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A Research Study To Identify Gaps And Barriers To Mental Health Treatment In Natrona County

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A RESEARCH STUDY TO IDENTIFY GAPS AND BARRIERS TO MENTAL HEALTH TREATMENT IN
NATRONA COUNTY

by

Jedekiah Zean May

Nicole Harris, EdD, OTR/L & Marilyn G. Klug, PhD

An Independent Study

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Occupational Therapy Doctorate

University of North Dakota, 2022

This independent study, submitted by Jedekiah May in partial fulfillment of the requirement for the Degree of Occupational Therapy Doctorate from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Nicole Harris, EdD, OTR/L

Nicole Harris

April 6, 2022

Date

PERMISISON

Title: A Research Study to Identify Gaps and Barriers to Mental Health Treatment in Natrona County

Department: Occupational Therapy

Degree: Occupational Therapy Doctorate

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Jedekiah May

April 6, 2022

Date

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ABSTRACT

A Research Study to Identify Gaps and Barriers to Mental Health Treatment in Natrona County

Jedekiah May, OTDS, Nicole Harris, EdD, and Marilyn G. Klug, PhD.

Problem: Individuals with a mental health diagnosis in Natrona County may face many barriers to treatment, including a lack of access and a lack of providers. Furthermore, the unique cultural aspects may render available treatment undesirable to these people. Wyoming has various population level mental health challenges including a suicide rate of 24.8 per 100,000 in comparison to the national average of 14.2 per 100,000 (Kaiser Family Foundation [KFF], 2020). Mental Health America (MHA) shows Wyoming ranking 48th in the nation as a state on their access/prevalence ranking as of 2020, indicating high prevalence of mental illness with low access to care (MHA, 2022). The youth and adolescent population of Wyoming is ranked 50th nationally for adolescent mental health care (MHA, 2022). Mental health stigma and cultural values continue to play a large roll in Wyoming and other rural states when it comes to mental health treatment. An additional problem is the relative lack of occupational therapists practicing in mental health in the state, as well as the perception of occupational therapy treatment in mental health treatment. Occupational therapy for mental health treatment is cost effective, client centered, and resonates with the strong cultural values of the people of Wyoming.

Methodology: IRB approval was obtained through the University of North Dakota prior to beginning this research study. A survey was created to gauge practitioner opinions of gaps and barriers to mental health treatment in Natrona County, Wyoming. Participants were identified by website searches of mental health treatment facilities in the county, and surveys were distributed electronically. Electronic informed consent was obtained at the beginning of each

survey. A total of 42 survey responses were collected, with one survey being discarded due to incompleteness. Data from the collected surveys was then analyzed with the use of SPSS.

Results/Conclusions: Respondents overwhelmingly agreed that funding and stigma were barriers to mental health treatment in the county (85% and 90%, respectively). Additionally, 85% of respondents agreed that Natrona County lacked in post-acute mental health treatment options. When asked what they believed the primary barrier to mental health treatment in the county was, 56% of respondents identified some variation of access as the primary barrier to mental health treatment, citing lack of providers, access to providers or information, or a lack of resources. Approximately 73% identified some variation of need for additional services as the most pressing mental health treatment need in the county. While 59% of respondents indicated they understood the role of occupational therapy in mental health treatment, only 44% agreed to understanding what occupational therapy interventions in mental health look like, and 68% do not know of an occupational therapist currently working in a mental health role.

Doctoral Experiential Project

CHAPTER I

INTRODUCTION

Rationale

According to Mental Health America (MHA), in 2019 roughly 50 million American adults experienced some form of mental illness, which equates to almost 20% of the adult population (MHA, 2022). Furthermore, more than 10% of youth in the United States have severe major depression, with over 60% of these youth not receiving mental health treatment (MHA, 2022). MHA also reports that substance abuse rates have increased among adults and youth alike, with a nearly 8% adult rate and 4% youth rate of substance abuse disorder (MHA, 2022).

Treatment and access to treatment is a factor to both of these populations, in part due to a lack of adequate healthcare coverage. Roughly 11% of those in America with mental illness do not have health insurance including about 950,000 youth (MHA, 2022). These disparities are seen to a greater extent in states that are typically viewed as conservative or right-leaning, seen in examples such as Tennessee where only 12% of youth with severe depression are receiving treatment, and similarly close to 75% of youth in Texas with mental health needs not receiving treatment (MHA, 2022).

Wyoming

Wyoming, a traditionally conservative state, has various population level mental health challenges as well, including a suicide rate of 24.8 per 100,000, compared to the national average of 14.2 per 100,000 (Kaiser Family Foundation [KFF], 2020). According to MHA Wyoming ranks 48th in the nation as a state on their access/prevalence ranking as of 2020, indicating high prevalence of mental illness with low access to care (MHA, 2022). The MHA sub-category of

Youth shows that Wyoming is ranked 50th nationally for adolescent mental health care (MHA, 2022). Mental health stigma and cultural values continue to play a large roll in Wyoming and other rural states when it comes to mental health treatment. According to Joy (2009), part of this includes a belief that admittance of mental illness is a sign of weakness and that seeking treatment for mental health needs will lead to a loss of autonomy and control. Scott & Koller (2019) noted that a general dislike of government authority has led to poorer public health outcomes, as well as suspicion towards federal programs like Medicaid, which leads to less coverage for mental health treatment, and less mental health treatment overall. One of the primary concerns of Wyoming citizens is that people would become reliant on welfare programs, which goes against the cultural values of autonomy and self-reliance (Scott & Koller, 2019). A point addressed by Joy (2009) is the high suicide rate of Wyoming, which may be related to rural life itself, the boom-and-bust nature of the mineral extraction industries, and high rates of alcohol use.

Occupational therapy may provide a solution to some of these problems. In Wyoming, and Natrona County particularly, occupational therapy is extremely underutilized as a mental health treatment tool. This research project is being completed in Natrona County due to the central location of the county in the state of Wyoming, with patients from around the state coming to the county to seek services. Natrona County is home to an occupational therapy doctoral program as well as a certified occupational therapy assistant program, with many locals participating in these programs. However, the only large residential mental health facility in the county that employs an occupational therapist has no explanation of occupational therapy on their website. Additionally, there is currently only one outpatient occupational therapy clinic in the county that offers mental health services. The American Occupational Therapy Association

(AOTA) states that “occupational therapy is client centered, achieves positive outcomes, and is cost-effective” (AOTA, 2016, p. 1). Occupational therapy is a holistic field, where practitioners are taught to examine not only the person they are treating but the various environmental factors that may play a role in their diagnosis as well as other aspects of the person themselves that might be affecting positive outcomes. Occupational therapy treatment is guided by theory, which allows occupational therapists to have a framework to work from, as well as being able to show their distinct value separate from other medical fields.

Theoretical Framework

The theoretical framework chosen for this research project was the Ecology of Human Performance (EHP). This framework was chosen because it is a model with terms that are widely understood between professions. This is particularly important in the field of mental health treatment because treatment requires a multidisciplinary approach in most scenarios. The EHP model is made up of three domains, the Person, Contexts, and Tasks, and the interactions between these domains culminate in a Performance Range (Dunn, Brown, & McGuigan, 1994). In this research project, the Person domain is representative of the people in need of or seeking mental health treatment in Natrona County, Wyoming. The Contexts surrounding these people include temporal, physical, social, and cultural contexts, including the county itself and the available mental health services. The tasks in this project are represented by the availability of treatment options and the ability of those people to seek them out. Due to the low access rankings Wyoming has, the Performance Range is impacted and results in a poor range of treatment because of a lack of options.

Problem Statement

Individuals with a mental health diagnosis in Natrona County may face many barriers to treatment, including a lack of access and a lack of providers. Furthermore, the unique cultural aspects may render available treatment undesirable to these people. This results in a poor performance range when being evaluated under the lens of the EHP theoretical framework.

Hypothesis

It is hypothesized that after conducting a survey of mental health practitioners from different fields in Natrona County, that gaps and barriers to mental health treatment will be identified. Additionally, it is hypothesized that a lack of understanding of the role of Occupational Therapy can play in mental health treatment will also be prevalent.

Definition of Terms

Intervention

Interventions are what occupational therapists use to treat clients, and are defined by the World Federation of Occupational Therapists (WFOT) as “programs that are person oriented and environmental” meant to “facilitate the performance of everyday tasks and adaptation of settings in which the person works, lives, and socializes” (WFOT, 2022, p. 10)

Mental Health

The American Occupational Therapy Association (AOTA) defines mental health as a continuum, with a range of “acute mental illness or mental health challenges at one end, to mentally healthy and flourishing at the other” (AOTA, 2016, p. 2). Mental health is also considered to be in flux, and can change depending on many factors, including occupational engagement, environmental influence, needs, and more. Common mental health diagnoses include depression of varying

severity, anxiety of varying severity, substance abuse disorder, bipolar disorder, schizophrenia, personality disorders, and more.

Occupational Therapy

According to AOTA, the practice of occupational therapy is “the use of meaningful occupation to promote participation in occupations (education, play, leisure, work, social participation, activities of daily living [ADLs], instrumental ADLs, sleep and rest) within a variety of environments, such as school, home, community, work, residential, and health care settings” (AOTA, 2016, p. 1).

Occupations

Occupations are “the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do” (WFOT, 2022, p. 2).

Stigma

According to the American Psychiatric Association (APA) stigma can be broken into three types. Public stigma, which are “negative or discriminatory attitudes that others have about mental illness” (APA, 2022, p. 4). Self-stigma is “the negative attitudes, including internalized shame, that people with mental illness have about their own condition” (APA, 2022, p. 4). Institutional stigma, which is systemic, and involves “policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness” (APA, 2022, p. 4).

Summary

This project has been implemented to identify provider perceptions of gaps and barriers to mental health treatment in Natrona County, as well as gauge understanding of the role

Occupational Therapy can play in filling those gaps and overcoming the barriers. The following chapters will provide a comprehensive literature review, descriptions of the study itself, the methodology and procedures used to gather data, and an analysis of that data.

CHAPTER II

LITERATURE REVIEW

Background

A search of the Wyoming Department of Health website for mental health treatment options lists a single facility for the entirety of Natrona County. While mental health services exist in Wyoming, there is little prevalent occupational therapy based mental health treatment, especially in the post-acute and community settings. AOTA has identified the value occupational therapy brings to mental health treatment as “to improve health and quality of life through facilitating participation in occupations” and that “occupational therapy is client centered, achieves positive outcomes, and is cost-effective” (AOTA, 2016, p. 1). Occupational therapy services for mental health are especially valuable culturally to Wyoming, where a stigma towards traditional mental health therapy services exists (Joy, 2009). Using occupational therapy, activity-based interventions for mental health treatment here may be more effective and received well due to the cultural values placed on working and “doing”.

Culture

Mental health stigma and cultural values continue to play a large role in Wyoming and other rural states when it comes to mental health treatment. According to Joy (2009), part of this includes a belief that admittance of mental illness is a sign of weakness and that seeking treatment for mental health needs will lead to a loss of autonomy and control. Scott & Koller (2019) note that a general dislike of government authority has led to poorer public health outcomes, as well as suspicion towards federal programs like Medicaid, which leads to less coverage for mental health treatment and less mental health treatment overall. One of the primary concerns of Wyoming citizens is that people would become reliant on welfare programs,

which goes against the cultural values of autonomy and self-reliance (Scott & Koller, 2019). The high suicide rate in Wyoming has been identified as a major concern, and Joy (2009) theorizes that it may be related to the boom-and-bust nature of the mineral extraction industry. 21 of 23 Wyoming counties have fossil fuel production operations (Energy Information Administration [EIA], 2021), and the state of Wyoming is the largest net energy supplier state in the country. However, this industry is prone to fluctuations in demand and cost due to the global economy, and so booms and busts occur which may leave locals scrambling for employment once the energy jobs dissipate.

Current Gaps and Barriers

According to KFF, roughly 53% of adults in Wyoming who experienced unmet mental health needs was a result of the cost of treatment (2020). This was significantly higher than the national share of 39.7%. Cost of health coverage in Wyoming, in particular cost for health insurance coverage, is significantly higher than other states. According to Scott & Koller (2019), the monthly premium for a 40-year-old individual who utilizes the second lowest cost silver plan on Affordable Care Act (ACA) website was 865 dollars as of 2018. For comparison, Idaho and Colorado show monthly premium costs of the same plan at 478 and 470, respectively. This cost in healthcare coverage alone impacts the ability for those in Wyoming seeking treatment to find coverage, especially if they need to resort to paying fully out of pocket for treatment without being able to rely on insurance to co-pay.

Access to providers is another barrier identified by Scott & Koller (2019). Access is impacted in several ways; the first being the low population density and rural nature of Wyoming. Citizens seeking treatment in the state may need to travel much farther to receive care than those living in urban areas or states. Along with this, Wyoming faces a provider supply issue

(Scott & Koller, 2019) due to young professionals in the state being likely to move to neighboring states for better pay and more job opportunities. There are strategies in place to incentivize providers to staying or coming to Wyoming, such as tuition support, however the state still faces a shortage which has resulted in scope of practice legislation, allowing practitioners in some fields to qualify as mental health providers under state regulations (Scott & Koller, 2019). One profession that the scope of practice legislation has not widely included to this point, but could, is the field of occupational therapy.

Occupational Therapy in Mental Health

History

Occupational therapy began as a field in mental health in the early 20th century, when practitioners found that those with mental illness benefitted from participation in activities that were meaningful to them during treatment (AOTA, 2016). This was a stark difference to the harsh treatments for mental health at the time and provided a better, more holistic alternative for practitioners that would meet the needs of clients in a humane way. Today, occupational therapy practitioners use activities and interventions to treat a wide range of mental health disorders in a variety of settings, from inpatient facilities to schools to community settings (AOTA, 2016).

Distinct Value

Occupational therapy practitioners are distinctly valuable to mental health treatment due to the expertise they have in areas such as activity analysis, environmental analysis, psychosocial development, neurophysiology, and more. The distinct value that OT brings to intervention that should be explained to other mental health practitioners is how occupational therapists “use of evidence-based meaningful activities to promote participation in everyday life” (AOTA, 2016, p. 1).

The distinct value that occupational therapy services for mental health may provide in Wyoming is that occupational therapy treatment and interventions will resonate with the people of Wyoming and the strong cultural values placed on autonomy and self-sufficiency. The hands-on nature of occupational therapy intervention while using tasks meaningful and important to the client, will result in better outcomes and resonate culturally.

Current Research and Practice

AOTA has identified mental health as a special interest section for the occupational therapy field (AOTA, 2022). While occupational therapy has deep roots in mental health, there are currently only about 2% of occupational therapists working in mental health in the United States (Phillips, 2021). This may be in part due to misunderstanding of the role that OT can play in mental health treatment (Phillips, 2021). AOTA identifying the need for expansion in mental health occupational therapy aligns with the overall societal recognition of the importance of mental health, indicating the need for massive growth and improvement in the field of OT in this area (Phillips, 2021). Occupational therapists can address all areas of occupational performance and use many different intervention methods to address occupational performance successfully.

Evidence

In a review completed by Kirsh, Martin, Hultqvist, & Eklund (2019), seven categories of occupational therapy intervention for mental health were examined. The categories were “(1) employment or postsecondary education, (2) psychoeducation, (3) creative occupations or activity, (4) time use or occupational balance, (5) skill development, lifestyle modification, or occupational engagement, (6) group or family approaches, and (7) animal assisted therapy” (Kirsh et al., 2019, p. 111). These 7 categories will be reviewed further with supporting examples.

Employment or Postsecondary Education

Supported employment and supported education were both examined as intervention options in this category. Supported employment programs typically provide those with serious mental illness an opportunity to work with supports, depending on the needs of the participant. Some of the benefits of participation in a supported employment program include maintaining a job, a decrease in rehospitalization rates, and significantly higher job retention rates over time than those who did not participate in supported employment programs (Kirsh et al., 2019). Major et al. (2010) evaluated a program for those experiencing first-episode psychosis called VIBE (Vocational Support Within Early Intervention). They found that participants in the program had significantly better results with supported employment success, with more than a third of participants employed and 20% continuing further education at a 12-month follow-up.

Supported education programs are similar but are support programs for those seeking postsecondary education. Supported education programs include skill training, peer mentoring, and activity-based interventions (Kirsh et al., 2019). Students with mental illness who participated in supported education programs were up to ten times more likely to continue to pursue further education or training than those who did not (Kirsh et al., 2019). Schindler and Sauerwald (2013) evaluated the Bridge Program, an occupational therapy program designed to support people participating in both higher education and employment. They found an overall increase of 38% from their pre to post tests in the category of combined higher education and employment, showing a significant benefit to the program.

Psychoeducation

Psychoeducation interventions provide education and information to patients who are being treated for a mental health condition. In a study completed in Hong Kong, 81 men with

schizophrenia participated in a twelve-month psychoeducation program that included establishment of routines, leisure activities, and rest (Chan, Lee, & Chan, 2009). The participants in the experiment group showed significantly lower rates of hospital readmission, better overall health, and greater understanding of their mental illness diagnosis than those in the control group (Chan et al., 2009). While psychoeducation may show to be an effective occupational therapy intervention tool over time, the current evidence in the field is limited. However, there is evidence outside of occupational therapy that psychoeducation is effective. Xia, Merinder, and Belgamwar (2013) conducted a review of 44 trials using psychoeducation for those with schizophrenia, including data from 5142 participants. They found that relapse and readmission (to inpatient facilities) were lower in groups who received psychoeducation interventions. Also, participants in psychoeducation programs exhibited better social skills and global functioning (Xia et al., 2013). Because occupational therapists are highly trained in the areas such as establishing routines, facilitating occupational balance, and patient education, this intervention area is ideal for occupational therapists to utilize in mental health treatment.

Creative Occupations and Activity

In occupational therapy creative occupations and activity are often used for intervention and include arts and crafts, expressive activity, gardening, cooking, and more. Use of creative occupation has shown significant increases in areas such as quality of life, daily functioning, improved physical and mental health, global mental health, socialization, occupational engagement and more (Kirsh et al., 2019). In one study, Eklund (1999) completed a study involving 20 participants in the intervention group and 20 in the control group that examined efficacy of creative activities such as gardening, cooking, and art. Eklund found that the

participants in the intervention group experienced increased quality of life as well as increased occupational functioning and global mental health in relation to the control group (1999).

In a study which highlights the efficacy of activity-based intervention in comparison to talk or discussion-based therapy, Schindler (1999) found that participants in the activity group showed significant improvements in social interaction over the discussion group and control group of the study. This is further supported by a creative occupational therapy arts program which was examined by Lloyd, Wong, and Petchkovsky (2007) where the participants used different types of painting during recovery from mental illness. The participants reported increased expression, self-discovery, spirituality, empowerment, and self-validation (Lloyd et al., 2007). The use of art as a creative therapeutic outlet allowed them to process and explore their struggles to a different degree than talk therapy may have.

Creative occupations have been used in the field of occupational therapy since its inception in the early 20th century. This area of intervention has shown consistent results for many years, demonstrating consistent outcomes in comparison to some of the other categories which may not have evidence spanning such a long time period.

Time Use or Occupational Balance

Another intervention approach used by occupational therapists is a time-use intervention, which examines the way that a patient organizes their day and the activities they participate in. Time-use interventions have been used to lower stress, improve quality of life, increase mental well-being, increase daily activity, and maintain occupational balance long-term (Kirsh et al., 2019). An occupational therapy program called Let's Get Organized (LGO) was evaluated by Holmefur et al. (2019) to determine efficacy of the program in increasing time management, organization, planning, and emotional regulation skills. The participants in the study showed

significant improvement in all categories, as well as exhibiting satisfaction with daily occupations. They also saw partial improvements to some aspects of executive functioning (Holmefur et al., 2019).

Occupational balance is a subjective concept and refers to the way an individual perceives having the appropriate variation between occupations and not having too many or too few occupations to participate in (Eklund et al., 2017). Occupational therapists can facilitate positive outcomes in this area by assisting clients to find their desired balance between various occupations, which can decrease stress and lead to better mental well-being. These areas of intervention are, like psychoeducation, lacking in overall evidence volume in occupational therapy as of now but shows promise as effective intervention options.

Skill Development, Lifestyle Modification, and Occupational Engagement

Interventions in this category are broad and varying with mixed results. Kirsh et al. (2019) found that skill development interventions are effective, along with lifestyle modification interventions showing reduction of symptoms of mental illness. One area of note in a study completed by Wu (2001) involved facilitation of intrinsic motivation. The experiment group, which received occupational therapy motivation interventions, showed a significant intrinsic motivation increase over the control group who received standard occupational therapy treatment [64% to 26%] (Wu, 2001). Lambert, Harvey, and Poland (2007) completed a study involving an occupational therapy-led lifestyle approach for participants diagnosed with panic disorder. This approach included lifestyle review via self-report and diaries, education, specific lifestyle changes dependent on the needs of the individual, and monitoring and review between therapist and participant. The researchers found that using this lifestyle intervention approach was at least

as effective as typical care for this diagnosis, as well as showing a significant improvement in anxiety level over the control group at the conclusion of the study (Lambert et al., 2007).

Group or Family Approaches

Many of the previously discussed themes involved group or family intervention delivery in some format. In literature examining these categories specifically, Kirsh et al. (2019) note that the evidence is lacking. However, there may be promise for family interventions to be effective especially in the case of young adults with mental illness, and group interventions were noted to be effective for anger management (Kirsh et al., 2019). Tang (2001) evaluated another effective program that used a cognitive behavioral approach employed by an occupational therapist for treating anger management in those diagnosed with mental health problems. The program used groups of 7-10 participants over a 2-year period. Among the 64 total participants, 90% found the program helpful, and participants showed a significant reduction in intense anger episodes, coping mechanisms, and controlling their anger after treatment. Additionally, Fisher & Savin-Baden (2001) evaluated a program called TIME, which was a group protocol designed for young adults experiencing early onset psychosis. The program focused on enablement of the participants to establish meaningful occupations, goals, and lifestyles, while actively participating in the recovery process and minimizing symptom relapse (Fisher & Savin-Baden, 2001). Participants in the TIME program reported feeling empowered and supported during the program and experiencing an increase in engagement in meaningful occupations.

Animal Assisted Approaches

While there is a wealth of evidence in mental health literature from other fields involving animal assisted therapy, there are relatively few studies examining occupational therapy specifically. Zimolag and Krupa (2009) found via survey distribution that pet owners with mental

illness showed higher levels of social integration than those who were not pet owners. They found that participants in the study who owned pets showed higher rates of socialization, as well as higher engagement in meaningful activity and a higher psychological community integration than non-pet owners (Zimolag & Krupa, 2009). In a small study involving 31 participants, Ambrosi, Zaiontz, Peragine, Sarchi, and Bona (2019) examined the effectiveness of dog-assisted therapy among institutionalized elderly people with depression and anxiety. The researchers noted a statistically significant reduction in depression symptoms among those participating in dog-assisted therapy. Children and adolescents who have experienced trauma may particularly benefit from animal assisted therapies, as the animals allow them to express themselves at a lower psychological level than communicating with a therapist but a higher level than play therapy with inanimate toys would (Bachi & Parish-Plass, 2017). Although there is relatively little occupational therapy-based animal assisted therapy research, the available evidence from other fields suggest potential for use as a valid and effective intervention method.

Conclusion

Occupational therapy has a rich history in mental health, and there are many potential intervention options that occupational therapists could use for a variety of diagnoses. Wyoming has various population level mental health challenges, including a high suicide rate, high levels of unmet need, and a lack of qualified providers. While there are currently few occupational therapy practitioners specializing in mental health treatment, the state has the opportunity to draw from two occupational therapy programs located in Casper, Wyoming, to recruit practitioners to the field. Furthermore, the unique activity focused nature of occupational therapy has the chance to appeal to the cultural values of Wyoming, by providing an action-oriented alternative to traditional talk therapy. The following chapters will provide an overview of the

methodology of this research project, the results of the research, and a summary and discussion of those results.

CHAPTER III

METHODS

Participants

This study targeted mental health providers in the Natrona County geographical area. The participants in the study were contacted via email, which contained a link to a survey they then completed. Facilities and practitioners were identified as potential survey respondents based on whether they provided mental health services, which was determined by website searches. Inclusion criterion for survey participants included providing mental health treatment and practicing in Natrona County. Exclusion criteria included not working in mental health treatment and not practicing in Natrona County. Survey links were sent to 18 different facilities, resulting in a total of 42 responses recorded with one response being discarded due to incompleteness. Age range of participants was 21-66 with a mean age of 41. Participants listed professions including certified occupational therapy assistant (COTA), social worker, mental health counselor, nurse practitioner, physician assistant, psychiatric nurse practitioner, and physician.

Procedure

Human subject approval was obtained from the University of North Dakota Institutional Review Board (UND IRB) prior to beginning the project, located in Appendix A. Surveys created in Qualtrics were sent to practitioners who worked in mental health treatment in Natrona County via email. An electronic consent form was included at the beginning of each survey. The consent form can be found in Appendix B. Survey responses were collected for two weeks. Data collection from the surveys was completed electronically with the use of Qualtrics software.

Measures

An electronic survey was designed by the researchers in accordance with UND IRB protocols to gauge provider perceptions of gaps and barriers to mental health treatment in Natrona County, while simultaneously attempting to gauge familiarity with OT mental health treatment and intervention. The survey included 11 questions, with five questions using a Likert scale format and two being open answer, and the other questions identifying profession, age, and gender. After answering profession, age, and gender questions, participants were asked if funding and stigma were barriers to mental health treatment, and then asked their opinion about the largest gaps or barriers to treatment. Participants were then asked if Natrona County was lacking in post-acute mental health treatment options, along with being asked their opinions on the most pressing mental health treatment needs in the county. The final section of the survey included questions about occupational therapy in mental health, and asked participants their level of familiarity with OT role in mental health, OT intervention in mental health, and whether they know an OT working in a mental health setting. The PDF version of the survey can be found in Appendix C.

Tools for Data Analysis

This research study used a mixed methods survey design, incorporating both qualitative and quantitative data. Data was analyzed using the Statistical Package for the Social Science (SPSS). The qualitative data collected included practitioners' personal opinions of what the largest barriers to mental health treatment in the county were, as well as what the most pressing mental health needs of the county. Some of the quantitative data collected included age, profession, familiarity with the role of occupational therapy in mental health treatment, and if funding, access, or stigma were barriers to mental health treatment in the county.

This research project was completed with the assistance of a statistician. Through the use of SPSS software, data was analyzed and made into graphs to illustrate the findings. The questions in the survey did not ask for identifying information. All survey answers and data will be stored electronically in Qualtrics and only be accessible by the researchers. All survey responses were received will be treated confidentially and stored on a secure server. The following chapter will provide a detailed overview of the results obtained from both the quantitative and qualitative measures.

CHAPTER IV

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

Presentation, Analysis, and Interpretation of Data

This research project was conducted to examine practitioner opinions on gaps and barriers to mental health treatment in Natrona County, as well as their understanding of the role occupational therapy plays in mental health treatment. An electronic survey was distributed to mental health practitioners in the county to determine their perceptions of mental health treatment gaps and barriers.

Demographics

A total of 41 respondents completed the electronic survey. Of these, six identified as male and 35 identified as female. Ages ranged from 21 to 66, with an average age of 40.69.

Table 1

Participant Age

	N	Minimum	Maximum	Mean	Std. Deviation
What is your age?	39	21	66	40.69	11.674
Valid N (listwise)	39				

One physician responded to the survey, along with seven nurse practitioners, two physician assistants, and two certified occupational therapy assistants (COTA). Eight of the respondents identified themselves as either a licensed professional counselor (LPC) or a mental health counselor, and seven identified as mental health therapist or simply therapist. The remaining 14 respondents were social workers.

Analysis of Data

Data analysis of descriptive statistics as well as generation of graphs and tables was completed with the use of SPSS. Five of the questions asked in the survey used a Likert scale of 1 through 5. A score of 1 on the Likert scale meant the participant “Strongly agreed” with the statement, while a score of 2 meant “Somewhat agreed”. A score of 3 indicated a response of “Neither agree nor disagree”. A score of 4 indicated a “Somewhat disagree” response while a score of 5 meant the participant “Strongly disagreed” with the statement.

Figure 1 shows the frequencies of answers to the statement “Funding is a barrier for comprehensive mental health treatment options in Natrona County”, of which 85% of respondents either agreed or strongly agreed to. It was hypothesized at the beginning of this research project that participants in the survey would agree that funding was a barrier for comprehensive mental health treatment in the county. Only three respondents indicated that they disagreed or strongly disagreed with funding being a barrier to mental health treatment.

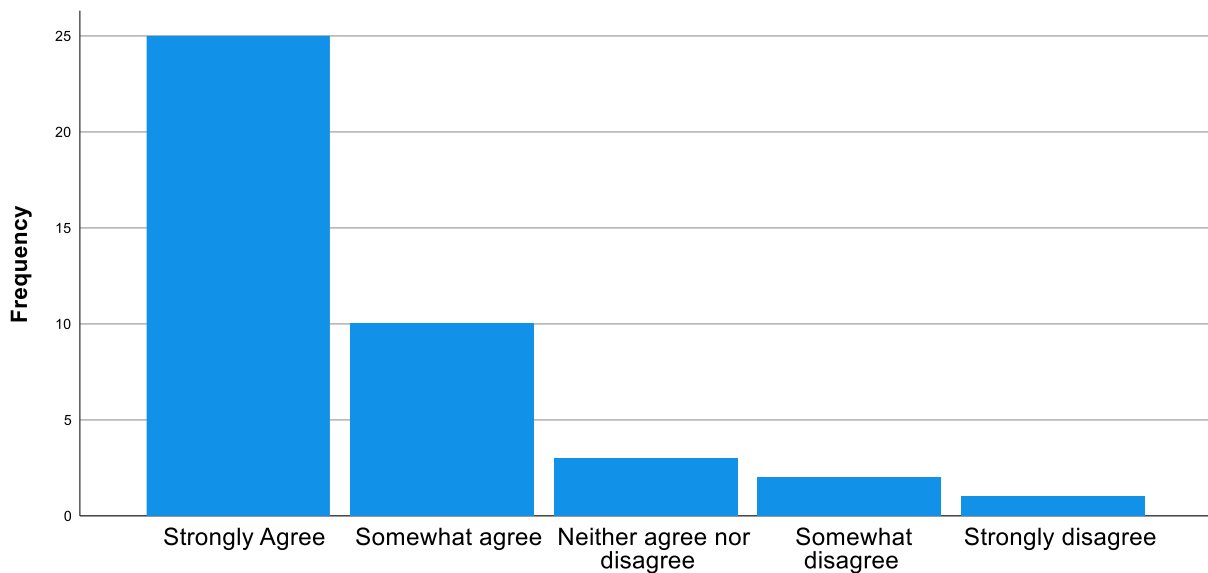


Figure 1. *Frequencies of Funding Barrier Agreement*

An additional hypothesized barrier was that of mental health stigma, and the role it plays in keeping people from seeking treatment. Figure 2 shows the frequencies of answers to the statement “Mental health stigma is a barrier to how people in Natrona County seek out mental health treatment”. Approximately 90% of respondents agreed or strongly agreed with this hypothesis. Two respondents indicated that they neither agreed nor disagreed, and two respondents somewhat disagreed that mental health stigma was a barrier to mental health treatment in Natrona County.

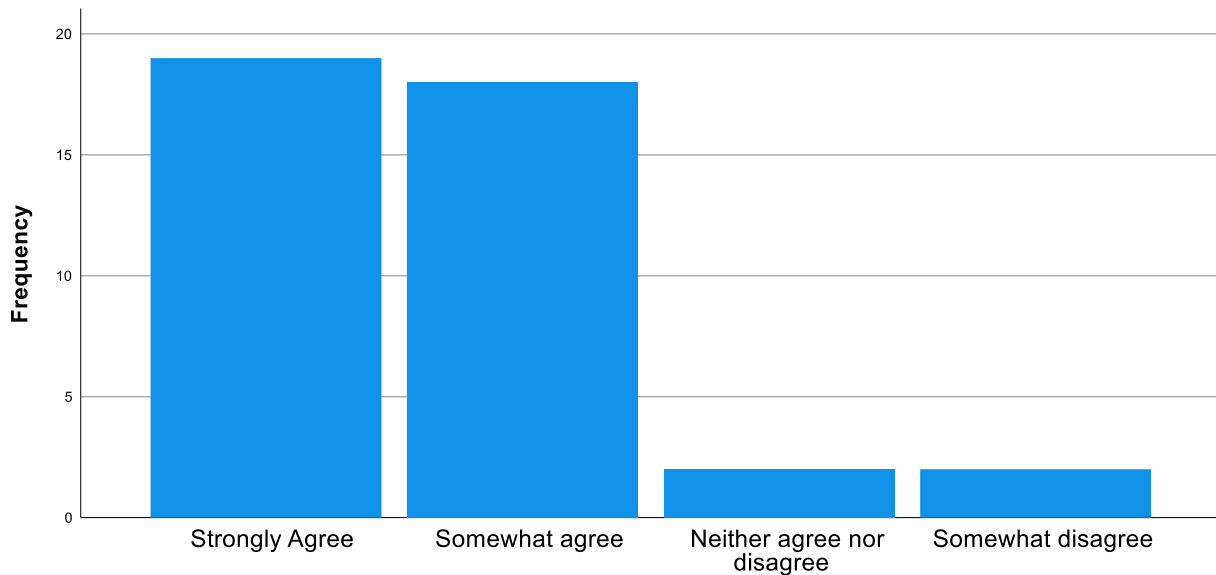


Figure 2. *Frequencies of Mental Health Stigma Agreement*

Another hypothesis of this research project was that post-acute mental health treatment options were lacking in Natrona County. Participants were asked whether they agreed to the statement “Natrona County is lacking in post-acute mental health treatment options, such as outpatient or intensive outpatient mental health treatment.” Figure 3 shows the frequencies of answers to this statement. Roughly 85% of respondents either strongly agreed or somewhat agreed. Three respondents indicated somewhat disagreeing or strongly disagreeing with the statement that post-acute treatment options were lacking in the county.

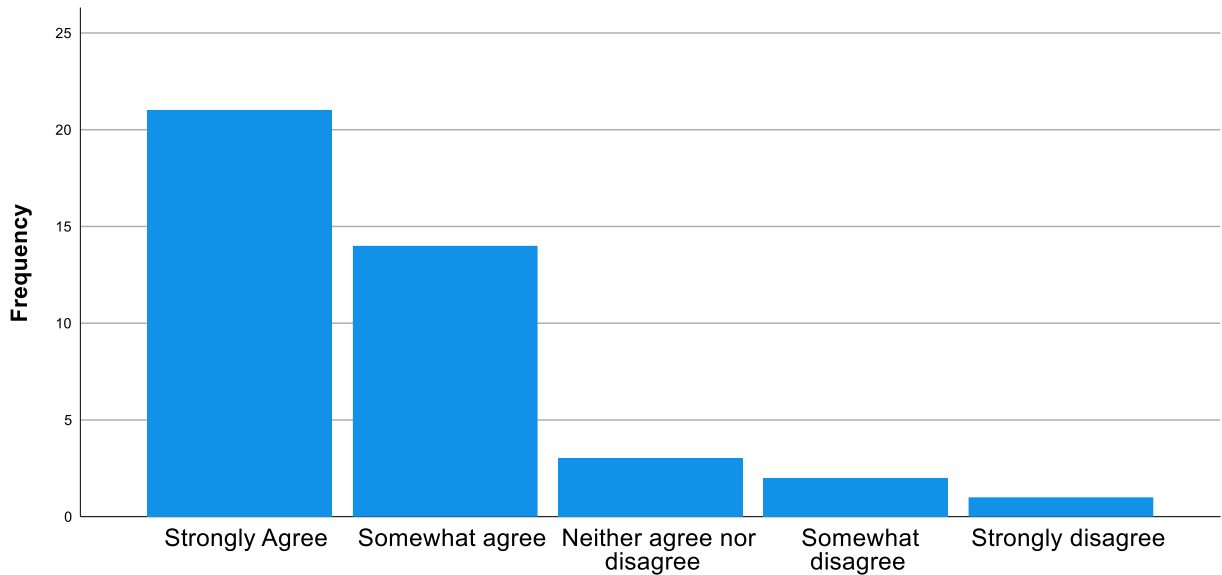


Figure 3. *Frequencies of Post-Acute Treatment Option Agreement*

Analysis of Open Questions

To gauge individual opinions of the primary barriers to mental health treatment in the county, participants were asked “What are the largest barriers to comprehensive mental health treatment in Natrona County?” Some respondents listed a single answer, but many gave several examples of different barriers that exist in the county. 23 respondents (56%) identified some variation of access as the primary barrier to mental health treatment, citing lack of providers, access to providers or information, or a lack of resources. Cost was another factor that was often cited, with 11 respondents identifying affordable care, lack of insurance coverage for mental health treatment, and high medication or treatment costs as primary barriers. Six respondents to the survey noted communication as a primary barrier, including communication of available services and continuity of care. Funding specifically was identified by six respondents as well, and six respondents identified mental health stigma as a primary barrier.

Provider perceptions of specific mental health treatment needs were then explored, with survey participants being asked “What are the most pressing mental health treatment needs in

Natrona County?” 30 respondents (73%) identified some variation of need for additional services as the most pressing need in the county. Some of these services identified as being needed included community-based treatment, additional inpatient and outpatient treatment, community support programs, adolescent support programs, suicide prevention services, substance abuse services, and transitional services for the space between inpatient and outpatient care. Access to care was identified as a primary need by seven respondents, with lack of transportation and financial barriers being noted as well. Adolescent or youth treatment needs were identified by eight respondents, including support groups, substance abuse treatment, outpatient and inpatient services, and suicide prevention. One respondent cited the need for a community-wide culture shift regarding mental health.

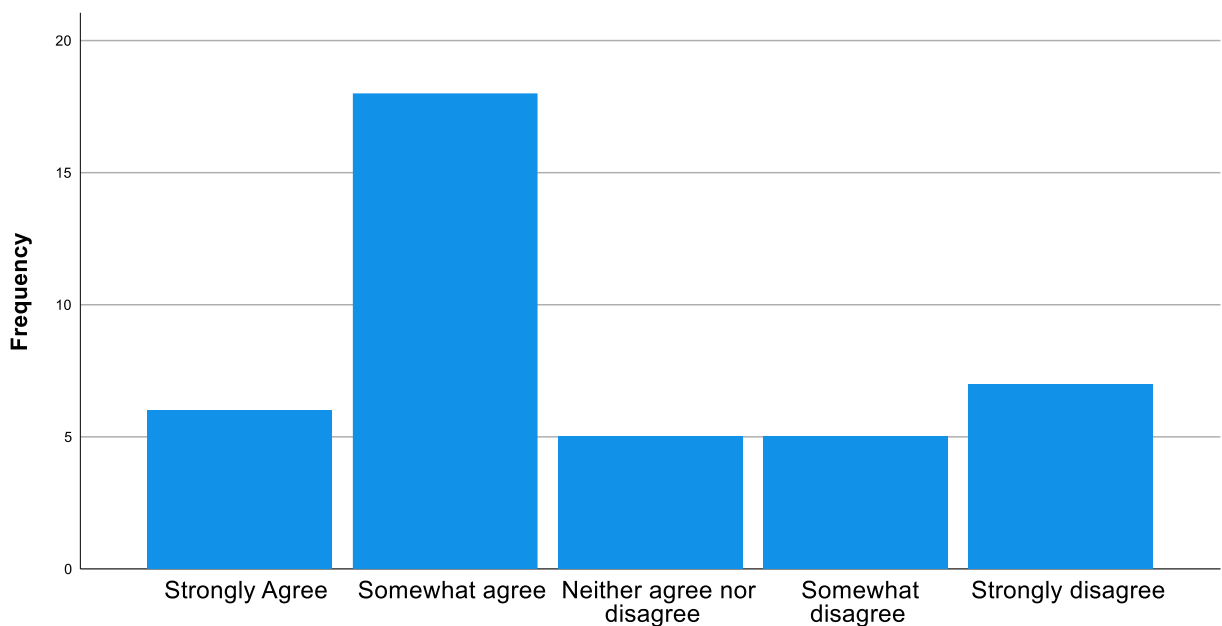


Figure 4. *Frequencies of Understanding of Role of Occupational Therapy Agreement*

To evaluate practitioner familiarity with occupational therapy, respondents were asked to what level they agreed with the statements “I understand the role of an Occupational Therapist (OT) in mental health treatment” and “I am familiar with OT facilitated, activity-based mental

health interventions”, as well as whether they knew any occupational therapists working in a mental health treatment role. As seen in figure 4, approximately 59% of respondents either agreed or strongly agreed that they understood the role of an occupational therapist in mental health treatment, and 44% agreed or strongly agreed to being familiar with occupational therapy interventions.

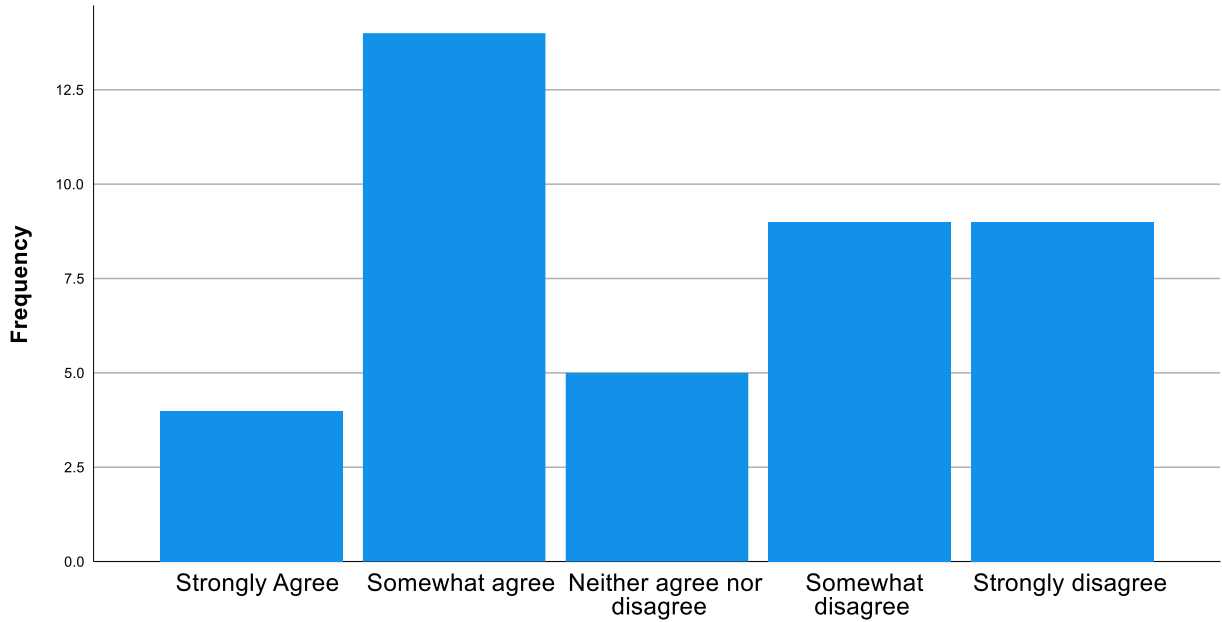


Figure 5. *Frequencies of Familiarity with Occupational Therapy Intervention Agreement*

44% of respondents somewhat or strongly disagreed to being familiar with occupational therapy interventions, and 29% somewhat or strongly disagreed to understanding the role of occupational therapy in mental health treatment as shown in figure 5. The final question asked in the survey was “Do you know any occupational therapists currently working in a mental health treatment role?” 13 respondents indicated that they currently know an occupational therapist working in a

mental health treatment role, while 28 respondents indicated that they do not (see figure 6).

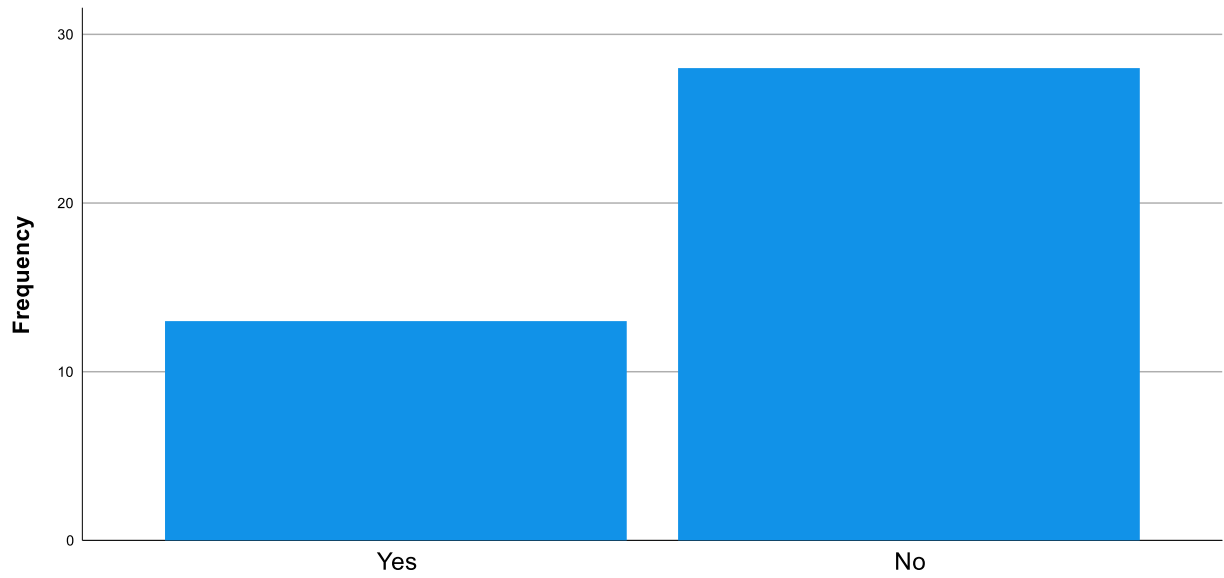


Figure 6. *Frequencies of Knowing an Occupational Therapy in a Mental Treatment Health Role*

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of Findings

The state of Wyoming has various population level mental health challenges including a suicide rate of 24.8 per 100,000, compared to the national average of 14.2 per 100,000 (KFF, 2020). According to MHA, Wyoming ranks 48th in the nation as a state on their access/prevalence ranking as of 2020, indicating high prevalence of mental illness with low access to care (MHA, 2022). The MHA sub-category of Youth shows that Wyoming is ranked 50th nationally for adolescent mental health care (MHA, 2022).

This research project used an electronically distributed survey to gauge provider perceptions of mental health treatment gaps and barriers that exist in Natrona County. Surveys were distributed to practitioners in fields that dealt with patients who experienced mental health needs or diagnoses, such as psychiatrists, mental health counselors, social workers, and therapists.

It was hypothesized that practitioners would identify funding and stigma as barriers to mental health treatment in Natrona County. 85% of respondents agreed that funding was a barrier to mental health treatment, and 90% agreed that stigma was a barrier. Only three respondents disagreed that funding was a barrier, and only two disagreed that mental health stigma was a barrier. This demonstrates that mental health care practitioners believe that stigmas do function as a barrier to treatment in the county.

An additional hypothesis was that practitioners would cite post-acute, outpatient treatment for mental health patients as a need in the county, to which 85% of respondents agreed. The majority (51%) of this category selected “Strongly agree” to the statement that post-acute

outpatient treatment was lacking. This shows that practitioners in the county agree that post-acute outpatient treatment options are lacking.

The final hypothesis of the research project was that practitioners would not understand the role of occupational therapy in mental health, occupational therapy interventions, or know many occupational therapists working in a mental health role. While 59% indicated they understood the role of occupational therapy in mental health treatment, only 44% agreed to understanding what occupational therapy interventions in mental health look like, and 68% do not know of an occupational therapist currently working in a mental health role. With respondents representing many facilities in the community this points to the fact that occupational therapy is not being represented within the community.

Occupational Therapy as a Solution

Occupational therapy provides a solution to each of the barriers and needs identified during this research project. In addition to funding and mental health stigma, 56% of respondents identified access as a barrier to treatment in the county, with many of those citing a lack of qualified professionals. Occupational therapy practitioners are distinctly valuable to mental health treatment and can fill this gap. With the expertise they have in areas such as activity analysis, environmental analysis, psychosocial development, neurophysiology, and more, occupational therapists are well suited to serve as mental health treatment providers (AOTA, 2016). Occupational therapists use evidence based, client centered interventions that will resonate more culturally with the people of Wyoming than traditional mental health treatment.

Furthermore, occupational therapy can fill the need identified for outpatient and transitional mental health services. The skill set of occupational therapists is suited perfectly to assist patients transitioning from an inpatient or intensive care facility to everyday life, with the

focus occupational therapy has on activities of daily living and instrumental activities of daily living. Additionally, the services identified from the surveys that are needed can all be satisfied by trained occupational therapists, such as community-based treatment, additional inpatient and outpatient treatment, community support programs, adolescent support programs, suicide prevention services, substance abuse services, and transitional services. Community-based treatment can be provided in the form of group or family approaches. Outpatient mental health occupational therapy treatment can make use of creative occupations or occupational balance, as well as other effective approaches. Occupational therapy can be used to assist those with a substance abuse diagnosis to modify lifestyles and find occupational balance without the use of the problem substances. In transitional services, occupational therapists can help those transitioning from an intensive setting to an outpatient setting using all of these strategies, as well as assisting them to pursue supported employment or education opportunities.

With funding and cost being identified as barriers to treatment by many of the respondents to the survey, it is important to note that occupational therapy is cost effective (AOTA, 2016). Another need identified by 73% of respondents was for additional providers, and with both an occupational therapy doctoral program and an occupational therapy assistant program in the county, these providers could easily come from close to home. This may also help in addressing the mental health stigma barrier, as practitioners who are locals will understand the local culture and values.

Conclusion

This research study showed that providers of mental health services recognized the barriers and needs that Natrona County residents face. A large majority of respondents identified funding, mental health stigma, and lack of services as barriers and needs to mental health

treatment in Natrona County as hypothesized. Furthermore, additional barriers and needs were identified, such as a lack of qualified treatment providers, cost of services, available services, and access. By utilizing occupational therapists as mental health providers in Natrona County, many of these barriers and needs can be overcome. Occupational therapists are uniquely qualified to fill these roles, provide holistic and client centered treatment, and use activity-based intervention strategies that will resonate culturally with the people of Natrona County.

Limitations

This study was completed in a small geographical area and findings may not be representative of other rural communities. 70% of respondents work in similar roles. Additional physician responses would have added more insight from that profession. Many of the participants work in the one facility in the county that employs a mental health occupational therapist; had this facility been excluded from the surveys, it is likely that very few survey respondents would have indicated understanding the role of occupational therapy in mental health or knowing a practicing mental health occupational therapist.

Recommendations

For future expansion on this research project, it is recommended that a mental health occupational therapy program of some type be put in place and piloted in the county to gauge efficacy and determine how it resonates culturally with participants. Additional research could be conducted with patients in Natrona County seeking mental health services to understand their views of what gaps and barriers are to comprehensive mental health treatment. Another recommendation would be to try to incentivize completion of the survey or to directly go and interview providers in person where possible, due to the lack of responses from providers such as psychiatrists, primary care practitioners, and emergency medicine practitioners.

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APPENDICES

APPENDIX A: IRB Approval

UND IRB Approval Letter for Exempt Protocol

no-reply@erac.und.edu <no-reply@erac.und.edu>

Wed 11/3/2021 11:41 AM

To: Harris, Nicole <nicole.c.harris@und.edu>

Cc: May, Jedekiah <jedekiah.may@und.edu>

Division of Research & Economic Development Office of Research Compliance & Ethics

Principal Investigator: Nicole Catheryn Harris

Protocol Title: A Research Study to Identify Gaps and Barriers to Mental Health Treatment in Natrona County

Protocol Number: IRB0003952

Protocol Review Level: Exempt 2

Approval Date: 11/03/2021

Expiration Date: 11/02/2024

The application form and all included documentation for the above-referenced project have been reviewed and approved via the procedures of the University of North Dakota Institutional Review Board.

If you need to make changes to your research, you must submit an amendment to the IRB for review and approval. No changes to approved research may take place without prior IRB approval.

This project has been approved for 3 years, as permitted by UND IRB policies for exempt research. You have approval for this project through the above-listed expiration date. When this research is completed, please submit a termination request to the IRB.

Sincerely,

Michelle L. Bowles, M.P.A., CIP

she/her/hers

Director of Research Assurance & Ethics

Office of Research Compliance & Ethics

Division of Research & Economic Development

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UNIVERSITY OF NORTH DAKOTA
Institutional Review Board Study Information
Sheet

Title of Project: A Mixed Methods Research Study to Identify Gaps and Barriers to Mental Health Treatment in Natrona County

Principal Investigator: Nicole Harris, EdD, OTR/L (307) 268-3126 nicole.c.harris@und.edu

Co-Investigator(s): Jedekiah May, OTD-S, jedekiah.may@und.edu

Advisor: Marilyn Klug, PhD, (701) 777-6770, marilyn.klug@und.edu

Purpose of the Study: The purpose of this research study is to identify provider perceptions of mental health treatment

gaps and barriers in Natrona County, Wyoming, while simultaneously examining provider understanding of occupational therapy and the role it can play in mental health treatment.

Procedures to be followed: You will be asked to answer 11 questions on the provided survey.

Risks: There are no risks in participating in this research beyond those experienced in everyday life.

Benefits: This research may generate information about gaps and barriers to mental health treatment in Natrona County and be used to justify services for filling those gaps.

Duration: This survey will take 3–5 minutes to complete.

Statement of

Confidentiality: The questions in this survey will not ask for identifying information. All survey answers and data will be stored electronically in Qualtrics and only be accessible by the researchers. All survey responses that we receive will be treated confidentially and stored on a secure server.

However, given that the surveys can be completed from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which you choose to enter your responses. As a participant in our study, we want you to be aware that certain "key logging"

software programs exist that can be used to track or capture data that you enter and/or websites that you visit.

Right to Ask Questions: The researchers conducting this study are Nicole Harris, Jedekiah May, and Marilyn Klug. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Nicole Harris at (307) 268-3126 during the day. If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279 or UND.irb@UND.edu. You may contact the UND IRB with problems, complaints, or concerns about the research. Please contact the UND IRB if you cannot reach research staff, or you wish to talk with someone who is an informed individual who is independent of the research team.

General information about being a research subject can be found on the Institutional Review Board website “Information for Research Participants”

<http://und.edu/research/resources/human-subjects/research-participants.html>

Compensation: You will not receive compensation for your participation

Voluntary Participation: You do not have to participate in this research. You can stop your participation at any time.

You may refuse to participate or choose to discontinue participation at any time without losing any benefits to which you are otherwise entitled. You do not have to answer any questions you do not want to answer. You must be 18 years of age or older to participate in this research study. Completion and return of the survey implies that you have read the information in this form and consent to participate in the research. Please keep this form for your records or future reference.

APPENDIX C: Survey

What is your age?

Gender?

Male

Female

Non-binary / third gender

Prefer not to say

What is your profession?

Funding is a barrier for comprehensive mental health treatment options in Natrona County.

- Strongly Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Mental health stigma is a barrier to how people in Natrona County seek out mental health treatment.

- Strongly Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

What are the largest barriers to comprehensive mental health treatment in Natrona County?

Natrona County is lacking in post-acute mental health treatment options, such as outpatient or intensive outpatient mental health treatment.

- Strongly Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

What are the most pressing mental health treatment needs in Natrona County?

I understand the role of an Occupational Therapist (OT) in mental health treatment.

- Strongly Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

I am familiar with OT facilitated, activity-based mental health interventions.

- Strongly Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Do you know any occupational therapists currently working in a mental health treatment role?

- Yes
- No