Submission Id: 3580

Title

Targeting High-Need, High-Minority Geographies for Behavioral Health

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Preliminary analyses suggest that regions with high levels of poor mental health and larger minority populations have less access to mental health services. This is consistent with literature on disparities in mental health access for minority populations, highlighting the importance of integrating primary and behavioral health care for improving access to care. Objective: To identify priority areas for addressing health inequities in access to behavioral health care. Specific aims include identifying high-need areas based on poor mental health and race/ethnicity and exploring integrative behavioral health care capacity in these areas. Study Design and Analysis: Geographic information systems (GIS) were used to create quartile maps for counties based on race/ethnicity and poor mental health. Co-location mapping was then used to identify areas in the top quartile for both mental health need and large minority populations. Substance Abuse and Mental Health Services Administration (SAMHSA) integrative primary care facilities and primary care and mental health providers were then mapped onto these areas. Setting/Datasets: Centers for Disease Control and Prevention (CDC) PLACES; American Community Survey; SAMHSA Behavioral Health Services Locator; National Provider and Plan Enumeration System (NPPES). Population Studied: U.S. counties excluding Puerto Rico (n=3,143). Outcome Measures: Frequent mental health distress – respondents reporting 14 or more days in the last month where mental health was not good; percent black alone; integrative primary care SAMHSA facilities per 100,000 population; primary care providers per 100,000; mental health providers per 100,000. Results: Co-located counties with poor mental health and larger black populations are concentrated in the southeast and Mississippi Delta region. In addition to having higher rates of poverty, unemployment, and other challenges related to social determinants of health, these counties have less access to primary care, mental health providers, and integrative primary care facilities. Conclusions: This research integrates multiple data sources and uses a co-location mapping approach to highlight disparities for black populations in accessing mental health care services and the potential for increasing integrative behavioral health in high-need areas. Future research will explore co-location mapping methods to identify integrative behavioral health capacity for other minority population groups.