. It recognizes these disorders as illnesses, and adopts an approach to treatment that reduces stigma and focuses on recovery in a supportive environment.

## The NHP's mission is to:

- Provide nurses with the ability to seek treatment for mental health disorders and/or substance use
- Support nurses in their recovery
- Monitor nurses' recovery so they can practice safely

The program focuses on early identification and referral for treatment. Each nurse will benefit from a comprehensive assessment, a dedicated case manager and an individualized treatment plan.

It is essential for nurses to recover with proper supports in place. The NHP offers many benefits, including the opportunity to safely continue practicing or return to practice while following the terms of a contract, the confidentiality and privacy of personal information, and a monitoring program that provides support to nurses during their recovery. This ensures that they are also supported to practice safely. These monitoring and support mechanisms also promote professional accountability and protect the public.

“The NHP is an ethical, supportive way of helping nurses deal with mental health and addiction issues. ONA has always supported a program of this nature and is proud to be a partner in the development of this ground-breaking program,” said ONA President Vicki McKenna, RN.

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“The stigma of addiction is especially daunting for nurses and other health-care professionals who are focused on the health-care needs of others and not so much on themselves. As our hard-fought victory to have nurses included in the Post-Traumatic Stress Disorder (PTSD) legislation shows, our nurses are susceptible to anxiety, stress, illness and addiction... just like everyone else.”

The NHP is modeled on similar programs available to other regulated health professionals across the province. Added McKenna, “Nurses deserve an opportunity, just like other health-care professionals, to seek treatment in a setting that respects their confidentiality and protects their professional reputation, practice and career status.”

The NHP represents a huge step forward in working with key nursing stakeholders to support the recovery of nurses who have mental health disorders and/or

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substance use and to treat them with compassion and respect.

There is no question that the high-pressure environments in which nurses are working today may contribute to mental health and addiction issues.

“Understaffing adds great stress and strain on professionals who often put patient care before self care,” said McKenna.

“ONA strives to alleviate the workplace issues that contribute to the difficult work environments that are prevalent in health care today. The NHP is certainly a welcome aspect in support of that goal.”

#### **NHP fast facts:**

- Includes a dedicated case manager, comprehensive assessment and an individualized treatment plan
- Monitors recovery so nurses are supported to continue to practice or return to practice
- Promotes professional responsibility and protects the public
- Nurses can enter the program through self-referral or as an alternative to CNO’s current process
- Significant research indicates voluntary and confidential professional health programs are highly effective in supporting recovery while protecting the public

DID YOU KNOW?



**1 in 5**  
CANADIANS

Number of Canadians that experience a mental illness or addiction problem in any given year.



People with substance use problems are up to 3x more likely to have a mental illness.

**50**  
PER CENT

By the time Canadians reach 40 years of age, 1 in 2 have - or have had - a mental illness.

Source: *Mental illness and addiction: Facts and Statistics*, Centre for Addiction and Mental Health

## Nurses' Health Program Unveiled at ONA Equity Caucus

The new Nurses' Health Program (NHP) was unveiled in November 2018 during ONA's Human Rights and Equity Caucus.



**Vicki McKenna, RN**

The focus of the Caucus was addiction: "Healing the Caregiver: Helping Members with Addictions," perfectly timed for the soft launch of the NHP.

In her speech to Caucus attendees, ONA President Vicki McKenna, RN, said the key "take away" is that addiction is a disease and not a moral failing and that ONA's goal is to eliminate the stigma attached to addiction.

"As health-care

professionals, we are all familiar with helping patients who may have substance use disorders and struggle with drug or alcohol problems. We know that they are not bad people. They are sick and need our care and compassion," said McKenna.

"We as nurses and health-care professionals also require that same care and understanding. It is essential that we treat ourselves and our colleagues with the same level of professionalism and compassion that we show to our patients who face these problems."

The development of the NHP for Ontario nurses was eight years in the making. There has long been an obvious need for the program, said McKenna.

ONA's Legal Expense Assistance Plan (LEAP) Team has first-hand knowledge of the health issues many members face related to addictions and mental health.

Every week, LEAP hears from at least one member who is in distress, who has been reported to the CNO or has been terminated because substance use problems have affected them at work.

"The NHP will be a huge step forward for our members with mental health and substance use disorders," said McKenna.

## Julie's Story

*Julie, an RN, (named changed for privacy reasons) grew up with alcoholic parents. She pledged never to be like them but things changed with the demands of her work.*

**A** registered nurse for more than 31 years and an active ONA member since 1985, Julie has also worked in a variety of roles in health care, including as a front-line RN, a clinical instructor and as a stroke coordinator at an acute-care hospital. Additionally, in 2011, she obtained certification for the Sexual Assault Domestic Violence Program.

Julie has also served on several ONA committees and teams.

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Julie grew up with alcoholic parents. She pledged never to be like them and for many years lived according to that pledge, concerned that her children not be impacted by an alcoholic parent.

Says Julie, "I had no idea the amount of work involved, nor did I understand how much I'd be away from home. Being a close-knit family, it was hard. We were always together, and then I wasn't there. I began to drink every night, which was very unusual. And then it would be not one drink but two, then three, and sometimes more. I'd look in the morning and see an empty bottle. Then I started to forget what I had done the night before. I was blacking out. I would buy non-alcoholic wine, dump out the liquid and pour real wine in it. I'd tell my husband I was just drinking non-alcoholic wine. But he noticed I was slurring my words and other things about my behaviour.

"He told me his wife wasn't present anymore, and that hurt quite a bit. But he was right."

***The turning point for Julie came when her daughter filmed her on her smartphone after Julie had been drinking, and played back the video.***

The turning point for Julie came when her daughter filmed her on her smartphone after Julie had been drinking and played back the video.

"She showed me what I looked like and it was pretty alarming. It wasn't funny. It got me thinking that I may have a serious problem," says Julie.

"At one point, my husband said that if I continued to drink, he didn't think he could stay. At this point, my husband and I had been together for 40 years."

Says Julie, "That's when I decided to try and stop again. This time, I started going to Alcoholics Anonymous meetings. The first time I walked through that door, I was petrified. I had no idea what I was walking into. I had no idea about the program. I had no idea about anything. And that was my first step."

**Julie went into a residential treatment program for two months. When she came out, she shared her story with a few people she was close to.**

At a meeting, Julie saw a nurse manager she worked with at the hospital.

“I was shocked. I didn’t expect to see anyone I knew, but she came up right away and welcomed me to the meeting. It was because of her that I stayed and continued to go to those meetings. It was the warmth and welcoming in a non-judgmental way. I think if no one had talked to me, I might not have gone back. I will never forget how she helped me,” says Julie.

Julie went into a residential treatment program for two months. When she came out, she shared her story with a few people she was close to. People noticed she would refuse alcoholic drinks and stick to sparkling water or pop at social events, and after a while felt she had to explain why she wasn’t drinking.

“I started to share that I’m a recovering alcoholic and that I can’t drink, because if I pick up one drink, I won’t stop,” she says.

No one said anything negative to her, except for one ONA member who asked her why she couldn’t just control her drinking.

“I used to think that way too but now I know it’s something that requires help and support. I started to talk to people at ONA and other places and found out they were facing the same battle, and hadn’t told anyone either. As I shared my story, they shared theirs, and that was amazing because they were people I never thought had a drinking problem; but they too are recovering alcoholics. I realized I wasn’t alone,” she says.

“It is a story that I need to tell because I’m not above alcoholism or addiction. No one is. I wanted my story told so that people know that if you are suffering in silence, get help.”

Julie says that having the NHP available will make it easier for members with addictions to access the help they need in a supportive way.

**DID YOU KNOW?**



*Six to eight per cent of nurses use alcohol to an extent that is sufficient to impair their workplace performance.*

**The Ontario government is:**



**1.**

Investing \$1.9 billion in mental health and addictions services over the next decade, matching the federal government’s commitment.

**2.**

Creating new or expanded Rapid Access Addiction Medicine clinics, so that people with addictions can get the specialized treatment they need.

# Mary's Story

Mary, an RN, (named changed for privacy reasons) started using recreational drugs in high school.

**S**he began her nursing career working on a maternity ward. She loved it, but she also experienced disturbing events that left her feeling traumatized and distressed.

"Some of the situations weighed heavily on my heart and my mind. I didn't know that I could be suffering trauma or from PTSD, and I wasn't able to deal with these things," she says.

To cope, she would "reward" herself by using drugs, and she says it had a snowball effect that was so insidious she didn't realize it was happening.

***"All of a sudden, it was totally out of control. I was miserable. I couldn't manage bills, laundry, the household, vacuuming; simple things like doing the dishes, cooking a meal, packing a lunch."***

Says Mary, "All of a sudden, it was totally out of control. I was miserable. I couldn't manage bills, laundry, the household, vacuuming; simple things like doing the dishes, cooking a meal, packing a lunch. Relationships were strained. My mother, who became such a huge part of my recovery, was worried. And, I just didn't want to communicate with her because I was too busy entertaining my own life."

Mary says she had no idea she was suffering from addiction.

"You hear about it and people talk about it. But for me, I didn't make the connection until it got so out of control, my co-workers noticed. For instance, I was going for a cigarette every hour if it was a quiet night, offering to get medication or to prep a procedure. Really, I was just going to use," she says.

Mary says she wanted to get caught.

"I knew I needed help. My union rep at the time called me and asked me what was going on. I told her; and within 10 minutes, I was in detox. It was such a relief but it made me realize I couldn't do this on my own. You just can't."

Mary was soon directed to call LEAP for help. "My LEAP worker said, 'You know, you're not a bad person, you're not a bad nurse, you're just sick.'

"I remember thinking I am sick. I do need help. I was so broken, and then I finally gave up and got help."

Mary entered a residential treatment program and says that like the good nurse she was, once she was given direction, guidance and a care plan, she followed it "to a T."

Eventually, she returned to work when her addiction specialist and the CNO determined she was ready.

And now? "I have my life back. What worked best for me was

inviting everybody on my unit to be part of my story and to be part of my process and recovery. I've been back at work for a few years and you know, they are my best cheerleaders," says Mary.

***"The best thing I ever did was to just be honest about it. Where at one time everyone knew me as a sloppy mess, they now know me as the person in recovery who smiles all the time. That's it. One day at a time."***

"The best thing I ever did was to just be honest about it. Where at one time everyone knew me as a sloppy mess, they now know me as the person in recovery who smiles all the time. That's it. One day at a time."

Mary's story illustrates the need for the long-awaited formal Nurses' Health Program (NHP). The NHP will make it easier for a health-care professional like Mary to seek treatment in a supportive environment, and safely return to the profession she loves and to which she has dedicated her life.

# The role of a Workplace Monitor

Many nurses will require time off work to recover from their mental health disorders or substance use. When the NHP and a member's doctor or addiction specialist determine the nurse is ready to return to work, the NHP will work with the nurse to develop a monitoring contract based on their treatment plan.

The contract will normally include a requirement for a workplace supervisor and workplace monitors to be in place.

The nurse identifies to the NHP his or her workplace supervisor, who becomes the main point of contact with the NHP.

The workplace supervisor is responsible for ensuring a safe return to work. The supervisor must remove the nurse from work if it comes to their attention that the nurse might have relapsed or is practicing in an unsafe manner. To assist with this role, the workplace supervisor relies on information from workplace monitors.

***Often, each nurse who returns to work under an NHP contract with terms and conditions will have several workplace monitors because a monitor must be present on every shift.***

Often, each nurse who returns to work under an NHP contract with terms and conditions will have several workplace monitors because a monitor must be present on every shift. Workplace monitors are health-care professionals (an RN or other approved registered staff) who have regular contact with the nurse. They do not have to work directly with the nurse but must make contact with the nurse at least once every shift.

Workplace monitors are colleagues who can help the nurse manage his or

her health condition by observing any changes in the mood or behaviour of the nurse that may raise concerns about their ability to practice nursing safely. The workplace monitor will meet with the nurse before the start of monitoring to clarify the kinds of behaviours and warning signs that might indicate a recurrence or relapse.

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Workplace monitors are not expected to determine whether a nurse is, in fact, having a relapse; they are simply someone the nurse trusts to notice signs that the nurse may not recognize in themselves and to raise those concerns with the nurse and the nurse's workplace supervisor.

Workplace monitors do not assess professional competence or nursing practice, nor do they act in a clinical or therapeutic relationship with the nurse.

Being a workplace monitor is a rewarding experience that does not require a huge time commitment or a lot of training. However, agreeing to do so means you are playing a valuable role in assisting a colleague's return to safe practice.



# Struggling with mental health disorders and/or substance use? You are not alone.

## **Before you Contact the NHP, Call ONA's LEAP Team First!**

ONA members who are considering entering the NHP should contact ONA's LEAP Team first. Phone 1-800-387-5580 or email LEAP at [LeapIntake@ona.org](mailto:LeapIntake@ona.org).

The NHP can be reached by telephone weekdays from 7 a.m. to 7 p.m. at 1-833-888-7135 and by email at [info@nurseshealth.ca](mailto:info@nurseshealth.ca).

The NHP website is at [www.nurseshealth.ca](http://www.nurseshealth.ca).