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Title

Spatial Social Polarization and Access to Mental Health Services

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Identifying priority geographies based on race/ethnicity and mental health distress can allow for targeted approaches to increase access to care, particularly through the integration of primary care and behavioral health. Spatial social polarization refers to the hyper-concentration of a subgroup within an area. Objective: To explore spatial social polarization and mental health status across urban, suburban, and rural areas in the U.S. Additional aims include identifying priority areas within major metropolitan regions based on spatial social polarization and poor mental health and exploring access to safety net mental health services in these areas. Study Design and Analysis: Spatial social polarization was defined using the index of concentration at the extremes (ICE). We combined race and income spatial polarization for census tracts and stratified them by quintile. Next, we created rate ratios of self-rated mental health status across the five spatial social polarization quintiles using the lowest quintile (wealthy, white) as the reference value and explored these rate ratios across urban, suburban and rural areas. Next, we explored spatial social polarization, mental health, and the availability of mental health services for the three largest metropolitan regions. We used geographic information systems (GIS) to identify priority census tracts based on social polarization and poor mental health and map the location of safety-net mental health facilities on priority areas. Datasets: CDC PLACES; American Community Survey; SAMHSA Behavioral Health Services Locator. Population Studied: U.S. Census Tracts. Outcome Measures: Self-rated mental health status; percent black; percent in poverty. Results: Census tracts with concentrations of poor, black populations have higher rates of poor mental health status when compared to census tracts with wealthier, white populations. Geographic clusters of priority areas were identified in three major metropolitan areas (New York, Los Angeles, and Chicago). The maps and data suggest that these priority areas have less access to safety-net mental health services. Conclusions: Urban neighborhoods (tracts) with high levels of racialized economic segregation and poor mental health, are less likely to have adequate access to mental health treatment resources. Allocation of future resources, particularly integrative behavioral health, should take into consideration the distribution of racialized economic segregation.