

Commissioning Mental Health Services

The contribution of physiotherapy to
integrated services for health and wellbeing



THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Contents

Introduction	4
Commissioning physiotherapy as part of a multi-disciplinary mental health service	5
New ways of working	6
Central themes for services	7
Identifying needs	9
Service users statement	13
Carers statement	14
References	15

Introduction

This leaflet provides commissioners with an overview of the contribution physiotherapy can make in the delivery of high quality evidence based mental health and well being services. A second complementary document 'Recovering Mind and Body: A framework for the role of physiotherapy in mental health and well being' provides more detail. It identifies where physiotherapy is now, where it wants to be in 2013 and the building blocks required to get there.

Physiotherapy aims to optimise physical and mental health to empower people to achieve their potential. Service users and carers have played a key role in the development of these documents. Some examples of how physiotherapy can support the delivery of personalised care and statements from carers and a service user are provided at the end.

Delivery of quality care and continuous improvement are key aspects of health care policy and physiotherapists, along with other Allied Health Professionals, are well able to support this agenda. This is reflected in World Class Commissioning (DH 2007a) principles which support the drive to increase healthcare outcomes for clients.

Commissioning physiotherapy as part of a multi-disciplinary mental health service

New Ways of Working (DH 2005, DH 2007b) takes us into a new era of delivering services within the field of mental health, holding the needs of service users and carers central to all treatments and interventions.

Physiotherapists are able to support commissioners in developing services to address the mental health needs of the local population. Physiotherapists work across a variety of health and social care settings and with their knowledge of local service provision can support commissioners in the development of new and evolving services and in involving service users and carers.

The physiotherapist, as a member of the multidisciplinary team, can demonstrate the advantages in harnessing the links between mind and body. As the 'physical expert', the physiotherapist has a key role in enabling physical activity for health promotion, disease prevention and relapse, and makes a significant contribution in the delivery of lifestyle, weight management and wellbeing programmes.

They can act as care co-ordinator supporting service users to access services as and when needed. By utilising a rehabilitation and recovery model physiotherapists work with service users to develop and facilitate strategies for the journey through wellbeing and recovery.

As part of the multi-professional team physiotherapists support care pathways and focus on the individual by:

- Maximising service user independence
- Improving both physical and mental healthcare and the intrinsic link between the two
- Demonstrating flexibility in their role to improve person-centred care
- Working across sector and agency boundaries as part of integrated care pathways.

New ways of working

New Ways of Working (DH 2005, DH 2007b) is a whole systems approach to workforce planning and development based on individual service user needs, optimising access and choice and ensuring the most flexible and effective use of resources. Commissioners are encouraged to work with physiotherapy service delivery teams to enable the development of 'capable teams'. This will ensure that service users receive care from the person with the right set of knowledge and skills for their needs, matching complexity and co-morbidity to competences required.

Central themes for services

Central, consistent themes for services, identified from key policy drivers, are listed below. Examples of how physiotherapists are supporting these are provided for each theme.

- **Service users to be central in all healthcare services**
Service users and carers have been completely involved in the planning and production of this leaflet and accompanying document
- **Establish ways to support service user and carer participation in service delivery**
In Rotherham, service users and carers are involved in promoting exercise activities at local leisure centres and as trained walk guides
- **Involvement of service users and carers in service development and evaluation**
In Oxfordshire service users' views were sought on the provision of inpatient fitness sessions and promotion of community fitness access, using questionnaires and structured interviews. This led to changes in the service and in the skill mix of the team
- **Focus on health promotion, and health and wellbeing**
At SW London & St George's Mental Health Trust, there is a dedicated exercise therapy team. Patients with depression are all advised on the benefits of following a structured and supervised exercise programme
- **Provision of services in locations most suited to meet the needs for the individual service user**
Physiotherapy services in many areas provide fitness services in local authority leisure centres and village halls.
In Northamptonshire relaxation groups are provided in local health centres with direct referral from GPs
- **Promote the importance of activity and employment**
At SW London & St George's MH Trust service users are given the opportunity to support the delivery of community sports sessions and gain recognised Level 1 and Level 2 Football, Tennis and Netball coaching qualifications.
- **Ensure equality of access to appropriate health and social care services**
In Nottinghamshire physiotherapists are included in a multi-disciplinary intermediate care service specifically for older people with mental health needs

Central themes for services continued

- **Support individuals to attain, maintain and regain active lifestyles**
At SW London & St George's MH Trust service users are given individual support to start an exercise programme when they are in-patients, progressing to hospital based gym sessions and then to access community based exercise facilities or community sports groups.
- **Ensure health and social care service provision is informed by research evidence and up to date information on best practice.**
The production of an evidence base for the use of exercise in the management of mild to moderate depression led to its inclusion within the National Institute for Clinical Excellence Guideline for Depression (NICE 2004)

Identifying needs

Identifying the needs of the local population will be through a variety of mechanisms including considering feedback from service users as well as the profile of the community. National and local priorities will also be taken into account.

Service users have been asked about their perspective and this is one response

"We want a knowledgeable 'doer' who can treat our physical needs and ailments but who knows how these affect and are affected by our mental health...how we feel that day. And if they don't know they will find out...it is no more than anyone wants"

(Answer from service user to 'Mind the Gap' questionnaire Northampton PCT 2005)

Matching need and want, placing an emphasis on prevention, rehabilitation, maintaining wellbeing, increasing access and providing choice to patients will be challenging. Physiotherapy is well placed to support the delivery of this agenda in a variety of ways.

Summary of key points

As part of the multi-disciplinary team physiotherapists can offer:

- Management of underlying complex physical co-morbidity problems that may be presented in addition to mental health issues
- Integrated patient focussed assessment
- A 'one-stop-shop' for the management of physical and mental health issues
- Expert management of pain, mobility and movement
- Prevention of ill health, rehabilitation and recovery of wellness.

The case scenarios below show how access to a physiotherapist can improve access, choice and outcomes for the client and support delivery of personalised care. These are further supported by the carers and service users statement from 'Recovering Mind and Body: A framework for the role of physiotherapy in mental health and well being'

Identifying needs continued

Alice is a 73 year old lady with a diagnosis of dementia who is falling at home

PATHWAY FOLLOWED	PATHWAY IF PHYSIOTHERAPIST IN COMMUNITY MENTAL HEALTH TEAM
Referred by Community Psychiatric Nurse to GP surgery	Referred to physiotherapist
GP refers Alice to falls prevention service – not accepted as criteria does not include people with cognitive problems	Assessed by physiotherapist and falls managed through; <ul style="list-style-type: none"> • Adapting environment • Short period of regular visits to reinforce movement and activity
Admitted to orthopaedic ward with a fractured hip, following fall at home. Develops additional problems and slow to rehabilitate	
Assessed by intermediate care team who decide can no longer cope at home	
Outcome	Outcome
Referred to social services for long term care	Maintained at home Reduced cost to health and social services

Jean is a 35 year old lady with a progressive neurological condition and severe depression she is referred to the CMHT.

PATHWAY FOLLOWED	PATHWAY IF PHYSIOTHERAPIST IN COMMUNITY MENTAL HEALTH TEAM
Allocated to member of Community Mental Health Team (CMHT) as Care Coordinator	Allocated to Physiotherapist as Care Coordinator
CMHT member carries out a mental health assessment.	Physiotherapist carries out a full assessment of both her mental health and physical health. Physiotherapist identifies key gaps in equipment and services for her physical health needs.
Referred on to Occupational Therapy and social services for provision of equipment and home care support package	Physiotherapist refers and carries out joint visits with Local Authority OT staff. Physiotherapist orders equipment to ease care at home. Case put together by physiotherapist to Social Work team for home care support package
Occupational Therapist (OT) recognises physical health care problems and refers to mainstream physiotherapy service.	
18 week waiting list for physiotherapy – physical condition deteriorates requiring longer treatment intervention	
Poor response to medication and lack of improvement in depression due to perpetuating physical health problems	
Outcome	Outcome
Longer involvement in services Increased need of pharmacotherapy Increased stress on carer	Comprehensive assessment allowed quicker intervention and decreased transfers of care Addressing physical and social needs had a positive impact on mental health Less stress on carer

Identifying needs continued

Tony is a 45 year old man seen by Mental Health Crisis team following an overdose of pain medication. Tony wanted to end his life as he could not cope with his lifestyle or pain any more.

PATHWAY FOLLOWED	PATHWAY IF PHYSIOTHERAPIST IN COMMUNITY MENTAL HEALTH TEAM
Care coordinator allocated and Tony managed under Care Programme Approach (CPA)	Care coordinator allocated and Tony managed under CPA
Tony referred back to GP due to pain and reliance on medication	Tony referred to mental health physiotherapist owing to pain and reliance on medication and seen as urgent
Referred by GP to community physiotherapy team. Not identified as urgent based on chronic nature of condition. Placed on waiting list for clinic appointment	Tony seen at home. Assessment takes into account mental health and physical health needs
Seen for assessment by clinic physiotherapist who gives patient programme of exercises to carry out. Writes to GP suggesting referral to pain clinic	Receives ongoing treatment, leading to decreased reliance on pain medication and improving mood
On waiting list for pain clinic	
Unable to carry out exercises as in too much pain and poor motivation due to mental health problems	
Further impact on mood, re enforced feelings of hopelessness	
Outcome	Outcome
Ongoing risk of suicide/parasuicide Delay in accessing services due to being passed to GP to refer onto physiotherapy services and then placed on waiting list	Reduced risk due to rapid intervention Fast track for physiotherapy assessment and treatment No forward referral needed

Service user statement

The greatest need of Service Users in the pursuit of modernizing psychiatry and its practice is changing its deeply engrained cultural attitude of “can’t do, won’t do”, and this profession and its people provides the solution to the problem because their core belief at the heart of their cultural being and practice is, “can do, will do”.

Because it is impossible for Physiotherapists to be negative and as they are absolute in their focus upon solution driven patient care, they are a must have, in every decision making team responsible for the care of patients as a collective and as individual service users.

I urge all who come into contact with this framework document to champion this profession, its people and their core belief “can do, will do”. As a wholly positive and pro-active approach to delivering a better quality of life for Service Users is nothing short of what they want, need and deserve.

David Tombs – Service User

Carer statement

Physiotherapists have expertise in psychology related to physical knowledge, holding a unique position in their contributions to improving service users' emotional and physical well-being. With the 'received' care of therapists, non critical acceptance and empathy relational attitudes, service users feel valued and empowered: validation is experienced through hands on affirmation.

The positive encouragement from therapists is motivating, providing hope and recovery for service users. Exercise, through feel good endorphins, is proven to help people feel better, speeding up recovery; whilst the ongoing physical sense of achievement increases independence.

The carer's perspective is a vital adjunct to physiotherapy as we have the ability to provide essential feedback, especially when service users experience severe and enduring psychological distress. All of these factors contribute to keep service users out of hospital, and reduces anxiety for both service users and carers.

Catherine Clarke and Jan Evans – Carer Representatives

References

Chartered Society of Physiotherapy and Chartered Physiotherapists in Mental Health (2008), *A framework for the role of physiotherapy in mental health and wellness*

Department of Health, (2005), *New Ways of Working for Psychiatrists: enhancing, effective, person centred services through new ways of working in multi-disciplinary and multi-agency contexts. Final report – but not the end of the story*, London, DH. www.dh.gov.uk
www.newwaysofworking.org.uk

Department of Health (2007), *World Class Commissioning Vision*, London, DH

Department of Health, (2007a), *New Ways of Working for Everyone. A Best Practice Implementation Guide*, London, DH. www.dh.gov.uk
www.newwaysofworking.org.uk

National Institute for Clinical Excellence, (2004) *Depression; management of depression in primary and secondary care, National Clinical Practice Guideline Number 23*, London: The National Institute for Clinical Excellence

Northampton PCT NHS Trust, (2005) *'Mind the Gap' Questionnaire on service users and carers needs in Primary Care*.
www.northampton.nhs.uk/pct

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's chartered physiotherapists, physiotherapy students and assistants. We support our members at work, and through services such as our publications, courses and enquiries unit. We play a key role in fostering professional learning and innovation, and in championing physiotherapy's role in modern healthcare.

Download this document
as a PDF file from
www.csp.org.uk
or www.cmph.org.uk

This document is available in a format for
people with a visual impairment. Please
call 020 7306 6666 or visit www.csp.org.uk



THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Web www.csp.org.uk

Email enquiries@csp.org.uk

14 Bedford Row London WC1R 4ED

Tel **+44 (0)20 7306 6666**

Textphone **+44 (0)20 7314 7890**

