



PHYSIOTHERAPISTS AND PSYCHIATRIC HOSPITALIZATION IN GENERAL HOSPITALS: CARE AND PROFESSIONAL TRAINING

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ABSTRACT

Objective: to describe the care provided by physiotherapists to people admitted to psychiatric beds in a general hospital, as well as the training of these professionals to offer this care. **Method:** descriptive-exploratory research, with a qualitative approach, conducted with six physiotherapists who work in a university hospital. From August to September 2017, data were collected using the semi-structured interview. After transcription, the data were analyzed using Bardin's Thematic Content Analysis. **Results:** the following categories were raised: "The care offered by the physiotherapist to people in psychiatric beds in a general hospital" and "(Un) preparation of the physiotherapist to care for the hospitalized individual with mental disorder". We found that professionals manifest the need for a biopsychosocial look, but prioritize only muscle strengthening and stretching in the provision of care. We also found that the lack of access to contents that address Psychiatry during the undergraduate degree may justify the lack of preparation for integral care. **Conclusion:** the care centered on kinesiotherapy and the unpreparedness of the professionals participating in the study for assistance in psychiatry seem to result from the shortage of knowledge centered on psychosocial rehabilitation.

Keywords: Physical Therapy Specialty. Hospitals. Psychiatry. Delivery of health care.

INTRODUCTION

There are several mental disorders with different manifestations, characterized by a combination of abnormal thoughts, perceptions, emotions and behaviors, which can affect relationships with other people. Depression, bipolar disorder, the spectrum of schizophrenia and other psychoses, dementia, intellectual disability and developmental disorders, including the spectrum of autism, are among the mental disorders⁽¹⁾. Such disorders represent important challenges to be faced by health services, since, before being formally diagnosed, it is already possible to find signs of psychological distress⁽²⁾.

In this perspective, the (re) construction of the autonomy of people with mental disorders is one of the purposes of psychosocial rehabilitation of this audience and requires access to fundamental rights, such as work,

housing and health⁽³⁾. Thus, we should highlight the need to provide effective treatments for these people, which generates the interdependence between health care and social services for the provision of treatment and social support⁽¹⁾.

In order to consolidate biopsychosocial care, the Brazilian National Mental Health Policy established the organization of the Psychosocial Care Network (RAPS, as per its Portuguese acronym), which seeks to ensure integral and humanized care for people with mental disorders and those who have needs resulting from the use of crack, alcohol and other drugs. To that end, this network has services composed of a multidisciplinary team, which works from an interdisciplinary perspective at different levels of health care (primary, secondary and tertiary), besides including the social sector⁽⁴⁾. Among the services of the referred network, we should underline "Specialized Wards in General Hospital", which are intended for the treatment

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of acute clinical conditions among people with mental disorders and those who have needs arising from the use of crack in a protected environment and with 24-hour support and service⁽⁴⁾.

We should emphasize that the people admitted to these specialized wards have clinical demands and tend to need the care provided by a physiotherapist, in order to intervene in the rehabilitation process and/or to reduce the risk of complications⁽⁵⁾, which also requires this professional to pay attention to the psychiatric disorder that affects these people.

According to Resolution nº 80/87, of the Federal Council of Physiotherapy and Occupational Therapy, among the purposes of Physiotherapy, is the study of human movement in all its forms of expression and capabilities, both in its pathological changes and in psychic and organic repercussions, with a view to preserving, maintaining, developing or restoring the integrity of organs, systems or functions⁽⁶⁾.

Nevertheless, the physiotherapist is not part of the minimum team of RAPS mental health services, but is present during the clinical care of the people who are assisted in them, especially in the general hospital. In this perspective, the results of a study⁽⁷⁾ demonstrated that it is necessary to include the physiotherapist in psychiatric care, since this professional can participate in the planning and execution of activities that contribute to the psychosocial rehabilitation process⁽⁷⁾ by easing the mental, physical and social burden, thus facilitating functional recovery and, consequently, reducing disability and social costs⁽⁸⁾.

A study conducted in Germany concluded that the elderly citizens with mental disorders preferred physiotherapy treatments and rehabilitation over other treatment methods, such as relaxation⁽⁹⁾. Therefore, the importance of investing in physiotherapy in mental health services and in research on this theme is evident⁽⁸⁾.

However, there are still few studies that address this theme, which results in gaps in knowledge, reinforcing the need to develop scientific research to answer the following questions: what are the care provided by physiotherapists to people hospitalized in psychiatric beds in general hospitals? And what is the training that physiotherapists have to offer

psychosocial care to people with mental disorders?

Given the above, this study is intended to describe the care provided by physiotherapists to people hospitalized in psychiatric beds in a general hospital, as well as the training of these professionals to offer this care.

METHOD

Descriptive-exploratory study based on the qualitative research approach. The study was conducted in a university hospital in the countryside of Minas Gerais, Brazil, where 21 physiotherapists work, seven of whom work, specifically, at SUS Medical Clinic, where there are six psychiatric beds, distributed in two different wards, one for men and one for women, where this survey was developed.

A total of six of the seven physiotherapists who worked in the SUS Medical Clinic sector participated in the study, where psychiatric beds are located and who accepted to participate voluntarily in the research after signing the Free and Informed Consent Form (FICF). Exclusion criteria were established: being on vacation and leave in general on the scale of work or maternity leave. Accordingly, one physiotherapist who was on leave was excluded from the study.

Data were collected from August to September 2017 through semi-structured interviews, which were recorded in the form of an audio file, with prior authorization, and later transcribed, which allows for a more reliable data analysis. The instrument that supported the interviews was developed by the researchers, validated by two professionals in the field of Physiotherapy, which included two questions about the care offered by physiotherapists to people hospitalized in psychiatric beds and three about the preparation of professionals to provide care focused on the psychological needs of these people.

The average interview time was 30 to 40 minutes and they were conducted in a single session by one of the researchers during the participant's work hours, who chose a private place in the hospital premises to answer them. We should underline that there was no loss to the institution during the absence of this professional in the service.

The obtained data were submitted to Content Analysis, thematic modality, based on Bardin's framework⁽¹²⁾ and, firstly, the statements of each representative were analyzed. Subsequently, the points of similarity and difference among the contents were listed, as well as what could be highlighted as relevant to achieve the research objectives. The results were grouped into categories, and then discussed based on a literature review on the theme.

This work was conducted after approval by the Research Ethics Committee of the University of Uberaba under Opinion nº 2.167.874. In order to preserve the participants' identity, a code composed of the letter E (interviewee or *entrevista* in Portuguese language) was assigned to the statements followed by the number referring to the order in which the interviews took place.

RESULTS AND DISCUSSION

There was a predominance of males (66%) among the professionals who participated in the study and the average age was 33.1 years. Three of the participants completed their undergraduate degree in 2006, another two participants in 2007 and one in 2012. The average length of time the physiotherapists worked at the hospital in question was 3.5 years, with 30 hours of workload, with the exception of one, who worked for 24 hours.

From the analysis of the obtained data, two categories were raised: The care offered by the physiotherapist to people in psychiatric beds in a general hospital and (Un) preparation of the physiotherapist to care for the hospitalized individual with mental disorder.

The care offered by the physiotherapist to people in psychiatric beds in a general hospital

Mental health is essential in the context of health, which is defined "as a state of complete physical, mental and social well-being and not just the mere absence of disease or illness"⁽¹³⁾.

From this concept, it is evident that mental health does not represent the absence of mental disorders or disabilities, but rather constitutes a state of well-being in which people have autonomy, are able to deal with the tensions of

life and be productive, thus contributing to the community. In this perspective, the promotion, protection and restoration of mental health can be considered as a vital concern of individuals, communities and societies around the world⁽¹⁾.

Accordingly, the promotion of well-being represents the major objective of the care offered by physiotherapists who provide assistance to people with mental disorders at the general hospital.

I try to offer well-being when I try to mitigate anxiety and pain. This I can see throughout the sessions. (E2)

I always see people expressing physical well-being when they move better, and mental when they were sad at the beginning of the service and, after, they are smiling. (E4)

The World Health Organization (WHO) recognizes the importance of mental health for the general well-being of people, communities and countries; and, for this reason, it has been prioritized among the Sustainable Development Goals (SDG) as a fundamental element for universal health coverage⁽¹⁴⁾.

Nevertheless, transitory affective states of well-being can be enhanced by personal traits, such as autonomy. Thus, emotional regulation can have an indirect effect on subjective well-being through autonomy, recognizing that socialization processes in different contexts (educational, work, etc.) and that stimulate autonomy can enhance the effects of emotional regulation in subjective well-being⁽¹²⁾.

In this context, well-being seems to result from the stability of the different dimensions that involve human beings, which are: mental, physical, social and spiritual. Given this reality, it is evident that the participants in this investigation value emotional well-being and not just physical well-being, which seems to be a positive point in providing care to this clientele. Among the performed interventions, the ones mentioned below stand out.

A withdrawal from the bed, a walk through the halls ... (E1)

I'm there for us to carry out exercises, for him to improve and be able to go out. (E4)

Mobilization of the patient, prevention of any sequelae, or prevention of worsening of the isolation condition. (E5)

When considering the importance of emphasizing psychosocial rehabilitation in physiotherapy interventions, the following body activities are recommended for people with mental disorders: internalization; warming-up; therapeutic touch; body image work; body expression and relaxation⁽¹⁵⁾.

The goal of internalization is for people to reestablish contact with themselves, and to do this, the physiotherapist must perform exercises of perception of the body itself, seeking to prepare the body to perform physical exercises, prevent injuries and stimulate the body's functions. This professional performs kinesiotherapy exercises during the warming-up process. In therapeutic touch, massage techniques are used in pairs, in groups and/or self-massage to minimize the difficulty in establishing physical contact, leaving the body free of blockages and more willing to socialize. When developing actions that promote movement, postural correction, group interaction, expressiveness and dynamics with the mirror, the physiotherapist works on body image, in order to contribute to the improvement of self-esteem and acceptance of the body itself. Finally, when applying Jacobson's relaxation to people with mental disorders, the physiotherapist intends to decrease physical tensions, awaken feelings of mental stillness and body lightness, promote inner peace and instill serenity and trust in others and in oneself⁽¹⁵⁾.

From the above, it appears that the interventions developed by the physiotherapists participating in this study fit only in the warming-up activity and there is no survey of the specificities that people with mental disorders have to achieve the promotion of an active and healthy lifestyle, which represents one of the main purposes of this professional category in Psychiatry⁽¹⁶⁾.

In this setting, we should highlight that people with mental disorders tend to have a body image reflected in an internal world marked by the divergence of the psyche, exacerbated by affective and intellectual indifference⁽¹⁵⁾, and this requires the valuation of relational skills such as communication, cited by E1.

A conversation can sometimes calm down, right?
(E1)

Physiotherapy can contribute to improving

mood, reducing stress, promoting well-being and addressing somatic comorbidities associated with mental disorders⁽¹⁰⁾, such as chronic pain associated with depression and anxiety⁽¹⁷⁾. Thus, it appears that the activities offered to people with mental disorders, during hospitalization, stimulate interpersonal relationships and expressiveness.

The exercise will help him to 'come out' of inactivity and loneliness. (E6)

I think we can reduce the isolation when we walk around the courtyard with the patient. (E5)

However, in the perception of people with mental disorders, the interaction and the bond between them and the physiotherapists are still restricted⁽¹⁸⁾, which corresponds to a failure in the service of physiotherapy in Psychiatry, as the therapeutic relationship is essential to offer a effective care in psychiatry.

Similarly, one of the participants mentioned not knowing the benefits of their interventions in promoting mental health among hospitalized people.

I don't know, I can't identify these benefits and I think that, somehow, I'm taking care of them and that can help mainly with personal care, right?
(E3)

In general, we found that most professionals focus on care centered on kinesiotherapy, although they recognize the need to provide physical and emotional well-being, which represents a limitation in the provision of care. In this perspective, a study⁽¹⁹⁾ justifies this situation in the negative perceptions and beliefs of physiotherapists about people with mental disorders and in the structural inadequacy of health services.

It is believed that this is a reality arising from the lack of technical and scientific knowledge of this professional category, which is reinforced by the fact that most of them point out, superficially, the benefits resulting from their work for people with mental disorders, or even fail to highlight them. In this perspective, the following theme expresses possible justifications for the referred lack of knowledge.

(Un) preparation of the physiotherapist to care for the hospitalized individual with mental disorder

Currently, it is recognized the need to include themes that involve mental health and psychiatry throughout the undergraduate course in Physiotherapy so that this professional can join the multidisciplinary team that provides care in psychiatry⁽¹⁷⁾. We should also reinforce the importance of physiotherapists having general knowledge about aspects involving mental illness (etiology, signs and symptoms), treatment (drugs and their side effects) and communication strategies⁽²⁰⁾.

Nevertheless, including mental health in the Physiotherapy curriculum is still a challenge, as this field of study is marked by subjectivities, pluralities, intersectorialities, interdisciplinarity and transversal knowledge⁽²¹⁾.

This reality corroborates the participants' reports, which pointed out that the only undergraduate subject that addressed mental health care was Psychology.

I had psychology, but I don't think it addressed mental health. I really don't remember now. (E4)

We had, but it was psychology, but it was applied to the health issue, to the treatment of the patient, not specifically about the patient with a mental problem. We made a visit to the spiritist sanatorium, I remember! But, like this, everything was very fast, and it was only for the purpose of knowledge, right? There is not even a physiotherapist there. (E5)

Like E4 and E5, the other participants denied having access, during the undergraduate degree, to any specific theoretical basis on the care to be provided to people with mental disorders, which confirms that this is a common gap in the Physiotherapy course:

This! Sometimes, not, because there are some mild disorders, sometimes the guy is depressed, we can manage it; if he's aggressive, then we're not so prepared. In fact, there is no preparation. (E1)

I don't feel prepared to care for this patient. (E2)

Based on the reports of E1 and E2, the need to include mental health issues in the academic training of physiotherapists is confirmed, in order to guarantee, for the future professional, the capacity for a type of care committed to the quality and integrality of assistance and also for understanding that mental health problems are not disconnected from other health problems⁽²¹⁾.

Added to this reality is the fact that the number of people with mental disorders in the world is increasing, with emphasis on depression (an estimated 300 million people are affected by this condition, with a predominance of women), which constitutes one of the main causes of disability worldwide⁽²²⁾.

When considering the growing number of people with mental disorders and the lack of mental health professionals, the presence of physiotherapy is still limited in the context of the multidisciplinary mental health team^(5,23). Although there are effective interventions to offer people with mental disorders, physiotherapists cannot be involved with this population due to the lack of knowledge and confidence in this area, the structure of the health system and the stigmatization of people with mental disorders⁽⁵⁾. In this sense, it is necessary to invest in actions that seek to understand how physiotherapy can contribute to the health of people with mental disorders. Physiotherapists need to be well equipped, with mental health skills and knowledge, in order to facilitate greater involvement⁽²³⁾.

Accordingly, it is important to value the inclusion of mental health care and psychiatry in the curricular matrix of the undergraduate course in Physiotherapy so that, since the training, the theoretical, practical and scientific basis is offered for the performance of this professional in these settings and so that this professional does not acquire skills only with professional practice, as E4 and E6 refer.

Nowadays, yes, due to the profession time. (E4)

However, I had never seen it before and, currently, as we already have the practice there at the medical clinic, I think I feel more prepared. (E6)

This reality is accentuated, since the possibility of including physiotherapy in mental health care and psychiatry is largely ignored in current policies and investigations⁽⁸⁾.

The association of situations previously exposed to the superficial approach of this theme during the undergraduate degree entails, in physiotherapists who provide care to people with mental disorders, insecurity and doubt.

In fact, I think it's not right, but I do what I think I believe should be done for everyone. (E3)

Oh, I don't know very well, but I don't think I do much for mental illness. We always try to be as calm as possible, right?! We don't know the patient's response and are afraid of unforeseen events. Thus, we're always in doubt about what we should do. (E5)

Even though there is evidence to support the involvement of physiotherapy in mental health and psychiatric care, it is still common to encounter physiotherapists who feel insecure, and this contributes to not recognizing themselves as mental health care providers⁽²³⁾.

Nevertheless, physiotherapy improves the self-management of the body and life of people with mental disorders to cope with mental and physical health problems, since the exercise of body awareness can increase people's self-esteem⁽⁸⁾. In this context, it is important that physiotherapists look for existing training opportunities in mental health, through graduate teaching in Mental Health⁽⁵⁾, which can be an alternative to deal with insecurity.

Moreover, we should underline that the participation of the physiotherapist in mental health and psychiatric care is a topic that deserves discussion and knowledge production in the academic, curricular and professional contexts of the field of Physiotherapy, since the subject still seems unknown not only by professionals, but by many health workers in general⁽²¹⁾. It is also added that it is important to formulate public policies with the inclusion of physiotherapy in mental health, in order to consolidate the presence and duties of this professional category in mental health teams⁽²⁴⁾.

In this study, we found that the participants' unpreparedness seems to be closely related to the precarious basis in the area of mental health offered during university training, which makes their performance deficient for the growing demands of people with mental disorders. This reality was also pointed out in a recent investigation⁽²⁵⁾ in which the family members mentioned the weaknesses in the performance of the multidisciplinary team, especially among professionals who work in the recovery of skills and in the assessment of physical and mental

impairments during hospitalizations of people with mental disorders in a general hospital.

FINAL CONSIDERATIONS

When analyzing the care provided by physiotherapists to people hospitalized in psychiatric beds in a general hospital, we found that, in general, care is not developed based on the real needs arising from the mental disorder, as the interventions focus on performing kinesiotherapy exercises. This reality seems to be related to the precarious training of these professionals from the undergraduate degree to the continuing education in the work environment.

The psychosocial rehabilitation of these people, which comprises the great objective of interprofessional mental health care in the present days, is not the target of the physiotherapists' knowledge, which is expressed, predominantly, by the insecurity of these professionals.

Thus, the superficial knowledge of the participants in relation to this care proved to be a limitation for this professional to contribute to minimizing the determinant commitments of hospitalization and enabling psychosocial rehabilitation in an effective way.

We should also highlight that mental health and physical health are interdependent. However, many health professionals deny mental health and overestimate physical health. In this perspective and considering that the physiotherapist must be prepared to deal with the most different health situations and singularities of people who are admitted to hospitals, it is important to review and rethink the curricula of university institutions, in order to involve health care for the human being in its multidimensionality.

There is also the need to develop new research to expand technical and scientific knowledge about the approaches to physiotherapy in mental and behavioral disorders.

FISIOTERAPEUTAS E A INTERNAÇÃO PSIQUIÁTRICA EM HOSPITAIS GERAIS: CUIDADOS E CAPACITAÇÃO PROFISSIONAL

RESUMO

Objetivo: descrever os cuidados prestados por fisioterapeutas às pessoas internadas em leitos psiquiátricos de um hospital geral, bem como a capacitação desses profissionais para oferecerem esses cuidados. **Método:** pesquisa descritivo-exploratória, de abordagem qualitativa, realizada com seis fisioterapeutas que atuam em um hospital universitário. De agosto a setembro de 2017, realizou-se a coleta dos dados utilizando a entrevista semiestruturada. Após a transcrição, os dados foram analisados por meio da Análise de Conteúdo Temática de Bardin. **Resultados:** emergiram como categorias: “Os cuidados oferecidos pelo fisioterapeuta para as pessoas em leitos psiquiátricos de um hospital geral” e “(Des) preparo do fisioterapeuta para o cuidado com o indivíduo hospitalizado com transtorno mental”. Evidenciou-se que os profissionais manifestam a necessidade do olhar biopsicossocial, mas priorizam apenas o fortalecimento e o alongamento muscular na prestação de cuidados. Verificou-se, também, que a ausência de acesso a conteúdo que aborde a Psiquiatria durante a graduação pode justificar o despreparo para uma assistência integral. **Conclusão:** o cuidado centrado na cinesioterapia e o despreparo dos profissionais participantes do estudo para a assistência em psiquiatria parecem resultar da insuficiência de conhecimentos centrados na reabilitação psicossocial.

Palavras-chave: Fisioterapia. Hospital. Psiquiatria. Assistência à saúde.

FISIOTERAPEUTA Y HOSPITALIZACIÓN PSIQUIÁTRICA EN HOSPITALES GENERALES: ATENCIÓN Y FORMACIÓN PROFESIONAL

RESUMEN

Objetivo: describir los cuidados prestados por fisioterapeutas a las personas internadas en lechos psiquiátricos de un hospital general, así como la capacitación de estos profesionales para ofrecer esos cuidados. **Método:** investigación descriptivo-exploratoria, de abordaje cualitativo, realizada con seis fisioterapeutas que actúan en un hospital universitario. De agosto a septiembre de 2017, se realizó la recolección de los datos utilizando la entrevista semiestruturada. Tras la transcripción, los datos fueron analizados por medio del Análisis de Contenido Temático de Bardin. **Resultados:** surgieron como categorías: “Los cuidados ofrecidos por el fisioterapeuta para las personas en lechos psiquiátricos de un hospital general” y “Falta de preparación o no del fisioterapeuta para el cuidado al individuo hospitalizado con trastorno mental”. Se evidenció que los profesionales manifiestan la necesidad de una evaluación biopsicosocial, pero priorizan apenas el fortalecimiento y el estiramiento muscular en la prestación de cuidados. Se verificó, también, que la ausencia de acceso a contenido que trate sobre la Psiquiatria durante el pregrado puede justificar la falta de preparación para una atención integral. **Conclusión:** el cuidado centrado en la quinesiología y la falta de preparación de los profesionales participantes del estudio para la atención en psiquiatria parecen resultar de la carencia de conocimientos centrados en la rehabilitación psicossocial.

Palabras clave: Fisioterapia. Hospitales. Psiquiatria. Prestación de atención de salud.

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