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Physiotherapy in Mental Health: Research into Practice

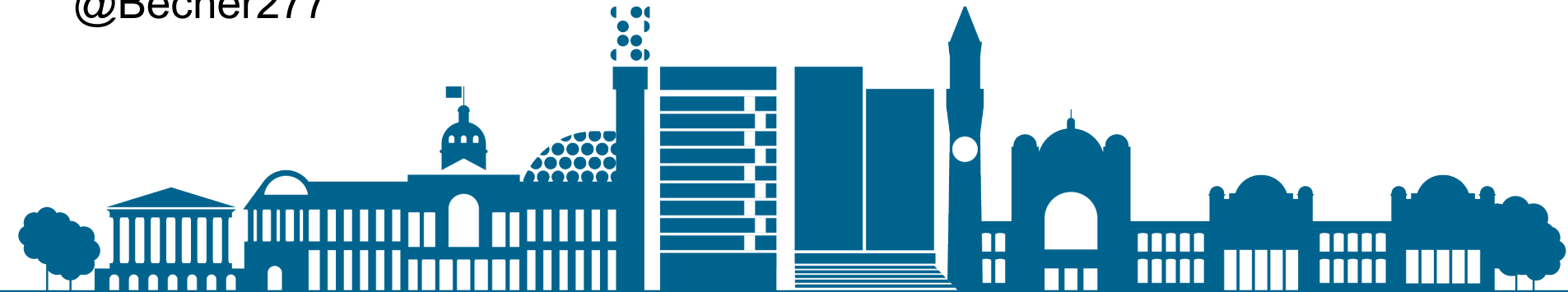
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Objectives

- Background to study
- Overview of the qualitative study and findings
- Theory into practice
- Service evaluation
- Overview of NIHR academic pathway



My journey so far...

- Physiotherapist in Mental health since 2011
- Questions, questions, questions
- NIHR internship 2013
- MRes Health Research 2018
- Masters to doctorate Bridging 2019
- Teaching fellow UoB



Background literature

The King's Fund

Authors: Chris Hopkins, Michael Parnham, Sue Gilchrist, Martin Knapp, Matt Pinnock, Amy Gatta

February 2012

Long-term conditions and mental health

The cost of co-morbidities

Key messages:

- People with long-term physical health conditions also have mental health problems. These combined or co-morbid health conditions can affect quality of life.
- Costs to the health care system are substantial. People living with long-term physical health conditions also have mental health problems, which may mean that they use the health care system more often, with a long-term condition and a mental health problem.
- This suggests that future research should look at the impact of all long-term conditions on health, not just physical health and wellbeing. Research should also be done to help such as the better management of these health conditions to improve the quality of life of people with long-term conditions and co-morbid mental health problems.
- People with long-term conditions and co-morbid mental health problems often experience difficulties in getting on with their lives, such as in their work and family life. The information in this report can help people and their families to understand what they can do to improve their lives.
- Even the things that people do to help their conditions, such as taking medicine, can have a negative impact on their mental health. People with long-term conditions and co-morbid mental health problems should be encouraged to talk to their health care professionals about their mental health.
- Health care professionals should be encouraged to consider the mental health of people with long-term conditions, and to offer support to help them manage their conditions and their mental health.
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THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

A report from the Independent Mental Health Taskforce to the NHS in England February 2015

ARM **Arthritis ACTION**

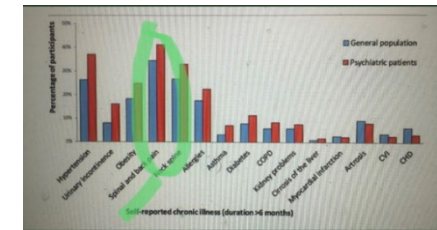
Mental Health and Musculoskeletal Conditions

Report of Roundtable 19 March 2019

recovering mind and body

A framework for the role of physiotherapy in mental health and wellbeing

PDF



The Lancet Psychiatry Commission

The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness

Joseph Park, Agnes Saldaña, Al Espinosa, Dean Saloner, Simon Bowdenham, Oliver Galley, Stephanie Allen, Constantino Carino, Richard Cowie, Andrew Cunniff, Peter van't Hof-Grootenboer, Christopher Grant, Gordon Goss, Peter Douglas, Adam Lind, Nicholas Smith, Jackson, Steve Eady, Elaine Lovell, Maria May, Patrick McGorry, Catherine Mahoney, Hannah Miles, Brian O'Donoghue, Toby Phillips, Jerome Sami, Arjun B. Shrivastava, David Steiner, Lisa Smith, Maria Sison, Shashika Suresh, Johannes Teasdale, Scott B. Trankle, Graham Thornicroft, John Taylor, Tom Trabasso, Tony Travers, Nicola Traversa, Philip D. Triggs, David Triggs, Gordon Triggs, Gordon Triggs

Executive summary

Background

The poor physical health of people with mental illness is a global, under-recognized, and global problem. People with mental illness have an increased risk of physical disease, as well as reduced access to adequate health care. As a result, physical health disparities are observed across the entire spectrum of mental illnesses in low-income, middle-income, and high-income countries. The high rate of physical comorbidities, which often have poor clinical management, drastically reduces life expectancy for people with mental illness, and also increases the personal, social, and economic burden of mental illness across the lifespan.

and cardiovascular diseases that is 1.4–2.0 times higher than in the general population. Although cardiovascular diseases have mostly been studied in patients with severe mental illness, particularly psychotic disorders, the prevalence of cardiovascular disease is also increased in individuals with a broad range of other diagnoses, including substance use disorders and non-psychotic common mental disorders such as depression and anxiety.

Part 2: Key modifiable factors in health-related behaviours and health services

Part 2 presents a hierarchical model of evidence synthesis to evaluate modifiable risk factors for physical diseases in

Journal of Physiotherapy
Volume 65, Issue 4, October 2019, Pages 222–229

Research

Physiotherapists' views about providing physiotherapy services to people with severe and persistent mental illness: a mixed methods study

Eleanor Andrew^a, Kathy Briffa^a, Flavie Waters^{b,c}, Samantha Lee^a, Robyn Fary^{a,d} &

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Abstract

Journal of Physiotherapy
Volume 63, Issue 3, July 2017, Pages 168–174

Research

Limited interface between physiotherapy primary care and people with severe mental illness: a qualitative study

Samantha Lee^a, Flavie Waters^{b,c}, Kathy Briffa^a, Robyn Fary^a &

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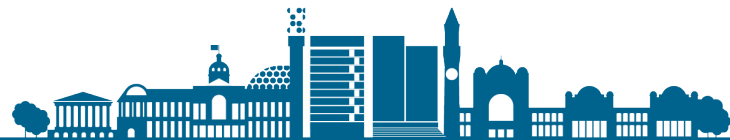
<https://doi.org/10.1016/j.jphys.2017.05.014> **Get rights and content**

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Research Question and Aims

- 1) To explore lived experiences of Physiotherapeutic care for those with co-morbid physical and mental health complaints
- 2) To identify barriers and facilitators for service users with SMI attempting to access physiotherapy



Methodological Approach

- Interpretative Phenomenological Analysis (IPA)
- Semi structured interviews
- 8 service users with comorbid SPMI and physiotherapy complaint
- Quality enhanced through methodological and investigator triangulation, negative case analysis, reflexivity and a clear audit trail
- Ethical approval from London City and East

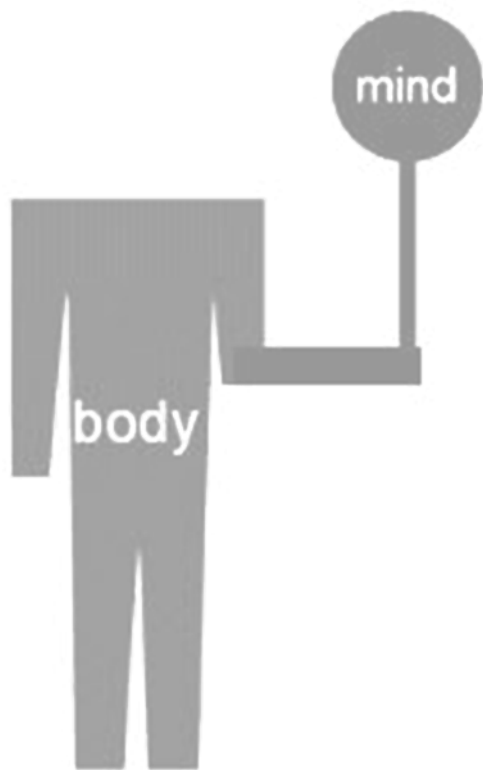


Participant Demographics

	Age	Gender	Mental health diagnosis	Physiotherapeutic complaint
Patient 1 (P1M 38)	38 years	Male	Psychosis and affective disorder	Chronic back pain
Patient 2 (P2M 55)	55 years	Male	Psychosis	Knee pain
Patient 3 (P3M 47)	47 years	Male	Anxiety/PTSD	Chronic back and leg pain
Patient 4 (P4F 51)	51 years	female	Anxiety and depression	Arthritic pain
Patient 5 (P5M 35)	35 years	Male	EUPD	Long term neurological complaint
Patient 6 (P6F 19)	19 years	female	Eating disorder	Musculoskeletal injury and pain
Patient 7 (P7M 56)	56 years	Male	Psychosis	Long term musculoskeletal injury
Patient 8 (P8F 53)	53 years	female	Borderline personality disorder	Chronic back pain



Theme 1: Holistic Care



‘They assume they are there to fix your body and someone else is there to fix your brain’

‘To you as a physiotherapist you’re only looking at one problem but to me as a patient I’ve got multiple problems’

‘Look at them as a whole- not just like they’ve had a breakdown, they’ve come in for this, they’ve come in for that’



Theme 2: Perceived benefit

'Although it's physical stuff you guys are doing, I felt mentally better'

'Not good with regards to the psoriatic arthritis because to be honest they don't seem to know much'



'Makes me feel motivated to do it 'cause I feel like I'm benefitting from it'



Theme 3: Communication

'I feel people are not listening to me'

'they're probably overworked or whatever- they don't really ask questions about what's really the matter and they suggest things that you just think... is pointless'



'I wish they'd explain everything to me not just give me a handout of exercises'

'I think if you've got a better rapport with the patient the more likely they are to come and see you- they're more likely to engage'

Theme 4: Patient Activation

'If a person can't be bothered to do it, they won't do it'

'You just feel like you can't be bothered with this because it's another thing that adds onto the rest of it... I'm trying to juggle things and sometimes I can't physically juggle everything on top of what's going on with me'

'I have cancelled a couple of times... not because of the physical thing, probably because of the depression and it was just too much'



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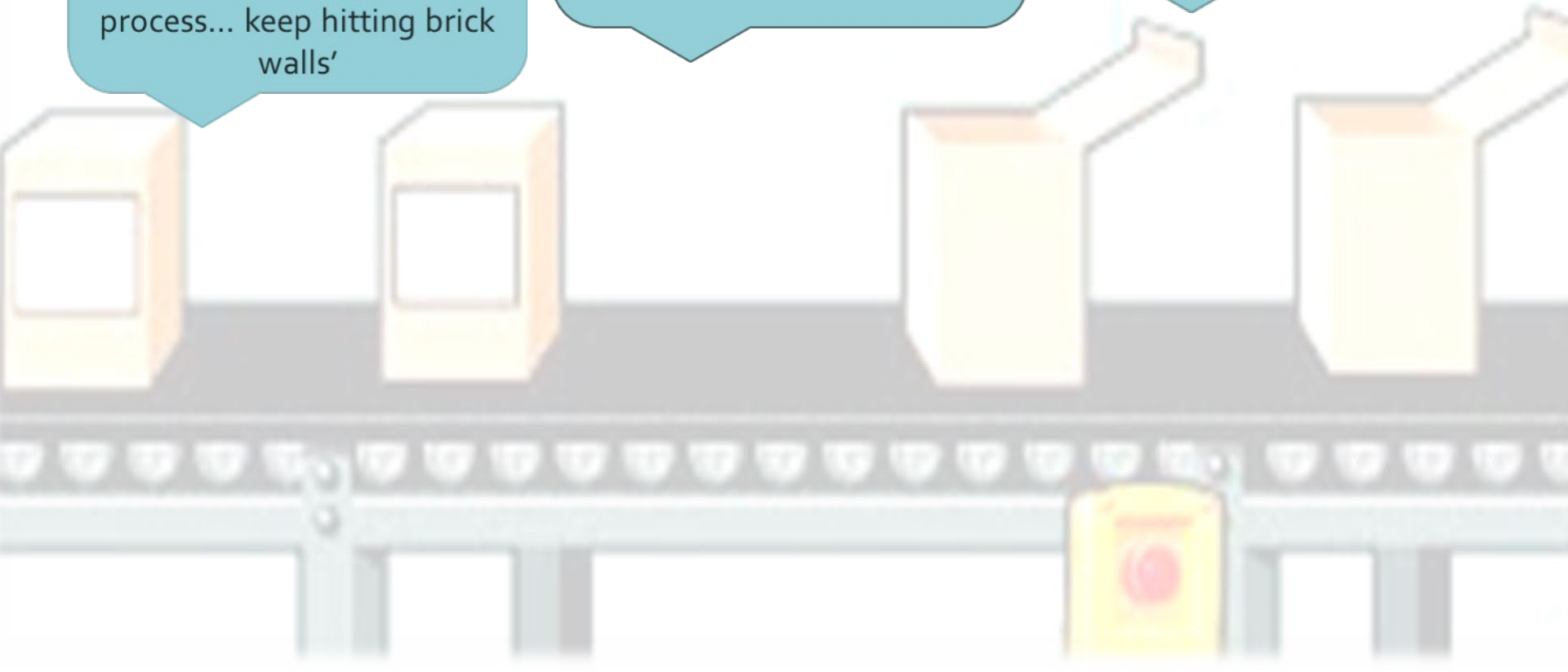


Theme 5: Service interaction and processes

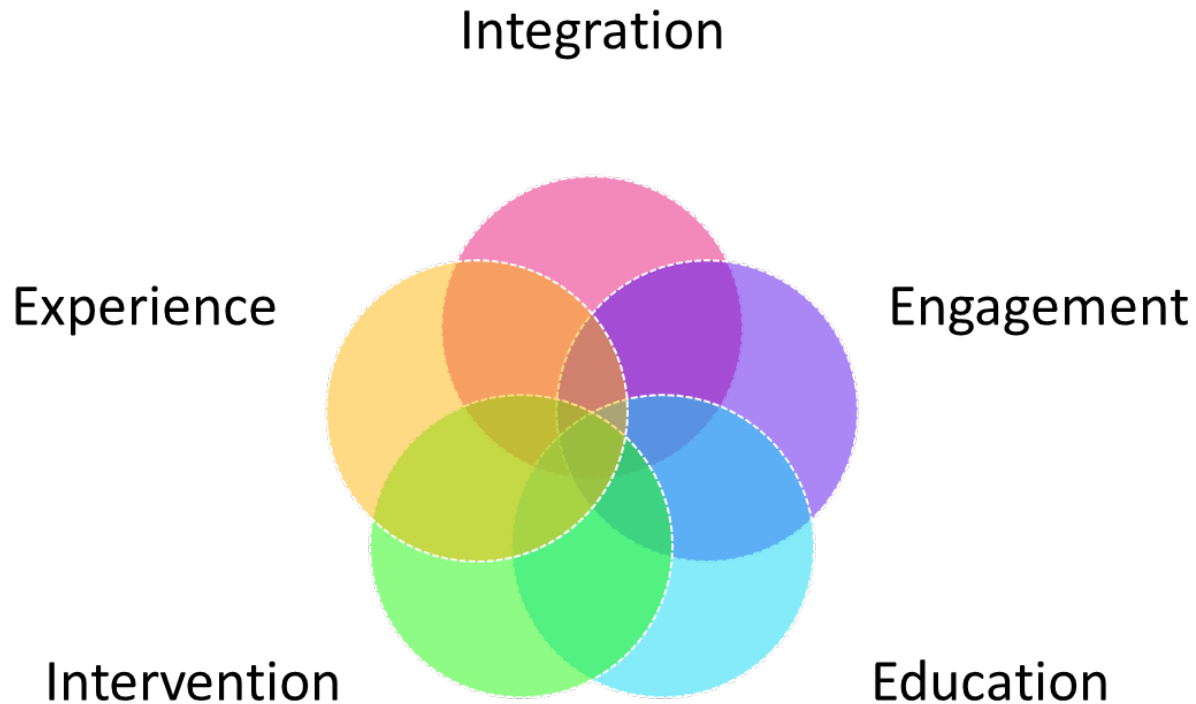
'mental health in my mind...physical health in my body...keep getting referred back... it's a process... keep hitting brick walls'

'It's kind of like one strike and you're out and then you've got to go back to your GP'

'it's quite a lengthy process... the NHS is slow now and you have to go through a lengthy timescale'



Implications/Recommendations



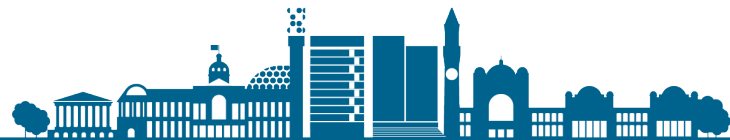
Findings Into Practice....



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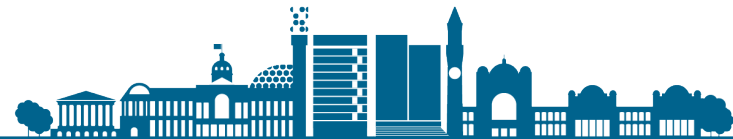
Development of Service

- ❑ Outpatient service
- ❑ MSK/neurological complaints
- ❑ Based at community MH hospital base
- ❑ Flexibility in appointment length- all initial sessions one hour
- ❑ Physiotherapy delivered by professional with MH experience
- ❑ Referrals received from CMHT's, Health instructors and transitions from wards
- ❑ Contact letter sent following 2 DNA's
- ❑ Outcomes based around service user goals (GAS)
- ❑ Psychosocial model of care
- ❑ Lack of flexibility over appointment days due to 2 half day slots for service

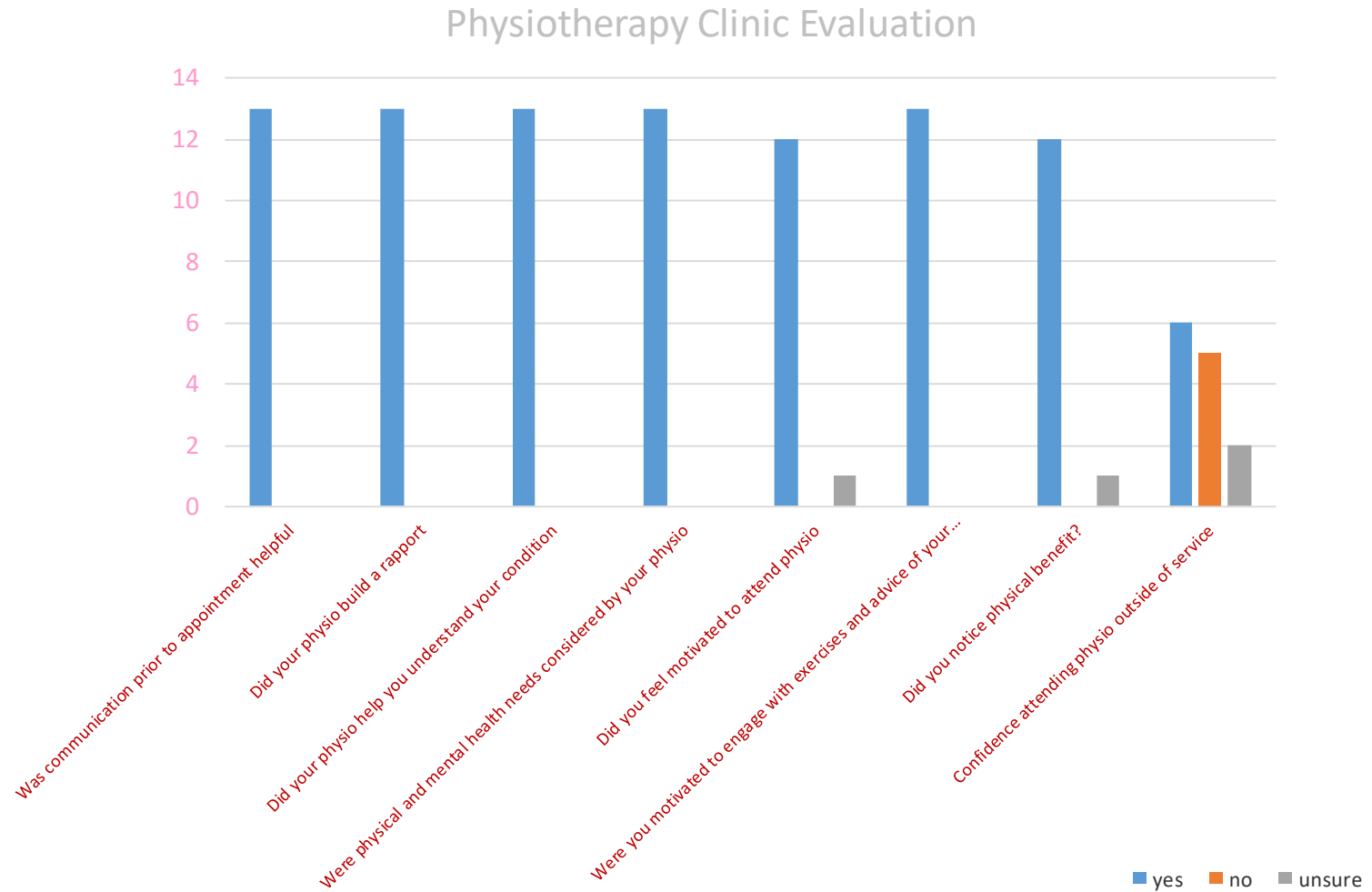


Method of Evaluation

- GAS scores analysed for all patients attending at least 2 physiotherapy sessions between January and September 2019
- Survey and qualitative feedback received from 13 patients- all patients attending clinic in August-October 2019 invited to complete feedback

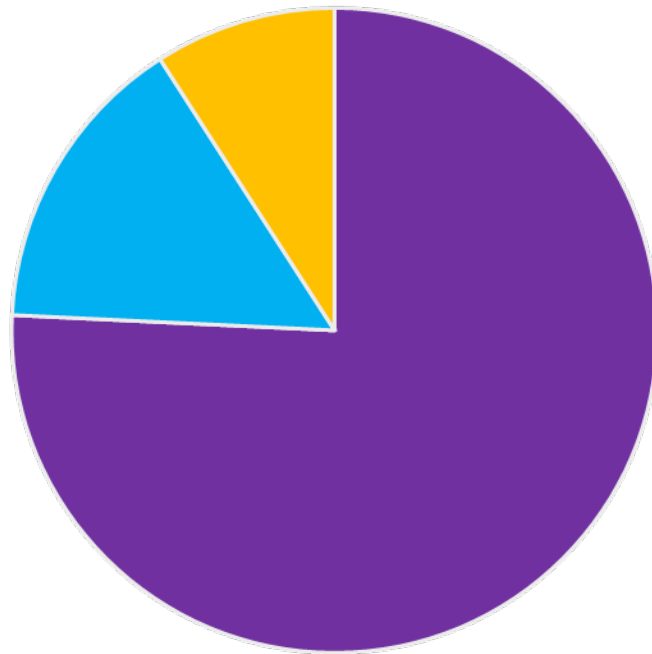


Outcomes



Impact on Mental Health

Impact on mental health

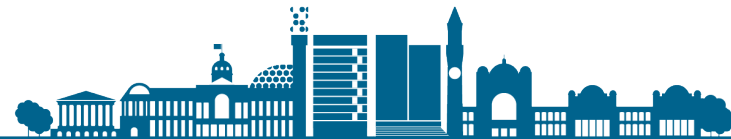


■ Positive ■ Negative ■ No effect ■ Unsure



Clinical Outcomes

- 95.2% of patients achieved at least 1 scale progression on GAS within 6 sessions
- 53% achieved 2 scale progression on GAS within 6 sessions
- 10% DNA rate over 6 month period



Service Evaluation: Comments

Put me at ease and listened to my concerns

Such a fabulous service for mind health patients

It's always good and beneficial to have a nice physiotherapist who understands mental health as well as physical

The advice was amazing

No matter how depressed I have been or in pain, these are literally the appointments I keep because of the methods of practice

She establishes a natural, unforced rapport which is beneficial for my journey of healing and pain management

I believe when an individual has confidence in an individual, half the healing has begun

Excellent both for my mental health and in controlling my pain



What Next: service delivery

- Continuation of service
- Further consideration around potential purpose of service:
 - A service which should be commissioned and standard practice for referrals
 - A service to ‘fill a gap’ due to long waiting lists
 - A service to prepare service users for accessing general outpatient/community services

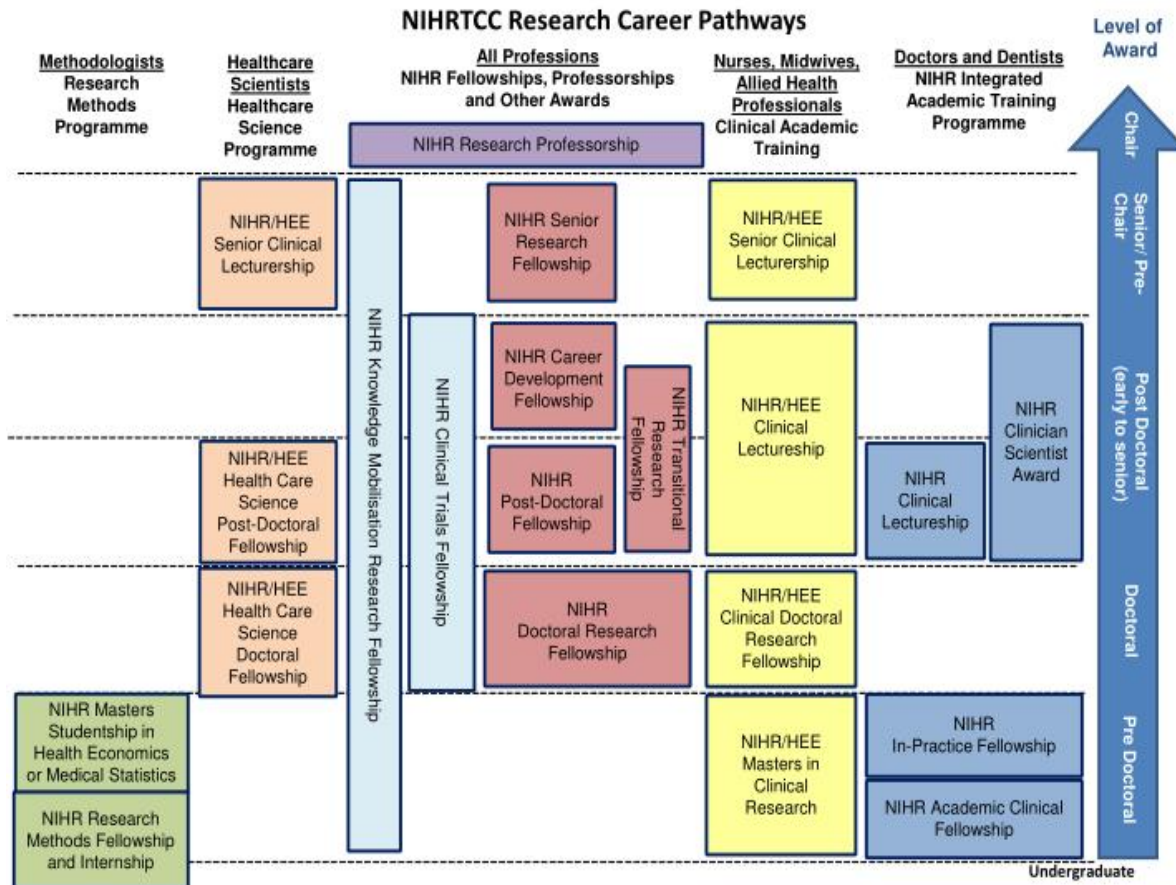


What Next: research and development

- Developing MH as a core component of Physiotherapy programmes at universities
- Exploration of student perceptions of MH before and after such training
- Development of research study to investigate UK physio perceptions of working with patients with SMI
- Exploring methods for improved access to physiotherapeutic care for service users with SMI



Acknowledging the NIHR Clinical Academic Pathway



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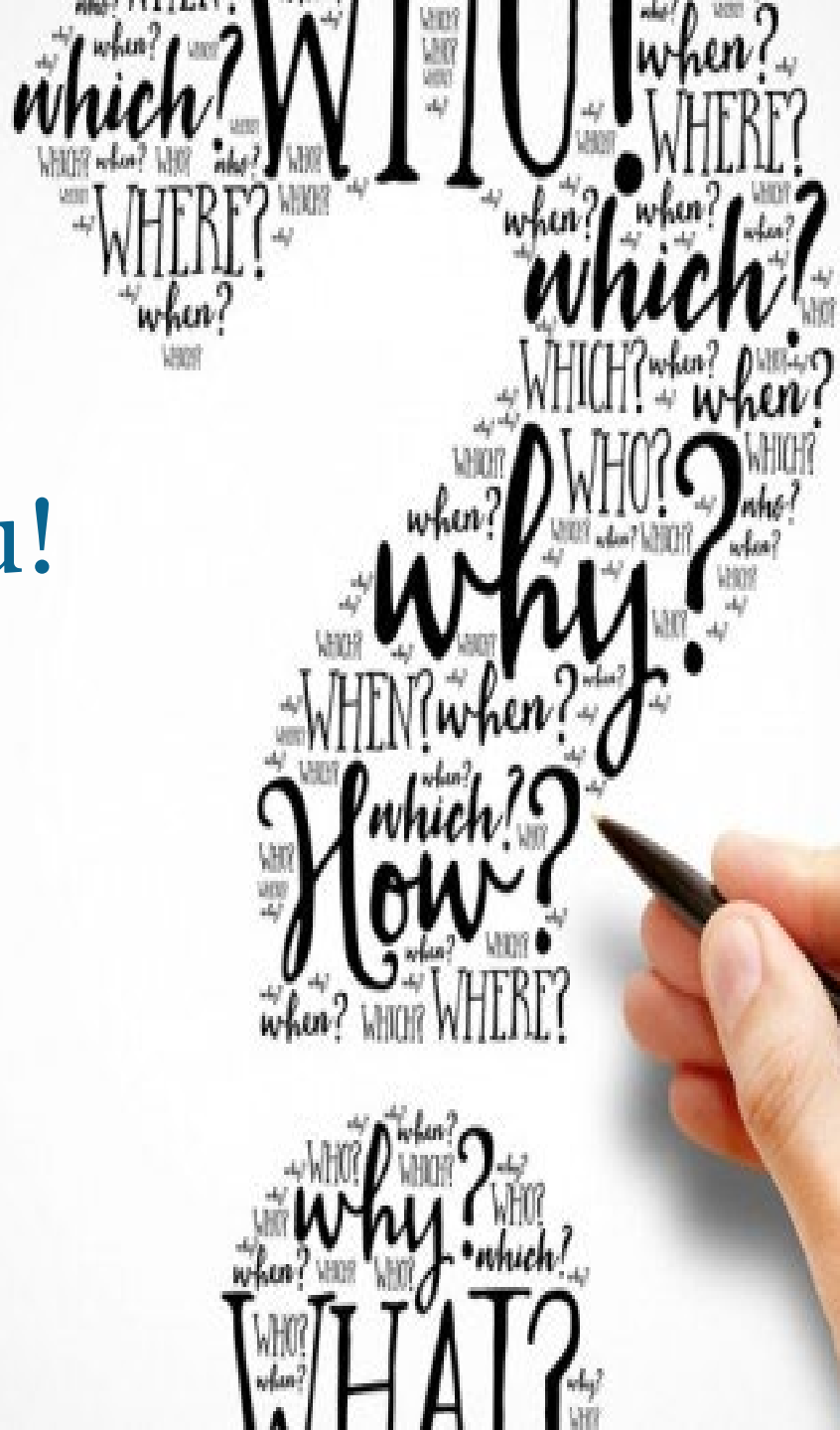
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Thank you!