

Perspectives on Physical Therapy in Mental Health

Perspectivas sobre a atuação da Fisioterapia na Saúde Mental

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Issues of international concern related to health include frequent and disabling conditions, such as mental health problems. Mental disorders have a high prevalence, are among the ten conditions that most cause disability and are being increasingly studied and discussed by various professionals around the world. In childhood, mental disorders affect 10 to 20% of children and adolescents worldwide^{1,2}. In Brazil, a recent survey identified a prevalence of common mental disorders of 30% among 74,589 adolescents living in municipalities with more than 100,000 inhabitants³. In adults, they constitute the highest index of "disability-adjusted life year", an indicator that associates the number of years lost due to disability with the potential years of life lost due to early mortality and the burden of health status⁴.

Mental disorders are characterized by clinically significant changes in cognition, emotional regulation or behavior of the individual, which reflect a dysfunction in the psychological, biological or developmental processes underlying mental functioning. They are often associated with significant suffering or disability affecting social, professional or other important activities⁵.

Just as the concept of health in general is not restricted to the absence of an illness, the definition of mental health is also not limited to the absence of mental disorder. According to the World Health Organization, mental health comprises "a state of well-being in which every individual realizes 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"⁶. The essential components of this definition (well-being, effective functioning of the individual and effective functioning in the community) are closely resembling the components of the International Classification of Functioning (body structures and functions, activities and participation), a clinical, statistical and research tool widely used by physiotherapists.

Throughout the world, physiotherapy has assumed an important role, being a non-drug treatment option with a focus on prevention, evaluation and treatment of various mental health problems, which can interfere in the quality of life and functionality of children, young adults and the elderly. Physical therapy in mental

health is an area of practice that studies and treats the movements and functionality of people with mental disorders and/or psychic suffering. It aims to optimize well-being, promote self-care, empowering the individual through the promotion of functional movement, movement awareness, physical activity and exercises, and bringing together physical, mental and social aspects. It follows the person-centered approach and provides care at all levels of health care and in all life cycles of the individual with mild, moderate or severe, acute or chronic mental health changes. Physiotherapists working in mental health can contribute with multidisciplinary teams and inter-professional care, using evidence-based therapeutic approaches⁷.

Many examples of how physiotherapy has acted in the area of mental health can be cited, such as in the treatment of depression or schizophrenia. A recent meta-analysis identified large and significant effects of supervised aerobic exercise of moderate intensity in individuals with major depressive disorder⁸. The study by Dauwan and colleagues also showed positive effects of any type of exercise (aerobic, strengthening, yoga) for clinical symptoms (total, positive and negative), quality of life, overall function, depression and cognition in people with schizophrenia⁹. In addition, several techniques and forms of intervention that approach the body by valuing psycho-behavioral aspects have emerged in recent years, such as GDS-Method of Muscular and Articular Chains, Eutonia, Bioenergetics, Microphysiotherapy, Basic Body Awareness Therapy (BBAT), among others. BBAT, for example, is a physiotherapeutic program of movement awareness directed to everyday life, coordination and function¹⁰, applied to several mental disorders with excellent results¹¹⁻¹³.

In some Brazilian municipalities, physiotherapists are already part of the Mental Health teams of the Psychosocial Care Centers (CAPS) and work there for individual and collective education, prevention and physical therapy assistance¹⁴. Although the work already exists in some states and the discipline is already offered in some universities, there was no discussion about this new area of action and not even a consensus on the content to be addressed in universities. Here we have a path to be followed, starting with the basic training of the professional to practices of permanent education.

However, the specialty of Physical Therapy in Mental Health does not yet exist in Brazil, but the efforts are happening so that this area of action with interface with so many others brings many benefits to patients attended and massively amplifies the market for professionals.

Physiotherapy applied to mental disorders has a broad action scenario, being effective in approaching several conditions, such as: neurodevelopmental disorders (eg autism spectrum disorder, attention deficit hyperactivity disorder, developmental coordination disorder, disorder (eg, enuresis, encopresis), depression, anxiety, schizophrenia, disorders of somatic symptoms, sexual dysfunctions, sleep-wake disorders, dementias and other cognitive disorders, etc. It is worth noting that many of these conditions are already part of the physical routine of the physiotherapist, both when the patient is diagnosed as the main diagnosis and as in comorbidities (eg children with cerebral palsy and autism or intellectual development disorder, adults with chronic pain associated with depression or anxiety disorder, among others).

Despite the strong scientifically proven link between physical and mental health¹⁵, the physiotherapist's performance in the area of mental health is still restricted and subject to controversial discussions and opinions, particularly in Brazil, whose main limiting factor is unfamiliarity. One point to be clarified is the relationship between physical therapy and mental health, which already appears in the definition of physiotherapy itself, according to Resolution No. 80 of May 9, 1987 of the Federal Council of Physical Therapy and Occupational Therapy, "it is a science applied, whose object of study is human movement in all its forms of expression and potentialities, both in its pathological alterations and in its psychic and organic repercussions, with the aim of preserving, maintaining, developing or restoring the integrity of organ, system or function". The same resolution emphasizes that as a therapeutic process, the physiotherapist uses his own knowledge and resources, with which, based on psychophysical and social conditions, he seeks to promote, perfect or adapt through a therapeutic relationship, the individual to a better quality of life.

Changes in posture and movement are common in individuals with mental health problems¹⁶. In adults, the prevalence of chronic pain in individuals with affective, anxiety or stress-related disorders exceeds

30%, and in some samples with posttraumatic stress disorder, it reaches 80%¹⁷, conditions that directly affect the therapeutic and in the form of provision of health services to the population. Studies have shown that people with mental health problems are more susceptible to inactivity and are at risk for a sedentary lifestyle. In addition, the use of psychotropic drugs may result in the development of metabolic syndrome, obesity, and osteoporosis. In childhood, the hypothesis is highlighted that psychosocial problems, depressive and anxious symptoms would be secondary consequences to motor problems¹⁸ and tend to manifest very early when the child is challenged by social demands and by peers during the school years¹⁹. However, the occurrence of motor difficulties in various mental disorders receives little attention in comparison to cognitive and behavioral problems, which can negatively impact the subjective well-being, perceived self-efficacy and autonomy of these individuals. For example, in cases of attention-deficit / hyperactivity disorder, there is clear evidence that 30-50% of school-age children with this diagnosis have motor difficulties, which involve changes in balance, overall and fine motor coordination²⁰,²¹. However, although these difficulties are often perceived by children themselves, with impacts on self-esteem (considered by themselves and their peers as "uncoordinated", "always the last to be chosen", etc.) and quality of life²², motor problems still receive little attention in clinical practice²³.

Several studies have shown beneficial results in physiotherapeutic techniques, such as body approaches (aiming to use the body as a way of working with movement, posture and emotional expression (24) and oriented physical activity, kinesiotherapy, use of electrothermal therapy resources including non-invasive neuromodulation techniques), in improving clinical symptoms of individuals with mental health problems.

Another point to note is that physical therapy in mental health is already an internationally recognized area of action, including as a working subgroup of the World Confederation of Physical Therapy (WCPT) since 2011. In addition to this milestone, other important events stand out in history the first International Conference on Physical Therapy in Psychiatry and Mental Health was held in Leuven in Belgium in 2006, which has since been held biannually in different European countries: Norway, Sweden, the United Kingdom, the Netherlands, Spain, Iceland and the Netherlands.

2020 in Finland. In September 2018, in Mexico City, the first Congress of Physical Therapy in Psychiatry and Mental Health of the American continent took place. Michel Probst signed a Mutual Cooperation Agreement between the eight American countries present, including Brazil, Chile, the United States of America, the United States of America, Colombia, Costa Rica, United States, Ecuador, Guatemala and Mexico. The objective of this network is to structure a work plan in the areas of education, research and dissemination.

In view of the above, it is evident the importance of the physiotherapist's performance in mental health and the need to recognize it as a specialty. In addition, the adequate qualification of this professional is fundamental, through the inclusion of this theme throughout its training, including basic principles since graduation, for its full insertion with the multiprofessional team to support these patients.

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