

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

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Objectives

- The Objective of this presentation is to:
Increase awareness of mental health issues in nurses; and enhance 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.

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.

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 may be 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

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

THE SURVEY

SURVEY

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).

Suggestions that work(ed)

- 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....)

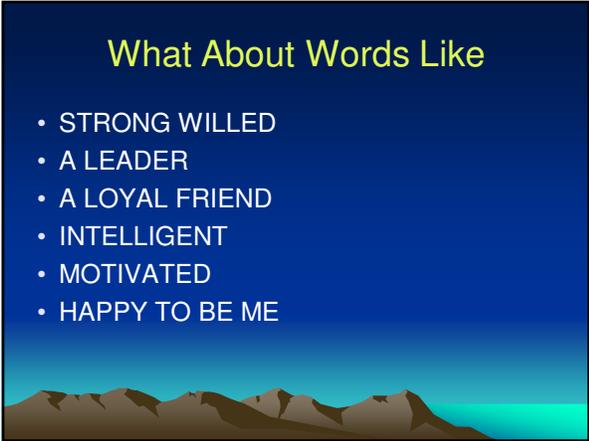
3. What do you want people to know about you, when you are first connecting with them?

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

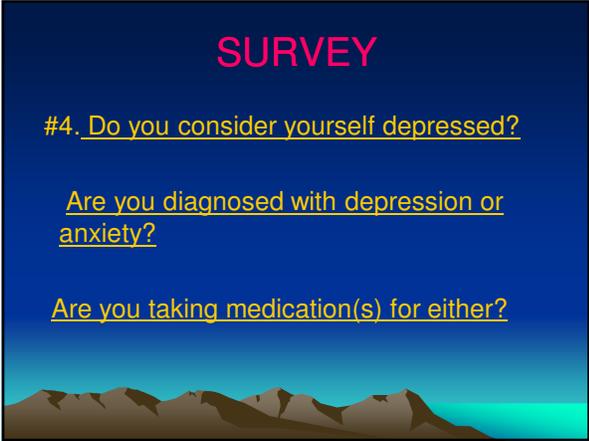


SURVEY

#4. Do you consider yourself depressed?

Are you diagnosed with depression or anxiety?

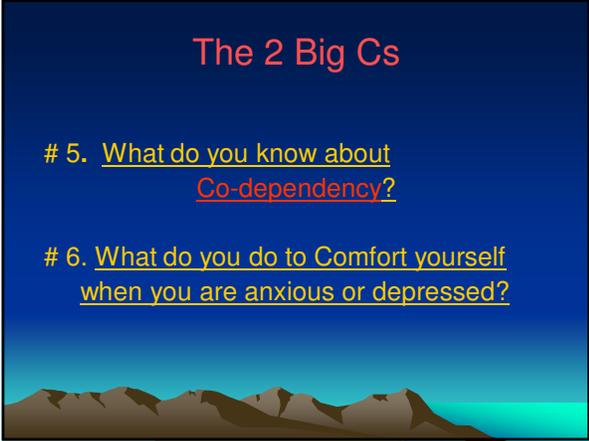
Are you taking medication(s) for either?



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?"

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.

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 to 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**



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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References

Integrated Treatment for Dual Disorders
Muser, K., Noordsy, D., Drake, R., Fox, L.

Dual Disorders: Counseling Clients
Daley, Dennis, PhD & Moss, Howard, MD

Substance Abuse Counseling-Theory and Practice
Stevens, Patricia & Smith, Robert

Learning the Language of Addiction Counseling
John Wiley & Sons, Inc.

Handbook of Diagnosis & Tx of DSM-IV Personality Disorders
Sperry, L., MD

Co-Dependent No More
Melody Beattie

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