

# The Effect of Mental Health Education on Physiotherapy Students' Behavioural Expectations when Working with Patients with Mental Health Disorders

CARDIFF  
UNIVERSITY

PRIFYSGOL  
CAERDYDD

coleg meddygaeth  
wales  
cymru  
college of medicine

Bev Sarin<sup>1</sup>, Richard Walters<sup>2</sup>, Tony Everett<sup>1</sup>

<sup>1</sup>Department of Physiotherapy, School of Healthcare Studies, Cardiff University

<sup>2</sup>Department of Physiotherapy, Torbay Hospital, South Devon Healthcare NHS Foundation Trust, UK

sarinbj@cardiff.ac.uk

## Introduction

There is a tendency within the general population to hold negative stereotypical views of people with Mental Health Disorders (MHD). Healthcare professionals are also seen, in many areas, to hold the same negative views and expectations of patients with MHD when they are encountered within general generic practice.

These views are based on personal central values, developed through social and professional interaction and education, which guide each individual's behaviour (Grey, 2002; Holmes et al, 1999).

In order to challenge these negative views, and hopefully positively influence the individual's perceptions of people with MHD, undergraduate physiotherapy education needs to assist student physiotherapists to understand how views affect behaviour. It needs to provide an understanding of the reasons for altered behaviours due to MHD and its consequences and enable students to deal with these behaviours through skill development, allowing them to effectively and confidently engage with their patients.

This study intended to identify changes in students' opinions and viewpoints altered as a result of a Mental Health Teaching Block (MHTB) at Level 2 (preclinical) of their training.

## Aim

To explore Level 2 (preclinical) student physiotherapists' expectations of behavioural responses associated with working with patients with MHD.

To identify, through the use of case study vignettes, the changes in these expectations following a MHTB.

### Patient scenario

*'John has been referred to you for outpatient physiotherapy following an ORIF (open reduction internal fixation) for an ankle fracture. You have read the medical notes from the ward, which report nothing unusual. Please form a picture of how you would expect John to be and rate how likely you are to feel the following ... when treating him.'*  
(No MHD scenario)

*'...in the medical notes ...that a few years ago he suffered with episodes of depression that are currently being controlled by medication'*  
(depression scenario)

*'...in medical notes ... that a few years ago after a number of paranoid psychotic episodes, he was diagnosed with schizophrenia. Fortunately he has not had any episodes since diagnosis.'*  
(schizophrenia scenario)

*'...in the medical notes ...that a few years ago he was diagnosed with dementia.'*  
(dementia scenario)

## Method

75 Level 2 (preclinical) students from the Physiotherapy BSc (Hons) programme at Cardiff School of Physiotherapy (cohort size of 75) volunteered to participate in the study. A questionnaire was used to deliver patient scenarios in the form of vignettes. A case study of a man attending an outpatient department following surgery for a fractured ankle was used (See Patient Scenario). This basic, 'no Mental Health Disorder' scenario was used to provide a baseline on which to base behavioural expectations. To this scenario details of 3 MHD were added to provide co-morbid scenarios. Additional information was added for dementia, depression and schizophrenia.

5 Behaviours were introduced. 2 related to the **patient's behaviour**, 2 to **patient management** and 1 to their own **professional behaviour**. Students were asked to grade their expectations of these behaviours using a 7-point Likert scale ranging from 1 = very low expectation to 7 = very high (expectations of the behaviour).

### Behaviours

*What level of aggression would you expect from John?  
How disruptive do you feel John would be?*

*What level of care do you feel John would require?  
How much of a challenge do you feel John would be?*

*How competent do you feel you would be when treating John?*

Questionnaires were completed 2 days before and 1 week after the MHTB. Ethical approval was gained through UWCM ethics board. Analysis of results identified trends in the data using SPSS statistical package for mean, median and range of scores. Differences between the pre and post MHTB responses were analysed using the Wilcoxon Signed-Ranks Test

## Results

There was a return rate of 75%, with 56 paired questionnaires providing a comparison between the pre and post MHTB responses.

Comparison of the differences of expectations of behaviours between the 2 questionnaires provided the following results:

Following the MHTB there was a **reduction** in the expectations of **aggression** with schizophrenia ( $p = 0.025$ ) and **disruption** with depression ( $p = 0.02$ ) and schizophrenia ( $p = 0.002$ ).

A **reduction** in the perceived **need for care** was found when John had a co-morbid diagnosis of depression ( $p = 0.026$ ), dementia ( $p = 0.021$ ) and schizophrenia ( $p = 0.008$ ). There was also a **reduction** in the expectation of John being a **challenge to manage** in the dementia ( $p = 0.007$ ) and schizophrenia ( $p = 0.004$ ) scenarios.

Feelings of **competence increased** when dealing with the 'no MHD' ( $p = 0.007$ ), dementia ( $p = 0.005$ ) and schizophrenia ( $p = 0.006$ ) patient scenarios post MHTB.



*Gaining realistic expectations through the development of knowledge and skills supports student engagement with patients with MHD*

## Conclusion

The greatest changes in expectations of behavioural barriers were with the schizophrenia scenario. This scenario had the most negative profile pre MHTB and therefore these results indicate that education has challenged and positively influenced the students' perceptions of John in this scenario.

The difficulties with the level of care and challenge to management perceived by the students were significantly reduced with the MHD labelled scenarios. With increased understanding of the impact of MHD on John's ability to function in a social or treatment environment, the students are better able to judge the degree of support they are needed to provide.

Post MHTB student responses indicate an increase in feelings of competence when dealing with the 'no MHD', dementia and schizophrenia patient scenarios. It is of interest that the knowledge and skills developed through the MHTB has also increased their feelings of competence in the 'no MHD' scenario. It is not known why this confidence gain did not occur with the depression scenario.

These results present a positive outcome of MH education at undergraduate level

## Implications

For increasing acceptance and integration of patients with MHD into generic services, physiotherapists need to feel competent and able to engage with them, wherever they are encountered. These students, the physiotherapists of the future, are now equipped to take those skills into the workplace.

If inclusion of a MHTB in undergraduate education has been shown to enable this, should this training be integrated into 'Continual Professional Development' at post graduate level to further support this practice?

## References

Grey P (2002) *Psychology* New York, Worth  
Holmes PE, Corrigan PW, Williams P, Canar J, Kubiak MA (1999) Changing Attitudes about Schizophrenia. *Schizophrenia Bulletin* 25(3): 447-456