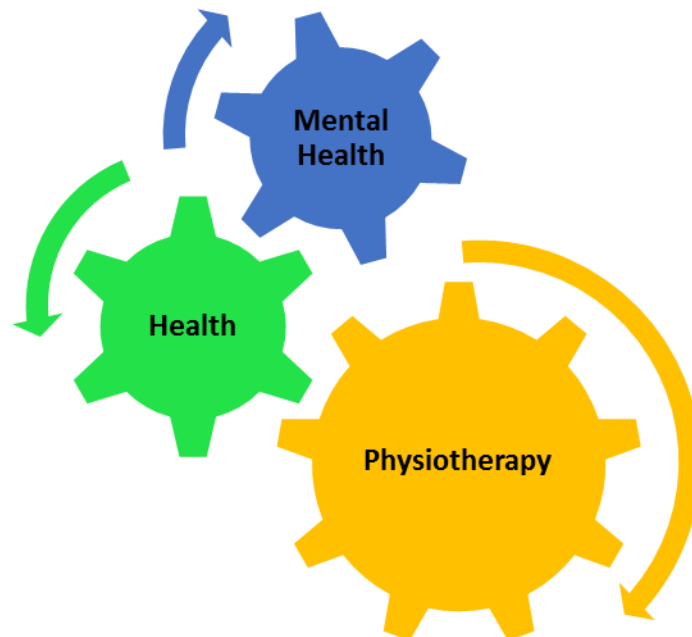




International Organization of
Physical Therapy in Mental Health

POLICY STATEMENT: THE ROLE OF PHYSICAL THERAPISTS WITHIN MENTAL HEALTH AND PSYCHIATRY



A policy statement outlining role of physical therapists working in mental health.

Table 1: Approval, Review and Collaboration

Date adopted:	This document was first presented at the General Meeting of IOPTMH, Geneva, May 2019.
Date for review:	This document will be reviewed in the period between 2020 -2022.
Collaboration:	The following people contributed to this document: Michel Probst, Liv Skjaerven, Jo Connaughton, Emanuel Brunner, Merja Sallinen, Linda Slootweg, Tine Van Damme, Brendon Stubbs, Davy Vancampfort, Cristina Staub, Daniel Catalan-Matamoros, Louise Danielson & Graziella Rovner.

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POLICY STATEMENT: THE ROLE OF PHYSICAL THERAPISTS WITHIN MENTAL HEALTH AND PSYCHIATRY

INTRODUCTION:

The International Organization of Physical Therapy in Mental Health (IOPTMH) provides a consensus statement on the role of qualified physical therapists within mental health. This policy statement has been developed by the Executive Committee of the IOPTMH and physical therapists with expertise in mental health.

Physical therapy is a service provided by physical therapists to individual people and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan (WCPT, 2015). Physical therapists are trained to identify and maximize quality of life and movement potential within the domains of promotion, prevention, treatment, habilitation and rehabilitation (WCPT, 2015). Physical therapists have different titles in different countries: in many countries they are called physical therapists. They are all part of the same profession.

Physical therapists working within mental health require specific and supplementary knowledge, skills and attitudes to assess, support, treat and refer people with mental illnesses effectively (Probst & Skjaerven, 2017). Physical therapists represent a young but growing workforce within the mental health sector with an increasing body of evidence regarding the efficacy of exercise and movement interventions for both physical and mental health outcomes of people experiencing mental illness (Nyboe & Lund, 2013; Vancampfort et. al, 2013; Vancampfort et. al, 2015; Stubbs et al, 2014a; Stubbs & Rosenbaum, 2018). However, physical therapists and other healthcare professionals are often not informed about the role of physical therapy in the field of mental health. It is important that physical therapists and the broader mental health sector are aware of the scope of physical therapy in mental health and the likely benefits to patients and clients associated with the utilization of physical therapy interventions. The scope of physical therapy practice in mental health and psychiatry is dynamic and responsive to patient and societal health needs.

This document will:

1. Describe the need and scope of physical therapy in mental health and psychiatry.
2. Provide an overview of the key elements and likely benefits of physical therapy in mental health and psychiatry.

THE NEED AND SCOPE OF PHYSICAL THERAPY IN MENTAL HEALTH AND PSYCHIATRY

1.1 Defining the need for physical therapy services within mental health and psychiatry

Mental health is a growing concern in society. Mental illnesses are the third highest disease burden behind cancer and cardiovascular disease, the leading cause of years lived with disability worldwide (WHO, 2013). Without more intensified prevention and management, the burden of mental illnesses is estimated to increase even further (WHO, 2018). One fourth of our population currently has a mental health problem, and nearly one-half of the population will experience a mental illness at some stage in their life (WHO, 2001a). Depression is a common mental disorder, the one of the leading causes of disability worldwide, and is a major contributor to the overall global burden of disease (Ferrari et. al, 2013). Mental health illnesses are often associated with somatic health problems (Stubbs et al, 2016; Stubbs et al, 2017a; Vancampofrt et. al, 2017).

People with poor mental health have increased prevalence of cardiovascular disease, ischemic heart disease, hypertension, diabetes and respiratory disease due to high levels of sedentary behaviour, low levels of physical activity, poor dietary habits, high rates of tobacco use and substance misuse and side-effects of psychopharmaca. Furthermore, people with somatic disorders often also suffer from co-morbid mental illnesses. One in four people with chronic musculoskeletal conditions have at least one mental disorder (Gerhardt et al, 2011; Von Korff et al, 2005). The consequences of mental health problems are devastating for the person and the society as a whole and are compounded by physical health co-morbidities which confront most people with mental health problems (WHO, 2017). Physical health co-morbidities are the major cause of the 15 to 20 years reduced life expectancy in this population (WHO, 2012).

According to the World Health Organization, the Mental Health Action Plan 2013–2020 calls for an expansion of mental health services (WHO, 2013). Besides medication and psychotherapy, exercise and movement are important interventions within the global treatment of persons with mental illness and key elements in physical therapy programs in mental health care. There is evidence for the protective effect of physical activity against the development of depression and there is now rigorous evidence that physical therapy, as a complementary treatment to medication and psychotherapy, improves the mental and physical health in patients with severe mental disorders (Schuch et. al, 2018). In some countries, however, physical therapy has remained an underutilized service within the mental health sector (Stubbs et al, 2014b; Probst & Skjaerven, 2017). Integrating physical therapy into mental health will lead to improved physical and mental health outcomes and patient experience of well-being.

Definition of Physical Therapy in Mental Health (Probst et. al, 2016):

Physical therapy in mental health is defined as a specialty within physical therapy. It is implemented in different health and mental health settings, psychiatry and psychosomatic medicine. Physical therapy in mental health is person-centered and aimed at children, adolescents, adults and elderly with mild, moderate and severe, acute and chronic mental health problems, in primary and community care, inpatients and outpatients. Physical therapists in mental health provide health promotion, preventive health care, treatment and rehabilitation for individuals and groups. Physical therapists in mental health create a therapeutic relationship to provide assessment and services specifically related to the complexity of mental health within a supportive environment applying a bio-psycho-social model. The core of physical therapy in mental health is to optimize wellbeing and empowering the individual by promoting functional movement, movement awareness and physical activity, exercise, bringing together physical and mental aspects. Physical therapists in mental health play a key part in the integrated multidisciplinary team/interprofessional care. Physical therapy in mental health is based on the available scientific and best clinical evidence.

1.2 Defining the scope of physical therapy in mental health and psychiatry:

Physical therapy in mental health care and psychiatry can offer added and beneficial value to the prevention of mental illnesses and the treatment of mental health problems. Physical therapy in mental health and psychiatry addresses function, activity and participation using physical activity, exercise, relaxation, movement and body awareness approaches connecting the physical and mental health needs of people.

Physical therapist in mental health and psychiatry use both physical and psychological orientated approaches to achieve personal lifestyle modifications that are relevant and sustainable. These strategies empower individuals towards greater independence and self-management of personal health and wellbeing.

Physical therapists may be employed to work with people with diagnosed mental health conditions in hospital and/or community based mental health and psychiatric settings. Within these environments, physical therapy supports people to achieve optimum physical and mental wellbeing which may involve addressing physical issues associated with their illness, side effects of medications or comorbid physical health issues.

Physical therapists may also work with people outside of the mental health and psychiatric settings, treating people who have chronic physical conditions such as diabetes, cardiovascular disease, cancer, musculoskeletal disorders and chronic pain disorders. These people may have diagnosed comorbid mental health disorders or may have undiagnosed comorbid mental health problems. Physical therapists are able to recognize when mental health problems are out of their scope of practice and there is a need to refer a person for specific mental health services.

Physical therapists advocate for rights of patients to ensure equity and accessibility to healthcare. Physical

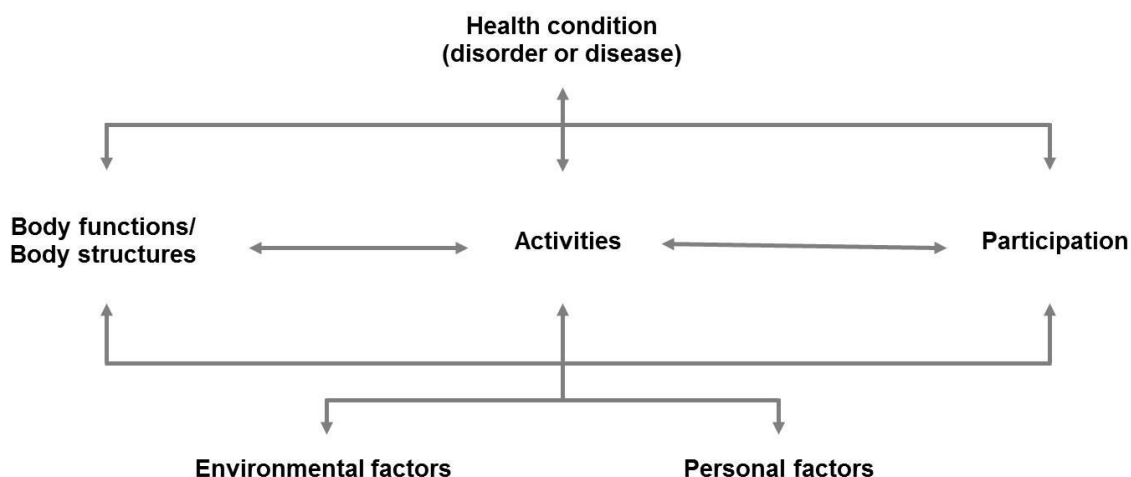
therapists have a responsibility to raise public awareness of mental health and psychiatric problems and to decrease stigma. Within the interdisciplinary team physical therapists provide expert input into the movement quality and physical health needs of patients.

KEY ELEMENTS OF PHYSICAL THERAPY IN MENTAL HEALTH AND PSYCHIATRY

Physical therapy in mental health uses psychologically based approaches (e.g., cognitive behavioural therapy, acceptance and commitment therapy, self-determination, motivational interviewing) to underpin the treatment of a wide variety of disorders in children, adolescents, adults and the elderly (Donaghy et. al, 2008; Brunner et. al, 2013; Porter, 2017; Rovner, 2017). Physical therapy in mental health services are, drug free, non-invasive, secure and have a low risks of side effects and may be delivered in individual or group approach.

Treatment strategies and goals of physical therapy in mental health and psychiatry are based on the bio-psycho-social model of the International Classification of Functioning (ICF), Disability and Health model (Figure 1). The ICF model is a framework for describing and organising information on health and disability (WHO, 2001b). Besides optimizing functions, physical therapy services in mental health emphasis the activity and the participation considering the interplay between individual and environmental variables that can lead to mental health challenges.

Figure 1: Bio-psycho-social model of the International Classification of Functioning, Disability and Health (ICF)



The key elements of physical therapy intervention include:

- Physical activity, exercise and physical fitness

There is nowadays a consensus that exercise prevents and reduces mental symptoms while simultaneously improving physical health and quality of life. Benefits are observed in a broad range of conditions including depression, anxiety, alcohol use disorders and schizophrenia (Stubbs & Rosenbaum, 2018). There is, however, limited research that compares the efficacy

of various forms of exercise against one another. Also, the underlying psychobiological mechanisms of the exercise benefits are still poorly understood, and further research is needed to elucidate causal relationships. More research is needed to establish the financial aspects of exercise compared with other conventional approaches (Hallgren et. al, 2017; Stubbs et al, 2017b; Stubbs et al, 2018).

- Sensory, body and movement awareness

Body awareness encompasses the sensitivity to bodily signals, the ability to recognize subtle body cues and the sense of bodily self, in interaction with the environment (Mehling et. al, 2011; Skjaerven et. al, 2015). Body and movement awareness-enhancing therapies used in mental health physical therapy explore subjective experiences of movement, focusing on internal, environmental, and relational conditions. Such interventions have been suggested to improve meta-cognition linked to a regulation of the dysfunctional interoceptive integration observed in psychiatric disorders (Khalsa et. al, 2018). Improved health and wellbeing have been demonstrated in mood disorders, chronic pain, fibromyalgia, eating disorders, schizophrenia and post-traumatic stress (Khalsa et. al, 2018).

- Stress and tension regulation including relaxation

The autonomic nervous system and the hypothalamic-pituitary axis control homeostasis in vital functions (Van Cauter & Tasali, 2017). The parasympathetic nervous system regulates regeneration processes during rest periods (thus mainly during sleep). Optimal regeneration improves health, well-being and performance. For good health there should be a harmonious balance between the activities of the sympathetic and parasympathetic nervous system. It is also necessary that the transition from the sympathetic to the parasympathetic nervous system is consciously controllable. This is achieved by various relaxation and breathing techniques (Meyer et. al, 2017). These techniques can stimulate the parasympathetic nervous system and thus prevent stress mechanisms from developing harmful effects on physical and mental health.

- Closeness/Touch/Massage

‘Touching a person's body’ is associated with an increased sensitivity and intimacy. Each contact and in extension ‘closeness’ is associated with a subjective quality in such that people with a low sensitivity will be barely aware of physical contact but for others physical touch can increase their arousal. Within physical therapy the clinical touch (or the task related touch) and the touch used within a therapeutic context including expression touch, support touch, containment touch, catharsis touch are used. The therapist is responsible for the delicate balance between positive and negative reactions related to coming in contact and with closeness (Hunter & Struve, 1997; Smith et. al, 1998).

- Physio- Education (include lifestyle, pain)

Lifestyles impact our nervous system and thus our mental and physical health (Phillips, 2017). Lifestyle behaviors can be pro-inflammatory (sedentary time, eating processed food, smoking, drinking) or anti-inflammatory (balanced physical activity, healthy diet, self-care activities.) (Walsh 2011; Naylor et al, 2013). Physical therapist can prevent and treat life-style related chronic conditions such as mental health problems, musculoskeletal pain, obesity, cardiovascular conditions by promoting sustainable behavioral changes. Important processes of behavioral changes are (Zhang et. al, 2018): (i) raising awareness and knowledge, (ii) engaging patients in personalized vital and valued activities, and (iii) implementing

acceptance based therapeutic mechanisms to support sustainable self-management and lifestyle changes (Dean, 2009; Frerichs et al, 2012).

- Paediatric psychiatry specific elements

Though physical therapy in mental health for children and adolescents is currently well embedded in different setting (such as child psychiatry, rehabilitations centers, private practices, etc.), it is a relatively young domain. The core characteristics are based on a holistic viewpoint, more specifically the idea that mental health conditions are influenced by a complex interplay between biological, psychological, social and environmental factors. Particularly in children, the interrelations between different developmental domains (motor, cognitive, emotional and social) and the role of the context and family is of great importance. The field of physical therapy in mental health in children and adolescents encompasses different approaches and therapeutic techniques, ranging from assessment and observation to body awareness techniques, relaxation, experienced oriented family therapy, physical activity, etc (Simons, 2018).

- Old age psychiatric specific elements.

The cornerstones of mental health physical therapy is to improve quality for elderly persons with mental health problems (e.g. dementia and functional psychiatric disorders) mostly treated in homes or similar centers. By adapted exercise, physical independence is pursuit and the adaptation process encouraged. More concrete, physical therapy's goals are a slower decline of activity daily living, an amelioration of the cardiovascular fitness, strength and coordination and improving the balance, and decreasing the risks of falls due to psychopharmaca and a decline of the view and march abilities. Exercise and body oriented approaches such as yoga-, tai chi-, mindfulness-derived exercises or massage have a positive influences on cognition, communication, social behaviour, sleep, depression and anxiety (Bullo et. al, 2015; McDermott & Mernitz, 2006; Song & Yu, 2019).

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