

INTRODUCING PHYSIOTHERAPY IN MENTAL HEALTH SETTING: THROUGH THE DEVELOPMENT OF PHYSIOTHERAPY STUDENTS ON MENTAL HEALTH PLACEMENT

CONTEXT

There is a **clear relationship** between **mental health and physical health**, with chronic physical health conditions and/or low physical activity levels contributing to poor quality of life (Ohrnberger et al, 2017; Tessem et al, 2021; Pizzol et al, 2023).

Practicing in a **holistic, person-centred and integrated** way is key to service users having the best overall health outcomes to in turn improve population health (1.5, NHS Long term plan, 2019, 13.2 HCPC, 2023).

CLINICAL RATIONALE

Feel **listened to** to build stronger **therapeutic rapport** and improve outcomes

Further **assessments & investigations;** further revelation of physical difficulties

Holistic and client centered approach
Full body mapping

Somatic delusions – perception of physical health difficulties, occurs in 18% with FEP, associated with risk of suicide (Cohen et al, 2019). PT in this case used to build rapport, **challenge delusions**, and demonstrate **respect** and **care** for the service user

Mental health impacts physical health (41% with MDD have chronic pain, 75% with MDD or panic disorder seek treatment for somatic symptoms (Greenberg et al, 2008)) and **physical health impacts mental health** (84% with physical health concerns at some point have delusional like experiences (Saha et al, 2011))

BENEFITS & IMPACT

Enhanced **discharge planning** with further recommendations and provisions in place to **reduce risk of readmission**.

Different **perspective** and **education** of the MDT to promote positive health and well-being.

Enable clients to reach their **desired goals** and physical, mental and social **outcomes**.

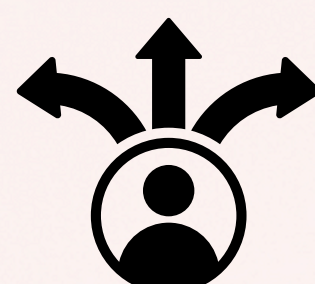
Boosting **sustainable population** and **economical health** through integration and prevention of worsening symptoms.

The PT students learned how to be **creative, adaptive, observational**, managing discomfort and **challenging conversations** and identifying somatic delusions.

LEARNING & DEVELOPMENT

Necessary **skills, knowledge & training** in working with clients with **mental health challenges**

The need for **joint working** and **different perspectives**



Time & patience: understanding moods and **engagement levels** change with different factors (sleep, mood, rapport)

CASE STUDY



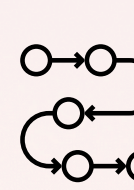
Diagnosis: Severe **depression** (without psychotic symptoms), **rheumatoid arthritis**, type 2 diabetes



Presentation: **non-communicative**, loss of appetite, risk of falls, and **assistance** of two for transfers and confined to a **wheelchair**



OT initial ax: goal: independence mobilising with walking sticks to **use the bus** and **access the community**. Prepare meal for daughter.



Plan: refer to physio students to assess range of motion, **restore movement & function** – due to being independent with mobility & transfers prior to onset of depression.



Intervention: gradual **functional exercises** & use RNRU gym to develop further, **therapeutic activities** (cooking, art, music), focus on gross & fine motor skills alongside enjoyment for **positive engagement** and independence.



Review: end of PT student placement, referral to PT service. **Ongoing support & intervention from OT** (home visit, ADL ax, therapeutic activities, continued physical activity).



Discharge from inpatients & referred to **community OT** & on wait list for PT.

AHP's WORKING IN NHS Mental Health Services (HCPC, 2021)

