

Massage therapy intervention for stress, anxiety and aggression on an acute psychiatric inpatient unit



Being admitted to a psychiatric inpatient unit is frequently associated with a high degree of stress and anxiety due to the controlled and confined nature of hospitalization and acute psychiatric symptoms, which can in turn exacerbate aggression. Pro re nata (PRN), or “as needed” medications are prescribed for approximately 75% and administered to approximately 50% of psychiatric inpatients to reduce agitation and aggression.¹ These medications have the advantage of working immediately to control a situation. Disadvantages of PRN medication regimens, however, include physical or psychological side effects associated with the medications, polypharmacy (a person taking more medication than is needed), development of tolerance and/or withdrawal effects with prolonged use, and potentially harmful drug interactions.

Patient aggression in mental health inpatient settings is a significant problem for both staff and patients. Aggressive behavior can threaten the physical and psychological health of psychiatric nursing staff and patients and compromises the atmosphere of the unit, ultimately impacting the capacity for patients’ mental health to improve satisfactorily. Further repercussions of patient aggression for staff and psychiatric services include increased absenteeism and sick leave; property damage; security costs; workers’ compensation; reduced job satisfaction; and staff recruitment and retention issues. Reducing patient aggression in the safest way possible for everyone involved is therefore a primary concern for psychiatric inpatient services.

One way to try to alleviate or reduce the onset of aggressive behavior in psychiatric inpatients is to help them manage their stress. Studies suggest increased levels of stress may trigger the emergence of psychotic symptoms in

vulnerable individuals or a relapse of symptoms in patients that are in remission.² Therefore, finding minimally invasive ways to reduce stress can be beneficial to both patients and staff in an inpatient setting.

THE BENEFITS OF MASSAGE THERAPY

Massage therapy is known to have widespread benefits. It promotes relaxation and significantly reduces stress levels. It also reduces the level of the stress hormone, cortisol, which is released from the adrenal glands during the body’s “fight or flight” reaction to stress. In addition to reducing stress, massage therapy has many other beneficial effects such as decreased self-reported and observed anxiety and depression levels, decreased tension, decreased pain, improved sleep patterns, positive effect on mood, increased mental alertness and enhanced immune function.

Massage therapy has been shown to be effective in lowering stress, anxiety and depression in patients with a variety of psychiatric conditions including bulimia and adjustment disorder, as well as in non-psychiatric populations. For example, one study conducted in a group of aggressive adolescents found that a 20-minute massage therapy session administered twice weekly for five weeks significantly reduced the adolescents’ self-reported hostility and anxiety levels as well as level of aggression perceived by their parents.³

OUR INTERVENTION

My colleagues and I recently conducted a pilot study to examine the effectiveness of a relaxation massage therapy program in reducing stress, anxiety and aggression within a young adult psychiatric inpatient unit.⁴ Participants were

ages 15-25 and recruited from a psychiatric inpatient unit in Australia. This was a non-blinded, non-randomized study. During the "control" time period (May 22, 2006 to July 9, 2006), incoming patients who agreed to participate in the study received treatment as usual (TAU). During the intervention phase (July 10, 2006 to August 27, 2006), upon admission to the unit, patients who agreed to participate in the study could choose between receiving TAU or TAU plus daily massage therapy. The massage was given at the same time each day, as schedules would allow, for the duration of the intervention period. Overall, fourteen youth participated in the TAU phase and eighteen youth received massage therapy during the intervention phase.

During the course of our study, we found that relaxation massage therapy was readily accepted by a significant proportion of adolescent/young adult inpatients with a range



of disorders including psychotic disorders, personality disorders and mood disorders. Additionally, our findings showed that a short 20-minute massage therapy session had immediate beneficial effects on anxiety and stress-related measures. After the massage therapy session there was a significant reduction in self-reported anxiety, resting heart rate and cortisol levels (the primary stress hormone). These findings suggest massage therapy may be a useful de-escalating tool for reducing stress and anxiety in acutely hospitalized psychiatric patients. Unfortunately, due to the lack of aggressive incidents reported by staff during the study we were unable to adequately assess the effect of massage therapy on levels of aggression. Also, there was no specific control relaxation therapy to compare with relaxation massage therapy, making it difficult to accurately determine whether the effects of massage were due to therapeutic touch or other associated factors such as one-on-one time with a therapist. Further research involving controlled, randomized studies examining the effect of massage therapy on patient agitation, anxiety and aggression is warranted.

CONCLUSION

A short 20-minute massage therapy session has immediate beneficial effects on anxiety and stress-related measures in acute psychiatric inpatients. PRN or "as needed" medications are frequently used for patients in mental health settings in order to calm patients and manage agitation, distress or difficult behavior; however these medications are often associated with adverse side effects. We propose that relaxation massage therapy may be a useful treatment when used on an as-needed basis to calm patients and reduce levels of stress, anxiety and agitation, which could potentially reduce and in some cases eliminate the need for PRN medication in certain patients. Massage therapy is a safe treatment, offering significant advantages over other methods such as medication to reduce stress or agitation. Basic relaxation massage does not require intensive therapeutic training and could be administered by nurses on the unit. Massage therapy as an additional tool for behavioral management in psychiatric inpatient units would also likely result in greater patient satisfaction, and improve the staff-to-patient relationship and therapeutic milieu of the unit.

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