6-30-2022

The Use of Occupational Therapy Services in Outpatient Mental Health

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The Use of Occupational Therapy Services in Outpatient Mental Health: Manuscript

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We have no conflicts of interest to disclose.

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Abstract

The purpose of this study is aimed to explore the structure and utilization details of occupational therapy in outpatient behavioral health settings. Two occupational therapists participated in qualitative phenomenological interviews which were transcribed and analyzed using the thematic approach. A total of two themes emerged: billing and coverage, and education and advocacy. Participants identified there are necessary factors for reimbursement of services, in addition to the need for education and advocacy for occupational therapists to practice in outpatient behavioral health settings. Future research should be aimed at recruiting more participants, occupational therapists, and from other roles in these clinics such as credentialing coordinators and office managers for a broader perspective of the structure of occupational therapy services in outpatient behavioral health settings.

Keywords: Occupational therapy, mental health, outpatient, behavioral health, reimbursement

Introduction

Today, one in five adults (NIMH, N.D.) and 13-20% of children experience a mental illness in the United States (US) (Center for Disease Control and Prevention, 2019). Mental health is defined as "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt and cope with challenges" (Kannenberg, et al., 2016). Mental health diagnoses are a current public health issue, with suicide ranking as the tenth leading cause of death in the US (National Institute of Mental Health (NIMH), 2020). Mental illness is the leading cause for disability in the world, which can severely impact engagement in everyday activities (Pan American Health Organization, 2019). These activities can include maintaining personal hygiene, caring for children, maintaining communication with others, household management, meal preparation, and health maintenance. Impairments of mental illness include the inability to focus on tasks, decreased job performance, insomnia or hypersomnia, and decreased energy or interest for leisure activities. Occupational therapists (OTs) work to address those performance issues in everyday activities by promoting meaningful participation in occupations and active engagement within their lives.

Occupational therapy practitioners address a variety of health issues, with mental illness being a commonly treated disorder (Aasdahl et al., 2016). Frequently treated mental health disorders include post-traumatic stress disorder (PTSD), depression, eating disorders, bipolar disorder, generalized anxiety disorder, and schizophrenia. OTs assist individuals across their lifespan to improve, regain, and develop skills needed for everyday activities (American Occupational Therapy Association [AOTA], n.d.). Occupational therapy practitioners possess the skills to provide services that support mental and physical health, wellness, rehabilitation,

habilitation, and recovery-oriented approaches. Today, OTs help provide mental health treatment in acute and long-term care facilities, schools, hospitals, juvenile justice centers, homeless shelters, and workplaces (American Occupational Therapy Association, 2013). OTs are qualified professionals to provide mental health treatment, but reimbursement is limited and this results in poor utilization of OT services in outpatient mental health facilities (AOTA, 2013).

Within mental health outpatient settings, Medicaid is the largest payer for mental health services in the country and plays a large role in financing treatment for substance use disorders ("Centers for Medicare and Medicaid Services," 2016). States have flexibility in how they design their plans, which results in eligibility requirements and reimbursement guideline variances. A national study by the University of Michigan Behavioral Health Workforce Research Center shows that psychiatrists, clinical psychologists, and licensed clinical social workers are recognized by the Centers for Medicare and Medicaid Services (CMS) to be the core behavioral health professionals (Dormond & Afayee, 2016). Although OTs may provide mental health treatment, reimbursement is limited, in addition to restrictions in state-level policies as evidenced by CMS's view of the profession. This results in poor utilization of the profession.

Despite OTs not being considered core behavioral health professionals by CMS, research has shown that OTs and psychologists provide similar treatment (Robinson et al., 2008). The New York State Psychological Association surveyed 75 of its members regarding their methods used to treat eating disorders, of which 44% responded. The results showed that psychologists use the same treatment modalities as OTs for eating disorders such as bulimia nervosa and anorexia nervosa. Additionally, the respondents were admittedly not aware of the role of

occupational therapy with this population, indicating the need for education (Robinson et al., 2008).

Furthermore, due to varying reimbursement rates, the types of mental health services provided also affect the sustainability of a system. The Minnesota Department of Human Services commissioned a report that analyzed the costs of 37 different types of mental health services. The majority of these services had provider costs between 2% and 1129% higher than the payments received, while only six services had costs lower than their reimbursements. All six of these financially feasible services may be provided by an interdisciplinary team, including an occupational therapist: adolescent outpatient chemical dependency; adult outpatient chemical dependency; adult crisis response services; adult rehabilitative mental health services; diagnostic assessment; and rehabilitative psychotherapy (Mercer, 2018).

Literature regarding service delivery is sparse and requires further research to delineate the logistical details relevant specifically to services in outpatient behavioral health. Griffin et al. (2020) evaluated this topic in detail and made several key recommendations. They found that, with proper organizational support, existing resources can be reallocated to implement and operate occupational therapy services within a public mental health setting. Case management can also be adapted to provide more discipline-specific services, further enabling OTs to reach this population. Lastly, by embedding occupational therapy within existing services provided by other healthcare professionals, the perceived value of the occupational therapy service is also promoted (Griffin et al., 2020).

Existing literature indicates that there is a need for occupational therapy services in outpatient behavioral health settings, but there is limited understanding of the service and

reimbursement structures. In a culture where mental health illnesses are highly prevalent, it is critical to conduct studies that will further the knowledge to bring more occupational therapy services into outpatient behavioral health practice settings. The purpose of this study is to discover how occupational therapy is structured throughout outpatient behavioral health settings. The purpose of this study is to answer the following questions: What is the structure of occupational therapy services in an outpatient behavioral health setting? What are the payment structures and utilization details of reimbursable or non-reimbursable occupational therapy services in an outpatient behavioral health setting?

Methodology

Design

This study used a phenomenological approach to identify the structure and utilization details of reimbursable or non-reimbursable occupational therapy services in outpatient behavioral health settings. The phenomenological approach analyzes lived experiences through the person's point of view and aims to understand the population's experiences (Neubauer, et al,. 2019). This design allowed researchers to interview individuals within a specialized population to understand their day-to-day operations in an outpatient behavioral health setting in order to better understand the structure of payments and of services.

Participants

Two participants were recruited through convenience and snowball sampling. Recruitment involved cold calling, using social media platforms, e-mail addresses publicly available on professional organizations' websites, and emails that researchers have gained through professional networking (see Appendix A, B & C for templates). The participants are

occupational therapists (>18 years old) who currently work in an outpatient mental health facility. Participant A is licensed in Minnesota and North Dakota and participant B is licensed in Iowa. Criteria for inclusion in this study included: an occupational therapist, occupational therapy assistant, credentialing coordinator and an office manager who currently works or has previously (within 5 years) worked in an outpatient behavioral health practice setting that has occupational therapy practitioners on staff. Exclusionary criteria included participants with less than 25% of their referrals not being a primary diagnosis of mental health and/or participants who are not practicing in an outpatient setting.

Data Collection Procedures

Researchers obtained informed consent (see Appendix D) prior to synchronous virtual semi-structured interviews. Researchers developed open-ended questions (see Table 1) and the interviewer followed protocol using these guided questions. Prior to the interviews, the research team received training in conducting qualitative interviews and analyzing data. Participants completed interviews in one session that lasted 30-60 minutes. The interviews were conducted and transcribed during a two month period of time, via Zoom, a video conference platform. All interviews were transcribed verbatim and reviewed multiple times for errors.

Table 1. Semi-structured interview questions for Occupational Therapy Practitioners

What state do you provide outpatient behavioral services in?
What does a typical day look like for you in outpatient behavioral health?
How many Occupational Therapists and Occupational Therapy Assistants are employed at your clinic?
What other professionals are employed at your clinic?
Do any of the services you provide overlap with any of these professions?
How involved are you in the case management of your clients at your clinic?
    a. What profession is typically assigned to be case manager for a client?
What aspects of a case do you find are barriers to treatment?
What is the typical treatment frequency and duration you order for your clients at your clinic?
How long do your cases typically last?
Can you describe the flow of a typical case from referral to discharge?
What are your most commonly billed CPT codes?
What are the main payor sources of the clients you treat?
How much guidance does management give regarding the billing you submit?

Are there any additional services that your clients need that are within your scope of practice, such as physical rehabilitation, that you provide?

b. Are there situations in which you are unable to provide these services?

What presents the greatest barrier when attempting to provide behavioral health services to your clients?

c. How does your clinic address these barriers?

Is there a need, clinical or otherwise, to adjust your treatment approach based on a client's payer source?

d. If so, how and why?

What EMR/EHR does your clinic use for documentation, if any?

e. Do you think this system hinders or promotes your performance in any way?

If there was one thing you could change about the logistics of providing OT services in behavioral health care, what would it be?

Does AOTA membership or the lack thereof have any impact on OT in mental health?

Data Analysis

Thematic analysis was used to synthesize the transcripts. A qualitative design is an interpretative form of analyzing data where researchers are intimately involved in the process, using depth to analyze data (Lacey & Luff, 2009). Investigator triangulation was used as a qualitative strategy to test credibility through convergence of information among the research team (Carter, et. al, 2014). Investigator triangulation decreases biases while gathering and analyzing data (Rugg, 2010). Data was analyzed as it was collected through the process of coding. First, researchers who did not attend the interview independently did numerous passes of the transcript, highlighting and making notes in the margins to develop codes into categories. Frequently recurring phrases and common patterns in the transcripts were used to organize data. Then, once both interviews were completed, transcribed and coded, the researchers compared and contrasted one another's findings to consolidated codes until there were no new codes and saturation was achieved. Themes were constructed into two categories from the codes after saturation was complete to interpret the results.

Results

A total of two occupational therapists located in the Midwest were recruited for this study. Interview responses resulted in two themes. The themes are identified as follows:

education and advocacy, and billing and coverage. Results from the qualitative analysis also answered the research question regarding the structure of occupational therapy in outpatient behavioral health settings. Structure of services will be addressed first, followed by a description of themes.

Structure of Services

Participant responses also addressed the research question related to the structure of services. Participants A and B discussed that the structure of their services address physical and mental disabilities within outpatient behavioral health settings. Participant A discussed, "We do exercises often and usually a lot of sensory stuff," as well as, "I do a lot of arts and crafts as a way of assessing cognition and doing meaningful occupations." Participant B discussed how their interventions are influenced by "what they need to be able to live independently." Participant A discussed using assessments that are "occupation-based" and "quality of life measure, which looks at both physical and mental health." Participant A also mentioned that when accepting clients, they have no difficulty when it is a physical disability and a mental disability, but when it is strictly a mental disability, it is more difficult to reimburse. They stated "it's almost like they have to have both. Otherwise, it gets a little tricky."

Education and Advocacy

The participants talked in-depth about advocating for their profession and educating other professionals of occupational therapy. Participants also discussed multiple ways to increase support for mental health occupational therapists. Both participants mentioned the importance of being a member of AOTA and to encourage students to be involved in mental health advocacy. Direction quotations from participants are represented in Table 2.

Table 2: Direct quotes from participants A and B regarding education and advocacy.

Participants Quotes Theme 1

Participant	Quotes
Participant A	"I think if we were recognized as [qualified] mental health professionals that would help get more jobs in mental health settings" and "then insurance would know more about what we do right now." "If I'm talking to a primary [care] physician who has no clue then I have to sit here and go through my whole spiel of what OT is and what I do, once I go through that most of them are like yep one hundred percent."
Participant B	"The struggle we consistently struggle with is explaining who we are and what we do and how we can benefit persons with mental health." "If we [OT's] don't continue to take a stand for this area that we belong, there won't be any OT in mental health, and I don't want that to happen."

Billing and Coverage

Billing and coverage is the second theme. Common codes in both participants' transcripts were the lack of coverage for clients with a primary diagnosis relating to mental health, common insurances billed, the billing and reimbursement process, and interprofessionalism. Both participants commonly bill insurance for self-care, therapeutic activity, and self-management and are reimbursed through Blue Cross Blue Shield, Medicare, and Medicaid. Participants A and B also both noted that they use assessments that they know will be reimbursed by insurance from trial and error. Participant B said that they have a few private pay services they will bill.

Participant A discussed conflicts with reimbursement, and the challenges they had to overcome to get their services paid. Participant A discussed how they relate everything to Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), to help with reimbursement. Participant A has found their biggest issues with authorization and reimbursement occurred around the 20th visit. Participant B was not directly involved in billing, therefore they never saw denials or the rationale for denials. They also discussed how they get the client involved in providing their treatment. They must bill codes for self-care, self-management, and therapeutic activity along with mental health codes to indicate the need for occupational therapy services. Coverage for mental health treatment remains a challenge for occupational therapists in outpatient mental health practice settings. Instead of prolific services being offered in the community, Participant B indicated that most mental health services in her region are provided at the prison. Direct quotations from participants are represented in Table 3.

Table 3: Direct quotes from participants A and B regarding billing and coverage.

Participants Quotes Theme 2

Participant	Quotes
Participant A	"I get a lot of pushback when it's really basic mental health, and nothing else."
Participant B	"It's like you teaching the client what to say, basically so that they can access the system, because I am not going to be able to follow them long-term to get them support and employment." "Cook County Jail should not be the number three mental health service provider in the United States."

In addition to coverage, both participants mentioned interprofessionalism and how it can impact services. They both work with social workers, nurse practitioners, psychiatrists, and primary care providers. Participant A discussed a barrier in reimbursement with co-treating, stating "If I am collaborating with my team on the same client, it is not paid time" and "that would stop my billing time to do that" in regard to bringing a social worker in the session to update the client. Participant B discussed a barrier of why occupational therapists are not being hired over other professions, "look at how much it cost to hire me and how much it cost to hire a recreational therapist" and mentioned that OTs need to show clinics what OTs can do and how they bring value over other professions.

Discussion

Structure of Services

Participants noted several barriers regarding coverage and the logistics of providing services. Private insurance tended to deny services if the primary diagnosis code was related to mental health, to which participants found that they would need to identify physical deficits that could also be treated and use those diagnoses as the primary codes while addressing mental health secondarily. This creates a significant disconnect between what services are being paid for and what services are most needed in this population. It should also be noted that other disciplines such as psychology, psychiatry, and social work provide similar services, with participants noting that work needs to be done to differentiate our services from these other disciplines in this setting. This is corroborated by Robinson et al. (2008) who found that psychologists and occupational therapists use many of the same treatments for some disorders.

Finally, a designation should be made regarding the stark differences between the delivery of services in private businesses versus public entities. Participants noted that service

interruptions were common in both settings due to transportation issues, with private businesses also struggling with authorization of treatment and coverage of services. Additionally, private settings typically do not have established internal referral sources, as opposed to public settings with direct referral sources from affiliated Physicians.

Education and Advocacy

Both participants noted a general lack of understanding of OT services by Physicians. This results in missed opportunities for referrals and forces OTs, especially in private clinics, to spend extra time speaking with physicians to get orders for treatment. This lack of awareness extends to, and may stem from, legislation, as only 6 of the 50 states explicitly list occupational therapy as a qualified mental health professional under state statutes or regulations ("Occupational Therapy and Mental Health", 2017). This limited exposure directly affects the field of occupational therapy as it may prevent interest in the field among graduates, therefore potentially straining existing outpatient entities that do provide OT services. Additionally, the lack of external exposure and representation has negatively impacted the understanding of our profession and the services we provide by other professions and the general public as a whole. The representation of the field of Occupational Therapy has generally been poor, with only 28% AOTA Membership (AOTA, n.d.). Furthermore, the need for education and advocacy for mental health services is not even fully understood by AOTA themselves. AOTA lists stigma, safety, low socioeconomic status, and lack of long-term housing as the main barriers to occupational therapists providing mental health treatment in the community (AOTA, 2013). While all important and relevant, none of these issues address the lack of insurance coverage and the medical field not understanding the benefits of occupational therapy for these clients.

Limitations and Recommendations for Future Research

A well-rounded analysis of the successful business tactics and adaptations being used in the outpatient mental health setting is vital for the proliferation of these services throughout the country. The value of the qualitative data received from these entities cannot be overstated. However, with only two study participants, this study lacks depth and breadth. Occupational therapists were the only professionals represented despite attempts to recruit individuals representing other professions and backgrounds in a mental health setting. We believe that the thirty-minute interview may have been a barrier to recruiting additional participants. Without a varied analysis on this research question, it may be argued that the study is skewed and biased toward the field of occupational therapy. Furthermore, the participants provide services for entities with differing fee schedules and reimbursement systems, which may limit interrelatedness of results as well as generalizability.

Future research should be aimed at recruiting more participants, perhaps with incentives, and from other roles in these clinics such as credentialing coordinators and office managers for a broader perspective. As such, alterations to the manner in which information is procured may be necessary with future iterations of this research question to increase response rate. Additionally, it is recommended that researchers solicit participants' solutions to the barriers of reimbursement in this setting. Future researchers may also benefit from focusing on recruiting individuals familiar with a variety of reimbursement systems to gain a better understanding of the strategies used.

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Appendix A

Template Email

Email to Professional Contacts:

I am e-mailing you to let you know about a voluntary research study I am conducting along with four graduate students in the Occupational Science and Therapy Program at Grand Valley State University, who will be completing this study in partial fulfillment of their degree requirements. This study is being done to obtain input from various stakeholders regarding occupational therapy services in outpatient mental health. We are looking to interview the following people from **outpatient** mental health or behavioral health clinics: occupational therapists, occupational therapy assistants, office managers, and/or credential coordinators. Please forward this email to any of your professional contacts who may fit these criteria.

The study will involve your participation in a 30-minute interview. The interview will be conducted using Zoom®, a computer-based video conference program. There is no personal or professional incentive to participate in this study, other than contributing to general knowledge about occupational therapy services in mental health.

You can contact me by replying to this e-mail if you are interested in learning more about the study and/or scheduling an interview. Thank you for your time.

Kelly Machnik, MS, OTRL
Principal Investigator
Kelcie Beck, Kaylee Essenberg, Kelsey Wasik, and Matt Valois
Graduate Students
The Use of Occupational Therapy Services in Outpatient Mental Health
Grand Valley State University

Appendix B

Social Media Post Template

We want to learn about occupational therapy services provided in outpatient mental health or behavioral health settings **in the United States**.

Kelly Machnik, MS, OTRL, and four master's Occupational Science and Therapy students at Grand Valley State University are looking to interview occupational therapists, occupational therapy assistants, credentialing coordinators, and/or office managers/clinic directors of **outpatient mental health or behavioral health facilities that employ occupational therapy practitioners** for a research project. Please forward to anyone who may fit this description.

The purpose of this research is to learn about the specific details of providing occupational therapy services in an outpatient mental health or behavioral health setting in a feasible manner that is accepted by established outpatient practices. The interview will take approximately 30 minutes via Zoom. If you are interested in learning more about this project, email Kelly Machnik at machnikk@gvsu.edu. If you are interested in participating in our research, please email Matt Valois at valoism@mail.gvsu.edu to schedule an interview. Thank you!

Kelly Machnik, MS, OTRL
Principal Investigator
Kelcie Beck, Kaylee Essenberg, Kelsey Wasik, and Matt Valois
Occupational Therapy Graduate Students
Grand Valley State University
IRB Protocol Number: 21-258-H

Appendix C

Cold Calling Script

My name is (***insert name***). I am a student at Grand Valley State University in the Occupational Therapy program. We are interested in talking to occupational therapy practitioners that work in outpatient behavioral health settings, are there occupational therapists employed at this facility?

If they answer yes We are looking to recruit participants for a research study for our master's program. The purpose of this research is to learn about the specific details of providing occupational therapy services in an outpatient mental health or behavioral health setting in a feasible manner that is accepted by established outpatient practices. The interview will take approximately 30 minutes via Zoom. If you are interested in learning more about this project, is there an email address or phone number of an office manager that I could send information about the study to those who might be willing to forward it to their staff.

If they answer no Thank you for your time.

Appendix D

Informed Consent Form

Title of Project: The Use of Occupational Therapy Services in Outpatient Mental Health

Primary Investigator: Kelly Machnik, Department of Occupational Science and Therapy

Researchers: Kelcie Beck, Kaylee Essenberg, Kelsey Wasik, and Matt Valois

PURPOSE

The aim is to learn more about the specific details of providing occupational therapy services in an outpatient behavioral health setting in a feasible manner that is accepted by established outpatient practices.

PROCEDURES

Researchers will recruit occupational therapists, occupational therapy assistants, clinic managers, and credentialing coordinators who work within an outpatient behavioral health setting throughout the United States. Researchers will use a template of open-ended questions that are specific to the profession of the interviewee. Informed consent will be emailed to participants prior to the interview. On the date of the interview, the informed consent will be reviewed with the participant and verbal consent will be obtained. During this time, participants will be allowed to ask questions regarding the study. Interviews will be conducted via Zoom, a video conference platform, and will be recorded, transcribed and saved on an encrypted device. Each interview should take approximately 30 minutes.

RISKS

Electronic data will be collected and stored locally on a flash drive for this research project. As with any use of electronic means to store data, there exists minimal risk that data could be lost or stolen.

POTENTIAL BENEFITS TO SOCIETY

This research will not benefit you personally. This research anticipates to benefit society by understanding the established payment structures of occupational therapy in mental health outpatient settings. This information can then be used by mental health facilities looking to advance their practice by including occupational therapy services.

VOLUNTARY PARTICIPATION

Your participation in this research study is completely voluntary. You do not have to participate. You may quit at any time without any penalty to you.

PRIVACY AND CONFIDENTIALITY

Your name will not be given to anyone other than the research team. All information collected from you or about you is for the sole purpose of this research study and will be kept confidential to the fullest extent allowed by law. In very rare circumstances specially authorized university or government officials may be given access to our research records for purposes of protecting your rights and welfare.

PERSONAL DATA

Personal data to be collected in this study includes name, phone number, and email address. Sensitive personal data will be handled and processed only by researchers conducting this study, or by specially authorized university or government officials to make sure the research was done properly.

DATA SECURITY

Grand Valley State University is committed to keeping your data secure. We have put in reasonable physical, technical, and administrative data protection measures for this research. If you suspect a data breach has occurred, please contact the Vice Provost for Research Administration at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: rci@gvsu.edu.

DATA RETENTION

Personal data will be retained for four years after the completion of this research.

WITHDRAWING CONSENT

You have the right to withdraw your consent to the collection and processing of personal sensitive data at any time. If you would like to request that your personal data be removed from this study, please contact the Vice Provost for Research Administration at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: rci@gvsu.edu.

Note: The university requires data removal requests to go through the Vice Provost for Research Administration (VPRA) to ensure compliance with the General Data Protection Regulation. The PI will be contacted by the VPRA and/or ORCI with further instructions in the event any requests for data removal are received.

AGREEMENT TO PARTICIPATE

By saying yes to participate in this study, you are agreeing to the following:

- **The details of this research study have been explained to me, including what I am being asked to do and the anticipated risks and benefits;**
- **I am voluntarily agreeing to participate in the research as described on this form;**
- **I am currently residing in the United State during this interview;**
- **I may ask more questions or quit participating at any time without penalty.**

TO BE COMPLETED BY RESEARCHER DURING CONSENT PROCESS:

Verbal Consent Obtained

_____Yes

_____No

_____Researcher Initials

CONTACT INFORMATION

If you have any questions about your rights as a research participant, please contact the **Office of Research Compliance & Integrity** at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: rci@gvsu.edu.

This study has been reviewed by the Institutional Review Board at Grand Valley State University (Protocol #XX-XXX-H).

Appendix E

Interview questions for Occupational Therapy Practitioners:

1. What state do you provide outpatient behavioral services in?
2. What does a typical day look like for you in outpatient behavioral health?
3. How many Occupational Therapists and Occupational Therapy Assistants are employed at your clinic?
4. What other professionals are employed at your clinic?
5. Do any of the services you provide overlap with any of these professions?
6. How involved are you in the case management of your clients at your clinic?
7. What profession is typically assigned to be case manager for a client?
8. What aspects of a case do you find are barriers to treatment?
9. What is the typical treatment frequency and duration you order for your clients at your clinic?
10. How long do your cases typically last?
11. Can you describe the flow of a typical case from referral to discharge?
12. What are your most commonly billed CPT codes?
13. What are the main payor sources of the clients you treat?
14. How much guidance does management give regarding the billing you submit?
15. Are there any additional services that your clients need that are within your scope of practice, such as physical rehabilitation, that you provide?
16. Are there situations in which you are unable to provide these services?
17. What presents the greatest barrier when attempting to provide behavioral health services to your clients?
18. How does your clinic address these barriers?
19. Is there a need, clinical or otherwise, to adjust your treatment approach based on a client's payer source?
    a. If so, how and why?
20. What EMR/EHR does your clinic use for documentation, if any?
21. Do you think this system hinders or promotes your performance in any way?
22. If there was one thing you could change about the logistics of providing OT services in behavioral health care, what would it be?
23. Does AOTA membership or the lack thereof have any impact on OT in mental health? What are your thoughts on AOTA membership?

Appendix F

Interview questions for Clinic Managers:

1. What state do you provide outpatient behavioral services in?
2. How familiar are you with the occupational therapy scope of practice?
    a. If familiarity is limited, do you feel expanding your knowledge of the occupational therapy scope of practice would be beneficial to your practice and clients?
    b. If so, how?
3. Have you found it challenging to recruit, hire, and train qualified Occupational Therapists and Occupational Therapy Assistants who specialize in behavioral health?
    a. Which aspect is most challenging and how have you addressed it?
4. Are there any distinct services your Occupational Therapists and Occupational Therapy Assistants provide that cannot be provided by another professional?
5. How does your clinic approach client case management?
6. What is occupational therapy's role with case management?
7. Do clients consistently attend their treatment sessions?
    a. How do you address disruptions to the treatment plan so that you are able to maintain optimal outcomes for clients?
8. How do you market your occupational therapy services?
9. What are your most common payer sources?
10. Do your Occupational Therapists and Occupational Therapy Assistants approach treatment sessions differently based on payor source?
    a. Is this different than other types of providers, i.e. social workers or psychologists?
11. Are you hospital-affiliated?
12. Is your clinic a Certified Community Behavioral Health Clinic?
13. How do you evaluate clinic productivity?
14. How do you evaluate an Occupational Therapist or Occupational Therapy Assistant's productivity, and how does that differ from other disciplines, if at all?
15. How many occupational therapy FTE (full-time equivalent) hours does your clinic average in a week?
16. How do you feel you could use Occupational Therapy clinicians in a more optimal way?

Appendix G

Interview questions for credentialing coordinators:

1. What state do you provide outpatient behavioral services in?
2. What distinct value does Occupational Therapy provide to an outpatient behavioral health clinic?
3. Are there any payor sources that restrict Occupational Therapy services, to any degree?
4. Which payors are these, and how do you address this?
5. Is there a need, clinical or otherwise, for an Occupational Therapist to adjust their treatment approach based on payor source?
    a. If so, how? Please explain.
6. What other professions provide services, from a billing perspective, that may overlap with those of Occupational Therapy?
    a. To your knowledge, does this affect day to day operations?
    b. If so, how?
7. Have you found it challenging to recruit, hire, and train qualified Occupational Therapists who specialize in behavioral health?
    a. Which aspect is most challenging and how do you address it?