Lessons from Complaints:
Navigating Mental Health and Addiction

College of Pharmacists of Manitoba
Learning Objectives

• Examine the importance and impact of health and wellness and their influencing factors
• Consider the resources available to pharmacists managing a mental health or addiction concern
• Examine a pharmacist’s obligations in their Duty to Report
• Summarize initial actions in assessing patient risk in mental health and addiction concerns by the College
• Describe the risk assessment framework continually applied by the College throughout the resolution of a complaints matter
• Distinguish between the phases of gradual return to practice
• Consider the benchmarks, conditions and progression of a monitoring program
Program Agenda

Health, Wellness and Fitness to Practice
Dr. Michael Loudon, M.B., Ch.B.
• Questions

Brief Intermission

Management of Mental Health and Addiction Concerns
Dr. Brent M. Booker, Assistant Registrar – Review and Resolution
• Questions
Dr. Michael Loudon, MB.Ch.B
Medical Director, Teulon Medical Clinic

Health, Wellness and Fitness to Practice
Health, Wellness and Fitness to Practice

- Dr Michael Loudon M.B., Ch.B.
- Family Physician
- Medical Director, Teulon Medical Clinic
- Came
- Co-ordinator – Physicians at Risk (Retired)
Dr. Michael Loudon, MB., Ch.B
Medical Director
Teulon Medical Clinic

- No conflict of interest to declare
Learning Objectives:

1. Why is your health and wellness so important?
2. What factors affect health and wellness?
3. What happens when it all goes wrong?
4. What resources do you have?
Introduction

- How did I get into this?
- CPSM – CPhM (Assistant Registrars – Dr Mihalchuk, Dr Booker)
- Doctors Manitoba
- Physicians at Risk:
- What is it?
- 2003 to date
- Previous and current leaders (Dr Mark Prober, Dr Derek Fewer, Dr Bill Jacek, Dr Marty Weidman, self, Dr Shelly Anderson – current medical lead)
None of us go to work with the intention of doing harm.
Going to work every day requires us all to be “on our game”
We all have professional (College) Licensure
We are thus responsible to:

- Ourselves
- Our patients
- Our College
Who is this guy?
Capt. Chesley “Sully” Sullenberger
Why????
He was “on his game”
15 January 2009
3:25 in the afternoon
2 minutes into flight
Canada Geese
Both engines
Decision to land in the Hudson vs turn-back or alternate airport
3 min 30 secs later – in the water
5 significantly injured
All survived (5 crew, 150 passengers)
All over in 5 min 30 secs!!!
What influences could have affected Sully’s responses that day?
The list is endless but a simple way to think about it:
Health: How am I?
Wellness: How do I interact?

“A balancing act!”
How am I?

- Simple illnesses - colds, flu etc (usually don't prevent us from working)
- Major illnesses – gallstones, consequences of trauma.. (usually very visible – time off)
- Critical illnesses – cancers, heart attacks.. (life threatening, often hidden initially)
- Mental illness – depression, anxiety, substance use / abuse, schizophrenia, cognitive impairment / dementia... (frequently hidden, often career limiting)
How do I interact?

Health influences – lead to worry and distraction

Emotional influences – disagreement / dispute with significant other / parent / child, caregiver role (of parent or other)

Bias – our least favorite patients, previous criticism

Lack of sleep

Lack of exercise

Hungover / craving

College Involvement
Am I **HEALTHY** enough and **WELL** enough to work today?
Sometimes it all goes horribly wrong...
EPIC FAIL
and the truth of the matter lies somewhere under that heap!
Our incorrect DECISIONS and ACTIONS can INJURE at best and KILL at worst!
Usually about now (in my experience), the College gets involved.
Then I got involved!
Then the lawyers came...
College Process:
(Addressed by Dr Booker)

Complaints and Investigations procedures clearly laid out in *The Pharmaceutical Act*.

Perceived risk to public = requested voluntary suspension of practice.

Request for description of circumstances

Management / treatment of causation.

Planned and executed return to work
Now, Sully got it right, but his decisions and actions were criticized and investigated.

- Questioned landing in river vs return to airport
- National Transportation Safety Board (regulatory authority) review
- Final report 4 May 2010 (16 months)
- Ruled that correct decision was made
This is an agonizing period of time to be under such intense scrutiny.
Resources:
(people in trouble tend to isolate)

- People around you – they care (family, friends, colleagues)
- Other professionals – find a mentor
- Family Doctor – get one! (you are all well connected)
- EAP – counselling services etc (most employers provide these)
Specific to your profession there is an abundance of opportunity for innovation in supporting each other.
Physicians started Physicians at Risk
What can Pharmacists do?
Appropriate PEER SUPPORT is a valuable resource.

Works best in a group setting.

Lived / common experience.

Sharing of experience helps to reduce the perceived stress.
“if I have seen further, it is by standing on the shoulders of giants”

SIR ISAAC NEWTON
Make the most of the opportunity you have!

THANK YOU
Recourses and References

Dr. Michael Loudon, MB., Ch.B
Medical Director
Teulon Medical Clinic

- The Pharmaceutical Act
- NTSB report - Accident Report
  NTSB/AAR-10/03 PB2010-910403
- CMA National Physician Health Survey – A National Snapshot, October 2018
- Background to CMA Policy – Physician Health, 2017
Dr. Michael Loudon, MB.Ch.B
Medical Director, Teulon Medical Clinic
Session Break

College of Pharmacists of Manitoba

Lessons from Complaints
Navigating Mental Health and Addiction
Presenter Disclosure

Dr. Brent Booker, Pharm.D.
Assistant Registrar – Review and Resolution
College of Pharmacists of Manitoba

• No conflict of interest to declare
Management of Mental Health and Addiction Concerns

Self-Reporting and Outside Reports
Application Declarations

• I declare that I do/do not suffer from a physical or mental condition or disorder, including an addiction to alcohol or drugs, that may interfere with my ability to practice pharmacy in a safe and effective manner.

• I declare that I have/have not suffered from a physical or mental condition or disorder, including an addiction to alcohol or drugs, that if it reoccurs, may interfere with my ability to practice pharmacy in a safe and effective manner.

• Registrants may fear stigmatization or loss of income but intended as support and open dialogue

• Healthy registrants provide excellent patient care
Risk Assessment is Key

Is this a new declaration?
Past or current?
Supports in place?
Any recent changes?
Duty to Report

*The Act*

**Duty of members to report**

97(1) A member who believes that another member is suffering from a physical or mental condition or disorder of a nature or to an extent that the other member is unfit to continue to practice or that his or her practice or pharmacy operation should be restricted, must inform the registrar of that belief and the reasons for it.

**Exemption from liability for disclosure**

97(2) A member who discloses information under subsection (1) is not subject to any liability as a result, unless it is established that the disclosure was made maliciously.
Outside Report

- Recommend discussion and self-reporting where appropriate and safe
- Self-reporting demonstrates self-awareness and accountability
- A lack of culpability may require further action or intervention by the College
Initial Actions

- High priority meeting
- Notice that College is considering the risk and possible outcomes
- Engage in open dialogue
- Determine action

Determine Risk

- No action required
- Registrar’s Referral
- Voluntary Surrender
- Interim Suspension
Complaints Committee: Initial Steps

Registrar Referral
- Initial review at next scheduled meeting

Voluntary Surrender
- Priority meeting with registrant

Interim Suspension
- Urgent meeting with registrant

Initial Mental Health and/or Addiction Assessment
## Stabilization

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Precontemplation</td>
<td>- admits a substance abuse disorder, understands negative consequences of their behaviour</td>
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<tr>
<td></td>
<td>- begins to inquire about support meetings</td>
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<tr>
<td>Contemplation</td>
<td>- decisively pursues actions leading towards participation in support meetings</td>
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<td>Preparation</td>
<td>- creates a plan to pursue change, which includes priorities, goals, and actions</td>
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<tr>
<td>Action</td>
<td>- successfully and effectively changes their behaviour for at least six months</td>
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<td>Maintenance (sustained action)</td>
<td>- Addiction rehabilitation is life-long commitment requiring adequate on-going support to maintain sobriety long-term</td>
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Phases of Gradual Return to Practice

- Prerequisites for approval
- Stabilization
- Completion of Monitoring Program
- Monitoring Program
- Prerequisites for approval
Prerequisites for Approval

• Mental Health Assessment:
  • Written assessment from psychiatrist or psychologist
  • Third party specialist contracted by the College (Fitness to Practice)

• Addiction Assessment:
  • Third party specialist contracted by the College
  • Written assessment from addiction specialist

• Substance screening:
  • Hair and urine analysis
  • Positive results confirm consumption
  • No “false positives”
Undertaking

- **Undertaking**: signed contract between pharmacist and College which includes:
  - Terms
  - Practice restrictions
  - Requirements for frequency of session with required specialists
  - Deadlines and frequency for reporting from required specialists
  - Consequences of breach
- Undertaking is in place until replaced with an updated undertaking, or written notice of cancellation from College
- Committee’s discretion
Practice Restrictions

• Practice hour restriction
• Supervision in practice
• Psychological care: psychiatrist or psychologist
• Addiction specialist
• Community support program (with a sponsor)
• Substance screening
Phases of Gradual Return to Practice

- Stabilization
- Pre-requisites for approval
- Monitoring Program
- Completion of Monitoring Program

0-6 Months
6-12 Months
1-2 Years
3-5 Years
5+ Years
Slides, Slips and Relapse

- Relapse is often part of the recovery process or journey
  - Does **NOT** mean you are a failure or treatment has failed
  - Varies by addiction
- Your career is not over
- May not require removal from practice - depends on situation
- Self-reporting demonstrates self awareness and accountability
- Not self-reporting may lead to greater consequences
- Relapses result in the re-emergence of old behaviours that others will notice
The Person Comes First

• Recognized and treated as a person first
  • Arrived at this point because you are unwell
  • Feelings of fear, anxiousness, uncertainty
  • Treated respectfully
  • Livelihood at stake

• Your health and safety is important
  • Goal is to get you safe, healthy and fit to practice in a timely manner

• A safe and healthy registrant results in someone who provides exceptional care

• Goal is to guide you along a successful pathway
- *The Pharmaceutical Act*
- Pharmaceutical Regulation
- Code of Ethics and Explanatory Document
- Abridged Substance Abuse Toolkit
- Gradual Return to Work Framework
- Communication and Conflict Resolution Tool
- Complaint Resolution Process Map and Risk Assessment Tool
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