



Podcast Series: Conversations that Connect

Episode 1

Keys to a nurse or midwife thriving in recovery from their alcohol or other drug (AOD) addiction (a personal story)

Twenty-six years into recovery, Heather Pickard, a registered nurse and Chair of the NMHPV Board, shares her personal journey of a nurse in recovery from addiction. She shares her thoughts on the risks for nurses and midwives in relation to developing addiction, the reasons people may not seek support, the importance of self-care and maintaining a healthy work and life balance, and how to access support.

Host: Mark Aitken | **Guest:** Heather Pickard | **Duration:** 34:24

Tags: Alcohol and/or Other Drugs, Addiction, Recovery, Nurse impairment, Midwife impairment

Episode 1 Transcript

Glenn Taylor

[00:19] Hello, and welcome to the inaugural Nursing and Midwifery Health Program Victoria podcast. My name is Glen Taylor and I will be introducing today's podcast host and guest. I am a registered nurse and CEO of Nursing and Midwifery Health Program Victoria, also known as NMHPV. NMHPV is an independent support service for nurses, midwives and students of nursing and midwifery who are experiencing sensitive health challenges related to their substance use, mental health or family violence concerns. NMHPV is confidential and independent. It is unique to Victoria and it is provided free of charge to our colleagues. You can call us for any professional or personal matter, about any issue Monday to Friday 8.30-5. Our number is 9415 7551 and you can email us at admin@nmhp.org.au via our website. www.nmhp.org.au

Mark Aitken [01:38] I'm Mark Aitken, the Deputy Director of the Nursing and Midwifery Health Program Victoria and it's my pleasure to talk to Heather Pickard today. Heather is the Chief Executive Officer of the Self Help Addiction Resource Centre and the founder of the Nursing and Midwifery Health Program Victoria and currently the board chair. Hello and welcome, Heather.

Heather Pickard [02:01] HP Thank you Mark, lovely to be here with you.

Mark Aitken [02:03] Great to have you here; and happy birthday!

Heather Pickard [02:06] Wow you've read my birthday is today?

Mark Aitken [02:09] Heard it's your birthday, little bird told me. We always like to celebrate things at the NMHP. So big happy birthday.

Heather Pickard [02:15] Thank you. I take that on beautifully. I'm not sure I actually enjoy celebrating my birthdays as they seem to get a lot quicker, passing. But thank you, I appreciate that.

Mark Aitken [02:28] Today we're going to talk about alcohol and other drugs and substance use and you're going to give us a very considered perspective about that. Heather can you tell our listeners about yourself and your career, and a bit about your story.

Heather Pickard [02:43] Sure. I'm really happy to share that. I did my nursing in 1979 and it was very much in disability. So I was trained at the Children's Cottages Kew and Willsmere, way back in those old days, and finished my nursing training and then had quite a varied colourful lifestyle that involved substance use and dipped my foot back into the nursing space. I'll talk a little bit later how that actually assisted me and the people around me assisted at that time. But you could say I had a hiatus of probably 14 years from active nursing. Then I became what I identify as a 'nurse in recovery', and that was about 26 years ago.

I decided to go back into a sector that had become very close to my heart as a nurse, which was the alcohol and other drug sector. I came into the space as a manager of the drug and alcohol programs at Monash Health, and I set up the first addiction medicine clinic there, the clinic for the primary healthcare for drug users and ran the withdrawal units and community programs. That was a very exciting first ten years, especially just coming back into the nursing profession.

After that, I became very interested because a lot of the client flow that I'd seen through Monash Health was actually nurses who were experiencing problems related to drug and alcohol use. I felt that what was needed was a sensitive, compassionate program that could respond to nurses who found themselves in that kind of dilemma, and I personally understood what that kind of dilemma felt like. With the ANMF and a very big champion Yvonne Chaperon, we got together and ate an awful lot of Tim Tams and drank a lot of coffee...

Mark Aitken

[05:07] As you do.

Heather Pickard

[05:08] As you do, and scripted up a model, put together a model that we thought could be really helpful. We continued to lobby for that program to get funding and we received funding from the Victorian Nurses' Board prior to the Victorian Nurses' Board being AHPRA to establish that program.

That was an opportunity for me to look at my nursing career over the last ten years and it was colourful, it was wonderful. I saw a lot of real change in the Monash Health landscape, as far as the alcohol and other drug. But what I now saw was an opportunity to actually be a founder in the establishment of the Victorian Nurses' Health Program.

I left Monash Health and took up a position as the CEO—in those days we called it a director, but it's been turned to a CEO—and established the Victorian Nurses' Health Program in...my idea of 'years' is a bit weird but...ten years in Monash and then three years of establishing the Victorian Nurses' Health Program and actually facilitating the first flow of clients and nurses through that. Really starting to reach out to community and looking at how we could be seen by the nurses as a sensitive, compassionate, confidential service and what we needed to do in order to promote that.

It was an incredible experience and we very quickly saw people coming through the doors. When you set up something originally, you're not always sure whether your idea's actually going to get traction. It was a good idea but will we actually get nurses coming to us for support? We did. I had the most wonderful three years in that establishment phase but also working as a nurse supporting nurses with nurses' ideas around what kind of support would be helpful.

Then I got an opportunity to study at the Australian Institute of Company Directors, and it was really unusual at that time for

nurses at that time to do that. I thought that that's exactly why it was really important for me to do it. I wanted to be trained in higher level governance. I went and did that and that gave me an experience of being on the board of the Self Help Addiction Resource Centre as a nurse and working as the CEO at the Nurses' Health Program. Then, as things do change, I reversed those roles after three years and I became the CEO of the Self Help Addiction Resource Centre and a Board Director at the NMHP.

I've been here as a nurse but as the CEO, so I'm paid and classified as a nurse but at a CEO level. I have been at the Self-Help Addiction and Resource Centre for 11 years, and love it.

Mark Aitken [08:31] I can tell.

Heather Pickard [08:33] Can you tell?

Mark Aitken [08:34] I can. I've just had a tour of this wonderful establishment, Heather, and it's a credit to you and your team, I think. If you're not sure about SHARC, as it's known in short, look it up. What's the website link if people want to check out your website, Heather?

Heather Pickard [08:50] SHARC, sharc.org.au and you'll go straight to the website by typing in 'SHARC', or 'Self Help Addiction Resource Centre'. We've got a wonderful website that the Gandel Foundation so generously funded as to reinvigorate, so please go and have a look. It's free services, we're funded state and federally, and we primarily support families and individuals in that change process. I'm not getting a free ad here Mark, because we are a free service. It's great for the folks out there to know of a free service that's accessible and available.

Mark Aitken [09:37] Absolutely. I think it's really vital that nurses and midwives know about the services that are available when and if they need them, or indeed if they sense or they see that a colleague needs some support they know the services to refer to.

Thank you Heather, what a really interesting career and no doubt it will continue to be interesting into the future given the great work you are doing and have done. On behalf of the nurses and midwives of Victoria I'd like to thank you for the wonderful work you've done and do with the Nursing and Midwifery Health Program in Victoria. It's a wonderful service

and we really encourage anybody who needs support to get in contact with the service Monday to Friday.

Heather, what I'm really interested in is that you're a nurse in recovery, and you're working in a drug and alcohol area. Was that challenging? Was that difficult?

Heather Pickard

[10:34] No, it wasn't. It was actually incredibly appropriate. I do identify as a nurse in recovery. I'm very 'out'. I'm 26 years into recovery. I don't actually remember the horror stories of a lot of my life, there's been so much change. I don't focus on that. But I am 26 years in recovery now, and I identify as a nurse in recovery. I guess that what that means for me is I'm always on the watch, in all my landscapes that I traverse, for nurses who may be struggling like I was at one stage in my life, and what I might do to reach out to them, and how I might connect them in to the NMHP and other services of support.

I'm a nurse in long-term recovery, 26 years is long-term recovery; I openly identify, I'm very happy to share my story of recovery and transition back into the nursing sector, because I think what that does is it gives an example of what can and is possible for people to do. Sometimes when we're at a very low period in our lives, particularly around something like substance abuse which is so loaded with shame and stigma, we can actually not see hope for ourselves. Not only can't we see hope for ourselves in establishing recovery but the idea of being able to return in a meaningful way to the profession that we love can seem so distant.

I'm always incredibly happy to share my story if that can touch somebody. I know we're going to talk a little bit later about the point in my life that instigated the change, but that also is a very hopeful story of a nursing profession who came together to support me in a way that was really helpful.

I guess the other thing that it means, as well as that advocacy, is that I also actively still work a recovery program, and it's become a program of life, of living. We all have things that we do in our life to make sure that we have balance, and for me I'm quite mindful around maintaining balance and I know what a good, healthy status quo is for me. As somebody in recovery that means that I'm probably a little more mindful of that self-reflection. I don't drink, and I don't take any kind of recreational drugs and haven't for 26 years, and on New Year's Eve I am the most popular nurse under the sun. Everybody wants to know what I'm doing on New Years Eve, because I'm a great driver!

Mark Aitken [13:41] You're driving!

Heather Pickard [13:42] I'm the driver! I start getting invites out from people in December. "What are you doing on New Year's Eve, Heath?"

As a nurse in recovery I advocate strongly, I look out where I can provide some hope for people or support people in any way and refer them to the NMHP, which I think do a great job. The other thing is I've learned how to look after my own work/life balance. I think that is something we all need to do, whether we're a nurse in recovery or a nurse not in recovery. I just think being a nurse in recovery has made me even more disciplined in that framework of work/life balance.

Mark Aitken [14:29] I think they're really excellent points, Heather. When you work in the care and service of other people, sometimes you actually lose sight of caring for yourself.

Heather Pickard [14:38] Yes.

Mark Aitken [14:39] You came to the realisation of that importance through your addiction issue and in recovery. But how would you encourage nurses and midwives who are struggling to find a space for their self-care to reconnect with it?

Heather Pickard [14:57] I think that nursing as a profession has been set up in some way to be somehow something...there's some sort of mythological shadow, or thinking that nurses and midwives somehow have to be some extraordinary kind of human being that doesn't go through the range of experiences that we all do as human beings. That myth has actually not assisted the nursing profession to recognise their own need for care and to take the time out to manage that. We have nurses that work here, nurses in recovery. What we say is if we're running at 99 percent of ourselves, there's something wrong because 99 percent of ourselves into our work doesn't leave room for the variances that life brings to us. We are very mindful as a group of nurses here that 94 percent of ourselves is a good output. When that's a balanced, holistically working model of self-care, then the self-care's already there. We're already in motion with it.

I just encourage nurses to, more and more, look at what are their needs and how do they get them met in their self-care. Nurses traditionally, we're an unusual bunch. We get amazing things done in amazing amounts of time. I'm very proud to be a

nurse and I get along really well with nurses. There's just a connection. We know, and we all smile at each other, but sometimes we just push a bit too hard, I think. It's not eccentric to the nursing profession, but it's probably a little bit more pronounced in the nursing profession.

I also think, and this is a bit political, but...we've worked with ridiculous staff/nurse ratios for many years. We've got an excellent union: the ANMF do some wonderful lobbying to try and balance that out to a more healthy way of operating. I just think we're worth it, and we need to take the time to make sure we've got that balance right. More and more, in hospitals you see wellness programs and prevention programs, and the wonderful champion program that the NMHP is piloting at the moment, that's really encouraging that message of wellness to get out into the nursing community. It's actually our right, not just something that's a luxury. Wellness is a right in the workplace.

Mark Aitken

[17:59] I agree completely, Heather. Thank you so much, really powerful words.

On reflection, can you see how you reached the point where you ultimately needed to seek help?

Heather Pickard

[18:09] It's really interesting. It's almost like that point was so assisted by the nursing community. In my last role, where I was actively [inaudible], I wasn't a nurse who actually was substance affected in the workplace. My impact of my substance use disorder was exhaustion, not looking right, not thinking right, not functioning in the way that I usually did. I had this old Director of Nursing and she loved me, she'd been around me for a long time. She came to me and said, "Something's very wrong with you. We think you're amazing, but I don't think you should be at work until you address the things that you need to address." I just said, "Oh, well I've just been a bit tired lately."

Mark Aitken

[19:12] Deny, deny.

Heather Pickard

[19:14] Deny, deny. God bless her, she was able to allow me to have my story, because I needed to. She gave me a couple of months off work and organised for the best pay options that could be possible for me during that time, and gave me all these referrals to drug and alcohol counselling. I thought, "How does she know it's drug and alcohol?! I've just told her I'm just tired lately." But bless her, she saw through that. She saw the behaviour had changed, and like I said, while I was never

substance affected in work, substance abuse affects every area of our lives, and it's other people that see it before we acknowledge it. She was a beauty, she was an absolute beauty. She made it possible for me to take time off work, she made it possible for me to connect into the care that I needed.

Then I actually resigned. Once I'd started to get my wellness back, I realised that I had a lot of work to do. I felt that I needed to be out of the nursing profession. I knew that I'd done nothing to colour in a negative way my career, the intervention had been early enough, there'd been no disaster in the workplace. That, God bless that old Director of Nursing, was actually because somebody had the courage to call it and make it possible for me to still feel like I had work, but not be in the work environment. Like I said, I did actually, after two months off, I did resign because I realised it wasn't a two month fix. I needed to put some more time into my recovery.

It was actually within the nursing profession that the intervention came, but it was done in such a caring way and made it possible for me to still survive for the two months that I needed to. That's what happened, that was my journey into recovery.

Mark Aitken

[21:29] Thanks for sharing that, Heather. So powerful and so honest and open of you. It's very connecting and thank goodness for that Director of Nursing, as you say.

Heather Pickard

[21:38] Absolutely.

Mark Aitken

[21:39] And a big shout out to the people out there who are supporting other nurses and midwives who are going through a tough time, because it's very powerful to support people.

Heather Pickard

[21:49] Absolutely. I think drug and alcohol, there's a lot in that package. There's a lot to shy away from. There's a lot of considerations for organisations...nurses work with the public. Public health has to be the priority. We need to practice with safety. They're three fairly strong statements and organisations and hospitals know that. What some of them are learning more and more now is how you can actually assist somebody to not be in the workplace while they're undergoing their treatment if the intervention is early enough...and how many nurses can actually get through that recovery period and come back into a profession that they love and that they're good at in a very safe way.

Recently we did some podcasting and videoing for some nurses who'd been through one of our programs here. They were students, they've now finished their grad years, doing amazing things. But they were actually a resident at the Self Help Addiction Resource Centre and went through their recovery journey. They were able to take time off their school of nursing, they were really supported in that journey, and now they're just kicking goals and out there advocating for nurses to have opportunities that enable them to work on what they need to work on for their recovery.

It's like an invisible problem, and if we don't speak about it, then what happens is that the myth stays that somehow nurses aren't...we know that there's approximately nine percent of the general community health-wise who experience substance use disorder or mental health at some point in their life. Now why on earth would nurses be not part of that? The more that we can show examples where people come in and get the support they need at both organisationally where they're working and the treatment frameworks that they need, we'll see more nurses going back into the workspace. I've seen lots and lots of nurses go through a journey and go back into the workplace as really safe practitioners, compassionate practitioners and possibly a deeper level of compassion to the A&D that presents in the workplaces that they're now working in.

Mark Aitken

[24:28] Indeed. The lived experience is very powerful.

Heather Pickard

[24:30] Yes it is. The lived experience...you can't just have heart and no frontal lobe. There's got to be both working. We have to keep nursing as a safe profession, looking after the public health, but we need to have a compassionate sensitive response to the types of issues that nurses can face as part of a population health profile. Drug and alcohol's one of them.

Mark Aitken

[24:59] Thanks Heather. How does fear and stigma, for those with an alcohol and other drug substance use concern, feature for an individual?

Heather Pickard

[25:11] Look I think it's about reaching out for support at an early stage. I think, again like I said, public health safety has to be a priority and because there's very little openness around substance use disorder recovery for the nursing population, there's a sense that it doesn't exist. We know it does. We know statistically, it does. I think that a lot of nurses are ashamed that they're in that practice. Are they more ashamed than other parts of the community? Yes, I think so because of that looking after

public health profile. I think that stops nurses reaching out for help at a stage when it could be the more helpful time. What we occasionally see in the media, and the media love it, is the disaster stories around a nurse or a doctor, in the workplace, in some kind of catastrophic strife around drug use. That is such a small, very tiny slither of what really happens, but that tells the public that it's a disaster and that tells the nurses that it's not something that they can reach out for help for.

Mark Aitken

[26:38] If a nurse or a midwife listened to this podcast, is struggling with these issues Heather, what is your advice around the first steps they could take?

Heather Pickard

[26:48] The NMHP was set up for nurses with sensitive health issues. What we meant by 'sensitive health issues' was drug and alcohol and mental health. The whole framework of the NMHP is around providing compassionate, confidential source of a) information, b) support and c) referrals into discreet treatment areas, if that's needed. The other thing that the NMHP do is they work very well, and they've had a lot of experience working with the employers if that's needed. Self-referrals where nurses want nothing to do with workplace engagement, and they just want to work to the side with the NMHP, that's totally possible. We will always make sure that the nurse is safe in practice and advise that if there's any risk to public health that they stop their work and focus on their recovery. But sometimes there's employer referrals to the NMHP where the employer actually wants to go into partnership with the NMHP, the affected nurse and the hospital or institution. We've seen some incredible results when that three-way partnership has been active.

I would really encourage nurses who find themselves in this space of thinking...even if it's not a catastrophic stage, "Have I got a problem? Is this becoming a little bit too frequent? Am I concerned that there might be a problem at work?" That's exactly what the NMHP is there for, to go and to have those conversations. One of the biggest elements, I think, of the success of NMHP is that it actually is confidential. There's also the National Nurses' Support Helpline, that's run by the NMHP in partnership with Turning Point, and that's another great source which is a 24 hour line. They'll also refer people according to what they're ringing [about], but that again is confidential too.

Gone are the days where we have to pretend to be Florence Nightingales who aren't really human beings. We were joking before about when we get stressed we're often a human doing,

not a human being. I think nurses have that particularly to watch out for. Sometimes we're just so busy doing, doing, doing, doing and not actually enjoying the outbreath and looking after ourselves. It's not always drug and alcohol that nurses go to the NMHP for. Often it's stress, often it's anxiety around the workplace, various issues that they have. I think that the Victorian Nurses Health Program, or Nurses and Midwives Health Program, it's now termed, has seen thousands of people since it first opened up.

Mark Aitken

[30:02] Oh yes.

Heather Pickard

[30:03] It's seen by nurses as a program run by nurses for nurses and designed by nurses. I can't speak highly enough of it as a source for people to tap into.

Mark Aitken

[30:17] A really vital service. Thank you Heather. If any nurse or midwife or student indeed is listening to this podcast and you need support, please reach out. You can phone the service to start with and you can have a confidential conversation with a nurse or a midwife. Heather, some nurses and midwives will be listening to this and thinking, "How do I get a career happening in drug and alcohol?" Have you got any advice? I know this is a bit off our script conversation!

Heather Pickard

[30:47] Certainly.

Mark Aitken

[30:48] ...but I know it's something that you could give some advice about, and it's a really important area I think.

Heather Pickard

[30:53] Yes. So we're actually recruiting, the Department of Health and Human Services has rolled out an initiative trying to encourage nurses into the alcohol and other drugs space. The ANMF and Turning Point have got that shared partnership, that initiative going. Just go on the ANMF or Turning Point's website and look up 'careers in alcohol and other drug'. There's really clear links that point people in the right direction.

I must say that now's a really exciting time in alcohol and other drug. Nurses were giving out medication in withdrawal units. Nurses now are doing complex case management and care design. They're doing co-design with case management packages, with clients that come into the service and other areas. We're really focused now on getting more nurses on boards of governance. The alcohol and other drug has had huge influx of money in the reform, and so there's lots of opportunities and rehabs in addiction medicine and in complex

care coordination for nurses. I think it's an exciting time. Bring on the nurses, I reckon!

Mark Aitken

[32:15] Couldn't agree more, Heather. Particularly this International Year of the Nurse and the Midwife. A lot of celebrating to do. Thanks Heather, that's really useful for nurses and midwives.

Well, I can't believe we've got to the end of the podcast. What a great guest you've been. Have you got any final words of wisdom?

Heather Pickard

[32:34] I've spoken a lot through the podcast--I didn't expect to speak so much--but I'm so passionate about it it just kind rolls out. My journey has been in alcohol and other drug. The problematic time of my life was in that. I know that it can happen to anybody. I firmly believe from my own journey and my own recovery that often the spiral into substance misuse isn't actually a moral decision that we make to become bad people. It's all kind of factors at play, and sometimes that's where we end up, but to separate the moral judgement about that and reach out, find a recovery community, find other nurses who understand what you're going through, and take a risk on yourself and your own health, because help is really available now.

Mark Aitken

[33:36] Thanks Heather. We'll put some links up with this podcast to the Nurse and Midwifery Health Program Victoria, Nurse and Midwife Support (the national service), and indeed SHARC Self Help Addiction Resource Centre. We'll also add some links to some resources that all these websites provide in relation to support.

Thanks very much Heather, again, for being such a great guest, and I know our listeners are really going to benefit from this. So go well everybody and speak to you next time!