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POLICY BRIEF

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BRIDGING THE GAP: *ENHANCING MENTAL HEALTH CARE IN RURAL TEXAS*

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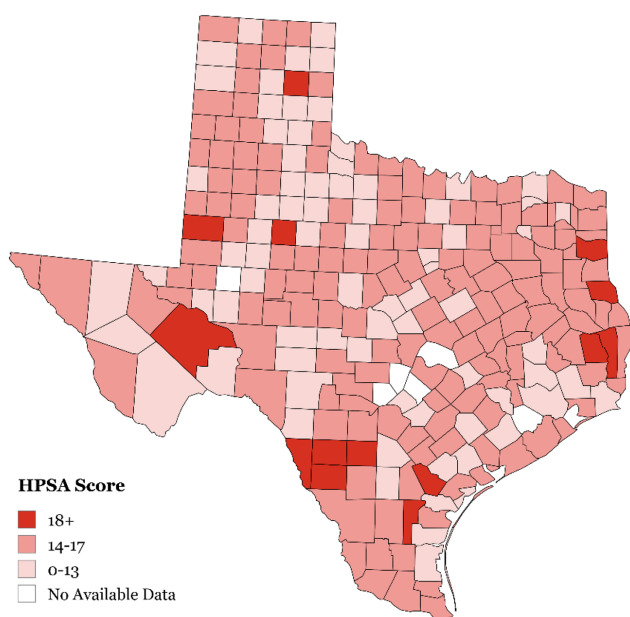


The need for mental health services in Texas has reached critical levels. Over 3.3 million adults in the state, representing 16.3% of the population, report having a mental health condition (Simpson, 2023b). The pandemic has exacerbated these challenges, with 36.8% of adults in Texas reporting symptoms of anxiety and/or depression, a rate that is among the highest in the nation (KFF, 2023). The state's mental health crisis line, 988, receives around 14,000 calls per month, reflecting the sheer scale of the demand—more than four times the national average (Simpson, 2023b).

As the demand for mental health services continues to grow, rural Texans are at the forefront of a persistent crisis in accessibility. With over 4.7 million rural residents, Texas has the largest rural population in the United States (US Census Bureau, 2022). Rural communities face unique mental health challenges and barriers to accessing care, which can have serious consequences for mental well-being across the state. Major obstacles include a shortage of trained professionals, limited funding, and long distances to mental health facilities, often resulting in rural residents having to rely on emergency rooms for mental health crises, where care may be inadequate and wait times long (Kalinina, 2024).

Despite the increasing demand for mental health services, Texas is grappling with a severe shortage of mental health providers, ranking last in the nation for mental health care access (KFF, 2024). As shown in Figure 1, 246 of Texas's 254 counties are designated as Health Professional Shortage Areas (HPSAs) for mental health services (KFF, 2024). Currently, only 31.4% of the mental health care needs are met, and it would require an additional 614 providers to eliminate HPSA designations across the state (KFF, 2024). This shortage is especially pronounced in rural areas, where the lack of providers leaves millions of Texans without adequate access to necessary care. The economic impact of this is profound; in 2016, it was estimated that Texas spent \$1.4 billion in emergency room costs annually to address mental illness and substance use disorders that are not otherwise adequately treated (Texas Judicial Council, 2016). This number only continues to grow.

Figure 1: Mental Health Professional Shortage Area Scores by County



Note: HPSAs are measured on a scale of 0 - 26, with higher scores indicating more extreme shortages

Source: Compiled by the author from KFF data

The COVID-19 pandemic has further strained Texas's already fragile mental health care system, underscoring the urgent need for comprehensive policy solutions to address the mental health provider shortage and ensure equitable access to care for all Texans. The pandemic has led to a significant increase in mental health issues, with nearly two in five Texans now experiencing mental health challenges, up from one in five before the pandemic (Cheslock, 2022). This surge has overwhelmed an already understaffed system, as many mental health professionals face burnout and retirement, further exacerbating the shortage (Simpson, 2023a). Telehealth has emerged as a critical tool in expanding access, yet it is insufficient to meet the growing demand. Comprehensive policy solutions are needed to increase the mental health workforce and ensure that all Texans, regardless of location, have access to the care they need.

The Rural Urban Divide

Rural counties in Texas have significantly fewer mental health providers per capita than non-rural counties. The difference, shown in Table 1, is both large and statistically significant, highlighting a clear disparity in access to mental health care based on whether an area is rural or urban. This disparity suggests that people living in rural areas are at a disadvantage when accessing mental health services. Moreover, the unequal variances between these groups indicate that this gap in access is consistent across the sample, emphasizing the urgent need for targeted interventions to improve mental health care in rural areas.

Table 1: Average Number of Mental Health Providers in Urban vs. Rural Counties

Location	Average Number of Mental Health Providers Per 100,000 People		
	2018	2020	2023
Majority Urban Counties	68	76	104
Majority Rural Counties	34	38	43

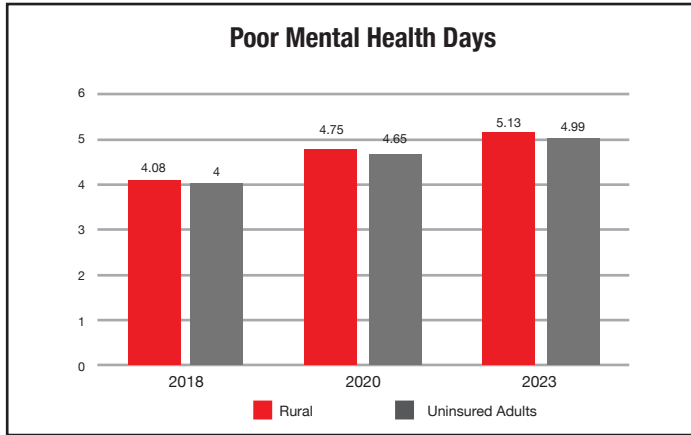
Source: Compiled by the author from County Health Ranking data

Regression analysis shows that both the year and whether a county is rural significantly affect the average number of poor mental health days (see Appendix A). Poor mental health days, as reported by County Health Ranking, surveys the “average number of mentally unhealthy days reported in the past 30 days” (2024). Because this measure is self-reported it best describes mental health outcomes for populations that may not seek care or have access to care, like rural communities. Over time, the number of poor mental health days has steadily increased, indicating a worsening trend in mental health across Texas. Living in a rural county is also linked to a small but statistically significant increase in poor mental health days compared to urban areas. This finding underscores the need for targeted mental health interventions in rural areas, where residents face unique challenges and may be more vulnerable to mental health issues.

Counties with larger percentages of rural populations consistently report higher averages of poor mental health days within the past thirty days, highlighting a growing burden in these regions. This trend, shown in Figure 2, suggests that the conditions of rural living—such as isolation and limited access to care—may contribute to increased mental health challenges. Similarly, uninsured adults, who often rely on public resources, experience a comparable trend, which compounds the mental health challenges faced by rural populations. This emphasizes the need for focused mental health support in these communities.



Figure 2: Impact of Rurality and Uninsurance on Poor Mental Health Days Over Time



Source: Author's calculations from County Health Ranking data

These factors combine to create a critical situation where there is a high need for mental health services but severe limitations in access, funding, and available professionals to provide care. Addressing these challenges is crucial for improving the overall health and well-being of Texans.

Current Policies

For the past 60 years, equitable access to mental health care has been a key policy priority for Texas. The foundation was laid with the Texas Plan for Mental Health of 1964, which established the state's community mental health districts and underscored the importance of mental health care in state policy (Simpson, 2023b). A renewed focus on mental health emerged in 2013 when the 83rd Legislature approved some of the most significant budget increases for mental health services nationwide (Texas Legislative Council, 2013). Additionally, the Legislature tasked the Department of State Health Services with producing the Report on The Mental Health Workforce Shortage in Texas, which outlined policy actions to expand the mental health workforce and improve its distribution across the state (Department of State Health Services, 2014). Despite these efforts, research indicates that Texas has struggled to address the persistent workforce shortages and rural access disparities fully.

The onset of the COVID-19 pandemic reignited policy discussions surrounding mental health. In 2019, legislation directed the Statewide Behavioral Health Coordinating Council to develop the Texas Statewide Behavioral Health Strategic Plan (2022). This plan comprehensively assessed the state's public mental health system and laid out a five-year strategy for effectively allocating funds to address identified challenges (Statewide Behavioral Health Coordinating Council, 2022). Over the past five years, the Texas legislature has made concerted efforts to further increase mental health funding, with a particular emphasis on workforce training programs in underserved areas, reinstating a previously defunct education loan repayment program, and supporting grant programs for residency training and facility expansions in rural regions (Hogg Foundation for Mental Health, 2019).

Policy Recommendations

While Texas has implemented several policies to address mental health care access, these initiatives still need to adequately meet the unique demands of rural Texans. The following policy recommendations are proposed to bridge the current gaps in access.

Telehealth Expansion

Telehealth has emerged as a promising solution to improve access to healthcare services, particularly mental health care, in rural areas of Texas. During the COVID-19 pandemic, state-level regulations around telehealth were temporarily relaxed, allowing Texans to receive care from their homes (Hogg Foundation for Mental Health, 2019). These changes included permitting audio-only services to establish physician-patient relationships and enabling telemedicine for diagnoses, treatment, and prescribing medication (Hogg Foundation for Mental Health, 2019). Also, the availability of uninsured citizens and coverage by Medicaid expanded temporarily (Hogg Foundation for Mental Health, 2019). These modifications significantly expanded the reach of healthcare providers across Texas, especially benefiting rural communities.

Audio-only services is particularly crucial for rural Texans who may face challenges with video-based telehealth platforms due to limited broadband access. To build on this progress, it is recommended that policymakers revisit and potentially reinstate these regulatory changes to serve rural populations better. By improving access to telehealth through these measures, Texas can offer immediate relief to underserved rural areas while laying the groundwork for longer-term solutions.

Furthermore, expanding telehealth services can help address the severe shortage of mental health providers in rural areas. It allows urban-based mental health professionals to reach rural patients, effectively increasing the available workforce without requiring physical relocation. This approach can be complemented by initiatives to expand broadband access in rural areas, ensuring that more Texans can benefit from these services.

While telehealth is not a panacea for all mental health care challenges, it represents a significant step towards bridging the rural-urban divide in access to mental health services. By embracing and expanding telehealth options, Texas can make substantial progress in addressing its mental health care crisis, particularly in rural areas, while working towards more comprehensive, long-term solutions such as expanding the mental health workforce and improving local mental health infrastructure.



Recruitment and Retention Programs

Addressing Texas's mental healthcare workforce shortage requires a two-pronged approach: attracting new talent and retaining existing professionals, particularly in underserved rural areas. While state programs like loan repayment and residency grants offer some incentives, they primarily focus on retaining individuals already in the field. To truly overcome the workforce shortage, Texas must implement innovative policies encouraging more people to enter mental health professions.

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To attract new talent, Texas should consider implementing a range of initiatives. These include early exposure programs in high schools and colleges to generate interest in mental health careers, targeted scholarship programs for students committing to work in rural areas post-graduation, and expanded community mental health training programs to engage local talent. Additionally, partnerships with universities to create specialized rural mental health tracks could help prepare students for the unique challenges of practicing in rural settings.

Retention strategies are equally important in building a sustainable mental health workforce. Texas should consider implementing competitive salary structures, performance-based bonuses for rural practitioners, and comprehensive continuing education and professional development opportunities. Mentorship programs pairing experienced professionals with new graduates could provide valuable support and guidance. Housing stipends or relocation assistance for those moving to rural areas make these positions more appealing, while technology grants to support telehealth capabilities could expand practitioners' reach and job satisfaction.

Furthermore, the state could explore public-private partnerships to create mental health "hubs" in rural areas. These hubs could offer a more appealing work environment with peer support and resources and serve as centers of excellence, attracting professionals who might otherwise be hesitant to work in isolated rural settings.

By implementing these comprehensive strategies, Texas can build a robust and sustainable mental health workforce capable of meeting the needs of both rural and urban populations. This multi-faceted approach addresses the immediate shortage and lays the groundwork for long-term improvements in mental health care access across the state. Ultimately, these efforts will contribute to a healthier, more resilient Texas, ensuring that all residents, regardless of location, have access to quality mental health care.

Conclusion

The mental health crisis in Texas, particularly in rural areas, demands urgent and sustained attention. Despite decades of policy efforts, including significant budget increases and strategic plans, the state continues to struggle with a severe shortage of mental health providers, leaving millions of rural Texans without adequate access to care. The COVID-19 pandemic has only intensified these challenges, exposing the fragility of the existing mental health care system and highlighting the disparities between rural and urban access.

As the need for mental health services grows, especially after the pandemic, Texas must prioritize innovative solutions such as telehealth expansion and comprehensive recruitment and retention programs. These initiatives are crucial for bridging the rural-urban divide and ensuring that all Texans can access the mental health care they need regardless of where they live. By committing to these targeted interventions, Texas has the opportunity to transform its mental health landscape, addressing the immediate crisis while laying the foundation for a more equitable and resilient system for the future.

Appendix A: Regression Analysis of Factors Influencing Poor Mental Health Days in Texas Counties (2018-2023)

Source: Author's calculations from County Health Ranking data

Interpretation	2018		2020		2023	
	Beta	P-Value	Beta	P-Value	Beta	P-Value
Baseline	3.047 (0.111)	0.000***	3.256 (0.138)	0.000***	4.294 (0.134)	0.000***
% Rural	0.003 (0.000)	0.000***	0.003 (0.001)	0.000***	0.004 (0.001)	0.000***
% of Some College Education	-0.001 (0.001)	0.740	0.001 (0.001)	0.477	-0.001 (0.001)	0.880
% Not Proficient in English	-0.004 (0.003)	0.066	-0.011 (0.003)	0.002**	-0.016 (0.004)	0.000***
% of Uninsured Children	-0.064 (0.006)	0.000***	-0.084 (0.007)	0.000***	-0.032 (0.006)	0.000***
% of Uninsured Adults	0.063 (0.005)	0.000***	0.082 (0.008)	0.000***	0.044 (0.006)	0.000***

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