Mental Health Services Inquiry
The Chartered Society of Physiotherapy

1 The Chartered Society of Physiotherapy Scotland
1.1 The Chartered Society of Physiotherapy (CSP) is the professional, education and trade union body representing physiotherapists, physiotherapy students and assistants. More than 98% of all physiotherapists in Scotland are members of CSP Scotland and physiotherapy is the fourth largest health care profession in the UK, and the largest of the allied health professions.

1.2. CSP Scotland has around 4,000 members in Scotland. Approximately sixty percent of chartered physiotherapists work in the NHS. The remainder are in education (including students), independent practice, the voluntary sector and with other employers, such as sports clubs or large businesses. Three Scottish universities offer degrees in physiotherapy. These are among the most over-subscribed university courses in the country.

1.3 Physiotherapy involves the skilled use of physical interventions to promote, maintain and restore physical, psychological and social well-being. Using problem solving and clinical reasoning, physiotherapists work to restore functional movement or reduce impairment utilising movement, exercise and the application of electro-physical modalities.

1.4 The Chartered Society of Physiotherapy Scotland welcomes the Health and Sport Committee’s inquiry into Mental Health Services. The following submission is drawn from the Society’s response to the Scottish Government’s consultation on improving the physical health of those with mental illness. Physiotherapists in mental health have a primary interest in the subject and are uniquely placed to improve the physical health of such patients.

2. CSP Scotland Overview Statements on Mental Health
2.1 CSP Scotland is particularly concerned to further the agendas of removing barriers to accessing care, promoting a healthy lifestyle and the need for documentation and reviews.

2.2 In addition to the Scottish Government’s stated outcomes, engaging with users and carers and placing them at the centre would further strengthen the messages regarding a healthy lifestyle and individual contribution to this.

2.3 Recognition of the link between physical and mental health is an important element and recognises the growing body of research demonstrating the beneficial effects of exercise.

2.4 Many practice examples are providing ideas and reflect the depth and breadth of partnership working involving a range of practitioners.

3. The role of physiotherapy in Mental Health

3.1 Physiotherapists can support delivery of the mental health agenda in a variety of ways, for example
• Through self referral schemes
• Bridging the pathway between hospital and community
• Empowering users to develop strategies for well-being
• Acting as care co-ordinators/managers.

3.2 As the ‘physical expert’, the physiotherapist has a key role in health promotion, disease prevention and relapse, and can make a significant contribution in the delivery of lifestyle and weight management programmes.

3.3 There is some excellent evidence available to support the role of physiotherapy in mental health. Work done by Biddle et al (2000) on exercise, and Donaghy and Mutrie (1999) on the effect of exercise in continuation of sobriety have both directly impacted on practice and the recognition of physiotherapy in mental health.

3.4 Physiotherapists may use cognitive behavioural therapy as part of their work. Advanced Physiotherapists can also carry out first line mental health assessments and work as care coordinators.

They may be trained to order bloods and x-rays thereby supporting the role of the junior doctors on the wards and in out patient clinics. Physiotherapists are now able to access training for supplementary prescribing. Within the MDT they may provide specialist physiotherapy advice to other members of the team on complex cases and are well placed to advise on the management of physical conditions in mental health settings.

Physiotherapists and physiotherapy TIs have extensive knowledge of exercise prescription and are well placed to advise and deliver physical activity to address health and wellbeing needs and well as in health promotion in its wider context.

3.5 Physiotherapists in mental health not only have knowledge of exercise with many having trained as remedial gymnasts (who were trained to deliver exercise both as treatment and as recreation) but also of mental health conditions and medications many of which may affect the service user being able to exercise.

Physiotherapists also have an understanding of the effect of certain types of medication, such as beta-blockers, neuroleptics or antidepressants, on service users’ ability to exercise.

4 Physiotherapy and examples of specific conditions
4.1 Physiotherapists have a role in management of substance misuse. Often evidence of physical impairment among problem drinkers such as fractures from falls, musculo skeletal injuries, neurological disorders such as neuropathies, and poor physical health and fitness.

4.2 Back pain and depression - There is a significant link between chronic back pain and depression with the latter worsening in line with increased pain/disability. If Physiotherapists can have early intervention into the management of back pain, this will have a key preventative role in depression management.

4.3 Respiratory care - Physiotherapists knowledge and expertise in respiratory care can be extremely valuable in management of patients with chronic respiratory
disease. Additional knowledge in the management of anxiety can be a key factor in the prevention of admission into hospital.

4.5 Chronic obstructive pulmonary disease (COPD) - Management of chronic obstructive pulmonary disease in adults in primary and secondary care NICE Feb 2004 However in here they refer to pharmacotherapy but in Management of Anxiety (panic disorder with or without agoraphobia and generalised anxiety disorder) in adults in primary, secondary and community care Nice April 2007 recommends CBT and patient information. Physiotherapists trained with CBT and knowledge of resp conditions well placed to deliver this.

4.6 Weight Management in mental health settings
Physiotherapists in England are involved in delivering weight management groups. Examples include a weight management programme for adult mental health clients in Barnsley run by a senior physiotherapist and an exercise specialist with input from dietitians, pharmacists and psychiatrists, as well as psychology, nursing and leisure centre staff. In Swindon Physiotherapists run weight management classes for people with mental health problems. People can self-refer on to the classes, which combine an hour of education and discussion with an hour-long walk. In Rotherham physiotherapists have played a key role in two service users each losing 12 stone with an emphasis on exercise.

4.7 Mental Health and conditions with physiotherapy intervention
A study of 101 people with severe and enduring mental illness living in the community found that:-
• 26 were obese
• 53 were current smokers
• 11 were hypertensive
• 21 reported daily cough and sputum
• 24 had shortness of breath
• 11 experienced wheezing
• 7 felt chest pain on exertion.

4.8 Substance misuse - Physiotherapists have a role in management of substance misuse. Often evidence of physical impairment among problem drinkers such as fractures from falls, musculo skeletal injuries, neurological disorders such as neuropathies, and poor physical health and fitness. Significant evidence exists on the benefits of exercise:

Donaghy ME 1997 An investigation into the effects of exercise as an adjunct to the treatment and rehabilitation of the problem drinker. PhD thesis medical faculty, Glasgow University

5. Case study example:
The following Case study is intended to demonstrate the value of physiotherapy intervention in a case of multipathology in a mental health setting.
**Patient**

Linda aged 55. COPD O2 dependent 18 hours daily. Osteoporosis. Admitted onto adult mental health wards, Joan was severely depressed and had suicidal thoughts and intent.

Treated on ward with medication. On discharge referred to CMHT and allocated to Clinical Specialist Physiotherapists for assessment and care coordination. Full health and social care assessment identified that Joan’s depression was very much secondary to her physical condition

She had severe anxiety and panic attacks resulting in a fear of dying and not being able to breathe

She had low back pain as a result of her osteoporosis which was exacerbated by her poor posture. Joan was constantly in forward flexed position trying to ‘get her breath’

She was underweight with a BMI of 14 but no physical health monitoring

Her carer had no support

Joan never went out of the home apart from to hospital appointments due to her anxiety and general feelings of weakness

**Physiotherapy Intervention**

- Anxiety management using CBT principles progressing onto graded exposure work
- Help Joan differentiate between anxiety and breathlessness due to COPD
- Pain management and back care. Education
- Referral to dietician and GP for physical health management
- Referral to community matron for ongoing COPD management at home
- Carers assessment
- Integration once she had developed coping strategies to manage her anxiety into community groups which gave her peer support from other service users but also social interaction.
- CBT intervention resulted in Joan being able to reduce and eventually come off her benzodiazepines for her anxiety
- Improvement in her quality of life and self management of her physical problems led to improvement in mood and aim will be for the psychiatrist to reduce her antidepressant medication.
- Management and treatment of health and social care needs can result in decreased need for ongoing pharmacotherapy.
6. Reference to Physiotherapy
Physiotherapy has a key role in mental health settings and The Chartered Society of Physiotherapy Scotland believes that this must be reflected in the current draft. Realising the potential of physiotherapy in this area, particularly with reference to Scottish Government aims to reduce prescribing rates of drug therapy in mental health and improve services, makes physiotherapy an essential element of the future of mental health services.

Additional Exercise References:

According to the National Institute For Clinical Excellence:
“For patients with depression, in particular those with mild or moderate depressive disorder, structured and supervised exercise can be an effective intervention that has a clinically significant impact on depressive symptoms.” In view of this, there are several reasons for using exercise therapy as a first-line treatment in primary care: Exercise has far fewer negative side effects than antidepressants – indeed, it has a number of co-incidental benefits, including reduced risk of heart disease, stroke, high blood pressure, some cancers, type 2 diabetes, osteoporosis and obesity. 11


Biddle SJH, Fox KR Boutcher SH (eds) Physical Activity and Psychological Wellbeing. Routledge, london

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NEW WAYS OF WORKING FOR PHYSIOTHERAPY

The aim of physiotherapy in mental health is to promote the well-being and autonomy of people with physical dysfunction associated with mental or physical illness and to use physical approaches to influence psychological health (CPMH 1995)

Physiotherapy is well placed to be part of the integrated multidisciplinary team to provide holistic care to the mentally ill patient as well bridging the divide between mental health and physical health services. Being the ‘physical expert’, the physiotherapist has a key role in health promotion, disease prevention and relapse. And can be key professionals in the delivery of lifestyle and weight management programmes working alongside other AHPs tackling obesity and other health issues.

With the increasing importance being given to the mental health of people with long-term physical problems, and to ensuring that those with severe and enduring mental health problems have access to effective physical health care, physiotherapists are key in the promotion of the “Health Body health mind” and to the delivery of healthcare to the patient as a whole.

Practice-based commissioning provides incentives for improving psychosocial care for people with long-term physical conditions, many of these may not present to mental health services in the first instance but physiotherapists may be well placed for signposting and identifying care needs.

New Ways of Working 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 work across all areas of mental health service provision, and work on a rehabilitation and recovery model. Developing and facilitating strategies to support the service user in the journey through wellness and recovery.

Chartered Physiotherapists in mental healthcare (CPMH) are a subgroup of the Chartered Society in Physiotherapy (CSP) and are the key drivers in promoting mental health within the profession.

Roles

Physiotherapists have extensive wealth and knowledge in the physical health field and along with their knowledge around mental health makes them uniquely placed within the specialist area. Physiotherapists in mental health are looking at combining the traditional roles with potential new ways of working. Encompassing the specialist skills physiotherapists have in assessment, planning and treatments into specialist areas. In particular areas where physical health and mental health overlap with both having an impact on
the patient’s health and wellbeing. E.g. falls, memory clinics, physical health management, promotion of exercise, management of patients with “dual diagnosis of physical and mental health problems” e.g. COPD and depression. With the latter client group there may be complex physical and psychological health needs which impact on each other and the knowledge and skill in the management of the physical condition may be key in the mental health management.

**Initial Aims**
The aims, as outlined in the New Ways of Working (NWW) for Psychiatrists (2005), were to work towards raising the profile pf physiotherapy and the further contribution to mental health services.

- The development of a strategy for Physiotherapists in mental health services;
- Further explore New ways of working for Physiotherapists in mental health care
- To undertake a workforce mapping exercise

**Progress**
CPMH in partnership with the CSP have established a working group to develop a strategy for physiotherapy working within mental health. Within this are representatives from different areas within mental health as well as representatives from all four countries and education. The CPMH hope to complete this work within a year.

Work has been undertaken to identify innovative practice amongst physiotherapists

**Leadership**  Physiotherapists are involved in key leadership roles in mental health both within health, social care and education.

**Care Coordination** - Physiotherapists are working as care coordinators within some mental health teams with the physiotherapist being allocated the referrals for initial assessment where there is an identified physical and mental health problem

**Workforce**  - Physiotherapists are committed to embracing opportunities and to recognize career potential. They also look to developing skill mix within the workforce and have for many years developed non qualified technical instructor posts. In some areas these posts have been made into dedicated physical activity coordinators which address a key area within health promotion and provides specialist intervention within the services.

Within memory clinics physiotherapists are developing roles utilizing their skills in assessments and in particular falls prevention

**Partnership Working** - In many areas physiotherapists have developed links and partnerships with other agencies e.g. leisure services to deliver activities and interventions in the community setting
**Education** - Lecturer practitioner posts have been developed attached to Higher education Institutions

**Specialists** – Physiotherapists have specialist roles within eating disorder services, head injury services and forensic services to name a few.

In addition to the work done from within the mental health field, CPMH also work with the CSP in other areas of development

**Prescribing** - The CSP are currently working on prescribing and the role of the physiotherapists. Physiotherapists are already recognized as supplementary prescribers but work is ongoing to develop the role further.

**Scope of Practice** – In line with the NWW the CSP are undertaking work looking at scope of practice, and the recognition of new roles and potential further developments. CPMH are looking at the roles within the specialist field.

**Education** - The CSP are reviewing the undergraduate curriculum and CPMH will be looking to work closely with the professional body to look at the development and integration of mental health into the core curriculum across the board.

Chartered Physiotherapists in Mental Health (CPMH) are looking also at post graduate education, and will be linking into the CSP initiative on the endorsements of short courses as a way to deliver education and training within the speciality.

**Aims and Objectives**

To promote the role of physiotherapy in mental healthcare
Provide a representative body of Physiotherapists in Mental Healthcare
To promote awareness of mental health issues within the profession
To advise and inform CSP policy on mental health issues
To encourage the concept and use of evidence-based practice amongst members and to establish standards of good practice through education and research
To provide educational opportunities for members
To provide a support network for members

1. To develop a strategy for Physiotherapy in Mental Health

2. Promote the implementation of New Ways of Working (NWW) and continue to work to facilitate introduction
   Of new roles and innovative practice.

3. To promote and disseminate information regarding NWW for Physiotherapists in mental health through Frontline the professional journal, CPMH journal and newsletter, CSP website, Interactive CSP

4. Promotion of NWW through conferences, congress and other events and events.
5 To encourage the concept and use of evidence-based practice amongst Members and establish standards of good practice through education and research

6 CPMH will continue to provide a support network for members in developing NWW within the workplace

7 Work towards modernizing physiotherapy services and making the case for physiotherapy in All areas of mental health care delivery

8 Contribute to the review of physiotherapy education and promote role of mental health physiotherapy within education.

Through NWW the physiotherapist will continue to contribute to services embracing the individual’s individual needs and preferences. Utilising their unique skills and experience physiotherapists will continue to enable service users to address health and wellbeing needs.

DH 2004 Ten essential shared capabilities London: Department of Health
2005 NWW for Psychiatrists London: Department of Health

Sharon Greensill 2007

From New Ways Of Working 2007 www.newwaysofworking.org.uk

Contribution of Physiotherapy

Physiotherapy is a rehabilitation profession concerned with identifying and maximising movement potential through education training and rehabilitation. It aims to promote the well being and autonomy of people with a physical dysfunction associated with mental and physical illness. Using a variety of evidence based therapeutic means, and by taking a holistic person centred approach we aim to influence the psychological health of individuals.

Physiotherapists in mental health are uniquely placed through their knowledge of mental health conditions and their expertise in the management of physical conditions to provide an extensive range of approaches to treatment aimed at relieving symptoms and improving quality of life. They are well placed to advise and support staff, service users and carers on both the physical manifestations of mental health conditions and on the management of physical conditions in mental health settings.

The number of physiotherapists, associated members and students in the UK now tops 42,000 with 19,139 qualified physiotherapists in employment in 2004 a rise of 6.8%. The profession is growing with more places being offered at universities for training in line with Chartered Society of Physiotherapy (CSP) target of 24,000 by 2009. It is difficult to identify the exact number of physiotherapists working in mental health at this present time, but anecdotal evidence suggests that there is an increasing demand for the role of physiotherapy in mental health as well as demand
from students and staff grade physiotherapists for work placements in this area. The estimated figures are approximately 400 qualified staff and approx 500 assistants.

Universities are now also beginning to recognise the role of the physiotherapist in mental health with many delivering modules at undergraduate level as part of the core training but also extended specialist modules at postgraduate level allowing physiotherapists to enhance their skills within the field.

The development of the role of physiotherapy within mental health has been supported further by the emerging evidence related to physiotherapeutic interventions, one such key area is exercise. The publication of the consensus statements from Somerset Heath Authority following their academic symposium in January 1999, the NICE guidelines for depression (2004), Choosing Health (2004) and Health Body Health Mind (2004) have led to the recognition of exercise as an affective intervention in the management and treatment of mood disorders.

Physiotherapists working in mental health are members of the CSP. The CSP have now achieved protection of the title ‘Physiotherapist’ under the regulations of the Health Professionals Council (HPC). The HPC publishes standards of Conduct Performance & Ethics as well as Standards of Proficiency. Core standards of Physiotherapy Practice (2005), the Rules of professional Conduct (2002) and the Physiotherapy Assistants Code of Conduct are CPD advice is given by the CSP and re registration by the HPC in future will be subject to the appropriate CPD being undertaken.

Physiotherapy is provided by both qualified staff and technical instructors and assistants and is delivered across a wide range of services. These range from the traditional areas such as acute wards, community mental health teams, rehabilitation to newer areas which include early intervention psychosis teams, crisis and self harm services, eating disorder clinics, alcohol services, forensic services and assertive outreach teams as well as providing stand alone services addressing issues such as weight gain and healthy living in adult services. In old age psychiatry physiotherapists have a key role to play in falls prevention utilising physiotherapeutic interventions but adapting programmes to meet the abilities of the clients. With dementia sufferers maintaining functional independence and newer developing roles in intermediate care and memory clinics.

The service will also provide physiotherapy treatment for clients whose mental health problems prevent them from accessing general physiotherapy services and where there is a need to understand the complexities of the psychological health in order to deliver patient centred care.

The development of new services emphasises the whole range of needs that the clients have which in turn highlights the potential role of the physiotherapist.

People with mental illness are a vulnerable and a health disadvantaged group. They often exist on low incomes and suffer from poor motivation both fitness and health limiting factors. They are at high risk of physical illness and three times more likely to die prematurely from ‘natural causes’ such as coronary heart disease, cancer and obesity. (Saving Lives- DOH Modernising Mental Health Services).
In addition prescribed medication for mental health problems, which can cause marked increased appetite and weight gain. The physiotherapists have a vital role in delivering healthy living and weight management programmes working alongside their dietetic colleagues.

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