

Mississippi Occupational Therapy Practitioners as Qualified Mental Health Providers

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ABSTRACT

Purpose: The purpose of this study is to investigate the perspective of Mississippilicensed occupational therapy practitioners on acquiring Qualified Mental Health Professional status, and if acquired, what parameters should be considered to design QMHP for the state.

Methods: This cross-sectional study utilized a survey that was created by the research team to collect quantitative and qualitative data.

Results: A total of 254 respondents met the inclusion criteria. The participants (n=254) were primarily in favor of obtaining QMHP status (92.8%). When defining the parameters to delineate QMHP for the state, most practitioners believed QMHP status should be gained through a specialty certification (53%), followed by 26% of practitioners agreeing status to be obtained through continuing education courses.

Conclusion: The study concluded the majority of Occupational Therapy and Occupational Therapy Assistant practitioners (94.9%) believed acquiring QMHP status would be an overall asset to the profession. With obtaining this status, the number of jobs and opportunities for OTs in the state of Mississippi would increase as well as the availability of services for individuals suffering from mental health disorders.

INTRODUCTION

Mental health disorders such as depression, anxiety, and PTSD are significant issues faced in society today (Parsons, 2015). National spending on mental health treatment and services reached \$225 billion in 2019, with an expected higher trajectory for 3-5 years post-COVID (Tufts Medical Center, 2021). When Occupational Therapy (OT) was first established as a health profession in 1917, the goal was holistic intervention, with emphasis on mental health (Quiroga, 1995). However, over time, the perspective of occupational therapy shifted more outwardly toward the medical model, though mental health remained a priority during OT intervention (Bonder, 2015). The term Qualified Mental Health Professional (QMHP) is an umbrella term that describes various mental health professions that are recognized as a provider of services to those with mental health needs (Occupational Therapy and Mental Health, 2017). QMHP status provides a pathway for access, independence and direct reimbursement for mental health services. In some states, occupational therapy is designated as QMHP. Whereas, in other states, including Mississippi, OT remains unrecognized as an independent mental health professional (Cheang, 2018; Medicare Mental Health, 2020). According to AOTA State Affairs Group (2017), there are no significant differences in the duties of occupational therapy practitioners designated as QMHPs versus the duties of traditional OTs. Of states that use OT as QMHPs, earning a license as an OT practitioner in that state, and having at least one year of experience in a mental health setting is the minimum basic QMHP criteria. Mississippi is ranked 44th in access to mental health care, reflecting a clear gap in mental healthcare services in the state. As the rate of mental health diagnosis in Mississippi continues to rise, designating OT as a QMHP could bolster the needed support in this area of healthcare.

PURPOSE

Purpose Statement: To investigate the perspective of Mississippi-licensed occupational therapy practitioners on acquiring Qualified Mental Health Professional status, and if acquired, what parameters should be considered to design QMHP for the state.

Primary Aim 1: Evaluate the perspectives of Occupational Therapists in Mississippi on taking on the role of a Qualified Mental Health Provider.

Primary Aim 2: Identify preparatory tasks that will increase therapist comfort in taking on the role of Qualified Mental Health Provider in Mississippi.

Primary Aim 3: Identify the possible language that could be used to guide the development of regulations that define occupational therapy as a Qualified Mental Health Provider in Mississippi.

RESULTS

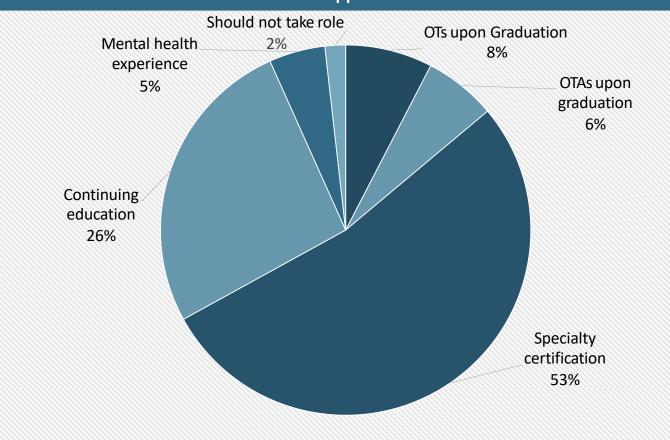
TABLE 1: Primary Aim 1 - Perspectives of Occupational Therapists in Mississippi on taking on the role of a Qualified Mental Health Provider

Question	%Agree	%Disagree
QMHP status is not something that I am interested in personally.	40.9	59.1
If I held QMHP status, I would provide more intentional psychosocial/mental health services to my clients in any setting.	88.9	11.1
Obtaining QMHP status in Mississippi would add value to the profession of occupational therapy.	92.8	7.2
Obtaining QMHP status in Mississippi would be an asset to the clients/patients that are served at my facility	85.5	14.5
Overall, obtaining QMHP status in Mississippi would be an asset to the clients/patients we serve throughout the state.	94.9	5.1
The Occupational Therapist should have QMHP status.	75.7	24.3
The Occupational Therapist Assistant should have QMHP status.	48.9	51.1
I would be willing to take extra steps to become a QMHP if required.	71.5	28.5

TABLE 2: Primary Aim 1 - Perspectives of the duties of Occupational Therapists with QMHP status

Task	%Agree	%Disagree
Screen for basic clinical diagnoses such as depression, anxiety and PTSD in any setting	91.5	8.5
Provide group therapy in any setting	87.1	12.9
Create basic self-management rehab plans in any setting, such as sleep hygiene, stress management, lifestyle management, medication management, etc	97.3	2.7
Charge/bill for time spent providing intentional psychosocial/mental health services in any setting	95.5	4.5

FIGURE 1: Primary Aim 2 and 3 - Regulations to define Occupational Therapy as a Qualified Mental Health Provider in Mississippi



METHODOLOGY

Research Design: Using an online survey, this cross-sectional study collected quantitative data from licensed occupational therapy practitioners in Mississippi on the interest and qualifications of practicing occupational therapy practitioners as qualified mental health providers.

Description of Participants: The researchers acquired a list of licensed OTs and OTAs in Mississippi and their email addresses from the state licensure board. The sample consisted of 1,732 practitioners and the individuals included in this survey met the following inclusion criteria: a licensed and practicing occupational therapist or occupational therapy assistant in Mississippi. The final sample included 210 OTs (19.6% response rate) and 44 OTAs (6.6% response rate).

Data Collection and Analysis: An electronic survey was designed and developed by the researchers. The survey was emailed to the participants and informed consent was acknowledged with the practitioner's voluntary completion of the survey. This study was reviewed and approved by the University of Mississippi Medical Center Institutional Review Board (IRB). The information and data remained anonymous throughout completion. Data analysis was performed using REDCap and SPSS ver. 27.

CONCLUSION

Overall, participants in this study support Mississippi OT moving forward to obtain QMHP status, which aligns with mission of the American Occupational Therapy Association . Different from other states, MS practitioners suggest obtaining a mental health specialty certification, in addition to the OT degree, as a benchmark for OT QMHP providers. It is unclear how OTs in other states designate QMHP; however, MS practitioners overwhelmingly support QMHP status as an occupational therapist only responsibility, excluding OT assistants. However, this could be due to the significantly larger number of OT versus OTA respondents in this study. Supplementary research could assess the value of implementation of OT's as QMHP in states in which they are already qualified based on success rates and reimbursement percentages for services rendered.

IMPLICATIONS

A practitioner task force or work group might explore next steps toward obtaining QMHP status. With QMHP status,

- Mississippians could potentially enjoy increased access to resources and availability of mental health services
- OTs could see expansion of jobs opportunities, flexibility of service provision and direct mental health reimbursement across a variety settings
- Supporters could advocate for additional mental health resources directly to the university

LIMITATIONS

- Survey format may have facilitated participants to answer without reading the full question, resulting in inaccurate depiction of participant opinions
- Inactive email addresses preventing therapists from participating in study
- Significantly larger number of OT participants than OTAs
- Small sample size affects the generalizability of results
- Potential bias due to the survey being created by the researchers