World Physiotherapy
Europe region

Report –
Physiotherapy in Mental Health across the Europe Region

Mental Health Working Group (MHWG)

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INTRODUCTION AND JUSTIFICATION

This paper attempts to describe the current status, integration, and challenges of physiotherapy in mental health across Europe. The results are to support Member Organisations (MOs) in national advocacy efforts and to aid the Europe Region of World Physiotherapy in strategic planning to advance the profession. The Mental Health Working Group (MHWG) worked on the specific recommendation approved at the 2024 General Meeting to map the status of physiotherapy in Mental Health across the Europe Region of World Physiotherapy. To have a clear image of what the future of physiotherapy in mental health might be, it is necessary to know what the starting point across European countries is.

AIM

The aim of the paper is to map the current status of mental health physiotherapy services and education in the Europe Region.

METHODOLOGY

In October 2024, the Mental Health Working Group initiated the development of the survey. The finalisation of the survey took place in March 2025 with the inclusion of 19 questions. The development of the survey began with an initial brainstorming session to generate the questions, followed by a refinement phase in which the items were reviewed and improved through group discussions. To ensure the clarity of the questionnaire and the relevance of the answers a glossary was added as a part of the questionnaire. The survey was distributed to all 38 MOs of the Europe Region of World Physiotherapy in July 2025 via SurveyMonkey online platform. The data collection ended in October 2025 resulting in the final set of responses. The results were analysed in November 2025.

Data analysis was performed using descriptive statistics, including the absolute values and percentages to summarise and compare the responses. In the case of open-ended items, the content was categorised into meaningful units to facilitate the interpretation and understanding of the described phenomenon. The online platform (https://www.mapchart.net/europe.html) was used for data visualisation.

RESULTS

A total of 33 MOs from the Europe Region of World Physiotherapy responded to the survey, resulting in a response rate of 89%.

A descriptive analysis is provided for each question. The results are thematically categorised to facilitate the presentation and interpretation of the findings.

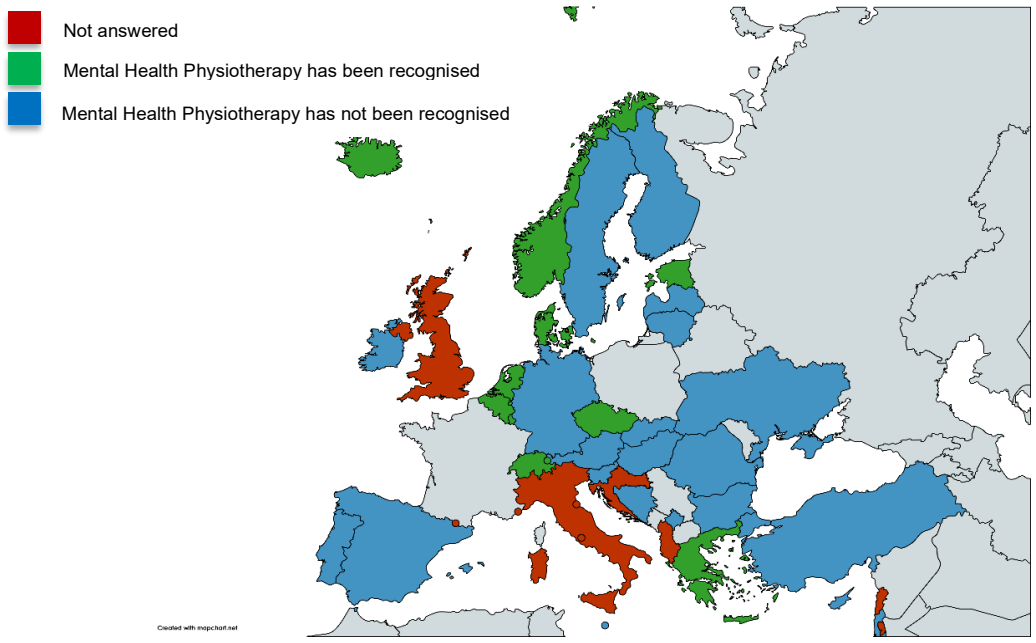
1. LEGISLATION AND ADVOCACY

1.1 Legislation

Is physiotherapy in mental health recognised by national legislation as a speciality in your country?

Only 9 countries (27%) reported that they had recognition of a speciality in mental health physiotherapy in their legislation (Figure 1). That suggests that formal legislative recognition of physiotherapy in mental health is relatively rare across countries in the Europe Region.

Figure 1: The recognition of mental health physiotherapy as a specialty by national legislation across countries.



Representatives of 9 countries (27%) reported there are no regulatory policy barriers concerning physiotherapy in mental health.

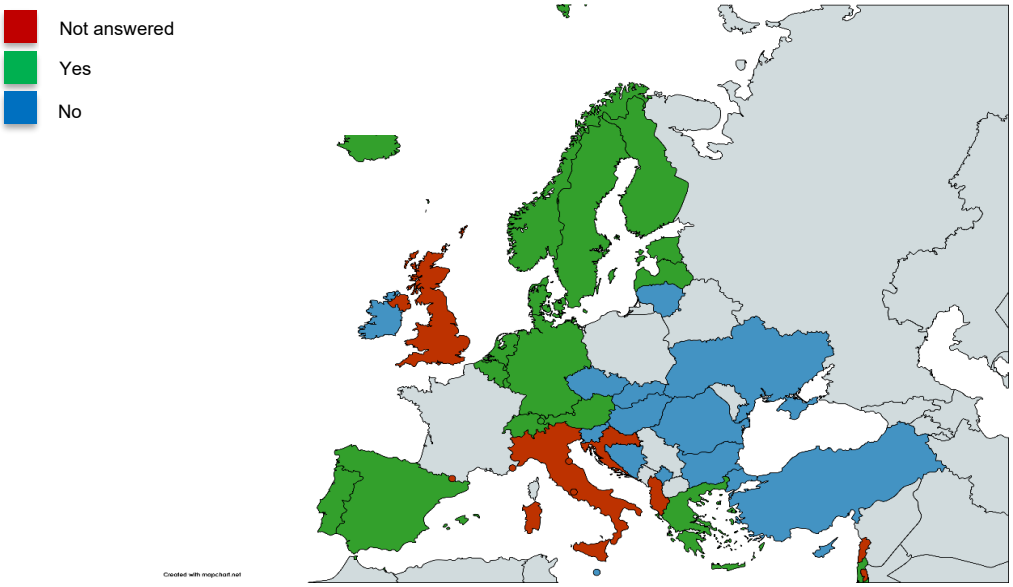
1.2 Advocacy

Does your MO have a special interest group for physiotherapy in mental health?

Representatives reported the presence of a special interest group for physiotherapists in mental health in 16 European countries (48,5%). Representatives from 15 countries (45,5%) indicated that their organisations do not have such a group, and no response was received regarding the situation in 2 countries (Figure 2).

We also asked about the number of physiotherapists involved in their mental health special interest groups. The figures range from as few as 5 members in countries like Portugal and Estonia to more than 500 in Israel and Sweden. Also, Norway, Greece, Finland, the Netherlands, and Denmark reported a significant number (>100) of physiotherapists in the the mental health interest group.

Figure 2: MOs with or without a special interest group in physiotherapy in mental health.



What are the key challenges for physiotherapy in mental health in your country?

Regarding the key challenges for physiotherapy in mental health, respondents were allowed to select multiple response options and open-ended questions. 26 (80%) of the responding countries reported limited role recognition, 23 (70%) indicated insufficient funding for physiotherapy in mental health care, and 20 (61%) highlighted a lack of training opportunities and limited interdisciplinary collaboration. One country additionally reported that physiotherapists in mental health receive lower income than other comparable occupational groups. The reported barriers were systemic, educational, and professional in nature.

Are there regulatory or policy barriers affecting physiotherapy in mental health?

This was an open-ended question. The survey revealed an almost even split among European countries regarding the existence of regulatory or policy barriers for physiotherapy in mental health: 16 (51%) report having none, while 15 (48%) identify such barriers. The main obstacles cited by the latter group include:

1. Insufficient professional recognition, due either to a lack of a supporting legal framework or the absence of formal recognition as a specialty.
2. Financial barriers stemming from national reimbursement systems or insurance plans that do not cover these specific services.
3. Lack of professional autonomy where in several countries physiotherapists in this field are not allowed to treat patients without referral or supervision.
4. A shortage of specific educational programs in physiotherapy for mental health.
5. Lack of visibility and formal integration of physiotherapy interventions in mental health within national health systems, either because they are not coded in national procedure systems, or because they lack supporting staffing norms or policy instruments.

Are there ongoing advocacy efforts to support physiotherapy in mental health?

This was an open-ended question. 14 (42%) of respondents reported having ongoing advocacy, while 19 (58%) indicated they did not. Among those who answered "yes", respondents described a range of strategic activities. These efforts are frequently led by national physiotherapy associations or specialised subgroups, whose core mission is to advance the profession's role in this field. Key advocacy strategies include high-level political engagement—such as direct meetings with ministers of health—and active lobbying for the integration of mental health physiotherapy into national policy, specialised education pathways, and referral systems. Additionally, professional bodies are strengthening their influence through collaborations with universities, psychiatric associations, insurance companies, and international networks like the International Organisation of Physical Therapists in Mental Health (IOPTMH; a subgroup of World Physiotherapy). Awareness and knowledge are being promoted through national conferences, webinars, postgraduate training, and targeted campaigns on social media, which highlight the evidence-based benefits of physiotherapeutic interventions in mental healthcare.

What are the priority areas for developing physiotherapy in mental health in your country?

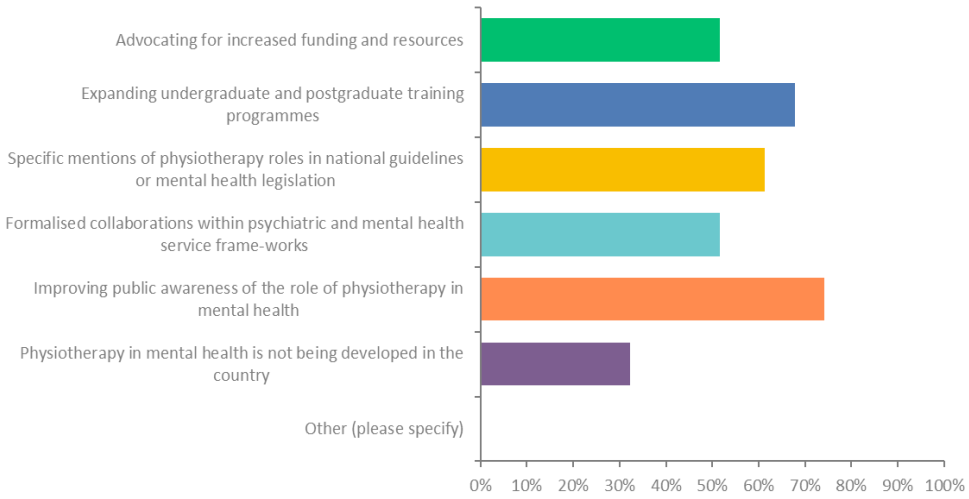
Respondents were allowed to select multiple response options and a free text field was offered (Figure 3). When asked to identify priority areas for developing physiotherapy in mental health, respondents highlighted a clear and multi-faceted agenda. Improving public awareness of the role of physiotherapy in mental health emerged as the top priority, selected by 71.19% of respondents. This is closely followed by the need for expanding undergraduate and postgraduate training programmes (67.74%).

A significant cluster of three areas was deemed equally critical by just over half of the respondents (approximately 51-52%): advocating for increased funding and resources, securing specific mentions of physiotherapy roles in national guidelines or legislation, and formalising collaborations within psychiatric and mental health service frameworks.

Notably, nearly one-third of respondents (32.26%) indicated that physiotherapy in mental health is not being developed at all in their country, underscoring a significant gap and a fundamental starting point for advocacy.

Overall, the results point to a development strategy that must operate on three concurrent levels: societal (public awareness), professional (education and training), and systemic (policy, funding, and integrated service models). The high priority given to public awareness and education suggests a recognised need to build both professional capacity and societal demand to drive the systemic changes also deemed essential.

Figure 3: Identified priority areas for developing physiotherapy.

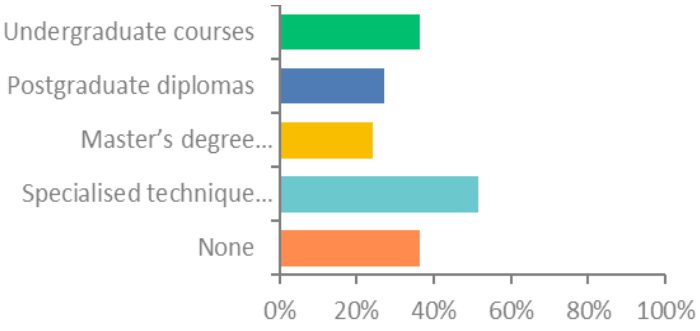


2. EDUCATION

What formal training opportunities are available for physiotherapists willing to specialise in mental health?

Regarding professionalised training, several countries reported that in their country a broad range of programmes is available (Figure 4). Among the responding countries, 17 countries (51%) offer specialised technique training, while 12 (36%) provide only undergraduate courses. Furthermore, 12 countries (36%) do not offer any type of course or specialisation.

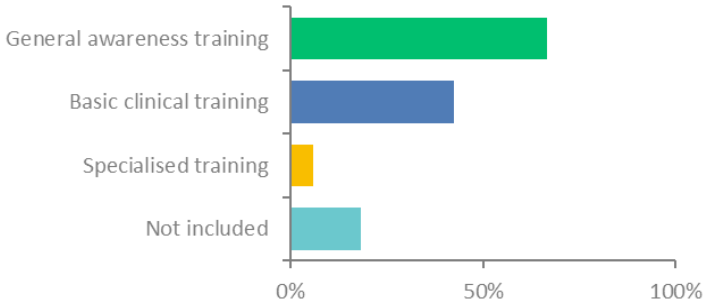
Figure 4: Formal training opportunities in mental health physiotherapy.



At what level are mental health competencies included in undergraduate physiotherapy education?

Given the nature of the question, respondents were allowed to select multiple response options. Responders indicated that mental health competencies within undergraduate physiotherapy education are included at the level of general awareness training in 22 countries (66%), and at the level of basic clinical training in 14 countries (42%). Only 6 countries (18%) do not include these competencies in their undergraduate curricula (Figure 5).

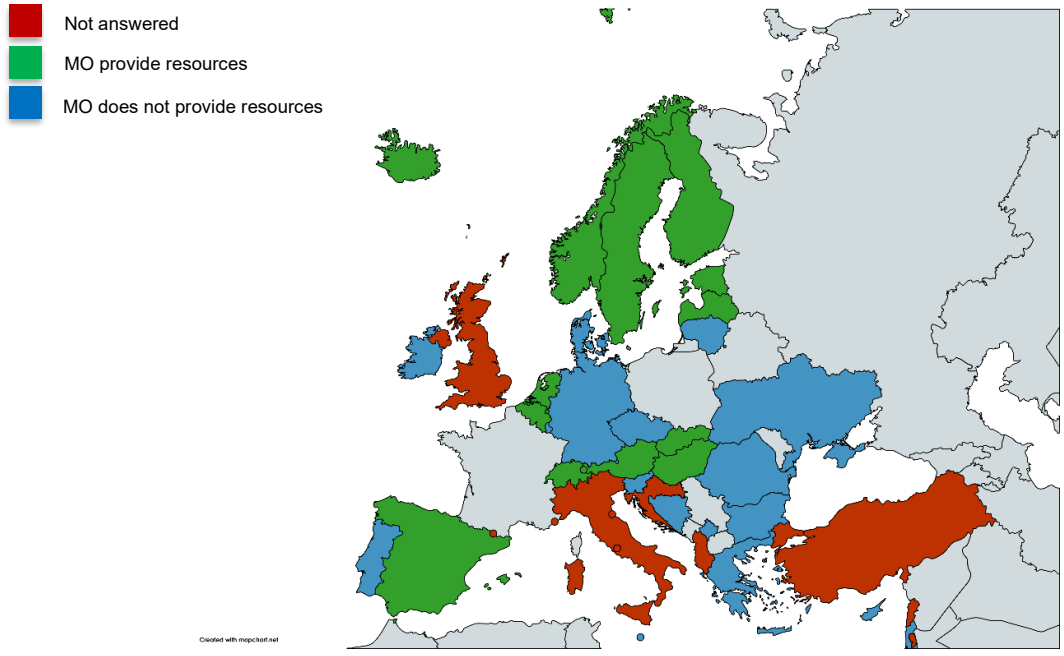
Figure 5: Level of mental health competencies in undergraduate physiotherapy education.



Does your MO provide resources or training for physiotherapy in mental health?

This was a yes/no question (Figure 6). When respondents answered “yes”, an additional open-ended question was provided. When asked if their MO provides resources or training for physiotherapy in mental health 19 (61%) of responding countries answered "no." Among the 12 countries (39%) that do offer such resources or training, the provision varies in scope and format, often described as limited or in development. Common initiatives include organising both in-person and digital courses (sometimes free of charge), webinars, workshops, and national conferences on specialised topics like Norwegian Psychomotor Therapy or suicide ideation. Some organisations are formally contributing to national specialist education pathways, while others are in a planning phase of providing general Continuing Professional Development (CPD) resources that may include mental health content. A recurring theme is the reliance on external expertise, such as collaborations with the International Organisation of Physical Therapists in Mental Health (IOPTMH) or invited specialists. Several respondents indicated that, although they currently offer no specific training, they are taking steps to change their policy and develop future resources.

Figure 6: MOs that do (not) provide resources or training in physiotherapy in mental health



How interested are physiotherapists in your country in advancing their knowledge of physiotherapy in mental health?

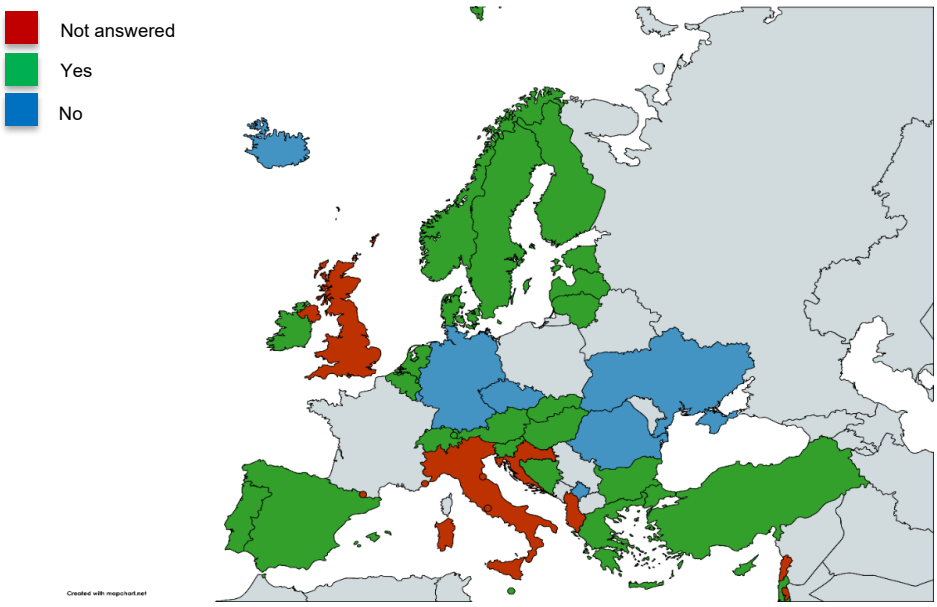
The survey results indicated a cautious or developing interest among physiotherapists across Europe regarding specialisation in mental health. While 18 countries (58%) report a moderate level of interest, another 8 countries report a low interest (25%), which is slightly higher than the 5 countries reporting a high interest (16%).

3. CLINICAL PRACTICE

Does physiotherapy form part of the national standards or clinical guidelines?

24 (72%) of countries responded yes, however it is not clear whether physiotherapy in mental health is in the same situation (Figure 8). Physiotherapy generally has great visibility and integration in services, but this may not be the case in mental health guidelines.

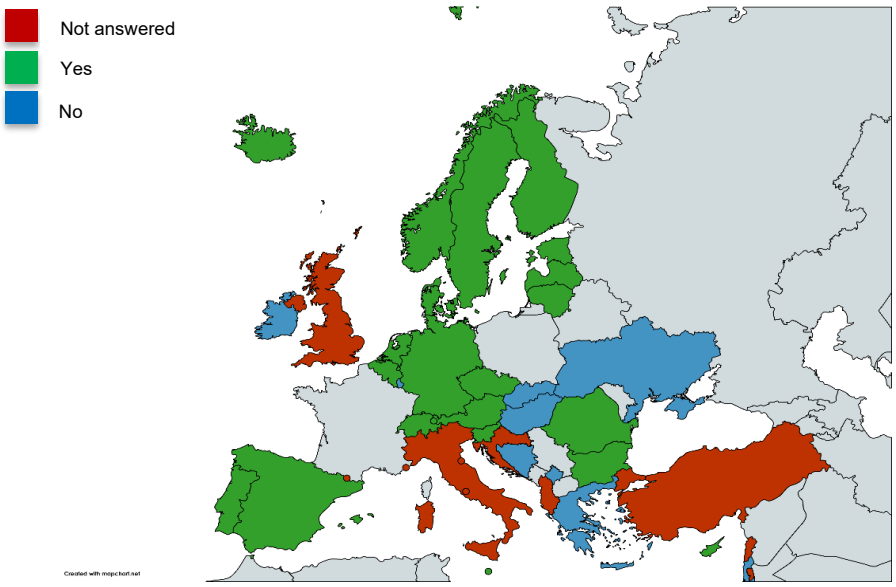
Figure 8: Countries incorporating physiotherapy within national standards or clinical guidelines



Is physiotherapy in mental health part of multidisciplinary teams in psychiatric settings?

The inclusion of physiotherapists in multidisciplinary teams is widespread, with 21 (65%) of the responding countries indicating their participation. However, 11 countries (34%) do not include this professional role within the psychiatric setting (Figure 9).

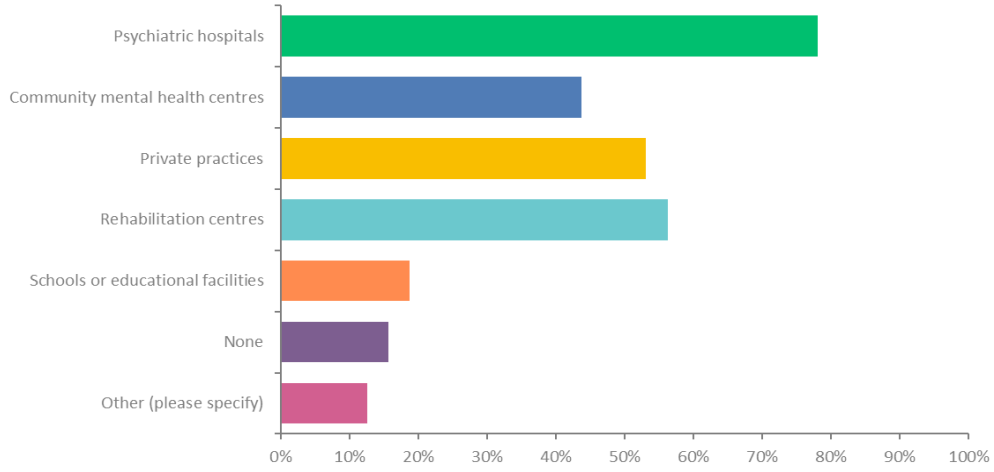
Figure 9: presence of mental health physiotherapist in the multidisciplinary team in psychiatric settings.



In which settings are physiotherapists working in mental health employed?

Given the nature of the question, respondents were allowed to select multiple response options. Physiotherapists operate across a wide range of settings. Among those working in mental health, 78% are employed in psychiatric hospitals, 56% in rehabilitation centres, 53% in private practices, and 43% in community mental health centres. Additionally, 18% work in schools or educational facilities (Figure 10).

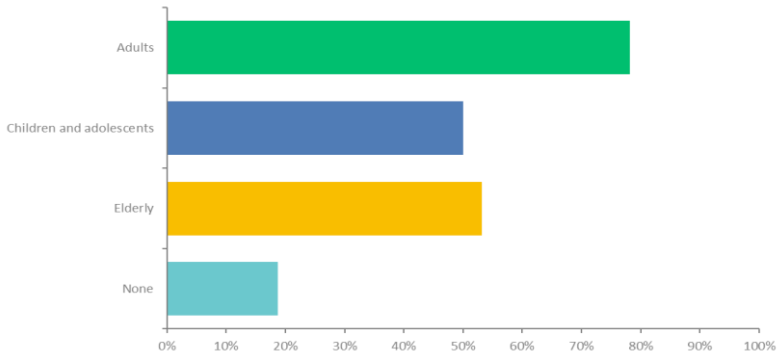
Figure 10: Settings in which physiotherapists working in mental health are employed.



Which populations are primarily served by physiotherapists working in mental health in your country?

Given the nature of the question, respondents were allowed to select multiple response options. The populations receiving physiotherapy services in mental health across countries are diverse. Overall, 78% of the responding countries reported providing services to adults, 53% to older adults, and 50% to children and adolescents. However, 18% of countries indicated that no specific population was targeted (Figure 11).

Figure 11: Populations that are primarily served by physiotherapists working in mental health care.



4. RECOMMENDATIONS FROM MEMBER ORGANISATIONS

What recommendations would your MO propose for advancing physiotherapy in mental health across Europe?

In that open-ended question, the recommendations from MOs for advancing physiotherapy in mental health in Europe outline a strategy encompassing five key dimensions:

1. Education and training

A strong emphasis was placed on educational needs, particularly the development of European guidelines and competency standards for both education and clinical practice. Respondents highlighted the importance of improved access to international training opportunities, as well as the establishment of specific postgraduate programmes in physiotherapy for mental health. These programmes should be interdisciplinary in nature, involving professionals such as physicians, occupational therapists, speech and language therapists, psychologists, and psychiatrists. Additionally, training in cognitive behavioural therapy (CBT), exercise-based interventions, and trauma-informed approaches were identified as a priority.

2. Clinical practice

The second dimension relates to clinical practice. Respondents stressed the need for the development of European evidence-based clinical guidelines for physiotherapy in mental health, which would facilitate its inclusion within national clinical guidelines and support a holistic, person-centred approach to care. Strengthening interdisciplinary collaboration and formally integrating physiotherapists into multidisciplinary mental health teams were also repeatedly identified as essential steps.

3. Professional development

Regarding professional development, respondents highlighted the need for dedicated funding opportunities to support projects in this field. They also emphasised the importance of defining core competencies, advocating for inclusion in national mental health policies in order to standardise specialist recognition, and developing shared outcome measures. Increasing public and political awareness was seen as a key strategy to strengthen professional identity and to improve patient access to physiotherapy within mental health care systems.

4. Professional promotion and advocacy

The fourth dimension concerns professional promotion and advocacy, including the dissemination and visibility of the specialty. Respondents called for formal inclusion of physiotherapists within national and European mental health strategies, aligned with the WHO Comprehensive Mental Health Action Plan 2023–2030. They also recommended conducting European-level awareness campaigns to highlight the role and impact of physiotherapists in mental health, targeting policymakers, healthcare professionals, and the public. Continued development of information sheets and educational materials were proposed, alongside a strong emphasis on the role of physiotherapists in mental health promotion and prevention.

5. Recognition of physiotherapy-specific approaches

The final dimension relates to professional recognition, with respondents emphasising the value of physiotherapy-specific approaches such as body–mind interventions, psychomotor physiotherapy, movement-based, and body-oriented therapies. In addition, the need for appropriate economic recognition and reimbursement of these interventions within mental health services were clearly articulated.

5. LIMITATIONS

This study acknowledges several methodological limitations that should be considered when interpreting its findings.

1. Lack of Formal Questionnaire Validation

The survey instrument was developed based on expert hypotheses regarding relevant topics in the field. However, it did not undergo a formal validation process, such as pilot testing with a representative sample or statistical validation (e.g., factor analysis) to confirm that the questions accurately measured the intended constructs. Moreover, with surveys, there is always a risk that some items may have been misinterpreted or that they may not adequately capture the complex realities of physiotherapy in mental health across different national contexts (Sage Research Methods Community, n.d.).

2. Potential Sampling and Response Bias

The survey was distributed exclusively to the primary contacts of MOs. This approach may have introduced bias:

- With an 89% response rate, the response rate is acceptable. However, the results may not be reflective of the true representativeness and findings from a small sample of the population, cannot be confidently applied to the larger group.
- Responses likely reflect the perspectives of organisational representatives or leaders, which may not fully represent the views of frontline practising physiotherapists, educators or patients within each country.
- The findings are inherently shaped by the level of engagement, resources and specific strategic priorities of each MO, potentially overlooking grassroots developments or barriers unknown to the central contact.

3. Contextual and Generalisability Constraints

The "one-response-per-country" design, while practical for a European-level overview, aggregates national realities into a single data point. This limits the ability to capture the diversity and nuance of regional practices, policies, and challenges within individual countries. Consequently, the results provide a high-level panorama, but they do not provide an in-depth or profound understanding.

4. Self-Reported Data

The data relies on self-reports from MO contacts. Limitations inherent to this method include potential recall inaccuracy, social desirability bias (e.g., presenting the organisation's efforts in a favourable light), and varying interpretations of survey questions among respondents.
Despite these limitations, the study offers a valuable first systematic exploration of the landscape of physiotherapy in mental health across Europe, identifying key trends, consensus areas, and strategic priorities to guide future, more granular research.

6. RECOMMENDATIONS AND FUTURE DIRECTIONS

Even though only 9 countries currently recognise physiotherapy in mental health within their legislative frameworks, the data revealed a strong level of interest and sustained efforts across many countries to advance this field of practice. This momentum highlights a clear opportunity for strategic development; however, significant professional, educational and organisational barriers remain.

1) To support the consolidation and expansion of physiotherapy in mental health, stronger institutional and governmental commitment is required. Ministries of Health and relevant regulatory bodies should consider establishing formal legal recognition of physiotherapy in mental health, either as a statutory specialty or as a clearly defined area of advanced practice. Such recognition would provide the necessary foundation for workforce planning, service commissioning, and integration within mental health care systems.
2) From an organisational and financial perspective, national reimbursement schemes and insurance frameworks should be reviewed to ensure coverage of physiotherapy interventions in mental health settings, including public, private, and community-based services. Without appropriate financing mechanisms, the sustainability and scalability of these services remain limited.
3) Educational support is critical. The development and expansion of dedicated undergraduate and postgraduate training programmes in physiotherapy for mental health are essential to ensure a competent and confident workforce. This should be complemented by access to continuing professional development opportunities aligned with current mental health needs.
4) Greater institutional visibility and policy integration are needed. Physiotherapy interventions in mental health should be formally incorporated into national procedure coding systems and clinical guidelines.
5) Collectively, coordinated action at institutional, organisational, educational, and ministerial levels is necessary to address these barriers and to fully realise the potential of physiotherapy in mental health across Europe.

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