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
too 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

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**.

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))

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.

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.

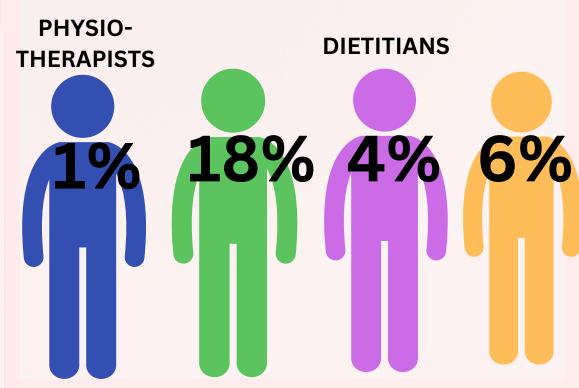


Discharge from inpatients & referred to **community** OT & on wait list for

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

OCCUPATIONAL THERAPISTS

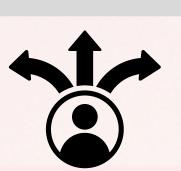
ALL PROFESSIONS



LEARNING & DEVELOPMENT

The need for joint working and different perspectives

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



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

Cohen, J., Thi Vu, M., Beg, M., Sivaraman, S., Birur, B. (2019). Successful Resolution of Prominent Somatic Delusions Following Bi-temporal Electroconvulsive Therapy in a patient with Treatment-Resistant Schizoaffective Disorder. Psychopharmacology bulletin, 49(2), 52-56. Greenberg, D., Braun, I., Cassem, N. (2008). Functional Somatic Symptoms and Somatoform Disorders. Massacheusetts General Hospital Comprehensive psychiatry, 24, 319-330. Health & Care Professions Council (HCPC). (2021). Diversity Data Report 2021 | (hcpc-uk.org) Health & Care Professions Council (HCPC). (2023). Standards of proficiency for occupational therapists. HCPC. Occupational therapists | (hcpc-uk.org) NHS. The NHS long term plan. (2019). https://www.longtermplan.nhs.uk/Ohrnberger, J., Fichera, E., Sutton, M. (2017). The relationship between physical and mental health: A mediation analysis. Social Science & medicine, 195(42-49). DOI: 10.1016/j.socscimed.2017.11.008 Pizzol, D. et al. (2023) 'Relationship between severe mental illness and physical multimorbidity: A meta-analysis and call for action', BMJ Mental Health, 26(1). doi:10.1136/bmjment-2023-300870. Saha, S., Scott, J., Vargehese, D., McGrath, J. (2011). The association between physical health and delusional like experiences: A general population study. PLoS One, 6(4). doi:10.1371/journal.pone.0018566 Tessem, S., Moyner, E., Feiring, M. (2022). Learning from a situation of discomfort – a qualitative study of physiotherapy student practice in mental health. Physiotherapy and practice, 38 (11), 1731-1741.