**Name**: Mental Health Treatment Facility Access

**Short Description**: Spatial accessibility of mental health treatment facilities.

**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, Zipcode

**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]](#footnote-2) 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]](#footnote-3) Additionally, non-Hispanic white adults are more likely than non-Hispanic Black and Hispanic adults to have received mental treatment in the past year.[[3]](#footnote-4) 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.
  + [*Relevance and Usability*] The number of treatment centers in an area is easily understandable and directly affects an individual’s ability to receive treatment for a mental health disorder. This data may help inform decisions about allocation of new mental health 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 speak to its relative accessibility, especially 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]](#footnote-5)
  + [*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 (N-MHSS). 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]](#footnote-6)
* **Limitations**:
  + [*Scientific Soundness*] Facilities may not submit information to SAMHSA accurately or in a timely manner, which will affect the sensitivity of the data. Because the data is pulled at the aggregate level, facilities will not be categorized by the type of mental health treatment they provide or whether they are in fact accepting new patients. Additionally, this dataset also does not provide information on the number of providers at each facility, which would aid in evaluating the capacity of facilities.
  + [*Equity*] – Pulled data does not have information about availability for treatment at the listed facilities, which greatly influences access to care. Additionally, smaller scale community based treatment organizations may not be included in this dataset.

**Default Weight**:5% (*see Weighting Documentation for details on how default weights were assigned*)

**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 quality attributes.

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 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]](#footnote-7).

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.

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> [↑](#footnote-ref-2)
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> [↑](#footnote-ref-3)
3. <https://www.cdc.gov/nchs/products/databriefs/db380.htm> [↑](#footnote-ref-4)
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> [↑](#footnote-ref-5)
5. Available at <https://findtreatment.samhsa.gov/locator.html> [↑](#footnote-ref-6)
6. Luo, W., & Wang, F. (2003). Spatial accessibility to primary care and physician shortage area designation: a case study in Illinois with GIS approaches. In Geographic information systems and health applications (pp. 261-279). IGI Global. [↑](#footnote-ref-7)