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McGrath, Ryan L., Vancampfort, Davy, Slootweg, Linda, Staub, Cristina, Fiala, Peter, Rovner, Graciela, Carballo-Costa, Lidia, Jensen, Jonna A., Hodgson, Philip, Gilbert, Isabella and Hemmings, Laura (2027) Defining mental health physiotherapy: An international qualitative study of experts in mental health physiotherapy. Physiotherapy, 134. p. 102373.

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Physiotherapy 134 (2027) 102373

Defining mental health physiotherapy: An international qualitative study of experts in mental health physiotherapy

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Abstract

Background There is growing interest in the role of physiotherapists in mental health, yet clarity and consensus on what constitutes mental health physiotherapy remain lacking. This study is the first to apply a robust, consensus-based qualitative approach to investigate international expert perspectives and propose a definition.

Objectives To explore international expert physiotherapists' views on the definition of mental health physiotherapy and develop a consensus-informed definition for international adoption.

Design Pragmatic qualitative survey informed by the Consensual Qualitative Research approach and the consensus group technique. Association representatives from countries belonging to the International Organisation of Physical Therapists in Mental Health were invited to convene a roundtable discussion with at least five experts. Each group completed a survey on behalf of their respective national professional association.

Participants One hundred and forty-one physiotherapists with expertise in mental health (median 11.0 years, IQR 6.0–19.0) from 22 countries participated.

Results Four themes were identified: (1) mental health physiotherapy requires biopsychosocial integration, (2) mental health physiotherapy connects the body and mind, (3) mental health physiotherapy extends beyond traditional mental health care settings, and (4) mental health physiotherapy encompasses diverse and varied practices.

Conclusion Findings indicate that mental health physiotherapy reflects a philosophical shift towards the explicit integration of mind and body, rather than a discrete area defined by clinical setting, population, or intervention. Based on these findings, a new definition of mental health physiotherapy is proposed.

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https://doi.org/10.1016/j.physio.2026.102373
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Contribution of the Paper

- First international consensus-based qualitative study to define mental health physiotherapy, addressing a significant theoretical gap in the physiotherapy literature
- Identified that mental health physiotherapy represents a philosophical shift in practice, characterised by the explicit integration of mind and body, rather than a discrete specialty defined by setting, population, or intervention.
- Provides a foundation for future international collaboration, including the development of global education standards, competency frameworks, and consistent practice guidelines

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Keywords: Physical Therapy; Mental Health; Mental Disorders; Mental Health Services; Psychology; Psychosomatic Medicine

Introduction

Poor mental health is a major global concern, associated with an estimated annual economic burden of USD 5 trillion and 418 million disability-adjusted life years [1]. An important but often overlooked contributor is the interaction between physical and mental health [2–5]. These conditions commonly co-occur and exacerbate one another, compounding adverse effects on health outcomes and quality of life [2–5]. Physiotherapists are well placed to address this intersection and contribute meaningfully to mental health care [6–15]. Evidence increasingly shows that physiotherapy interventions can produce clinically meaningful improvements in mental health outcomes [10,16,17], alongside growing recognition that the physical health needs of people with mental health conditions have historically been neglected [4,18].

Although recent interest in physiotherapists' contribution to mental health has grown, the profession has a long but under-recognised history in the field [19,20]. In Belgium and Scandinavian countries, physiotherapists have worked in mental health for more than 50 years [21]. Internationally, practice has evolved through several phases [20]. Around 1930, psychoanalytic influences emphasised body awareness and emotional expression through movement [20,22]. Around 1960, practice shifted towards gymnastics, daily activities, structured exercise, and functional training for people with psychiatric conditions [20,21]. From the 2000s, aerobic and strength training became more prominent as evidence of exercise's mental health benefits grew [20]. More recently, physiotherapeutic and psychotherapeutic approaches have been integrated, informed by neuroscience and behavioural theory [20,23].

Despite its long history, mental health physiotherapy has only gained international recognition as a distinct specialty over the past two decades [21]. The International Organisation of Physical Therapy in Mental Health (IOPTMH) was established in 2004 and recognised as a World Confederation for Physical Therapy subgroup in 2011 [21]. It now includes physiotherapy organisations from 33 countries [24], yet uncertainty remains about the scope of mental health physiotherapy [25–28]. At the 6th International Conference on Physiotherapy in Psychiatry and Mental Health, the IOPTMH executive committee proposed a definition to support international collaboration [29]. Although circulated to conference attendees for feedback, consultation was limited to those present [29].

The absence of a robustly developed internationally accepted definition of mental health physiotherapy hinders training, standards of care, and recognition by other health professions and policymakers [28,30]. This study explores international expert physiotherapists' perspectives on defining mental health physiotherapy, providing an internationally agreed definition for the field.

Methods

Design

This pragmatic qualitative study used the consensus group technique [26] and consensual qualitative research (CQR) method and was reported according to the Consolidated Criteria for Reporting Qualitative Research [31–33] (Supplementary Material B). The approach was developed with the IOPTMH research, education, and executive committees to inform an updated definition of mental health physiotherapy. Each professional association's group response, rather than individual participants, was the unit of analysis, ensuring equal weighting across associations. Associations convened roundtables, and their collective responses were analysed using CQR.

Participants and setting

Data were collected between August 2022 and January 2023. Each of the 25 IOPTMH member associations nominated a national representative, who was asked to recruit at least five mental health physiotherapy experts for a roundtable discussion. Representatives' links with local networks and special interest groups supported recruitment, enabled discussions in participants' preferred language, and preserved anonymity from the research team. Eligible

participants were physiotherapists with experience working with people with mental health issues, relevant mental health education or training, and/or published research in the field. Participants were required to attend at least one roundtable discussion. Demographic data included years of physiotherapy and mental health experience, area of practice, and qualifications.

In total, 141 physiotherapists from 22 professional organisations participated. Participants had a median of 20 years of physiotherapy experience (IQR 13–30) and 11 years of experience in mental health (IQR 6–19), with an average of 2159 hours of mental health education and training. For ease of reading, we refer to the country name (e.g., Australia) rather than the specific professional association. Countries represented were Argentina, Australia, Austria, Belgium, Brazil, Chile, Colombia, Denmark, Estonia, Finland, Greece, Japan, Mexico, the Netherlands, New Zealand, Norway, Portugal, South Africa, Spain, Sweden, Switzerland, and the United Kingdom. Further demographic details are provided in Table 1.

Data collection

The survey instrument (Supplementary Material C) was developed by the research team in consultation with, and piloted by, the IOPTMH research, education, and executive committees. Following the consensus group technique [31], each association representative facilitated a roundtable with at least five physiotherapists experienced in mental health. Before participation, individuals completed an information sheet, consent form, demographic questionnaire, and survey. Each roundtable submitted one collective response on behalf of its professional association. The previous IOPTMH definition of mental health physiotherapy [29] was included to guide discussion. Roundtables averaged 3 hours and 11 minutes, including time spent on other survey components. Consensus was defined as at least 80% active agreement, consistent with previous research [27]. Representatives received instructions on assessing consensus and recorded whether this threshold was achieved.

Data analysis

Consensual qualitative research (CQR), a multi-researcher, consensus-based approach [32], was used. Researcher pairs independently reviewed each association's response, organised data into domains, and summarised core ideas before agreeing on a consensus version. Lead investigators RLM (Australia) and LH (United Kingdom), both PhD-qualified physiotherapy academics with qualitative expertise, each analysed half the responses. Additional coders were LS (MSc, Netherlands), LCC (PhD, Spain), IG (MSc, United Kingdom), and CS (PhD, Switzerland). Consensus versions were reviewed by an external auditor, PH, a physiotherapist and PhD candidate with expertise in physiotherapy and mental health who had no prior involvement in the study. During cross-case analysis, researcher pairs identified patterns and iteratively developed categories and themes, regularly referring to the raw data. RLM and LH led this process with LS, LCC, IG, and CS, and the auditor reviewed the final thematic structure. Analysis was conducted using Microsoft Teams and NVivo 14. Reflexivity was maintained throughout by revisiting the raw data and discussing linguistic nuances within the international team to preserve participants' intended meanings.

Results

Four themes related to mental health physiotherapy were identified: [1] mental health physiotherapy requires biopsychosocial integration, [2] mental health physiotherapy connects the body and mind, [3] mental health physiotherapy extends beyond mental health care settings, and [4] mental health physiotherapy encompasses diverse and varied practices. Considered together, these themes highlight that mental health physiotherapy aims to improve well-being by addressing both the mind and body. To achieve this, mental health physiotherapists assess and respond to the complex interactions between biological, psychological, and socio-cultural factors, providing care across a range of populations and settings.

(1) **Mental health physiotherapy requires biopsychosocial integration**

The influence and importance of the biopsychosocial model was evident in responses, highlighting it as a foundational framework that underpins mental health physiotherapy. Many respondents explicitly referenced the biopsychosocial model, emphasising the need to integrate physical, psychological, and social dimensions in mental health physiotherapy assessment and management. For example, Portugal responded in the survey by stating that:

> *"Physiotherapy in mental health privileges the model of biopsychosocial practice of the International Classification of Functioning… [It] always integrates the physical, social, and mental dimensions.*

Similarly, Chile emphasised the application of the biopsychosocial model across promotion, prevention, treatment, and rehabilitation, not only for individuals but also for their support networks.

> *"Through promotion, prevention, treatment, and rehabilitation of individuals and their support [network] under the biopsychosocial model."*

Among responses that did not specifically reference the biopsychosocial model, the need to integrate

Table 1
Participant characteristics.

Characteristic	Participants (n = 141), n (%)
Gender	
Female	42 (30)
Male	87 (62)
Non-binary	0 (0)
Prefer not to say	1 (1)
Missing	11 (8)
Highest physiotherapy-related qualification	
Diploma/Associate Degree / Advance Diploma	9 (6)
Bachelor Degree	26 (18)
Bachelor Honours Degree / Graduate Certificate / Graduate Diploma	21 (15)
Masters Degree	49 (35)
Doctoral Degree	27 (19)
Missing	9 (6)
Highest mental health-related qualification	
No formal qualification or qualification below that of a diploma	38 (27)
Diploma/Associate Degree /Advance Diploma	34 (24)
Bachelor Degree	2 (1)
Bachelor Honours Degree / Graduate Certificate / Graduate Diploma	11 (8)
Masters Degree	28 (20)
Doctoral Degree	13 (9)
Other	6 (4)
Missing	9 (6)

physical, social, and mental health in mental health physiotherapy was also clearly described.

> *"[Mental health physiotherapy involves] bringing together physical, social and mental aspects." (Belgium)*

Although cultural and spiritual dimensions are part of the biopsychosocial model, responses from three countries indicated a need for greater emphasis on these aspects. Specifically, Argentina highlighted the need to include a "spiritual" dimension, Mexico advocated for a "bio-psycho-social and intercultural model," and New Zealand proposed the use of a "bio-psycho-social and Te Whare Tapa Whā model." Translated as "the four-sided house," Te Whare Tapa Whā conceptualises wellbeing through four interconnected dimensions: physical, mental and emotional, social and family, and spiritual wellbeing [34].

(2) **Mental health physiotherapy connects the body and mind**

Consistent with the notion that mental health physiotherapy is underpinned by the biopsychosocial model, responses emphasised that mental health physiotherapists play a critical role in bridging the gap between physical and mental health. Rather than treating these aspects in isolation, mental health physiotherapists assess and address the complex interplay of biopsychosocial factors as part of an integrative approach to care. For example, the response from New Zealand highlighted the importance of considering both the mind and the body.

> *"Physiotherapy in mental health focuses to restore a stable, safe, accessible mind-body connection."*

Similarly, Denmark emphasised the role of physiotherapists in optimising well-being by integrating physical and mental aspects.

> *"The core of physical therapy in mental health is to optimize wellbeing and empowering the individual by… bringing together physical and mental aspects"*

While the mind and body were often described together, among some respondents there was a greater emphasis on working with the body with physical approaches to improve mental health and wellbeing. For example, the response from the Netherlands stated that mental health physiotherapists "always start from the physical complaints of the patient." The focus on physical approaches was evident in the response from Spain.

> *Physiotherapy in mental health is… the science and art of applying physical means in the promotion of the integral health of individuals, the prevention and treatment of mild, moderate and severe, acute and chronic mental health conditions, and the rehabilitation of their sequelae.*

(3) **Mental health physiotherapy extends beyond traditional mental health care settings**

Responses highlighted that mental health physiotherapy is relevant to all areas of physiotherapy practice and should not be confined to traditional mental health settings.

> *"It is implemented in different health and mental health settings, psychiatry and psychosomatic medicine and also others like educational, business/labour, sports, etc." (Mexico)*

This need to not confine mental health physiotherapy to mental health settings was most clearly expressed by the United Kingdom, which emphasised that mental health physiotherapy is about "improving people's mental health, not just working in mental health."

Across responses, it was also evident that mental health physiotherapy is concerned with well-being rather than just on mental illness. For example, Spain described the aim of mental health physiotherapy as to "optimise the physical and mental aspects that increase the well-being of individuals or groups of any age." Japan similarly shared this perspective by referencing the World Health Organisation's definition of mental

health, which emphasises mental health as a state of well-being rather than merely the absence of illness.

> *"We believe that physiotherapy needs to provide support… in line with the WHO definition of mental health as 'a state of well-being in which individuals are aware of their abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to their local community." (Japan)*

More specifically, mental health physiotherapy was described as having a role in supporting individuals experiencing a range of mental health issues, including mild to severe mental health problems, psychosomatic disorders, psychological distress, psychiatric conditions, trauma-related disorders, cognitive and behavioural issues, addiction-related issues, and pain.

(4) **Mental health physiotherapy encompasses diverse and varied practices**

Responses highlighted that mental health physiotherapy is a diverse field, encompassing a broad range of practices that extend beyond orthodox physiotherapy. While terminology varied across countries, there was a shared understanding that physiotherapists in mental health employ movement-based interventions, psychologically informed approaches, lifestyle and social interventions, and in some cases public health approaches to enhance the well-being of individuals and communities.

Within the area of movement, functional movement, physical activity, and exercise were consistently identified as core components of mental health physiotherapy. Belgium emphasised the importance of movement in its approach, stating:

> *"[Physiotherapy in mental health involves] promoting functional movement, body and movement awareness, physical activity, and exercise."*

Similarly, Chile highlighted the breadth of movement-based techniques applied in mental health physiotherapy

> *"[Mental health physiotherapists] consists of diverse human movement-based techniques."*

Several responses identified exercise and physical activity as distinct contributions of physiotherapists within mental health care, positioning them as experts in movement-based interventions. The United Kingdom explicitly highlighted this expertise:

> *"Physiotherapists are the physical activity experts… Physiotherapists in mental health have the ability and understanding to explore the association between an individual's mental and physical health."*

However, movement-based strategies were not the sole focus of mental health physiotherapy. Many responses also recognised that physiotherapists integrate approaches traditionally associated with mental health professionals, such as interoceptive awareness training, motivational interviewing, cognitive behavioural therapy, relaxation techniques and mindfulness. Mexico provided a particularly concrete description:

> *"[Physiotherapy in mental health involves] promoting and facilitating functional movement, body and movement awareness, interoception and physical activity through strategies and specific methods such as exercise, mindfulness, relaxation techniques and patient education."*

Importantly, while these interventions align with psychological care, their use within physiotherapy remains distinctly physiotherapeutic, as articulated by Sweden.

> *"The physiotherapist can apply their knowledge of physiotherapeutic examination and treatment of physical and psychological impairments that can occur as a result of psychological and psychosomatic disorders." (Sweden)*

Several countries also emphasised the broader public health and community-based contributions of mental health physiotherapy. Rather than focusing solely on treatment, physiotherapists engage in mental health promotion, disease prevention, and advocacy, addressing both individual and societal well-being.

> *"Physiotherapy in mental health also involves political advocacy, pedagogical processes, and interventions in positive mental health promotion, disease prevention, and specific and complementary approaches to mental health problems and mental disorders." (Colombia)*

Discussion

This study explored international expert physiotherapists' views on the definition of mental health physiotherapy health. Analysis of 22 professional association responses, representing 141 experts from 22 countries, identified four key themes: [1] mental health physiotherapy requires biopsychosocial integration, [2] mental health physiotherapy connects the body and mind, [3] mental health physiotherapy extends beyond traditional mental health care settings, and [4] mental health physiotherapy encompasses diverse and varied practices.

Historically, physiotherapists have primarily been recognised for their role in physical rehabilitation and, as a profession, have demonstrated a strong tendency to view the body through the lenses of reductionism, mind–body

Box 1: Definition of mental health physiotherapy based on the thematic analysis.

The core of mental health physiotherapy is to optimise wellbeing and empower individuals and communities through an explicit focus on both the mind and body. Mental health physiotherapists provide psychologically informed physiotherapeutic care for individuals across the spectrum of mental health to improve physical, cognitive, emotional and behavioural wellbeing. They have the expertise to integrate physical and mental health, and are able to understand, assess, and respond to the dynamic interaction between biological, psychological and socio-cultural factors. Mental health physiotherapists provide holistic, person-centred, evidence-based care in the spheres of integrative health promotion, prevention, treatment and rehabilitation. Mental health is relevant to all areas of physiotherapy practice, across the lifespan and in all settings.

dualism, and objectivity [23]. Although the physiotherapy profession now largely endorses the biopsychosocial model, such endorsement does not necessarily result in integrated practice [35,36]. Psychological and social considerations may instead be added to an otherwise biomedical approach, producing what has been described as "biomedical-plus" care and preserving the reductionism the model was intended to overcome [35,36]. Respondents instead emphasised the genuine and explicit integration of biological, psychological, social, and cultural dimensions in clinical practice, calling for a reorientation of the physiotherapist's role towards a more integrative, person-centred view of health within mental health physiotherapy.

The idea that mental health is relevant across all areas of physiotherapy is not new, as "Mental health is all physio's business" was the theme of the 7th International Conference of Physiotherapy in Psychiatry and Mental Health [37]. If mental health physiotherapy is understood primarily as a philosophical shift, emphasising the inseparability of mind and body, it transcends the boundaries of a discrete clinical specialty defined by setting, population, or intervention. This conceptualisation places greater emphasis on the way physiotherapy is practiced rather than strictly on the clinical setting or patient population. However, defining mental health physiotherapy as a philosophical shift does not diminish the importance of acknowledging mental health physiotherapy as a specialty. Working at the intersection of physical and mental health requires advanced expertise beyond the core knowledge, skills, attitudes, and competencies needed to appropriately assess, treat, and support individuals with co-occurring physical and mental health needs [38]. Future research should further explore and define which core competencies should be included in all physiotherapy training, as well as the specialist competencies required for mental health physiotherapy, to ensure that both generalist and specialist dimensions are appropriately recognised and supported.

Several respondents used the term psychologically informed physiotherapy, defined here as integrating psychological and behavioural considerations into physiotherapy assessment and management while maintaining a focus on bodily experience, movement, function, and participation. Many practices in Theme 4 draw on mental health approaches also used in physiotherapy, particularly pain management [6,36,38]. Physiotherapists may examine how distress, fear, beliefs, trauma, and physiological arousal affect pain, breathing, movement, activity, and avoidance, then combine movement-based rehabilitation with education, goal setting, relaxation or breathing strategies, mindfulness, graded activity or exposure, and motivational interviewing [6,25,36,38]. Evidence supports physiotherapists' roles in managing psychological distress and applying mindfulness- and acceptance-based approaches [14,25,26], while meditation-based mind–body interventions benefit a range of mental disorders [17].

Based on the analysis of the responses from professional associations, we propose the following updated definition and a description of the core principles which underpin of mental health physiotherapy (Box 1).

Several limitations should be acknowledged. [1] Roundtables were facilitated by association representatives, whose characteristics were not collected, potentially introducing recruitment or facilitation bias. [2] Capturing data at the professional association level may have obscured minority perspectives. [3] Despite efforts to clarify language and cultural nuances, interpretation may have been influenced by linguistic and contextual variation.

These findings have important implications for clinical practice and physiotherapy education. An internationally informed definition may strengthen recognition of physiotherapy's role in mental health and guide education and professional development. Incorporating it into curricula and practice standards may improve the consistency and quality of mental health training and care internationally.

CRediT authorship contribution statement

RLM, LH, DV, LS, CS: Conceptualization, Methodology, Formal analysis, Data curation, Writing – original draft, Writing – review & editing. PF: Conceptualization, Methodology, Writing – review & editing. LCC: Conceptualization, Formal analysis, Data curation, Writing – review & editing. IG: Formal analysis, Writing – review & editing. GR & JAJ: Writing – review & editing. PH: Validation, & Writing – review & editing.

Ethical approval

Ethical approval was obtained from the University of Birmingham Human Research Ethics Committee (ERN_22-0797). Each participant provided informed consent.

Funding

Dr Ryan L. McGrath's research at La Trobe Rural Health School is supported by the Australian Government Department of Health through the Rural Health Multidisciplinary Training program. All researchers were independent from the funders.

Declaration of Competing Interest

The authors have no conflicts of interest to report.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work, the authors used OpenAI's ChatGPT to assist in revising the manuscript to be more concise to meet the journal's word limit. After using this tool, the authors reviewed and edited the content as necessary and take full responsibility for the content of the publication.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.physio.2026.102373.

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