

THE ROLE OF PHYSIOTHERAPY IN MENTAL HEALTH

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HEALTH

“... state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

(WHO, 1946)



MENTAL HEALTH

“...state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”

(WHO, 2016)



MENTAL HEALTH DISORDERS (MHD)

- Combination of: abnormal thoughts, emotions and behaviours
- Classified as: Mood disorders, schizophrenia, dementia and intellectual disorders
- Associated with increased disability in work, family and social environments

(WHO, 2017)



PREVALENCE

- ❖ By 2020 depression SECOND leading cause of disability
- ❖ Increase of 20% depression and anxiety from 2005-2015
- ❖ 300 million people worldwide

(Huang et al., 2016; WHO, 2016; Hay 2017)



Global vs Local

Global

- ❖ MNS 14% of global burden of disease
- ❖ Largest group: non-fatal burden of disease
- ❖ MDD 4.2% total YLD

(Hay, 2017)

Local

- ❖ MNS 3rd highest contributor
- ❖ Top 10 non-fatal burden of disease
- ❖ Depression 4.6%, Anxiety 3.4%

(Hay, 2017)



MENTAL HEALTH AND GENDER

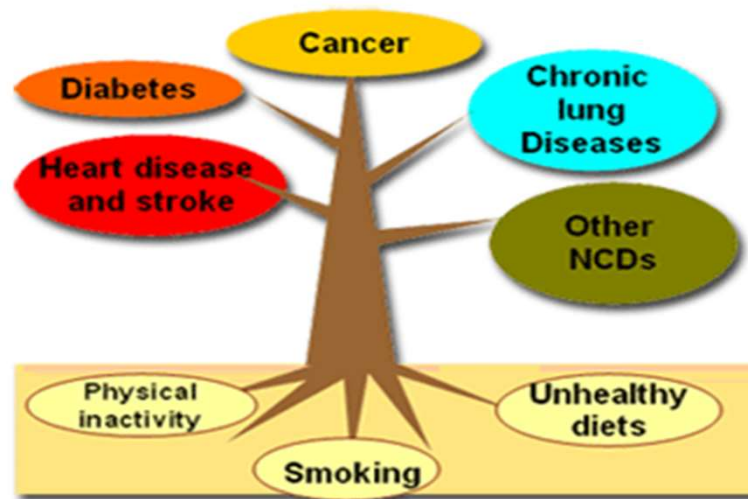
- Hormonal influence
- Sex differences in neuro-circuitry in mood and anxiety
- Psychosocial stresses
- Gender roles and bias
- Socioeconomic status
- Health seeking behavior
- Social support

(Borges et al., 2016; Schwartz et al., 2011; Steel et al., 2014)



MENTAL AND PHYSICAL HEALTH

Patients with MHD have poor physical health



MHD and NCD

Heart Disease

- Mood
- Anxiety
- Substance

Diabetes

- Schizophrenia
- Bipolar
- Depression
- PTSD

Cancer and Respiratory

- Depression
- Anxiety
- PTSD

(Stein et al., 2019)



MENTAL HEALTH AND PAIN

- Pain and depression co-exist (Goesling et al., 2013)
- Unexplained Sx and pain complaints (Haftgoli et al., 2010, Goesling et al., 2013)
- Depression and anxiety strongly linked to somatic symptoms (Bekhuis., 2015)
- Bidirectional relationship (Goesling et al., 2013)

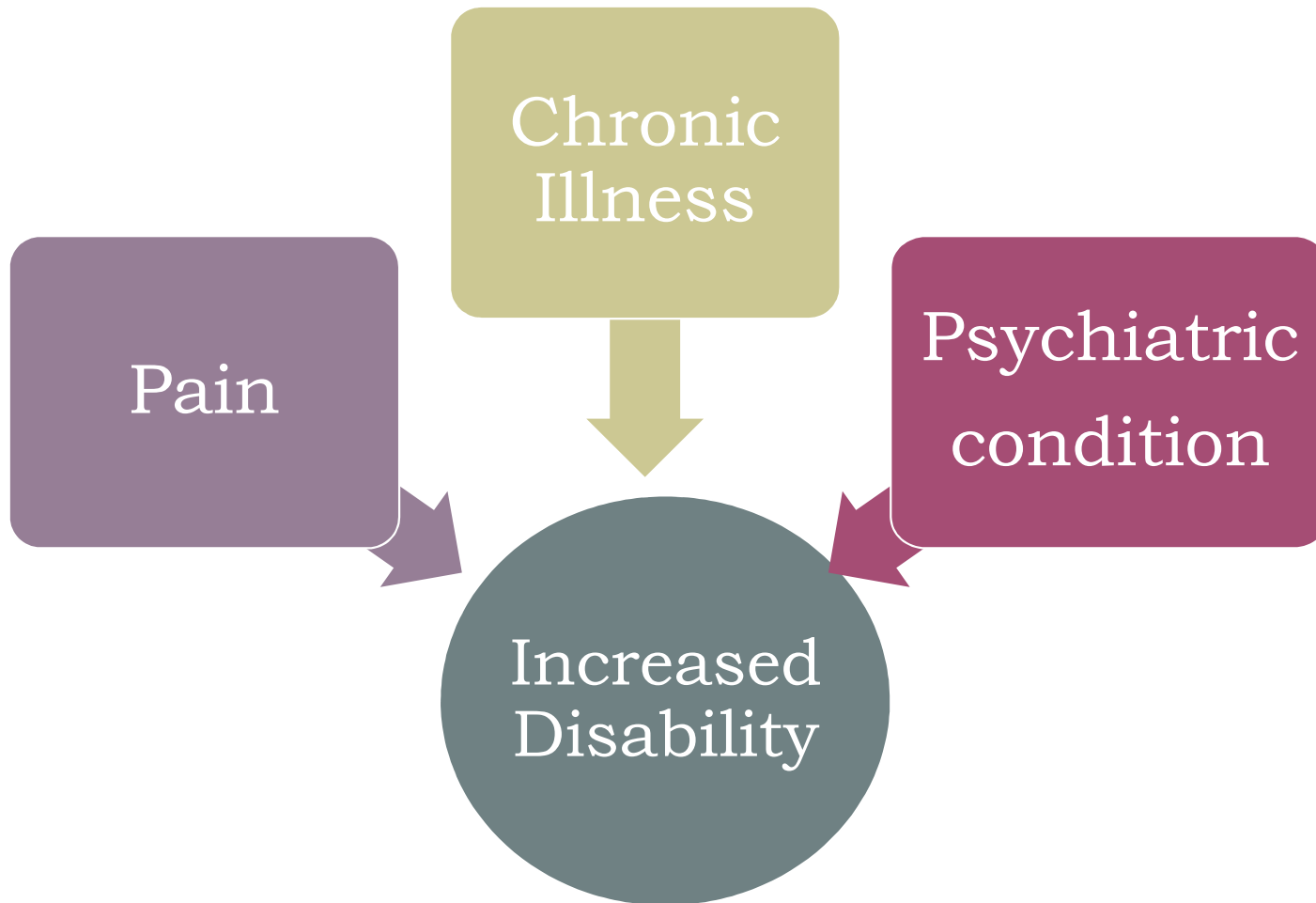


MORTALITY AND MORBIDITY

- ❖ Mortality rate is twice as high in patients with MHD.
- ❖ Result of the
 - ❖ Chronic illness e.g. heart attacks
 - ❖ Suicide
 - ❖ Behaviour and lifestyle factors
 - ❖ Social factors such as poverty

(Walker et al., 2015)

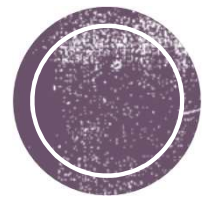




MANAGEMENT OF MHD

- Holistic
- MDT – psychiatrist, psychologist, nurse, OT, social worker
- PT often not included
- Medication and psychotherapy 1st line of Rx
- Greater need to focus on physical health





PHYSIOTHERAPY



PHYSIOTHERAPY

- ✓ Physiotherapists work in a variety of settings provide assessment, treatment and prevention that help maximise a person's movement and functional ability (WCPT, 2016).
- ✓ The role is to provide health promotion, preventative care, treatment and rehabilitation of individuals with MHD (Probst, 2017)



PHYSIOTHERAPY

“Mental health physiotherapists treat a variety of disorders at multiple levels of functioning and may be more effective in producing positive therapeutic outcomes than strategies solely reliant on biological OR psychological approaches”

(Probst, 2017)



PHYSIOTHERAPY

- Non-pharmacological pain management
- Exercise prescription
- Falls Management
- Impaired body awareness

(Pope, 2009)



PHYSIOTHERAPY

Physical Activity

- Richardson et al., 2005; Perraton et al., 2010; Stanton and Happell, 2013

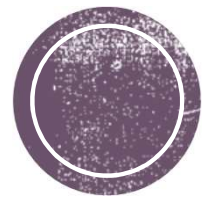
Chronic Pain

- Peveler et al., 2006; Gureje et al., 2008, Goesling et al., 2013; Gerruts et al., 2012

Mind-Body

- Probst, 2012; Breitve et al., 2010; Gyllenstein et al., 2009, Ross and Thomas, 2009, Re et al., 2014





PHYSICAL ACTIVITY



PHYSICAL ACTIVITY

- Physical activity is a public health priority (Aweto et al, 2013, Hodgson et al, 2011)
- Especially important for patients with MHD (Hodgson et al., 2011)
- Patients with MHD less likely to be physically active
 - Greater risk of chronic health conditions
 - Poorer QoL (Perraton et al., 2010; Stanton and Happell, 2013; Stubbs et al., 2014)
- Physical activity as effective as anti-depressant medication
- Complimentary therapy in severe mental illness

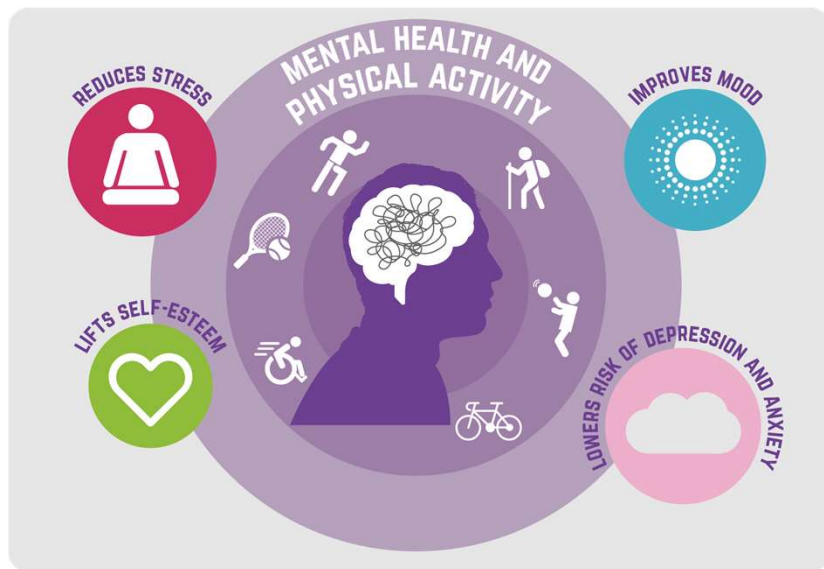


HYPOTHESES

- Endorphin Hypothesis
- Monoamine Hypothesis
- Brain derived neurotrophic factor hypothesis
- Neuroprotective effect



HOW MUCH?



- 150 mins moderate intensity a week
- 75mins vigorous intensity in bouts of at least 10mins 3-5 days a week

(Probst et al, 2017)



5A: BEHAVIOUR CHANGE

Assess

- Current levels
- Broad range of activities
- Stage of change

Advice

- Benefits
- Recommendations including FITT
- Barriers, facilitators and risks

Agree

- Shared decision making
- And SMART goals

Assist

- Non-judgemental
- Person-centred
- Preferences and motivations

Arrange

- Follow up





CHRONIC PAIN MANAGEMENT

Manual therapy

Exercise

TNE

CHRONIC PAIN

- ❖ Chronic pain and depression two most common health conditions
- ❖ 50-75% prevalence
- ❖ Physiotherapy includes: Manual Therapy and Exercises
- ❖ Therapeutic Neuroscience Education (TNE) (Louw et al., 2016)



TNE

- ❖ “Pain is a multiple system output activated by the brain based on perceived threat” (Mosely, 2003)
- ❖ Explaining biology of pain can be beneficial (Mosely, 2003; Louw et al., 2016)
- ❖ Combining TNE with manual therapy has a positive effect on pain, disability, anxiety and stress in chronic pain (Louw et al., 2016)

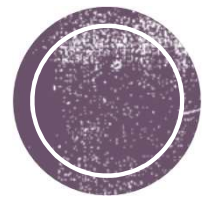


PAIN MANAGEMENT PROGRAMMES

- ❖ Include CBT, education and physical activity
- ❖ Interdisciplinary approach
- ❖ No studies in mental health settings

(Scascighini et al., 2008)





MIND-BODY

BBAT

Yoga

Mindfulness

BBAT/PMT

- Combine eastern philosophies of Tai Chi and meditation with western schools of movement
- Components include –
 - General movement
 - Breathing
 - Massage
 - Talking

- Commonly used for –
 - Depression and anxiety
 - Eating disorders
 - Medically unexplained symptoms

(Gyllenstein et al., 2009; Breitve et al., 2010; Probst, 2012)



YOGA

- Most popular
- Incorporates movement, breathing and meditation
- Increases dopamine and serotonin levels affecting HPA axis
- Sensory regulatory tool

(Cramer et al., 2013; Re et al., 2014)



MINDFULNESS

- Improve ability to observe their thoughts and emotions in more positive way
- Studied in many populations: healthy, chronic pain, psychiatric
- Decrease stress, anxiety and depression
- Two types –
 - Mindfulness based stress reduction (MBSR)
 - Mindfulness based cognitive therapy (MBCT)

(Jansen et al., 2018)



MIND/BODY

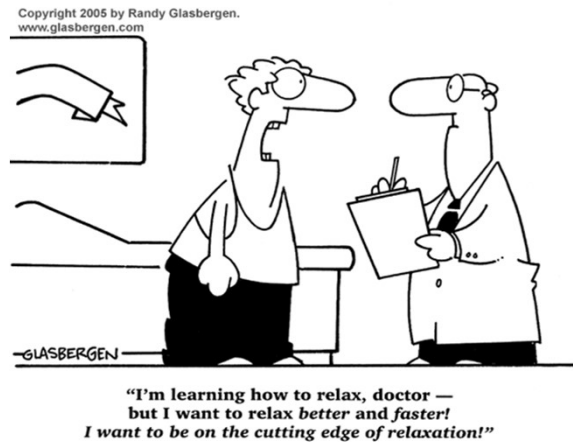
- Psychological strategies such as CBT and mindfulness should be incorporated into management programmes
- Goal is to decrease stress and promote behavioural change
- Physiotherapists provide aspects of CBT using
 - Pacing
 - Relaxation
 - Graded exercise therapy

(Probst, 2017)



CONCLUSION

- Therapeutic relationship
- Optimise wellbeing and empower the individual



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