

**SO YOUR
NEXT
PATIENT HAS
A MENTAL
HEALTH
CONDITION**

**A GUIDE FOR
PHYSIOS NOT
SPECIALISING
IN MENTAL
HEALTH**

One in four people will be diagnosed with a mental health problem in their life time.

Physiotherapists regularly come into contact with people with common mental health conditions regardless of the setting and it is likely that this will influence engagement and response to treatment. The majority of people with a mental health condition will access mainstream physiotherapy and some may need reasonable adjustments. In almost all cases a mental health condition will not affect your ability to treat in a department.

Planning and preparation for your appointment

A person with a mental health condition has individual needs as would everybody but the following suggestions may be helpful when preparing for your appointment.

If possible find out in advance

- Any relevant medical history as they may find it difficult to remember.
- Any information relating to their particular condition or diagnosis including medication.
- Remember everyone experiences their mental illness in an individual way, it is ok to ask “and how does that affect your daily life” one person with Schizophrenia will not have identical symptoms as another.
- If the person is under any section of the Mental Health Act and what implication it may have.
- If the person has any specific likes or dislikes which may affect the appointment, in particular fears.
- Their level of cognition, and ability to give consent. You can use a capacity assessment tool (see Appendix)
- The impact of their mental health on day to day life and function.

Appointment planning

- Think about the location for the appointment and where the person may be more relaxed and comfortable.
- A clinic setting may be full of distractions and busy which may make the person feel unsettled or unable to wait.
- Provide longer appointments so you can take time rather than rush someone and be prepared to take a couple of appointments to complete an assessment.
- Encourage them to bring a care and treatment plan or educational or health plan if they have one
- Ask them if they need support from a carer or family member.
- You may need to telephone or text to remind them of appointment the day before.
- Write it all down

Consent

Many people with mental health issues are able to give consent for their treatment however some may not. Assume a person has capacity until an assessment indicates otherwise.

Remember

- Capacity is not a blanket decision it relates to a specific task/activity
- A person can have capacity for one decision but not another

- Capacity can fluctuate it may be necessary to review decision or wait until a later date

Where a person is unable to give you informed consent you will need to adhere to the Mental Capacity Act 2005 or the Adults with Incapacity (Scotland) Act 2000 depending on location. You should also look to local organisation policies for further guidance.

- It is alright to decline to treat someone if you feel they are intoxicated or altered from use of drugs and alcohol. You may need to rearrange an appointment.
- How to get the best out of your appointment
- Communication is key
- Think how you will communicate, use words they may be familiar with be respectful, do not stigmatise and remember people with a diagnosis of mental illness are people just like everyone else.
- Always talk to the person with chosen name
- Assess their level of interaction and may be use a less formal assessment format.
- Try and understand the wider implication of the injury and use a holistic approach
- They may show some difficult behaviour this is not always part of having a mental health issue but how they communicate their needs or show their distress. You may need to rule out physical causes before assuming mental health issues.

Things to consider

As with any patient on assessment if someone says no then you can always go back at a different time to assess if an in-patient or book another assessment time.

Pain perception can change dependent on the persons mood or if has a cognition issue/cognitive impairment. If you work with people with schizophrenia be mindful that on average, research has shown that this population have substantially raised pain threshold and tolerance, consequently numerical scales may be inaccurate or not pick up the true nature of a person's injury. (Stubbs et al 2015)

Contact your local mental health team. They should have a specialist physiotherapist who supports those unable to access mainstream services for a variety of reasons. They will be happy to give advice, discuss concerns or offer a joint visit.

Don't just discharge if Do Not Attend

We are very "touch happy" – remember that not everyone expects this or likes this.

You may need to develop your therapeutic relationship before proceeding with a manual assessment or intervention.



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Further advice or Education

<http://cpmh.org.uk>

<https://www.nhs.uk/conditions/social-care-and-support/mental-capacity/>

<https://www.alzheimers.org.uk/>

<https://www.mind.org.uk/>

<https://www.scie.org.uk/mca-directory/assessingcapacity>

Choice Medication

<https://www.gov.scot/adultswithincapacity>

<https://www.nhs.uk/conditions/suicide/>

Decreased pain sensitivity among people with Schizophrenia: a meta -analysis of experimental pain induction studies. Stubbs B, Thompson, T, Acaster S, Vancampfort D Gaughran F Correll CU. Pain 2015 nov;156(11):2121-31

Is pain perception altered with Depression? A systematic review and meta-analysis of experimental pain research. Thompson T, Correll CU ,Gallop K, Vancampfort D Stubbs. J Pain 2016dec;17(12):1257-1272