

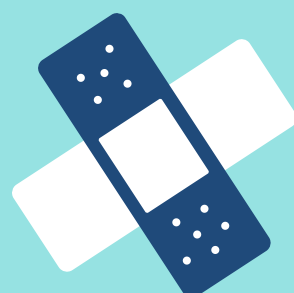
# COVID IMPACT ON MH PHYSIOTHERAPY PRACTICE



The following were the discussion themes highlighted by CPMH members of impact on practice for mental health physiotherapists due to COVID-19.

## 1 CLOSURE OF SOME “NON-URGENT” SERVICES

Concern from some members regarding a lack of widespread understanding of what physiotherapists in mental health do and how important that work is



## 2 PPE CONCERNS

Only a few aerosol generating requirements compared to pure respiratory physiotherapy, but it was highlighted that the same “full PPE” should be considered for mobility and exercise treatments and these are often part of chest care and can mobilise secretions. Confusion was created during period where the CSP PPE recommendations and NHS England were not aligned, so there was a discrepancy in what Trusts were providing and what physiotherapists were being told they needed. Also concern over range of PPE sizes available especially FFP masks.



## 3 INNOVATION & UPSKILLING

Mini gyms are being set up for inpatients, using the empty bed areas. Increased use of signposting to video exercise programs, and some locations are developing live streaming exercise programs. Daily meetings have been occurring via Microsoft Teams including those who are shielding. Staff members who are shielding have developed relaxation sessions for other team members who access this via Microsoft Teams. Many CPMH members have revised and up-skilled their respiratory skills



## 4 REFERRALS AND PATIENT CARE

Rate of referrals seems to be generally lower but the intensity of rehabilitation is higher (therefore contact still required). Not all but a majority of older adult contacts are face to face and the adult contacts are using virtual meetings more often. There have been some problems with video consultations with some adults with mental health problems especially with psychosis.

Main concerns regarding patient care are reported as reducing length of stay, rehabilitation and providing equipment.

Many psychiatric wards have been divided into red, amber, green wards and admission wards. Most physiotherapy work on amber and green wards unless urgent. Risk management: most only going to one ward in one day and seeing those isolated at the end of the day. However, it is noted that usually MH physiotherapists cross many wards in a day. Many seeking enhanced handovers before deciding whether to go on a ward.



## 7 FUTURE THINKING

Looking forward it is recommended that there is a focus on care homes particularly for people with dementia. There has been early discharge from general hospitals meaning less rehabilitation input, delays due to requiring isolation on leaving hospital and delays in placements if isolation not possible. Anticipate an increased demand in rehabilitation. There is an awareness of likelihood of sudden increase in psychiatric admissions and also awareness that those currently on the wards are mainly very unwell and have complex needs.

Finally there is a concern about MSK having extended waiting lists and consequent increased health anxieties. Plan to look at providing a mini-teaching resource to help address health related anxiety and to re-advertise the recent leaflet produced.

