Physiotherapy involvement in mental health multi-disciplinary teams

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Introduction

The role and influence that physiotherapy has to offer in mental health multi-disciplinary teams (MDTs) has been outlined by the Chartered Society of Physiotherapy (Box. 1), however the extent to which physiotherapists are included in these MDTs is unknown. It is observed that physiotherapists are not included consistently as a member of mental health MDTs.

(Box. 1)

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

(Chartered Society of Physiotherapy, 2008)

When browsing the NHS choices website's list of healthcare professionals that are included in mental health MDTs, the list contains no mention of physiotherapy being part of this team. Yet the website mentions that: "Mental health conditions… can impact on a wide range of issues, such as housing, employment, relationships, and *physical wellbeing"* (NHS choices, 2011 *emphasis added*). As you continue to read through the roles and responsibilities of each team member, nothing is said as to which team member provides services to address any physical health problems. Yet, the extent and seriousness of failing physical health outcomes amongst service users with severe mental illness are well documented (Bernardo et al. 2011, Schizophrenia Commission 2012, Schoepf et al. 2012).

(Box. 2)

•More people will have good mental health

•More people with mental health problems will recover

•More people with mental health problems will have good physical health

•More people will have a positive experience of care and support

•Fewer people will suffer avoidable harm

•Fewer people will experience stigma and discrimination

No Health without mental health (2011)

This lack of clarity on who is responsible for the physical health and well-being of mental health service users has been previously noted (De Herts 2011). In recent times, we have seen a reduction in the number of physiotherapists across mental health trusts.

A reformation in the mental healthcare services has been outlined with the publication of; "No health without mental health: implementation framework" (Department of Health, 2011). This framework calls for: "more people with mental health problems to have good physical health" among five other objectives (Box. 2). These objectives outline a vision of change for frontline staff, NHS managers and commissioners. There is a plethora of evidence that demonstrates physiotherapy as having effective management skills for secondary physical health conditions that are commonly seen amongst mental health service users such as; metabolic syndrome (Vancampfort 2012a), diabetes and cardiovascular disease (Richardson 2005), chronic fatigue syndrome (Fulcher & White 1997) and anxiety stress disorder (Salmon 2001).

The aim of this investigation was to identify areas of mental health where physiotherapy is common place and to see if there are other areas where inequity of

practice is present. Any inequity found could form the argument for an expansion of physiotherapy services within mental health where good practice is found.

Method

A request for information was published on the Chartered Physiotherapists for Mental Health (CPMH) network mailing list (110+ members) and a post was put in the CPMH's online forum (2000+ members), both containing the same information (appendix. 1). Participants answered the questions in relation to their own services. Where one or more person from a particular physiotherapy service answered, the information was merged. Where information was unclear about the nature of a particular team or the physiotherapists' role within it, a dialogue was opened with the participant to clarify the information submitted.

Results

There were twenty-seven responses by email and eleven posts on the CPMH online forum between the dates of the 15th of November 2013 to the 27th of November 2013. Once cross referencing of emails and posts was completed there were thirty separate teams that responded to the question. The response information was collated and the areas where physiotherapists were present were split into five overarching areas; older adults (this included; mental health for older adults, mental health services for older persons, older persons mental health and elderly), adults, forensics, child and adolescent mental health services (CAMHS), and specialisms. Any further information regarding the specific wards or services that the physiotherapy teams are involved with were then provided within these five overarching areas. The results indicate that physiotherapy's greatest area of involvement is within older adults; with 53 (55%) out of 104 reported placements.

This is followed by adults with; 35 placements (33.7%), Specialisms with ten placements (9.6%), forensics with seven placements (6.7%), and CAMHS with two placements (1.9%). Physiotherapy involvement in older adults is well established and this reflects the outcome of this report.

Table 1. A Table that shows the number of MDT teams that include physiotherapy, from the response of 30 physiotherapy teams throughout the UK

Older Adults Total = **53** (9 unspecified)	Inpatient = **31**	ICU		**2**
		intermediate care		**2**
		continuing care		**1**
		functional		**8**
		Organic		**14**
		day service		**2**
		challenging behaviour		**1**
		admission		**1**
	NH liaison			**1**
	CMHT			**11**
	Outpatient			**1**
Adults Total = **35** (7 unspecified)	Inpatient = **17**	functional		**2**
		Organic		**2**
		acute		**3**
		PICU		**5**
		Slow-stream rehab		**4**
		Assessment		**1**
	CMHT = **13**	Recovery		**5**
		Assertive Outreach		**3**
		CRISIS		**3**
		not specified		**2**
Specialisms Total = **10** (1 unspecified)	Addictions			**1**
	ED Total = **4**	CAMHS		**1**
		Adults	IP	**2**
			Day service	**1**
	Neuropsychiatry			**3**
	behavioural support			**1**
	Huntington's disease			**2**
	substance misuse			**1**
	Learning Disabilities			**3**
Forensics Total = **7**	Inpatient			**6**
	CMHT			**1**
CAMHS Total = **2**	Inpatient			**2**

Discussion

Highly Prevalent Teams

The most reported area of older adult care was observed to be in organic inpatient setting. Physiotherapy has been treating organic conditions such as dementia (National Institute for Health and Care Excellence, 2006a) and Parkinson's disease (National Institute for Health and Care Excellence, 2006b) due to the natures of their symptoms both in acute and community settings. Evidence based practice in this area include; gait re-education, falls prevention, strengthening exercises (Gillespie et al, 2003), therapies for muscle stiffness (Harvey et al, 2002) and other therapeutic outcomes to improve health related quality of life factors. With Physiotherapy involvement in adult populations ranged across many services but the number of physiotherapy teams involved in these services were not uniformly provided across trusts. The most reported services were psychiatric intensive care units (PICU) and community mental health Recovery teams. With more focus being driven into recovery based practice (NHS Confederation, 2012) we can interpret why there is involvement here. However there are no physiotherapy guidelines or research in to the role of physiotherapy in recovery. The evidence of physiotherapy interventions with mental illness is steadily growing, yet the presence of physiotherapy in adult mental health MDTs remains to be low.

Potential for Growth

This report brings attention to the unspecific representation of physiotherapy across adult mental health services. Improving and focussing on the physical health of mental health service users has been called for (Department of Health, 2011) therefore the opportunity for growth of physiotherapy services is apparent.

In a recent audit by South London & Maudsley NHS foundation Trust, physiotherapy services were introduced onto PICU and unmet physical impairments were identified that had not been addressed previously. With earlier diagnosis and identification of physical impairments, appropriate attention can be provided. Auditing physiotherapy's outcomes with mental health service users must continue to be collected, discussed and shared amongst other clinicians. This would help formulate more research to validate our involvement, and pose questions for further research.

Few respondents mentioned that physiotherapists were present in MDTs of functional wards. The incidence of metabolic syndrome, chronic fatigue syndrome, anxiety stress disorder amongst service users prescribed anti-psychotic medication has been long noted (McEvoy, 2005; Bebbington et al, 2008). The practice physiotherapy has in preventing weight gain (Wu, 2007), diabetes and cardiovascular disease (Richardson et al, 2005), reducing chronic fatigue syndrome (Fulcher & White, 1997) and anxiety stress disorder (Salmon, 2001) has in this incident been discounted as referrals for these conditions are anecdotally low.

Some emails and posts also raised the point of the waning presence of physiotherapy over the last few years. More further noted that their attendance in MDT meetings and ward rounds were compromised due to large case loads spreading across many wards and sites. The size of physiotherapy teams were reported to be small which compounded this low attendance. This reduced attendance leads to physiotherapy not being a constant member of the MDT, only "dip in and out of these meetings when appropriate", and providing written reports rather than attending. Without consistent presence in these meetings, consultants and managers will not become aware of the importance and benefits that physiotherapy provides and therefore fewer referrals are made.

Final Thought…

The impression left is that physiotherapy in mental health services are only recognised (if they are recognised) for its acute physical health attributes and is not considered for the implications that physiotherapists and their intervention has on mental health service users, regardless of its evidential backing. With the growing concern of physical outcomes in mentally ill service users, it is surprising that physiotherapy is not utilised more. An argument to increase physiotherapy involvement needs to formed, and a greater evidence base to back it up. Appropriate staffing ratios need to be examined to achieve effective service delivery and positive physical health outcomes.

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Appendix

Hi,

We are interested to know which particular MDT teams include a physiotherapist across mental health trusts.

The idea is to look for inequity and see if an argument can be made for us to be involved with more teams than we currently are.

If you could reply to me I would be most appreciative.

E.g. "we are involved in the MDTs for older adults & dementia, neuropsychiatry and psychiatric intensive care"

I will make the findings available to everyone.

Many thanks

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