

Name: Mental Health Treatment Facility Access

Short Description: Spatial accessibility of mental health treatment facilities, weighted by the range of facility offerings available.

Data Source(s):

- **Name:** Substance Abuse and Mental Health Services Administration (SAMHSA), Behavioral Health Treatment Services Locator
- **Link to Source:** <https://findtreatment.samhsa.gov/locator.html>

Year(s): 2021 (as of May 18)

Geographic Level: Latitude/Longitude

Stratification: Not applicable to facilities

Selection Rationale: Access to mental health providers and treatment is necessary to meet mental health needs in a community. Use of healthcare facilities is greatly affected by the relative distance a patient must travel to get to a treatment center.¹ This is especially true for patients who rely on public transportation and patients in rural and remote areas. Individuals living in poverty are more likely to suffer from common mental disorders, but less likely to have access to reliable transportation and the resources needed to receive telehealth services.² Additionally, non-Hispanic White adults are more likely than non-Hispanic Black and Hispanic adults to have received mental health treatment in the past year.³ This underscores the importance of considering proximity to treatment facilities for underserved populations. The brick-and-mortar landscape of mental health treatment facilities is an important factor impacting the accessibility of treatment in an area.

Strengths and Limitations

- **Strengths:**
 - *[Importance]* A lack of treatment facilities in a community signals limited capability to meet mental health needs. Travel distance to a treatment facility is an important indicator of access to and use of treatment, particularly for populations that are underserved.

¹ Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of Community Health*, 38(5), 976–993. <https://doi.org/10.1007/s10900-013-9681-1>

² Knifton, L., & Inglis, G. (2020). Poverty and mental health: policy, practice and research implications. *BJPsych Bulletin*, 44(5), 193–196. <https://doi.org/10.1192/bjb.2020.78>

³ Terlizzi, E., & Zablotsky, B. (2020). *Mental Health Treatment Among Adults: United States, 2019*. National Center for Health Statistics. <https://www.cdc.gov/nchs/data/databriefs/db380-H.pdf>

- [Relevance and Usability] SAMHSA provides coordinate data (longitude and latitude) for the location of all facilities, allowing for accurate measurement of spatial accessibility.
 - [Relevance and Usability] Spatial accessibility and the range of facility offerings available directly affect an individual's ability to receive treatment. These data may help inform decisions about availability and accessibility of treatment centers and resources.
 - [Equity] These data from SAMHSA include detailed information about services offered at facilities—including non-English language options, specialty support groups (for LGBTQ or formerly incarcerated individuals, for example), and payment assistance options. The presence or absence of these services at a facility speaks to the relative accessibility, especially for those for whom English is not their first language, paying for services is a challenge, or stigma is a significant barrier to treatment-seeking. The importance of culturally centered care for addressing racial disparities has been well-documented.⁴
 - [Feasibility] SAMHSA updates the facility locator with new facilities monthly and updates information about existing facilities annually. These data are pulled from the yearly National Mental Health Services Survey. Smaller facility changes (name, address, phone number, available services) are updated weekly. The data are publicly accessible and can be obtained directly from the SAMHSA facility locator website.⁵
- **Limitations:**
 - [Relevance and Usability] This dataset does not provide information on the number of providers or the relative capacity at each facility.
 - [Equity] Treatment organizations that do not receive SAMHSA funding, or those that use non-traditional methods of care may not be included in this dataset.

Calculation:

The mental health treatment facilities access measure uses the two-step floating catchment area method (2SFCA) to determine spatial accessibility and incorporates facility weights based on four dimensions of quality (described below).

The 2SFCA is a method initially developed by researchers to measure spatial accessibility to primary care physicians. It calculates ratios of behavioral health facilities to residents within a service area centered at a facility's location (step 1) and subsequently sums the ratios for

⁴ Holden, K., McGregor, B., Thandi, P., Fresh, E., Sheats, K., Belton, A., Mattox, G., & Satcher, D. (2014). Toward culturally centered integrative care for addressing mental health disparities among ethnic minorities. *Psychological Services*, 11(4), 357–368. <https://doi.org/10.1037/a0038122>

⁵ Substance Abuse and Mental Health Services Administration. *Locator Map*. <https://findtreatment.samhsa.gov/locator.html>

residents located in areas where different provider services overlap (step 2). The larger the summed proportion is, the better facility accessibility, given a geographic location.⁶

Facility weights are determined by examining facility attributes along four dimensions of quality: Access, Continuum of Treatment, Continuum of Care, and Special Groups of Focus.

- Access is evaluated by examining the types of payment accepted and language services offered.
- Continuum of Treatment is evaluated by examining the range of treatment services offered, including testing, treatment, transition from care, and recovery services and support.
- Continuum of Care is evaluated by examining the range of additional services offered, including housing, employment, education, peer support services, social skills, financial support and education, and crisis services.
- Special Groups of Focus is evaluated by examining provision of services to specific populations based on condition, age, or other defining features.

⁶ Luo, W., & Wang, F. (2003). Measures of spatial accessibility to health care in a GIS environment: synthesis and a case study in the Chicago region. *Environment and Planning B: Planning and Design*, 30(6), 865–884.
<https://doi.org/10.1068/b29120>