

## Perception of people with mental disorders about physiotherapeutic care: qualitative study

## Percepção de pessoas com transtornos mentais acerca dos cuidados fisioterapêuticos: estudo qualitativo

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**ABSTRACT | INTRODUCTION:** The insertion of physiotherapy in mental health care teams has become increasingly necessary due to its importance and effectiveness in promoting life quality in individuals who suffer with mental disorders. **OBJECTIVE:** To understand the perception of people from mental disorders about physiotherapeutic care. **METHODOLOGICAL STRATEGY:** Descriptive study of qualitative approach, carried out with nine individuals with mental disorders at the Dr. Alvaro Rubin de Pinho Mental Health and Rehabilitation Center, in the city of Salvador, Bahia, Brazil, in July/2021. The collected material was acquired through a sociodemographic questionnaire and a semi-structured interview, which was later transcribed and analyzed according to Bardin's content analysis. **RESULTS:** Through the exploration of the contents, three categories emerged: "Perspectives of individuals with mental disorders about physiotherapy"; "Attention and care in psychic suffering", and "Physiotherapeutic effectiveness in mental health". It became evident that the individuals realize that physiotherapy provided improvement in the physical, mental, and social aspects, besides acting as an adjunct in the treatment. **FINAL CONSIDERATIONS:** Physiotherapeutic assistance contributes to health promotion, psychosocial rehabilitation, and improvement of the quality of life of individuals with mental disorders.

**KEYWORDS:** Mental Disorders. Physiotherapy. Mental health.

**RESUMO | INTRODUÇÃO:** A inserção da fisioterapia nas equipes de cuidados à saúde mental tem se tornado cada vez mais necessária, devido à importância e efetividade em promover qualidade de vida em indivíduos com transtornos mentais. **OBJETIVO:** Compreender a percepção de pessoas com transtornos mentais acerca dos cuidados fisioterapêuticos. **ESTRATÉGIA METODOLÓGICA:** Estudo descritivo de abordagem qualitativa, realizado com nove indivíduos com transtornos mentais no Centro de Saúde Mental e Reabilitação Dr. Álvaro Rubin de Pinho, na cidade de Salvador, Bahia, Brasil, em julho/2021. Os dados foram coletados por meio do questionário sociodemográfico e entrevista semiestruturada, que posteriormente foram transcritas e analisadas conforme análise de conteúdo de Bardin. **RESULTADOS:** Mediante a exploração dos conteúdos, emergiram três categorias: "O olhar dos indivíduos com transtornos mentais acerca da fisioterapia"; "Atenção e o cuidado no sofrimento psíquico" e "Efetividade fisioterapêutica na saúde mental". Evidenciou-se que os indivíduos percebem que a fisioterapia proporcionou melhora nos aspectos físicos, mentais e sociais, além de atuar como coadjuvante no tratamento. **CONSIDERAÇÕES FINAIS:** A assistência fisioterapêutica contribui na promoção da saúde, reabilitação psicossocial e melhora da qualidade de vida nos indivíduos com transtornos mentais.

**PALAVRAS-CHAVE:** Transtornos Mentais. Fisioterapia. Saúde Mental.

## Introduction

Physiotherapy insertion in mental health care teams has become increasingly necessary, owing to the importance and effectiveness of conduct capable of reducing body changes and promoting quality of life in individuals with mental disorders.<sup>1,2,3</sup> In general, these patients have mental<sup>6</sup>, social, cognitive, and motor impairments<sup>4</sup>, due to changes in biological, psychological, and social factors.<sup>5</sup>

It is estimated about 700 million people have some type of mental disorders<sup>6</sup>, with a higher prevalence for females<sup>7,8</sup>, while in Brazil, there are approximately 32 to 50 million individuals affected.<sup>9</sup> These disorders have several manifestations, such as difficulties in the execution of movements, muscle tensions and stiffness, postural changes, irregular breathing pattern, and difficulty in body expression.<sup>1</sup>

The presence of bodily manifestations may come from the psychic conditions themselves or from the use of antipsychotic drugs<sup>1</sup>, which results in limitations and disabilities.<sup>10</sup> The role of physiotherapy with a multidisciplinary team in mental health helps in psychosocial treatment and rehabilitation.<sup>11,12</sup> This physiotherapeutic assistance, individually and collectively<sup>13</sup>, provides relief from pain, relaxation, and muscle strengthening, in addition to contributing to the well-being and social reintegration of the individual.<sup>1</sup> Moreover, these benefits acquired through the application of behaviors aimed at health promotion, prevention of diseases, and rehabilitation of installed dysfunctions<sup>4</sup>, with the use of different therapeutic possibilities, are capable of promoting an improvement in the quality of life.<sup>14,15</sup>

Studies indicate that physical therapy in individuals with mental disorders is an important treatment support, capable of generating significant responses in this population.<sup>1,4,16-20</sup> However, it is still unknown about the role and relevance of physiotherapists in the multidisciplinary mental health care team.

As a result of the insufficiency of knowledge focused on physical therapy and the presence of these professionals in psychosocial rehabilitation, the study becomes relevant for its intention to contribute to this class in aspects of their professional performance

and to reaffirm the importance and needs in the care of individuals with mental disorders. Thus, the aim of this research is to understand people with mental disorders' perceptions of physiotherapeutic care.

## Methodological Strategy

This is a descriptive research with a qualitative approach, fulfilled with individuals with mental disorders at the Dr. Alvaro Rubin de Pinho Mental Health and Rehabilitation Center, located in Bonfim neighborhood, in Salvador city, Bahia, in July 2021. Individuals who were followed up by physiotherapy were included, and those with difficulties in understanding and responding to the semi-structured interview were excluded.

Data were collected through a sociodemographic questionnaire with information regarding name, age, sex, education, socioeconomic level, marital status, and clinical diagnosis of mental disorder of the participants, as well as a semi-structured interview carried out in a single moment. The interview took place through a pre-prepared script with discursive questions in order to explore greater possibility and freedom of answers. The interviews were recorded in audio file format, upon authorization of the interviewee, using a smartphone model iPhone 7 Plus®, and later transcribed in full and saved on a drive for subsequent content analysis.

In participants' first contact, the objective, methodology, and research purpose were explained, followed by a participation invitation and signing of the free and informed consent form. Interviews date and time were according to the attendance, in a calm and reserved environment, which favored the privacy of those involved. In addition, a code was assigned with the letter P (participant) followed by a number referring to interview order as a way of guaranteeing anonymity.

Content analysis was performed using the Bardin method<sup>21</sup>, which consists of an exploratory analysis based on information classification and categorization. Thus, the Ethic categories were used, selected through a literature review, characterized as: body changes,

physiotherapeutic assistance, and social reintegration; the Priori, used according to the researcher's point of view: psychosocial rehabilitation, therapeutic approaches, quality of life, and the Emic emerged after the analysis of the content of the interviews.

This research followed the rules of Resolution 466/12 of the National Health Council, submitted and approved by the Ethics Committee of the Catholic University of Salvador under opinion number 4.486.543 on 12/29/2020 and CAAE 39061120.9.0000.5628.

## Results and Discussion

Nine key informants, aged between 33 and 60 years, participated in the study, seven of whom were female and two male. As for education, four of them had completed high school and incomplete elementary school, and only one had completed it. In addition, there was a predominance of singles, with a minimum wage in their monthly income, and, regarding diagnoses, individuals present anxiety and depression.

After interviews, transcriptions, rigorous analysis, and characterization of the collected speeches were carried out. Through the exploration of these contents, the following categories emerged: "Perspectives of individuals with mental disorders about physiotherapy"; "Attention and care in psychic suffering", and "Physiotherapeutic effectiveness in mental health".

### Perspectives of individuals with mental disorders about physiotherapy

The individuals understand that physiotherapeutic assistance contributes to body disorders reduction, promotes physical and mental relief, as well as assists in social reintegration, and improves the quality of life. These results are obtained through pain relief, improvement in functionality, general well-being, and treatment motivation. This physiotherapeutic adherence is acquired through the recognition of professional performance and the benefits obtained through the psychosocial rehabilitation process, as evidenced in the statements presented below:

*"What moves us forward, right? People come in bad and come out good. I myself had a stroke, I arrived like I couldn't even stand up, [...] and then less than two months I was already going alone to do the exercise, so it's very important." (P2)*

*"[...] When I arrived here, there were a lot of things, I couldn't move anything, I screamed, cried, now I'm better." (P9)*

According to the literature, physiotherapeutic interventions in mental health teams are able to add to the humanization and integrality of care, in addition to offering a better perspective on the lives of individuals.<sup>2,16</sup> Silva et al.<sup>1</sup> study showed that people with mental disorders see physiotherapy as a partner to their treatment, which corroborates the results found in this research.

*"[...] physiotherapy helped me a lot to recover my movements, to calm me down, because physiotherapy people talk a lot, you know? [...] A group with the neurologist, the psychologist, the psychiatrist, and the physiotherapist. So they helped me to understand my problem better, you know? Because I couldn't walk, I was desperate, I was very nervous. Because I didn't know what I had [...] so I started to get depressed, scared, screaming, crazy. Then together, [...] it helped me to understand [...] what I felt, that I could get well, that it wouldn't last forever, it would take time, but it would, right? I would walk again. [...] I was an independent person, I worked, and suddenly I found myself doing this, doing everything at the hands of my children and my husband. [...] I almost went crazy, so these professionals really helped me a lot, a lot." (P6)*

The multidisciplinary team works on the patient's behalf, each one in their different areas, but with a common objective: the well-being of the individual.<sup>22</sup> Thus, in line with other professionals, the physiotherapist's role is essential for action strategies in health and consequent social reintegration of the individual. However, knowledge about the role and benefits of physiotherapy in psychosocial care is limited, and many still associate it with a treatment focused only on rehabilitation, as shown in the following reports:

*"I think it is a rehabilitation for people who are struggling, right?" (P3)*

*"It's taking care of the patient." (P5)*

*"I understand that it is necessary to be able to recover, right?" (P7)*

Physiotherapist presence in mental health care teams has some obstacles to be faced<sup>14</sup>, mainly due to the low level of knowledge about the relevance and effectiveness of physical therapy care in this matter. Lee et al.<sup>23</sup> observed that both health professionals and individuals with severe and persistent mental disorders expressed little knowledge about the importance of physiotherapy for this population, as presented in this research.

Some authors explain this situation owing to knowledge lack in curricular matrices of higher education institutions, which causes a gap in generalist training.<sup>4,10,19,24</sup> This, in turn, becomes an influencing reason for the scarcity of physical therapists in the field of mental health care and the consequent lack of information about the benefits acquired through these professionals' work.

### **Attention and care in psychic suffering**

Individuals with mental disorders have several body alterations, pain conditions, and physical and psychological limitations due to their general clinical aspect<sup>1</sup>, as can be seen in the following reports:

*"I felt a lot of pain, at first I felt a lot of pain. [...] My other physiotherapist talked a lot to me that it was like that [...] He was very patient with me, which at first, at first, was very difficult, it was very difficult... they practically had to carry me, you know?" (P6)*

*"When I wasn't doing physiotherapy, I stayed in bed all day because my joints hurt all over. And physical therapy helps, right? You have more autonomy to do your thing." (P8)*

*"Oh, I wanted to give up because I couldn't stand the pain, I cried a lot on my first day, I cried a lot that I couldn't stand to lift my arm. [...] There are days when it still hurts, it hurts a lot, I can't stand it, then she (physiotherapist) thinks I can't stand it and gets angry." (P9)*

Understanding the complexity of human beings is extremely important in treatment conducting, as well as listening and giving confidence to those who are assisted. Moreover, despite the vast majority claiming pain and fatigue after the end of the sessions,

individuals report satisfactory results with the activities developed, confirmed by the following statements:

*"Oh, I feel tired because it already comes from the stroke problem, but soon after I feel relieved, light, willing to start all over again, because exercise is very good [...]" (P2)*

*"I feel good, a little sore because the joint is a little stiff like that, so with the movements you make, it gets a little sore [...]" (P3)*

*"I leave here very tired, my whole body is sore, so when I get home I have to lie down for a while. [...] Every movement I make here makes me tired as if I had worked all day, you know?" [...] After I get home and rest, I feel more ready." (P8)*

Feeling tired after performing physical exercises is quite common, even more so because they are people who, for the most part, do not perform any other activity. However, Silva et al.<sup>20</sup> study reported a significant improvement in the general well-being of subjects with mental disorders, after physiotherapeutic procedures based on conversations, stretching, exercises, and muscle relaxation. Therefore, this is an effective intervention strategy in mental health, which corroborates the data from the present study.

### **Physiotherapeutic effectiveness in mental health**

Physiotherapist actions developed in mental health care teams seek to reduce bodily impairments and provide an improvement in quality of life. In this way, physiotherapy acts as an important adjunct to treatment, as can be seen in the following reports:

*"[...] just getting out of bed, and making movements like that, is already better [...]" (P3)*

*"She's helping me, right? That in the past, I didn't get out of bed, and I'm already walking, even with difficulty. [...] I can go get some water, I can go somewhere, and I can even go downstairs, which is something I didn't do [...]" (P7)*

Regarding arising benefits from physiotherapeutic intervention, authors observed that users of a Psychosocial Care Center reported a better response to treatment and greater enthusiasm for performing daily activities.<sup>1,13,18</sup> Autonomy and independence are important aspects of psychosocial rehabilitation, as illustrated by the following statements:

*"The feeling of knowing that I can one day really let go the cane and walk freely like any other person. [...] But today I'm much better, I couldn't even walk properly [...]" (P4)*

*"[...] Before, I just stayed in bed lying down or sitting; to walk, my son, it was a sacrifice [...] inside the house, it was the girl who did everything, then now she goes out and I do something [...], with difficulty, but I do [...]. Maybe if I didn't do physiotherapy, I would be at home lying down at one of these times, right?" (P8)*

*"[...] back in the old days, my daughters were the ones who used to get me up, took me to the bathroom, did everything, now when I came here I'm already getting up, [...] it improved a lot." (P9)*

Holanda et al.<sup>16</sup> and Silva et al.<sup>17</sup> reported that physiotherapeutic techniques and their various forms of action improve functionality and performance in daily activities, as well as in the physical and psychological factors of individuals. Mental disorders affect subjects in general. In this way, the simple fact of knowing how to listen, talk, praise, and encourage, ends up arousing feelings of joy, motivation, and confidence that did not exist before, as observed in the following reports:

*"It is like this because we get a better mood, we talk to other people; when we are alone at home depression increases and when we come to a place or talk to other people, sometimes even a compliment we receive, improves the person's mind, that we feel useful." (P1)*

*"Physiotherapy gave me self-confidence, you understand? [...] that desire to continue. [...] I used to live prostrate on a bed, I didn't want to know anything [...]. Physiotherapy has improved my situation a lot, you know?" (P6)*

The physiotherapist's role in mental health care is still little seen and discussed. However, Nascimento and Pítia<sup>25</sup> verified that the performance of these professionals presents significant results, which are perceptible to the individuals and their families, and converges with the findings in this study.

This research presented as advantages the viability of access to the field of study, low cost of execution, and the practicality in the application of questionnaires and semi-structured interviews. On the other hand, limitations were the lack of participants with different diagnoses of mental disorders for a greater exploration of content and the scarcity of physiotherapists inserted in the mental health care teams in Salvador city, Bahia.

## Final Considerations

According to the results obtained, individuals with mental disorders perceive that physiotherapy helps significantly in their psychosocial rehabilitation. After being monitored, interviewees report general well-being with the activities developed. In addition, they also report that physiotherapeutic assistance provided an improvement in functionality, autonomy, and independence in activities of daily living, as well as in mental and social aspects.

This study allowed us to understand physiotherapy's contribution to the treatment and health promotion of individuals with mental disorders, in order to offer new options for non-medical treatments, which may reduce discomforts such as impregnation and dependence on legal drugs. Concomitant to this, the research collaborated to promote further reflections on the importance and development of this area of physiotherapeutic. However, due to the scarcity of subject information, it is recommended to carry out further research for more approaches on the subject.

## Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, companies and private foundations, etc.) were declared for any aspect of the submitted work (including, but not limited to grants and funding, participation in an advisory board, study design, preparation manuscript, statistical analysis, etc.).



## Authors' contributions

Carneiro Junior LM participated in the conception, design, collection and analysis of data, interpretation of results, and writing of the scientific article. Almeida SM and Filho JCB guided the research and participated in the design and critical review of the work. Galvão VL participated in the design and submitted the project to the research ethics committee.

## Indexers

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## References

1. Silva SB, Pedrão LJ, Miasso AI. The impact of physical therapy in the psychosocial rehabilitation of carriers of mental disorders. SMAD, Rev. Eletrônica Saúde Mental Álcool Drog. 2012;8(1):34-40. <https://doi.org/10.11606/issn.1806-6976.v8i1p34-40>
2. Almeida MT, Gabriel LB, Amorim PB. The role of the physiotherapist in the treatment of patients with mental disorders. RECIMA21. 2021;2(8):e28604. <https://doi.org/10.47820/recima21.v2i8.604>
3. Goulardins JB, Canales JZ, Oda C. Perspectives on Physical Therapy in Mental Health. Rev Pesq Fisio. 2019;9(2):155-158. <https://doi.org/10.17267/2238-2704rpf.v9i2.2311>
4. Pauli K, Campos R. The Inclusion of Physiotherapist on Multiprofessional Team of Psychosocial Support Center. Rev Fisioter S Fun [Internet]. 2016;5(1):14-22. Available from: <http://www.periodicos.ufc.br/fisioterapiaesaudefuncional/article/view/20605>
5. Pan American Health Organization, World Health Organization. Relatório sobre a Saúde no mundo 2001: Saúde mental: nova concepção, nova esperança. Geneva: World Health Organization; 2001. Available from: <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/0205.pdf>
6. World Health Organization. Mental health action plan 2013-2020 [Internet]. Geneva: World Health Organization; 2013. Available from: <https://www.who.int/publications/item/9789241506021>
7. Santos EG, Siqueira MM. Prevalence of mental disorders in the Brazilian adult population: a systematic review from 1997 to 2009. J Bras Psiquiatr. 2010;59(3):238-246. <https://doi.org/10.1590/S0047-20852010000300011>
8. Oliveira MD, Nascimento AAP, Araújo FRO, Batista PS. O olhar da fisioterapia para o cuidado em saúde mental: perfil epidemiológico e clínico funcional. Cad Edu Saude e Fis [Internet]. 2018;5(10):37-38. Available from: <http://revista.redeunida.org.br/ojs/index.php/cadernos-educacao-saude-fisioter/issue/view/42>
9. Silva DF, Santana PRS. Mental disorders and poverty in Brazil: A systematic review. Rev Tempus Actas de Saúde Coletiva [Internet]. 2012;6(4):175-185. Available from: <https://www.tempusactas.unb.br/index.php/tempus/article/view/1214>
10. Silva EC, Sena ELS, Pithon KR, Amorim CR, Ribeiro JF. Mental health approach in physiotherapy formation: conceptions of teachers from this area. Rev. Cont. Saúde [Internet]. 2015;15(29):69-78. Available from: <https://www.revistas.unijui.edu.br/index.php/contextoesaude/article/view/4114>
11. Martins EF, Xavier EL, Filho HMW, Costa TA, Daltro MCSL, Nascimento MMA. Importância e inserção do profissional fisioterapeuta no centro de atenção psicossocial infantil [Internet]. I Congresso Nacional de Especialidades em Fisioterapia; 2016; João Pessoa, PB. [cited 2022 sept. 25]. Available from: <https://temasensaude.com/wp-content/uploads/2016/12/conesf.pdf>
12. Vinha ECM, Vinha RM. Atuação do fisioterapeuta na saúde mental: uma necessidade tangível, abrangente e contemporânea. Altus Ciência [Internet]. 2018;7:57-74. Available from: <https://fcjp.edu.br/pdf/Altus/ed7.pdf>

13. Riva D, Schneider J, Pretto LM, Wendland J, Weber C, Winkelmann ER. Experiências acadêmicas do curso de fisioterapia no Centros de Atenção Psicossocial (CAPS) de Ijuí/RS. Rev. Cont. Saúde [Internet]. 2011;10(20):975-980. Available from: <https://www.revistas.unijui.edu.br/index.php/contextoesaude/article/view/1714>
14. Nunes TTG, Ávila MB, Garcia VR, Dorneles RCG, Serrão Júnior NF. Obstáculos da atuação do fisioterapeuta na saúde mental: Problema local ou cenário real? [Internet]. Anais do 9º Salão Internacional de Ensino, Pesquisa e Extensão – Universidade Federal do Pampa; 2017. Available from: <https://periodicos.unipampa.edu.br/index.php/SIEPE/article/view/86073>
15. Noimann C, Morais FS, Santos NSS, Oliveira NPC. Physiotherapy in improving depression and anxiety: literature review. Res., Soc. Dev. 2021;10(15):e442101523228. <https://doi.org/10.33448/rsd-v10i15.23228>
16. Holanda RL, Nascimento EB, Gilo HS, Silva Junior RR, Almeida MTR, Cerdeira DQ. Physiotherapy and mental health: users' perception in the assistance to individuals with psychic suffering. Rev Expressão Católica Saúde. 2017;2(2):45-52. <http://dx.doi.org/10.25191/recs.v2i2.2072>
17. Silva CS, Lemos JC, Trevisan ME. Repercussion of the effects of physical therapy in an addiction recovery service. Fisioterapia Brasil [Internet]. 2011;12(6):410-418. Available from: <https://portalatlanticaeditora.com.br/index.php/fisioterapiabrasil/article/view/951>
18. Jesus-Moraleida FR, Nunes ACL. Cuidado em Saúde Mental: Perspectiva de Atuação Fisioterapêutica. Rev Fisioter S Fun [Internet]. 2013;2(1):3-5. Available from: <http://periodicos.ufc.br/fisioterapiaesaudefuncional/article/view/20551>
19. Magalhães MN, Ribeiro MC. Perception of Physiotherapy students about their academic formation in mental health. Rev. Docência Ens. Sup. 2020;10:1-16. <https://doi.org/10.35699/2237-5864.2020.14800>
20. Silva RCB, Silva TMC, Santos FM, Jesien S, Balk RS. Grupo de Movimento Terapêutico, o exercício físico como estratégia de intervenção na saúde mental [Internet]. Anais do 12º Congresso Internacional da Rede Unida; 2016; Campo Grande, MS. [cited 2022 sept. 25]. Available from: <http://conferencia2016.redeunida.org.br/ocs/index.php/congresso/2016/paper/view/5102>
21. Bardin L. Análise de conteúdo. 4a. ed. São Paulo: Edições 70; 2011.
22. Carvalho VCS, Fontana AP, Mendes FO, Pereira RSC, Carvalho IMS, Romanielo AFR, et al. Multidisciplinary team and the deinstitutionalization process: reflexes in the life of patients with mental disorder. Braz. J. Hea. Rev. 2020;3(1):364-369. <https://doi.org/10.34119/bjhvr3n1-026>
23. Lee S, Waters F, Briffa K, Fary RE. Limited interface between physiotherapy primary care and people with severe mental illness: a qualitative study. Jf Physiother. 2017;63(3):168-174. <https://doi.org/10.1016/j.jphys.2017.05.014>
24. Bizarro JCMS, Martins ETC. Physiotherapist training for care in the contexto of psychosocial attention. Rev. Docência Ens. Sup. 2020;10:e023959. <https://doi.org/10.35699/2237-5864.2020.23959>
25. Nascimento CC, Pítia ACA. Oficina de trabalho corporal: uma estratégia de reabilitação psicossocial no trabalho em saúde mental. Cienc Cuid Saúde [Internet]. 2010;9(3):610-617. Available from: <https://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/12562>