MATTERS OF THE MIND:
PHYSIOTHERAPY’S ROLE IN MENTAL HEALTH

Associate Professor Joanne Connaughton, APAM, from The University of Notre Dame Australia, provides an article comparing the role and responsibilities of Australian physiotherapists in relation to their patients’ mental wellbeing to what is evident in a number of other countries across Europe.
As primary health professionals who advocate a biopsychosocial approach, physiotherapists are well placed to recognise when mental health issues might impact on the overall recovery of an individual. Physiotherapists therefore can assist and encourage people to seek help for their mental health issues, reduce the stigma associated with mental illness by treating people as a whole and openly discussing mental health issues in the context of their recovery, and encourage participation within community programs that will not only benefit physical recovery but assist with psychological wellbeing too.

I would suggest that of all health professionals, physiotherapists recognise the relationship between physical health and mental health more than any others. People with poor mental health also have poor physical health and increased morbidity and mortality from preventable causes, as well as increased reports of chronic pain and treatable musculoskeletal conditions (Fagiolini 2008, Morgan et al 2012, Gureje 2006).

Physiotherapists using a biopsychosocial approach take into consideration the impact a person’s mental health has on their physical health and recovery, and adapt and modify management plans accordingly to optimise recovery. Despite this, the wider perception is that physiotherapists play either no or an insignificant role in mental healthcare. Physiotherapy is not considered a primary profession in the Australian Mental Health Workforce and was not even listed by Health Workforce Australia in 2013 as a workforce with a significant role delivering services to mental health consumers. I would, and do, challenge this misconception.

The keynote address, 'Perceptions of Western Australian physiotherapists in Psychiatry and Mental Health', I gave earlier this year at the 5th International Conference for Physiotherapy in Psychiatry and Mental Health, generated a lot of discussion.

The key themes of the discussion highlighted that, worldwide, physiotherapists are one of the few health professionals who consider the impact of mental health problems on physical health recovery and vice versa, and physiotherapists can help improve the physical health of people with severe mental illness and this has a significant positive impact on that person’s mental health.

Not surprisingly, there was overwhelming support for a greater representation of physiotherapists in the mental healthcare system. The conference was organised by the International Organisation of Physical in Mental Health (IOPTMH), which is a subgroup of the World Confederation for Physical Therapy (WCPT). Member countries of the IOPTMH include Belgium, Denmark, Finland, Iceland, Norway, Sweden, The Netherlands, Spain and the United Kingdom.

Individual members of the IOPTMH are sharing information to publish a book, entitled, Physiotherapy in Mental Health and Psychiatry: a Scientific and Clinical Based Approach.

All countries, whether member countries of not, have different mental healthcare systems and different representations of physiotherapy within these services. Further, in each of these countries, physiotherapists have different approaches to how they treat people with moderate-to-severe mental illness. I have been fortunate to have discussions with a number of clinicians from different backgrounds and to view facilities in the Netherlands, Belgium, Norway and England. In these cases, all have different services than Australia but all have physiotherapists employed in all psychiatric services.
PHYSIOTHERAPY SERVICES IN PSYCHIATRY AND ACCESS FOR PEOPLE WITH MENTAL HEALTH ISSUES

AUSTRALIA
Only a handful of psychiatric facilities and units around Australia employ physiotherapists. Most broker in physical therapy only when a health practitioner in the service recognises that the person with mental health issues would benefit from physiotherapy. This is dependent on the health practitioner understanding the role of physiotherapy as well as being able to recognise when it is required. Almost no community-based mental health services employ or broker in physiotherapists; so, unless an inpatient in a psychiatric facility, most people with mental health problems must seek management of their physical problems from general practice physiotherapists.

Physiotherapists in general practice will treat many people with comorbid mental health problems. A 2013 survey of 86 general practice physiotherapists in Western Australia found that every working day, 43% per cent provide assessment and treatment for physical health issues of someone with comorbid mental health problems. A further 33% per cent of physiotherapists reported that every 2-3 days someone would present to them with both physical and mental health problems.

BELGIUM
Physiotherapists are employed in most psychiatric facilities and treat physical health issues of inpatients in both individual and group programs. Physiotherapists in Belgium are not autonomous and can only be accessed by referral and have the same issues as Australia in relation to relying on a doctor to understand the role of physiotherapy and recognise when it is required.

Graduate physiotherapists must complete a two-year master’s degree in addition to their bachelor degree to be eligible to work. A master’s degree in mental health has been available since 1992.

A physiotherapist at Koterberg Psychiatric Hospital, Professor Michael Probst has researched and developed a comprehensive program for people with eating disorders based on body awareness, posture, exercise and relaxation. This program is well regarded throughout both Belgium and, more broadly, across Europe.

ENGLAND
Mental health hospitals in England employ physiotherapists; however, despite a national initiative to promote physical health within mental health services, the role of physiotherapists is being challenged. Physiotherapists are now being asked to provide evidence to justify their practice and, like Australia, some traditional physiotherapy interventions such as exercise prescription and relaxation are being undertaken more and more by exercise physiologists or other allied health professionals. As in Australia, physiotherapists in general practice will treat many people with comorbid mental health problems.

NORWAY
Physiotherapists are employed in psychiatric hospitals and usually use either one or both of the following approaches, which are taught in undergraduate programs and expanded in postgraduate studies.

Psychomotor physiotherapy deals with the interaction between posture, breathing and muscle patterns. This therapy was developed during World War II when therapists recognised a connection between muscle tension, breathing patterns and emotions.

Basic body awareness therapy/methodology is based on the theory of abnormal movement and breathing patterns when there is a dissociation between mind and body. It aims to facilitate people to become aware of their daily, functional movements and the quality of these movements as well as recognise what movements are not associated with pain. Strategies for recovery include balance integration, free breathing and mental health awareness in movements.

Physiotherapists in general practice will treat many people with comorbid mental health problems associated with chronic musculoskeletal conditions, chronic pain, chronic fatigue, eating disorders and more.
AUSTRALIAN PHYSIOTHERAPISTS SHOULD BE MORE INVOLVED IN MENTAL HEALTH

Australian physiotherapists recognise that good health is reliant on a balance of the complex interaction between biological, psychological and social factors, and that problems in one area can significantly impact on the overall wellbeing of the individual.

We know that physiotherapy plays an important role in the management of pain, musculoskeletal and respiratory conditions as well as disorders such as diabetes and obesity—recognised as common conditions identified in people with poor mental health. However, physiotherapists are underrepresented in the holistic management of mental health clients. As outlined in the APA's position statement on mental health and physiotherapy, physiotherapists, as primary practitioners, are well positioned to identify and manage many treatable conditions in this client group and should be included in the mental health workforce if truly holistic care is to be offered to consumers.

Currently most mental health services in Australia broker in physiotherapy for their clients and The National Mental Health Policy (2008) advocates the importance of maintaining the good physical health of mental health clients. Unfortunately, in my experience, many mental health professionals are so focused on psychological problems that they often overlook consumers' physical health issues or, alarmingly, discount consumers' complaints of pain and/or poor physical health as a symptom of their psychiatric condition or a side-effect of medications. This frequently results in treatable physical health problems left unmanaged and may explain why so few people are referred for physiotherapy.

Historically, physiotherapists in Europe have been involved in mental health and psychiatric facilities much more than in Australia and, as a result, are now producing evidence to support their practice. Research is not only looking at the positive effect of physiotherapy on the physical health of individuals, but the effects of physiotherapeutic interventions on mental health of people with severe mental health conditions such as schizophrenia. (Gorzyński & Faulkner 2010, Davy Vancampfort et al 2012, 2014). I believe physiotherapists should be included in the mental health workforce in Australia to provide specialists services that complement current practice and provide holistic care to a group of people who are currently disadvantaged by the absence of our profession.

Email inmotion@physiotherapy.asn.au for references.

The relevant APA position statements are available on the APA website, physiotherapy.asn.au.

THE NETHERLANDS

Specialist psychosomatic physiotherapists work in primary, secondary and tertiary healthcare, including psychiatric clinics. They are also employed in areas of health and safety, education and workplace injury rehabilitation. Psychosomatic physiotherapists can be accessed directly or via referral.

Specialist psychosomatic physiotherapists undertake a master's degree in psychosomatic physical therapy and work with people who present with moderate-to-challenging complexity. Interventions are based on the complex relationship of motor performance and psychological factors in conjunction with the person's social circumstances.

THE OBJECTIVES OF IOPTMH

- foster cooperation between physical therapists practising in mental health throughout the world
- encourage improved standards and consistency of practice in mental healthcare by physical therapists
- advance practice by communication and exchange of information
- encourage scientific research and promote opportunities for the spread of knowledge of new developments in the field of mental health
- assist WCPT member organisations in the development of recognised subsections in mental health.

For more information, go to wcpt.org/ioptmh.