

Mental Health Nursing and Methadone Maintenance Treatment: Evidence-Informed Practice to Support Healing and Recovery

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RNAO Supporting Clients on Methadone Maintenance Treatment Best Practice Guidelines Expert Panel 2008/2009:

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Background

- **In January of 2008, a multidisciplinary panel with expertise in practice, education and research from hospital, community, corrections and academic settings, was convened under the auspices of the RNAO to develop a clinical best practice guideline entitled Supporting Clients on Methadone Maintenance Treatment (MMT)**

Goal of the Guidelines

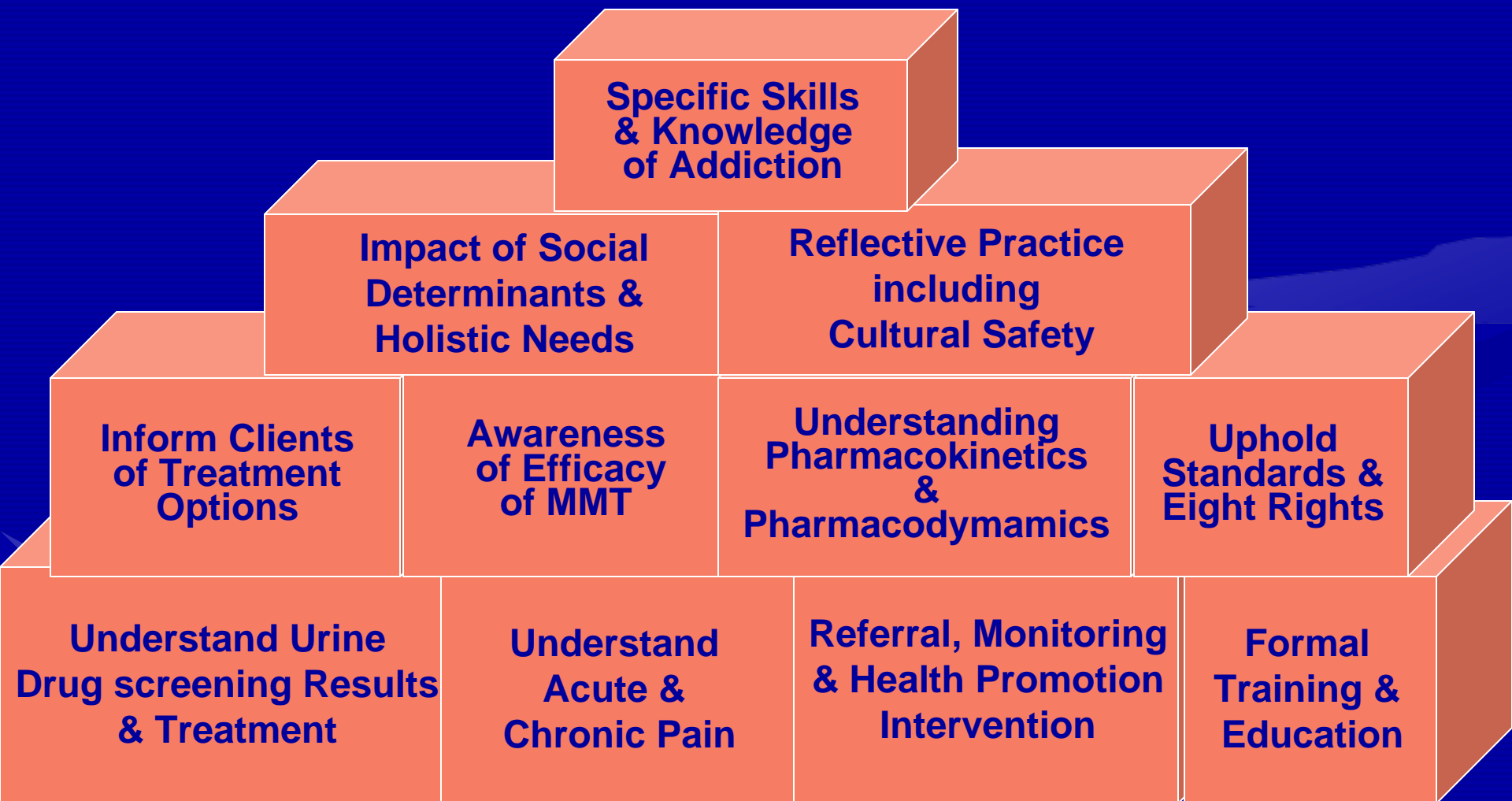
- The goal of the guideline is to provide nurses with recommendations, based on the best available evidence, related to nursing knowledge and support for clients who are either *a potential candidate for or already on* methadone maintenance treatment for opiate dependence.
- The guideline provides recommendations addressing client assessment, development of a collaborative treatment plan, health promotion and ongoing follow-up.

Role of the Mental Health Nurse

Many clients accessing care in hospital and community settings have co-occurring mental health and drug use issues. Within the context of holistic care and concurrent disorder it is essential for the mental health nurse to have knowledge and skills to support clients and family. The nurse needs to:

- Have knowledge of MMT and other treatment for substance abuse;
- Consider substance misuse in the general assessment of the client;
- Recognize signs and symptoms of substance abuse and withdrawal as different from psychiatric symptoms;
- Understand that each client experiences addiction and stigma differently;
- Be aware of his or her own values, beliefs, attitudes and biases; and
- Utilize the principles of therapeutic relationship and client-centered care and promote client autonomy and decision-making in care and treatment.

Recommendations



These clinical practice recommendations provide support for the mental health nurse in the clinical setting.

Theoretical Framework: Harm Reduction

- A continuum of services that represent a philosophical, pragmatic and compassionate approach to providing care while minimizing the negative harms associated with substance
- Goal-oriented, humanistic and in keeping with a cost benefit awareness
- Active participation of the user
- All life activities carry risk *and* elimination of drug use is not necessarily attainable or desirable
- Nonjudgmental acceptance of those who use illicit drugs as worthy of respect without judgment of drug use

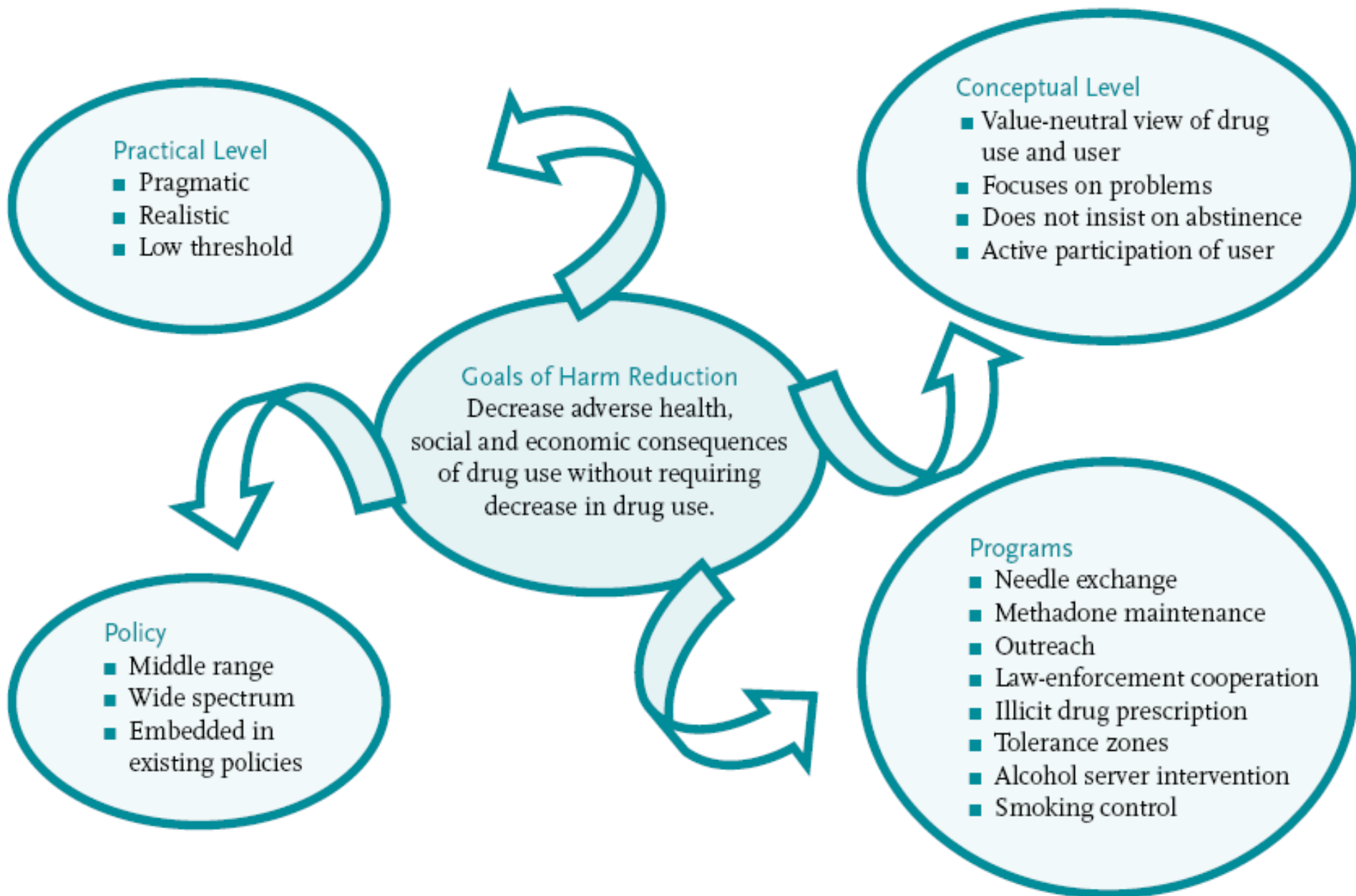


Intended Outcomes of Using MMT as a Harm Reduction Strategy



- Reduced misuse of drugs
- Improved social health and productivity
- Retention in treatment programs
- Reduced needle sharing with reduced risk for infectious diseases
- Reduced crime

Figure 2: Harm Reduction Model (used with permission from Cheung, 2000)



Vignette

- Martin, a 40 year old male is admitted to the psychiatric unit with a history of depression and anxiety. He has been married for 10 years and is the father of Rachael 4, and Alex 6.
- During the intake assessment, Martin admits to being dependent on dilaudid for the past five years. He stated that he is HCV positive and was started on MMT by a physician one month ago.
- He reports that he is not registered with the MMT clinic in his town and the physician and the pharmacist manage his care.
- In addition, he reports that he takes Lorazepam for anxiety and citalopram (celexa) for depression.

Martin

- **What is your first reaction to this vignette?**
- **Think about what the nurse might reflect on here.**

Application of BPG Recommendation # 1



Nurses incorporate specific **skills** and **knowledge** within the context of harm reduction.

The nurse will:

- Complete a Mental Health Status Examination & General Nursing Assessment;
- Conduct a physical assessment for signs of impairment and/or withdrawal;
- Conduct a comprehensive drug history; and
- Ask about drug allergies.

Application of BPG

Recommendation # 6

Nurses integrate an understanding of **pharmacokinetics** and the **pharmacodynamics** of methadone to be aware of side effects and drug interactions that may occur, i.e.,



Methadone can cause sedation and/or respiratory depression.

CAUTION

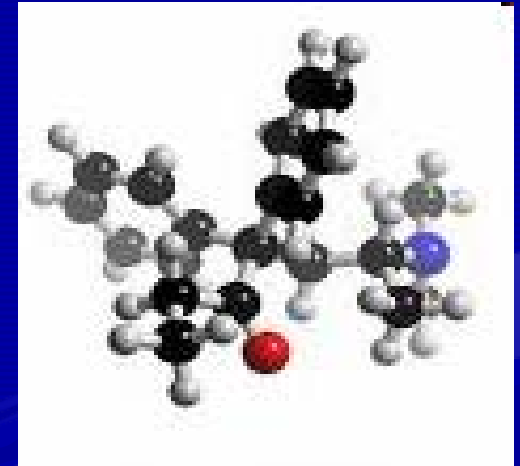
Concurrent use of benzodiazepines and methadone is a dangerous mix which could lead to respiratory depression and death.

Application of BPG

Recommendation # 6

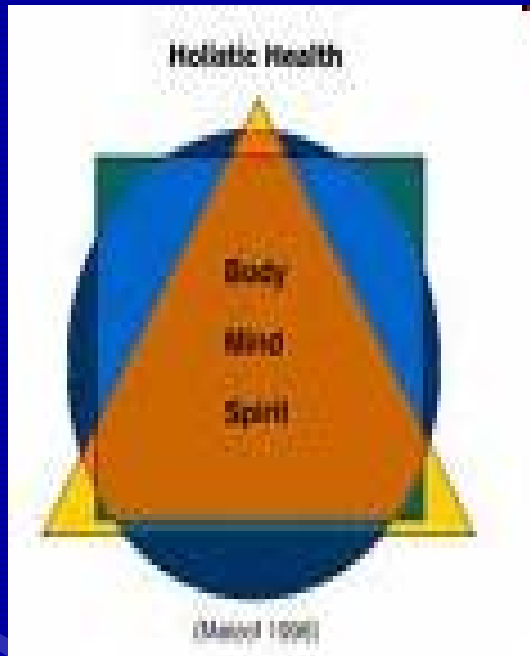
Nurses will be aware of the pharmacodynamics of methadone.

- Anticipated effects of methadone – symptoms reduction of physical addiction & craving.
- Potential adverse effects of methadone – diaphoresis, rash, pruritis, constipation, nausea insomnia.



Application of BPG

Recommendation # 2



Nurses consider the **holistic** needs of a client as an integral success of a client treatment.

The nurse:

- Provides a comprehensive Mental Status Exam & physical assessment;
- Asks if there are any physical, emotion or psychosocial issues related to drug use;
- Is interested in the client's perception of the situation; and
- Ensures a mechanism for collaborative care.

Application of BPG

Recommendation # 3

Nurses provide care in keeping with **cultural safety** and **cultural competence**.

The nurse...

- Conducts an assessment with reflections on his/her own beliefs and assumptions and social location;
- Addresses his/her own assumptions, bias etc.;
- Recognizes and addresses power imbalance within the relationship; and
- Considers the client's health and health care needs within the context of sociopolitical, cultural, historical and economic factors e.g., **Martin's family, relationship between trauma, chronic pain and addiction etc.**





Application of BPG Recommendation # 4

Nurses inform the client of available **treatment options**.

The nurse will gather the following:

- Client's mental and addiction history;
- Client's goal for treatment and recovery;
- Client's knowledge of concurrent disorder treatment; and
- Client's social treatment – actual and perceived barriers to treatment and wellness.

Factors Affecting Risk for Methadone Toxicity

- Recent or ongoing use of benzodiazepines
- Use of other sedating drugs
- Lower opioid tolerance
- Severe, unstable liver diseases
- Respiratory illness
- Missed dosages that leads to decrease tolerance
- Early stabilization stage

Application of BPG Recommendation # 7

Nurses will uphold standards of practice by performing “8 rights” as appropriate to ensure safe administration of methadone

- The right client
- The right medication
- The right reason
- The right dose
- The right frequency
- The right route
- The right site
- The right time



(College of Nurses of Ontario, 2008)

Application of BPG

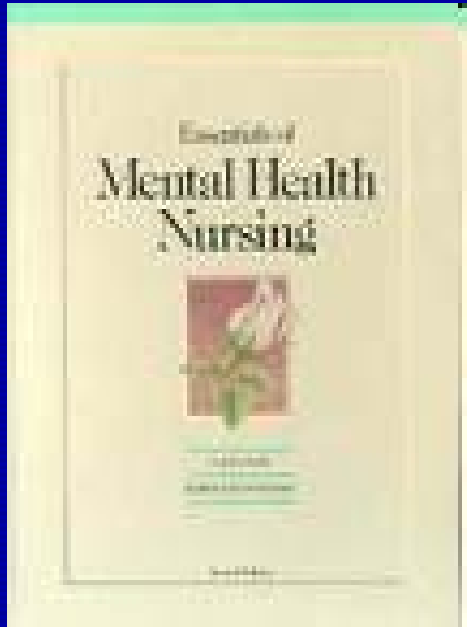
Recommendation # 12 - Education

Nurses incorporate **addiction knowledge** (including MMT) in their ongoing everyday practice and continuing education

Nurses ...

- Ensure a frequent review of the literature for new information; and
- Share findings with the team to see if new information needs to be integrated.

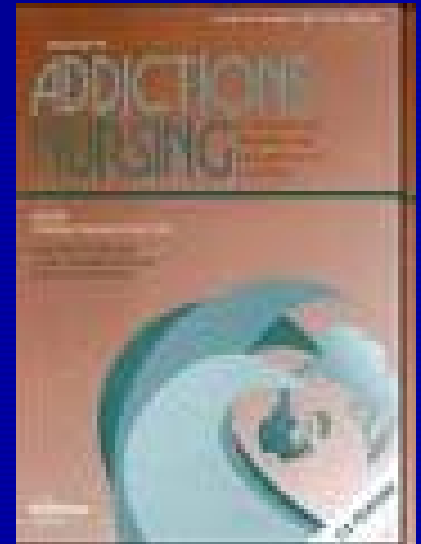
Summary



Effective and safe assessment and treatment options need to be provided across the continuum of services and care.

Given the evidence to date regarding positive outcomes with MMT, it is prudent that [mental] health nurses and other health professionals have a working knowledge of mental health, addictions, MMT and their intersections.

Offering orientation programs that address both healthcare staff perceptions and attitudes as well as identification of and caring for clients with addictions and the various treatment options, including MMT, will foster a positive work environment for the implementation of these and other best practices guidelines.





**Thank you for your attention
and participation**

For more information

Available for order

OR

Download at

www.RNAO.org/bestpractices

