



Research

Limited interface between physiotherapy primary care and people with severe mental illness: a qualitative study

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KEY WORDS

Physiotherapy
Physical therapy
Physical activity
Mental health
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ABSTRACT

Questions: How do mental health professionals perceive the role of physiotherapists in the care of people with severe and persistent mental illness, and what factors do they perceive as influencing access to physiotherapy services? How do people with severe and persistent mental illness understand the potential role of physiotherapy in their healthcare, and what factors do they perceive as influencing access to physiotherapy services? **Design:** Qualitative study. **Participants:** Twenty-four mental health professionals and 35 people with severe and persistent mental illness. **Methods:** Interview schedules were developed to explore participants' understanding of physiotherapy, as well as barriers and enablers to service access. Focus groups and interviews were conducted for each group of participants. Transcripts were analysed using an inductive approach to derive key themes. **Results:** Both the mental health professionals and the people with severe and persistent mental illness expressed a limited understanding of the role and relevance of physiotherapy for physical health in mental healthcare. Common barriers to service access were cost, transport and lack of motivation. Likewise, enablers of reduced cost, provision of transport and education about physiotherapy to improve their understanding were identified. The health system structure and perceived lack of mental health knowledge by physiotherapists influenced referrals from mental health professionals. Consequently, education in mental health for physiotherapists and integration of the service within mental health were identified as potential enablers to physiotherapy access. **Conclusion:** Limited understanding about physiotherapy and its relevance to physical health in mental healthcare among mental health professionals and people with severe and persistent mental illness was found to be a key factor influencing service access. Limited physiotherapy presence and advocacy within mental health were also highlighted. There is a need for greater understanding about physiotherapy among stakeholders, and for physiotherapists to be well equipped with skills and knowledge in mental health to facilitate greater involvement. [Lee S, Waters F, Briffa K, Fary RE (2017) Limited interface between physiotherapy primary care and people with severe mental illness: a qualitative study. *Journal of Physiotherapy* 63: 168–174]

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Introduction

Severe and persistent mental illness (SPMI) refers to mental health disorders that are associated with high levels of disability, with profound impacts on personal, social and occupational functioning.¹ These illnesses typically include disorders such as schizophrenia, schizoaffective disorders, bipolar disorder and major depression.² People with SPMI experience higher morbidity and mortality rates, with up to 20 years shorter life expectancy than the general population.³ These morbidity and mortality rates are largely attributed to poor physical health, rather than a direct consequence of their mental illness.⁴ In view of this disparity in physical health between the general population and those with SPMI, there has been a shift in attention towards improving physical healthcare for people with SPMI. This shift is highlighted

in the World Health Organization's 2014 slogan 'no mental health without physical health as well'.⁴

A core principle of the World Health Organization's initiative has been promotion of a multidisciplinary approach to healthy lifestyle through increases in physical activity levels and improvement in diet.^{5,6} However, despite evidence supporting the benefits and use of physical activity in the treatment and management of people with SPMI, physical activity levels in this population remain low.⁷ This discrepancy suggests a lack of translation of evidence into clinical practice, which has been aptly summarised by Bartels^{8(p10)}: 'the greatest current barrier to increasing the life expectancy of persons with serious mental illness is no longer a knowledge gap – it is an implementation gap'.

Healthcare providers play a crucial role in translating evidence into practice. However, a myriad of complex factors contribute to

the present gap in implementation in mental healthcare. At a structural level, insufficient funding and lack of integration between physical and mental healthcare services⁴ mean inconsistent quality of healthcare and focus on physical wellbeing. There is a lack of consensus between service providers over the role of various healthcare professionals in the management of the physical health of people with SPMI, which thereby influences service provision.^{9,10} National physiotherapy bodies have provided guidelines and recommendations regarding the potential for physiotherapists to improve both the physical and mental health of people with mental illness.^{11,12}

Physiotherapists should be in a prime position to positively influence the physical health of people with SPMI, through healthy lifestyle promotion and individualised physical activity programs,¹² with support for physiotherapist-led physical activity programs among people with SPMI consistent across the literature.^{11–14} However, despite this compelling evidence supporting physiotherapy involvement in mental healthcare, anecdotally, it appears that physiotherapists still play a minor and unrecognised role as primary mental healthcare providers. This raises questions about why their involvement is limited.

The purpose of this study was to investigate factors influencing physiotherapy involvement in the treatment and management of people with SPMI in Western Australia from the perspectives of mental health professionals and people with SPMI.

Therefore, the research questions for this qualitative study were:

1. How do mental health professionals perceive the role of physiotherapists in the care of people with severe and persistent mental illness, and what factors do they perceive as influencing access to physiotherapy services?
2. How do people with severe and persistent mental illness understand the potential role of physiotherapy in their healthcare, and what factors do they perceive as influencing access to physiotherapy services?

Method

Study design

This study used a qualitative approach employing both focus group and individual interviews with mental health professionals and people with SPMI. A qualitative approach was chosen to allow thorough exploration of participants' views, concerns and beliefs on complex issues, which would not be attainable through quantitative means.¹⁵ Focus groups were chosen as the main method, due to added benefits of collective discussions and exchanging of views.¹⁶ However, individual interviews were conducted if necessary to accommodate participants' schedules. This study was reported in accordance with the COREQ-32 criteria.¹⁷

Participants

Mental health professionals were recruited from the North Metropolitan Health Service - Mental Health. This service provides public mental health care and treatment for approximately 1 million people in Perth, Western Australia.¹⁸ To be eligible, the mental health professionals had to have an influence on referral processes or the authority to refer people with SPMI to physiotherapists. The mental health professionals were recruited via internal communication channels, including newsletters, emails and word of mouth.

People with SPMI were recruited from the community. Study details were disseminated through community advertising and flyers at drop-in centres and hostels. To be eligible, volunteers were required to be aged 18 to 65 years and have had a schizophrenia-spectrum disorder or severe mood disorder diagnosed by a mental

Box 1. Stimulus questions used with the mental health professionals.

- How are physical health issues of people with mental illness addressed in your place of work?
- Do you think there is a role for physical activity and exercise in the management of people with mental illness?
- What is your understanding of the role of physiotherapists in the treatment and management of someone with mental illness?
- Have you ever referred a patient to a physiotherapist?
 - If so, what prompted you to do this?
 - What determined your choice of physiotherapist?
- Do you think physiotherapy might benefit your clients and how so?
- What would help in referring people with mental illness more frequently to community physiotherapists?
- Do you perceive any barriers in referring individuals with mental illness to community physiotherapists?

health professional. Volunteers were only included after verification of eligibility by their case manager or psychiatrist. Exclusion criteria were a current acute episode of psychosis or the inability to provide consent or communicate in English.

Data collection

An interview protocol was developed for each category of participants, based on existing literature and the clinical experiences of senior researchers (REF, KB and FW). Specifically, the understanding of the role of physiotherapy in mental healthcare settings, and perceived barriers and enablers in accessing physiotherapy services for people with SPMI were explored.

Prior to data collection, training was provided to the primary researcher (SL) who facilitated the focus groups. The training included observations of focus groups involving people with SPMI. A sleep therapy researcher led the training, with advisory support from an experienced mental health researcher and clinician (FW).

Focus groups and individual interviews with mental health professionals were conducted at their place of work. The stimulus questions used with the mental health professionals are presented in [Box 1](#). Focus groups and individual interviews with people with SPMI were conducted at Curtin University, or their respective lodging or drop-in centre. The stimulus questions used with the participants with SPMI are presented in [Box 2](#). Focus groups were scheduled to last for a maximum of 1 hour, whereas individual interviews were not scheduled for a maximum duration. Interviews were audio-recorded and transcribed verbatim. Subsequently, each participant received a copy of the written transcript for verification. Appropriate amendments were made where requested.

Participant characteristics were collected using paper questionnaires. For the mental health professionals, the recorded characteristics were: gender, age, profession, area of work, experience, and prior referrals to physiotherapy. For the people with SPMI, the recorded characteristics were: diagnosis, duration of illness, previous experience with physiotherapy, and prior referral for physiotherapy.

Data collected during focus groups and individual interviews were analysed using an inductive approach to identify themes.¹⁹ Focus groups and data analysis continued until data saturation was achieved.¹⁹ Data saturation was defined as occurring when no new themes were identified in consecutive focus groups.

Data analysis

The characteristics of the participants were summarised using descriptive statistics calculated with commercial software[®]. Qualitative data were analysed by the primary researcher (SL) in

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