

**BUILDING UNDERSTANDING AND
COMPASSION THROUGH
EDUCATION: A TPAPN OVERVIEW**

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TEXAS PEER ASSISTANCE PROGRAM FOR NURSES

DISCLOSURES



Accreditation Statement: Texas Nurses Association/Foundation Provider Unit is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.



Relevant Financial Relationships Statement: The activity nurse planner has determined that no one who has the ability to control the content of this learning activity has a relevant financial relationship.



To receive 1.25 credit hours for this continuing nursing education activity the participant must:

- Register for the education activity
- Attend the entire learning activity
- Complete and submit an online post activity evaluation

LEARNING OBJECTIVES

AFTER ATTENDING THIS LEARNING ACTIVITY 90 PERCENT OF ATTENDEES WILL BE ABLE TO:

Identify

- -Identify a minimum of one risk factor for mental health and substance use conditions in the nursing profession.

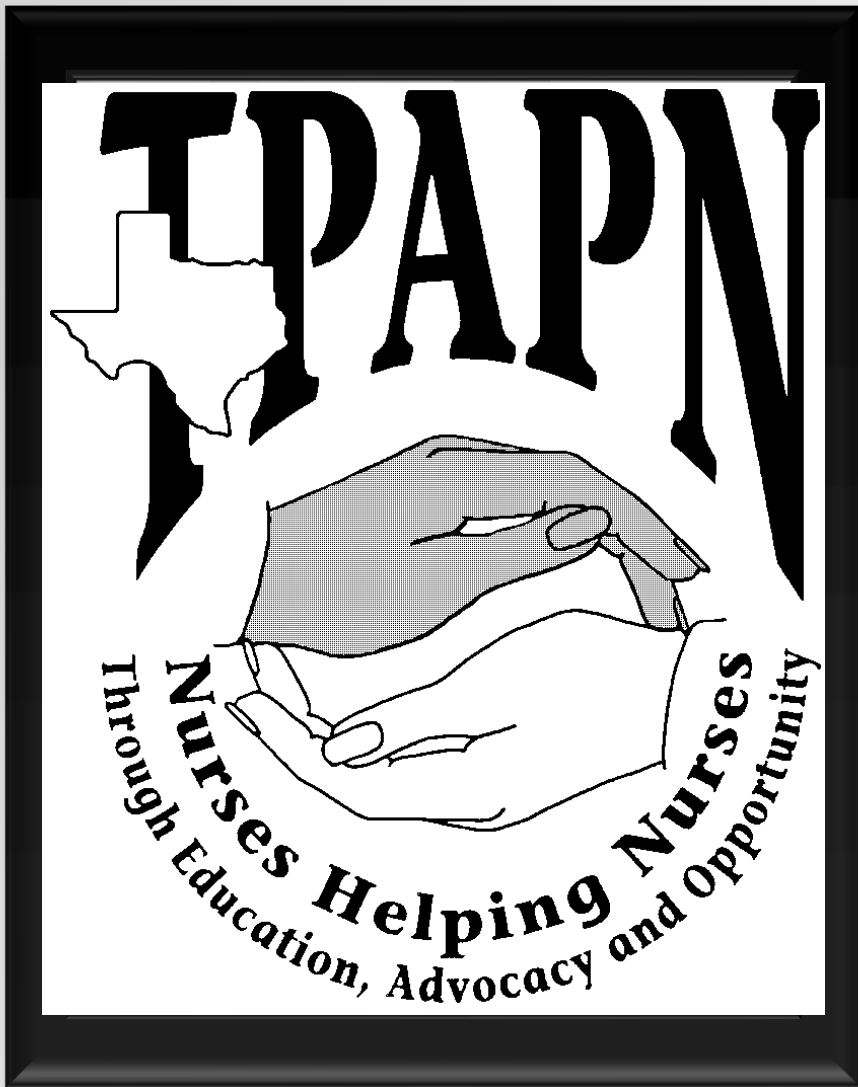
Recognize

- -Recognize one way that you can reduce stigma, bias, and discrimination toward mental health and/or substance use conditions among nurses in the workplace.

Differentiate

- -Differentiate when it would be appropriate to make a referral to TPAPN versus a report to the State Board of Nursing.





HISTORY OF TPAPN

- TPAPN was created in 1987 in response to legislation addressing the need for rehabilitation of nurses experiencing impairment due to substance use or mental health conditions

NURSES HELPING NURSES



TPAPN is a person-centered program supporting nurses in recovery from substance use, mental health concerns or both. Our evidence-based approach strives to help nurses improve their health and wellness, live a self-directed life and reach their full potential.

We are devoted to keeping nurses employed and encourage early intervention in the workplace as well as self-referrals to help nurses avoid practice violations before they occur.

Did You know?

- Provision 3.6 in the ANA code of ethics for nurses discusses extending compassion and caring to colleagues throughout the process of identification, remediation and recovery. This provision also discusses supporting the return to practice of individuals who have sought assistance and, after recovery, are ready to resume professional duties.

SUBSTANCE USE DISORDER & MENTAL HEALTH



GENERAL PUBLIC: SCOPE OF THE PROBLEM

- In 2024: 80,056 Drug Overdose Deaths
- In 2023: 49,000 people died by suicide
- In 2023: 1.5 million attempted to die by suicide.
- 16.4% of people 12 years+ had a substance use disorder in the past year (48.4 million).
- 1 in 5 mental illness (61.5 million)
- 1 in 20 serious mental illness(14.6 million)

NURSING MATTERS

According to the Nurse Wellness and Work life study as many as 18% of the nursing workforce screened positive for SU problems (Trinkoff et al., 2022).

Unhealthy use of prescription type drugs has been increasing in the profession. (misuse)

Risk of death by suicide is 2x general population (Davis, 2021)

400-500 Nurses participating in TPAPN.

DEFINING ADDICTION



ASAM American Society of
Addiction Medicine

“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences (ASAM, 2019).”

DEFINING ADDICTION



“Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control. Those changes may last a long time after a person has stopped taking drugs (NIDA, 2024)”.

EVERYDAY APPLICATION



SUBSTANCE USE DISORDER

C H A N G E S

Behavioral changes:

- Attendance and performance
- Secretive, suspicious behavior
- Appetite, sleep pattern
- Personality or attitude
- Mood swings, irritability, anger
- Lack of motivation
- Fearful, anxious, paranoid

Physical changes:

- Bloodshot eyes, abnormal sized pupils
- Sudden weight loss or gain
- Deterioration of physical appearance
- Unusual smells on breath, body, clothes

Social changes:

- Sudden change in friends, hangouts, hobbies
- Legal problems related to substance use

Unexplained need for money or financial problems

(SAMHSA, 2023)



RISK FACTORS FOR NURSES

- Access to narcotics
- Work-related stress
- Attitudes towards substance use
- Lack of education about substance use disorder

- What type of shift work do you think has the highest correlation with risk for unhealthy substance use or development of a substance use condition?



(NCSBN,2011)

TEXAS SCHOOL NURSES

- \approx 25% of school nurses had role in their behavioral threat assessment campus team
- \approx 32% participate in School Health Advisory Council
- \approx 25% involved in policy



(Texas Center for Nursing Workforce Studies, 2023)

TEXAS SCHOOL NURSES

- Lack of staff
- $\approx 25\%$ of respondents were >55 years old
- Ratio of 1 nurse to 727.7 students (working at one campus)
- Concerns regarding pay
- Expertise underutilized-underrepresented

(Texas Center for Nursing Workforce Studies, 2023)

SCHOOL NURSES AND STUDENT MENTAL HEALTH AND SUBSTANCE USE CONCERNS

- Need for increased funding for training in relation to mental health issues among students, and suicide prevention. (Texas Center for Nursing Workforce Studies, 2023)
- Resource- Suicide Prevention Resource Center- kit specifically for schools. The website is www.sprc.org.



(Suicide Prevention Resource Center, 2018)

According to the National Alliance on Mental Illness:

MENTAL HEALTH CONDITIONS

- 1 in 5 U.S. adults experience mental illness each year
- 1 in 20 U.S. adults experience serious mental illness each year
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24
- **Suicide is the 2nd leading cause of death for people ages 10-14, 3rd leading cause of death 15-24 in US and 12th leading cause of death overall**

(NAMI, 2025)

MENTAL HEALTH & COVID-19

- Excessive worry/anxiety
- Development of new psychiatric symptoms
- Worsening of pre-existing illnesses
- Fear of becoming ill or dying
- Fear of getting family sick
- Helplessness
- Higher levels of depression/anxiety/insomnia & substance use



(Aloweni et. al.,2022)

STIGMA

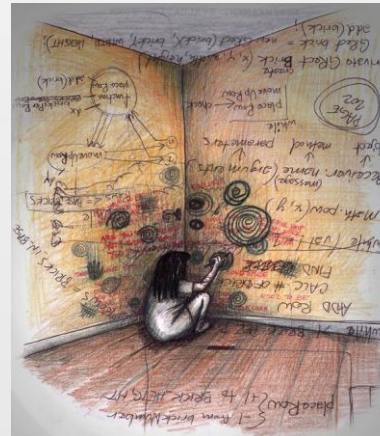
According to the National Institute on Drug Abuse (2022), stigma is “...a set of negative attitudes and stereotypes that can create barriers to treatment and make...conditions worse”.



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REDUCING STIGMA IN HEALTHCARE SETTINGS



- ✓ Creating an organizational culture that promotes staff health and well-being and is committed to combating stigma in patient care is likely to have a positive impact on staff and patient safety as well as the financial bottom line. (Knaak, Mantler & Szeto, 2017).
- ✓ Nurses as a whole need to address the Stigma/Bias towards peers. Change the blame/shame to a “trauma-informed...(conversation) around treatable diseases” (Foli, Reddick, Zhang & Krcelich, 2020).

STOMP OUT STIGMA AND IMPROVE HEALTH OUTCOMES

- ✓ Create an environment of **transparency and support**.
- ✓ Organizational culture that promotes staff wellbeing through education, advocacy and support.
- ✓ Use non-stigmatizing language when talking about SUD (NIDA,2021).
- ✓ Use clinical language in alignment with other treatable chronic medical conditions.
Person first!



Mental Health Is Health

CASE STUDY

The Scenario: Regional School Nurse Supervisor visiting your campus today

CASE STUDY AND DISCUSSION

- You are the school nurse at an elementary school. Your regional nurse, Karen, is scheduled to come to campus today at approximately 9-10 am to assist with student screenings. You arrive at 8 am and find Karen already in your office, reclining with her eyes closed. Karen, as regional supervisor, **MUST** maintain a bit of flexibility based on district needs, and you welcome the extra time to spend with Karen and have an opportunity to catch up.

ASSUMPTIONS ARE DANGEROUS



- **Red Flags to Recognize:**

- Slurred or imprecise speech
- Difficulty with coordination and organizing supplies
- Odor of alcohol on breath or person
- Observations from other staff that something seems “off”
- Impaired judgment or inappropriate interactions with students
- Bloodshot or glassy eyes, unsteady gait

- WHAT DO I DO NOW?

CASE STUDY: INTERVENTION & REPORTING

Immediate Actions as the School Nurse:

- Prioritize student safety — do not allow Karen to proceed with the screening, notify that screening will be on the alternative planned day and not proceed today.
- Get Karen to a safe private location where you can speak.
- Sit with Karen privately and express concern in a non-confrontational manner.
- Ensure Karen does not drive — arrange safe transportation.

Next Steps

- Follow your district's policy on reporting suspected impairment
- Encourage Karen to self-refer to TPAPN

CASE STUDY: KEY PRINCIPLES & OUTCOME

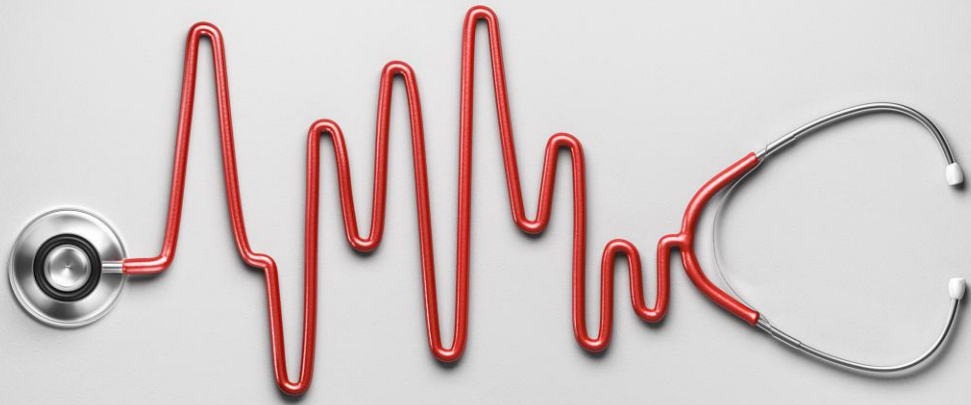
- **Key Principles to Remember:**

- Safety is always the first priority-safety of the public, safety of the nurse
- Approach with compassion, not judgment
- Document objective observations
- Substance use disorder is a treatable, chronic medical condition
- TPAPN offers a voluntary, non-disciplinary path to recovery and safe nursing practice.

- **Outcome:**

- Karen voluntarily enters the TPAPN program.
- Your early recognition and intervention helped Karen and ensured safety of the students. Karen now seeks the opportunity to get help before a practice violation, legal issues, or any accident and resultant bodily harm to self or others occurred due to driving impaired.

HOW TO REFER TO TPAPN: AN ACT OF COMPASSION



REFERRAL IS REQUIRED

To TPAPN if:

- A nurse is impaired or suspected of being impaired by chemical dependency or mental illness.

AND

- there is NO Nursing Practice Act violation.





TPAPN REFERRAL DOCUMENTATION
Please complete all fields on this form. If emailing form, save the file and send as an attachment to: tpapn@texasnurses.org
Otherwise, print and mail to:
4807 Spicewood Springs Rd., Bldg. 3, Ste. 100, Austin, TX 78759
or fax to: 512-467-2620

INFORMATION ABOUT PERSON REFERRING NURSE

First Name Last Name
Title Place of Employment
Facility Address
City TX ZIP
Telephone Email
Relationship to Nurse Other

INFORMATION ABOUT NURSE BEING REFERRED

First Name Last Name Phone
Home Address City TX ZIP
Texas Nursing License Number
Title RN APRN License #
Age Date of Birth FEMALE
Job Status When Referred **Employed** Length of Employment Type of Employment
Facility Name [same as above] [if different]
Current Area of Practice Reason for Referral **Select**

REQUIRED: Please provide detailed information about the referral reason and/or circumstances including any possible practice violations.

Please use additional pages as needed.

Text entered here will continue into the the next page. However, copy-pasted text will not automatically continue to the next box. You will need to paste information separately into the next page.

TYPES OF TPAPN REFERRALS

- * Self-Referrals
- * Third-Party
- * BON Third Party
- * Board Orders

REPORTING IS REQUIRED

To the Texas Board of Nursing if:

- Nurse's practice is, or is suspected of, being impaired by chemical dependency or diminished mental capacity

AND

- the person believes or suspects that the nurse committed a practice violation.

RECOVERY FOCUSED FOR EACH AND EVERY NURSE PARTICIPANT IN TPAPN

Recovery from substance use and/or mental health conditions

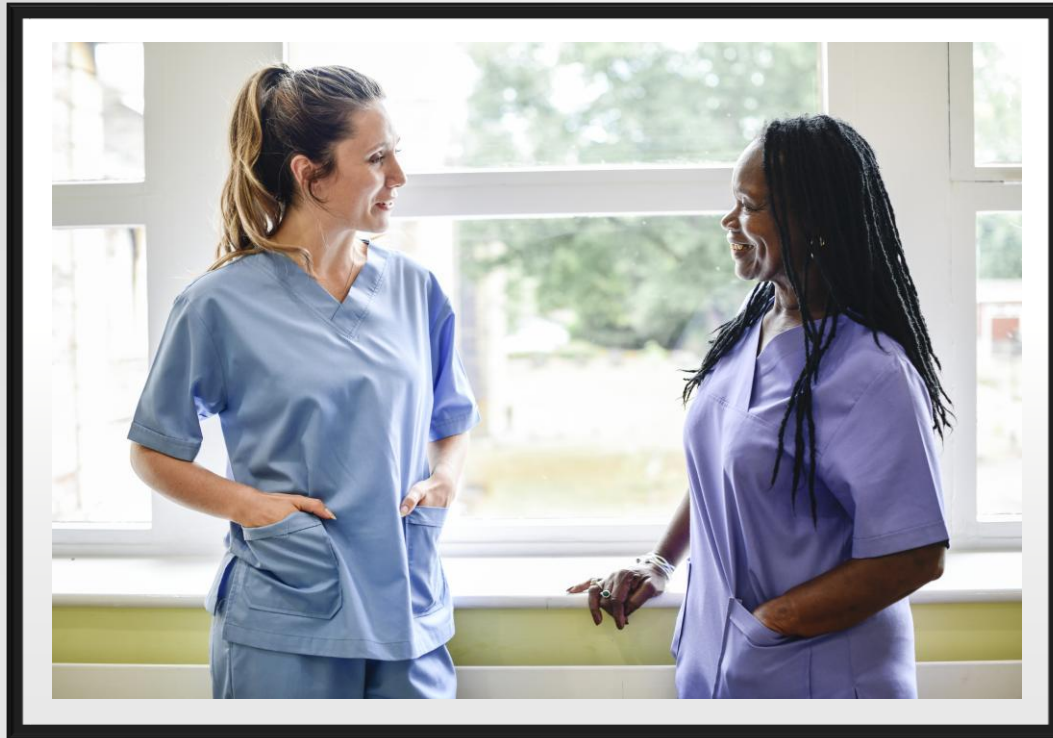
Self Care to maintain long term recovery

Maintenance and demonstration of sobriety and/or mental fitness

Safe nursing practice to maintain nursing license and successful career



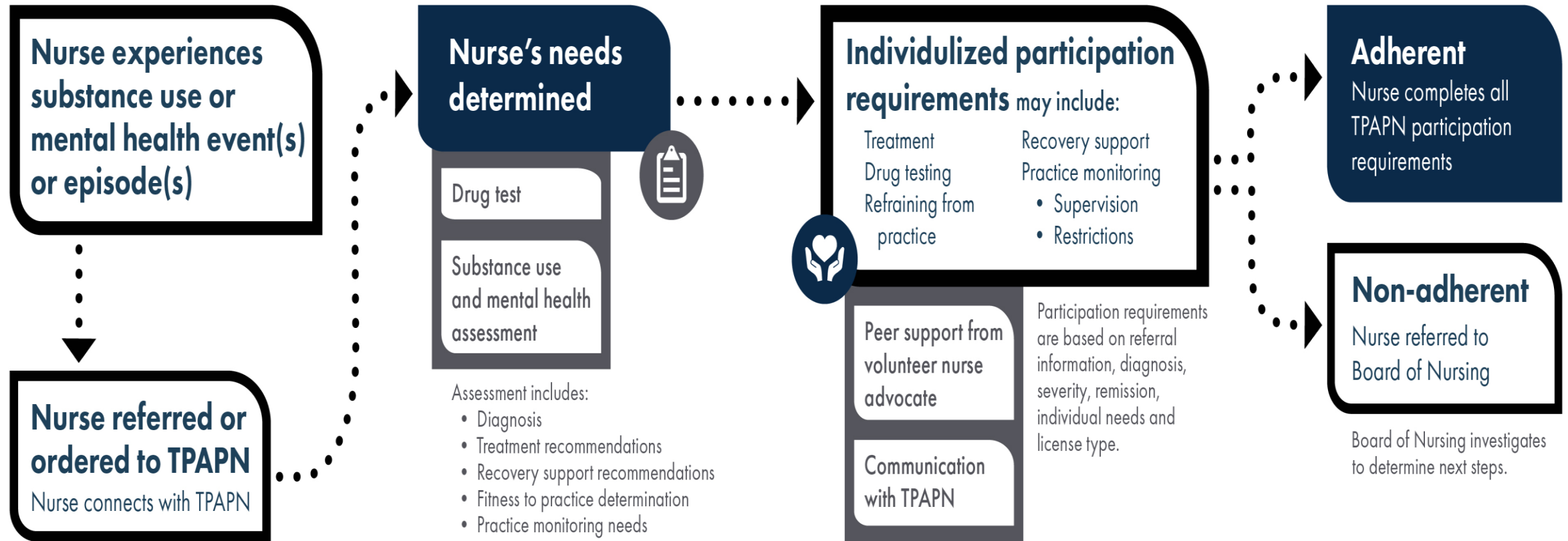
LOOKING FOR A VOLUNTEER OPPORTUNITY THAT GIVES BACK TO YOUR PROFESSION? BECOME A PEER SUPPORT PARTNER



- Provide person centered support
- Develop trust
- Maintain regular supportive communication
- Support goals
- Listen
- Inspire hope

Texas Peer Assistance Program for Nurses

TPAPN safeguards patients by providing early identification, support, monitoring, accountability and advocacy to Texas nurses.





QUESTIONS



Want to stay up to date with TPAPN?

Follow us on socials

Checkout our podcast

Visit us at www.tpapn.org



**Mental wellness
on the go!**

Listen to our podcast,
"Mental Health Mix Tape."
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THANK YOU!

TPAPN

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(image credit, Herman Siu)

REFERENCES

After a Suicide: A Toolkit for Schools, Second Edition – Suicide Prevention Resource Center. (2018). Sprc.org. <https://www.sprc.org/resources-programs/after-suicide-toolkit-schools>

Aloweni, F., Ayre, TC., Teo, I., Tan, HK., Lim, SH. (2022) A year after COVID-19: Its impact on nurses' psychological well-being. *J Nurs Manag*.30(7):2585-2596. doi: 10.1111/jonm.13814. PMID: 36150900; PMCID: PMC9538098

American Nurses Association. (2015). *Code of ethics for nurses*. American Nurses Publishing

American Psychiatric Association. (2017). *Diagnostic and statistical manual of mental disorders: DSM-5*. (5th ed.)

American Society of Addiction Medicine. (2019). Definition of addiction. <https://www.asam.org/quality-care/definition-of-addiction>

Centers for Disease Control and Prevention. (2025, September 17). Provisional Drug Overdose Death Counts. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

REFERENCES

Centers for Disease Control and Prevention. (2025, March 26). *Suicide data and statistics*. Suicide Prevention. <https://www.cdc.gov/suicide/facts/data.html>

Davis, M. A., Cher, B. A. Y., Friese, C. R., & Bynum, J. P. W. (2021). Association of US Nurse and Physician Occupation With Risk of Suicide. *JAMA psychiatry*, 78(6), 1–8. Advance online publication. <https://doi.org/10.1001/jamapsychiatry.2021.0154>

Foli, K., Reddick, B., Zhang, K., & Krecelich, K. (2020). Substance use in registered nurses: “I heard an nurse who...” *Journal of the American Psychiatric Nurses Association*. 26 (1). 65-76. <https://doi.org/10.1177/1078390319886369>

Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare. *Healthcare Management Forum*, 30(2), 111–116. <https://doi.org/10.1177/0840470416679413>

Mayo Foundation for Medical Education and Research. (2022). *Post-traumatic stress disorder (PTSD)*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>

National Academies of Sciences. (2016). Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. <https://www.nap.edu/catalog/23442/ending-discrimination-against-people-with-mental-and-substance-use-disorders>

REFERENCES

National Alliance on Mental Illness (2024). Mental health by the numbers. <https://www.nami.org/mhstats>

National Council of State Boards of Nursing. (2011). Substance use disorder in nursing: A resource manual and guidelines for alternative and disciplinary monitoring programs. Chicago, IL: NCSBN NCSBN (Producer). (n.d.) Substance use disorder in nursing. Video. <https://www.ncsbn.org/333.htm>

National Institute on Drug Abuse. (2021). Words matter: preferred language for talking about addiction. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

National Institute on Drug Abuse. (2024). Drug misuse and addiction. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>

Rathburn, J. (2022). Destigmatizing alcohol use disorder among nurses. *Nursing2022*. 52(7), 23-29. www.Nursing2022.com

Substance Abuse and Mental Health Services Administration. (2025). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-surveydrug-use-and-health/national-releases>

REFERENCES

Substance Abuse and Mental Health Services Administration (2023). Mental health and substance use co-occurring disorders. <https://www.samhsa.gov/mental-health/mental-health-substance-use-co-occurring-disorders>

Substance Abuse and Mental Health Services Administration (2024). Recovery. <https://www.samhsa.gov/recovery>

Spoorthy, M. S., Pratapa, S. K., & Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic-A review. *Asian journal of psychiatry*, 51, 102119. <https://doi.org/10.1016/j.ajp.2020.102119>

Stone, R. S. (2018). Code lavender: A tool for staff support. *Nursing*, 48(4), 15–17. <https://doi.org/10.1097/01.nurse.0000531022.93707.08>

Texas Center for Nursing Workforce Studies. (2023). Texas school nurse workforce. In *Texas Department of Health Services*. <https://www.dshs.Texas.gov/nursingworkforce>

Trinkoff, A. M., Selby, V. L., Han, K., Baek, H., Steele, J., Edwin, H. S., Yoon, J. M., & Storr, C. L. (2022). The prevalence of substance use and substance use problems in registered nurses: Estimates from the nurse worklife and wellness study. *Journal of Nursing Regulation*, 12(4), 35–46. [https://doi.org/10.1016/s2155-8256\(22\)00014-x](https://doi.org/10.1016/s2155-8256(22)00014-x)