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Non-Metropolitan and Metropolitan Trends in Mental Health Treatment Availability in Community Health and Community Mental Health Centers


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Non-Metropolitan and Metropolitan Trends in Mental Health Treatment Availability in Community Health and Community Mental Health Centers

Tyrone F. Borders, PhD; Timothy Williams, DrPH; Katie Youngen, MPH; Julia Cecil, MBA, MA

Key Findings

- The supply of community mental health centers (CMHCs) decreased substantially from 2000 to 2019 and became nearly non-existent in non-metropolitan counties.
 - The number of CMHCs in non-metropolitan counties declined from 182 to 15.
 - The number of CMHCs in metropolitan counties declined from 582 to 104.
- The supply of community health centers (CHCs) offering mental health services increased substantially over the same time period, or from 2000 to 2019.
 - The number of CHCs in non-metropolitan counties increased from 184 to 573.
 - The number of CHCs in metropolitan counties increased from 126 to 797.

Background and Purpose

Nearly one in five U.S. adults have a mental illness (52.9 million in 2020) and 54% did not receive mental health services in the past year.^{1,2} Although prior research yielded no evidence of geographic differences in the prevalence of mental illness,³ mental health treatment access is poorer in non-metropolitan compared to metropolitan communities. Rurality of residence is associated with higher unmet need for mental health treatment⁴ and non-metropolitan counties have fewer mental health professionals than metropolitan counties.^{5,6}

Community mental health centers (CMHCs) and community health centers (CHCs) are two types of Federally funded sites where persons may seek mental health treatment. CMHCs were popularized during the 1960s as a way to shift mental health treatment from psychiatric institutions to local communities.^{7,8} Today, CMHCs are funded in part by the Community Mental Health Services Block Grant, which is awarded to states by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is intended to give state officials flexibility in administering CMHC services.⁹

CHCs are “community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services.”¹⁰ CHCs can apply for and receive Federal funding to achieve Federally Qualified Health Center (FQHC) designation.¹¹ The majority of the more than 28 million people, or roughly 9% of the U.S. population, who receive services from FQHCs are either Medicaid beneficiaries (46%) or uninsured (22%).¹²

The purpose of this study is to show how the supply of CMHCs and CHCs delivering mental health services changed over time, or from 2000 to 2019, in non-metropolitan and metropolitan areas.

Methods

Data. The Health Resources and Services Administration (HRSA) provided historical data for CHCs and CMHCs (from 2000 to 2019) in non-metropolitan and metropolitan counties of the U.S. CHCs were considered to have provided some form of mental health treatment if they treated more than one person for a mental health condition and/or they had at least one full-time equivalent mental health provider on staff. Some CHCs operate more than one delivery site – we note that a CHC only had to offer mental health services at a single site to be classified as providing mental health treatment.

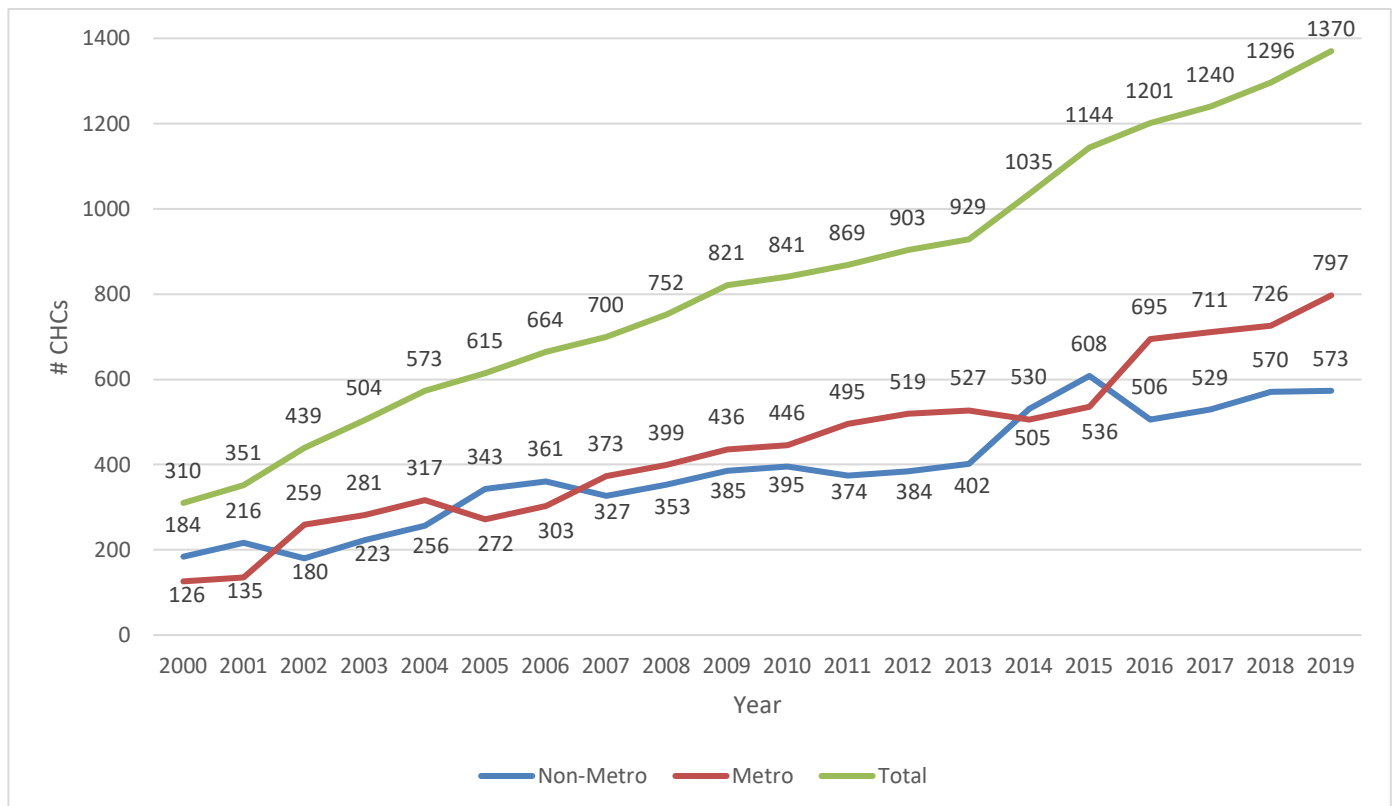
Non-Metropolitan vs. Metropolitan Location. Metropolitan and non-metropolitan county status of the primary CHC site and CMHC site were determined using the core-based statistical area (CBSA) classification of each county’s location.

Analysis. We created figures to visualize trends in the number of CHCs providing mental health services and the number of CMHCs from 2000 to 2019 in non-metropolitan and metropolitan counties.

Findings

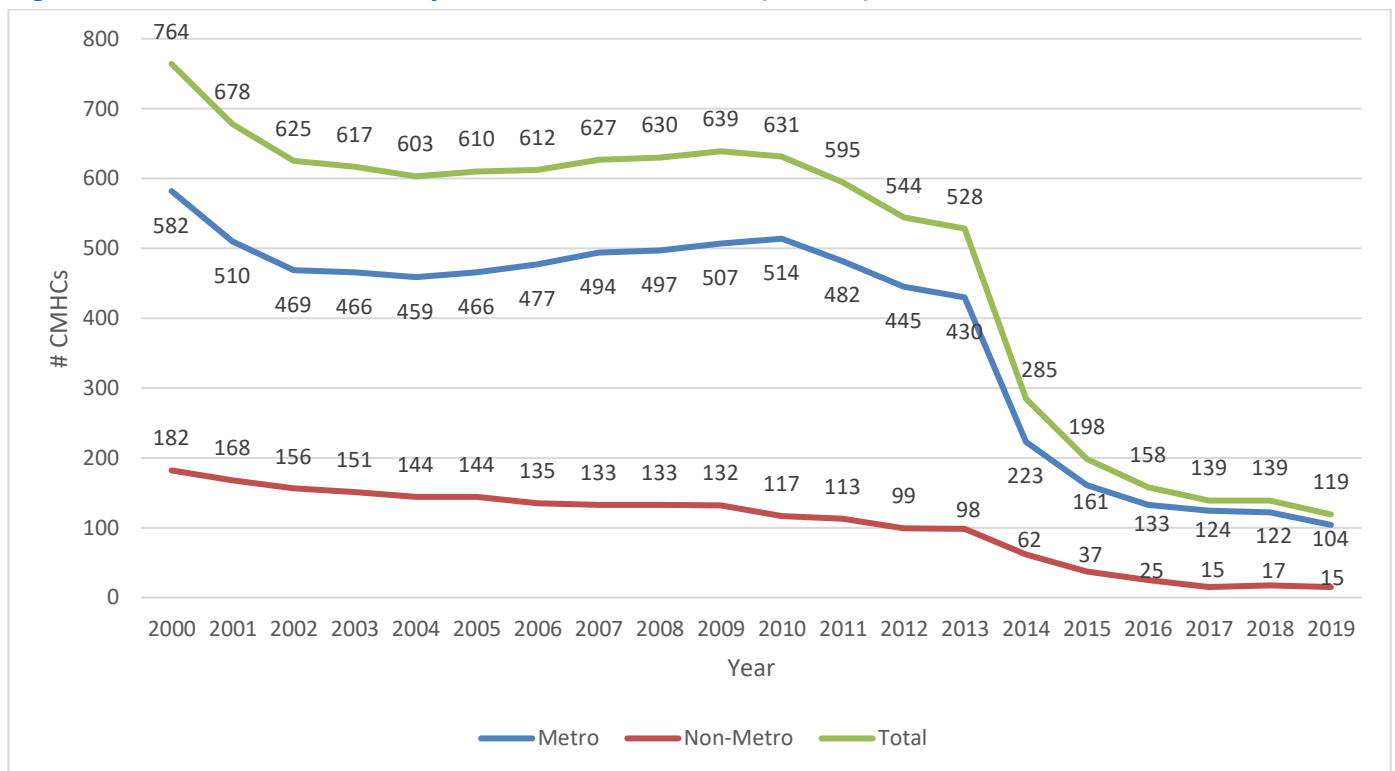
As presented in Figure 1, the total number of CHCs with at least one site that offered mental health services rose from 310 in 2000 to 1370 in 2019 (a 341.9% increase). The number of CHCs in metropolitan counties rose at a faster rate (from 126 to 797, or a 532.5% increase) relative to non-metropolitan counties (from 184 to 573, or a 211.4% increase).

Figure 1: Number of Community Health Centers (CHCs) Providing Mental Health Services



As presented in Figure 2, the total number of CMHCs declined from 764 in 2000 to 119 in 2019 (an 84.4% decrease). The number of CMHCs in non-metropolitan counties declined at a faster rate (from 182 to 15, or a 91.8% decrease) relative to metropolitan counties (from 582 to 104, or an 82.1% decrease).

Figure 2: Number of Community Mental Health Centers (CMHCs)



Limitations. The data analyzed for this report do not reflect the types and volume of mental health services provided in CHCs and CMHCs. It is plausible that CHCs offer a narrower range of services than CMHCs.

Conclusions

This report highlights that the supply of CHCs offering mental health services increased while the supply of CMHCs decreased since 2000. Gains in CHCs offering mental health services were pronounced in both non-metropolitan and metropolitan counties, although growth was faster in metropolitan counties.

Similarly, other research has reported that increasing numbers of CHCs are offering mental health services and that a growing proportion of CHC patients present for mental health and substance abuse treatment.¹³⁻¹⁵ A 2019 study concluded that average annual growth in the percentage of patients seeking mental health treatment at CHCs was higher than the average annual growth in the percentage of patients overall, with the greatest gains observed in non-metropolitan counties.¹⁶ The authors credit this growth to a concerted Federal effort to incorporate behavioral health services into primary care settings, including HRSA's Integrated Behavioral Health Services grant program, which is specifically intended to assist FQHCs with achieving this goal.

In closing, the increased supply of CHCs offering mental health services in non-metropolitan counties may have continued to assure or even increase access to some mental health treatment during a decline in the supply of CMHCs. However, additional surveillance is necessary to monitor the accessibility of particular types of mental health services in non-metropolitan counties.

References

1. National Institute of Mental Health. https://www.nimh.nih.gov/health/statistics/mental-illness#part_154788. Bethesda, MD: NIMH. Accessed February 17, 2022.
2. Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report>. Accessed February 17, 2022.
3. Breslau J, Marshall GN, Pincus HA, Brown RA. Are mental disorders more common in urban than rural areas of the United States? *J Psychiatr Res*. 2014;56:50-55.
4. Thomas KC, Ellis AR, Konrad TR, Holzer CE, Morrissey JP. County-level estimates of mental health professional shortage in the United States. *Psychiatric Services*. 2009;60(10):1323-1328.
5. Ellis AR, Konrad TR, Thomas KC, Morrissey JP. County-level estimates of mental health professional supply in the United States. *Psychiatric Services*. 2009;60(10):1315-1322.
6. Andrilla CH, Patterson DG, Garberson LA, Coulthard C, Larson EH. Geographic variation in the supply of selected behavioral health providers. *American Journal of Preventive Medicine*. 2018;54(6):S199-S207.
7. Murphy JW, Rigg KK. Clarifying the Philosophy behind the Community Mental Health Act and Community-Based Interventions. *Journal of Community Psychology*. 2014;42(3):285-298.
8. Feldman S. Reflections on the 40th anniversary of the community mental health centers act. *Administration and Policy in Mental Health and Mental Health Services Research*. 2004;31(5):369-380.
9. Substance Abuse and Mental Health Services Administration. Community Mental Health Services Block Grant. <https://www.samhsa.gov/grants/block-grants>. Accessed February 17, 2022.
10. Health Resources and Services Administration. What is a Health Center? <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>. Accessed February 17, 2022.
11. Centers for Medicare and Medicaid Services. Federally Qualified Health Center; 2021. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf>. Accessed February 17, 2022.
12. Health Resources and Services Administration. 2020 National Health Center Data. <https://bphc.hrsa.gov/uds/datacenter.aspx>. Accessed February 17, 2022.
13. Rosenbaum S, Paradise J, Markus AR, et al. *Community health centers: recent growth and the role of the ACA*. Menlo Park, CA: The Henry J. Kaiser Family Foundation; 2017.
14. Lo Sasso AT, Byck GR. Funding growth drives community health center services. *Health Affairs*. 2010;29(2):289-296.
15. Shin P, Mauery DR. The role of community health centers in providing behavioral health care. *The Journal of Behavioral Health Services & Research*. 2013;40(4):488-496.
16. Bruckner TA, Singh P, Snowden LR, Yoon J, Chakravarthy B. Rapid growth of mental health services at community health centers. *Administration and Policy in Mental Health and Mental Health Services Research*. 2019;46(5):670-7.

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