



Mental Health Among People with Disabilities

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Mental health concerns are a common experience among individuals living in the United States. Approximately 20% of Americans will receive a mental health disorder diagnosis in their lifetime (Kessler et al., 2012). Mental health concerns are more prevalent among people with disabilities (Buckley et al., 2020). However, there is limited information about variability in mental health related to social determinants of health such as sex and urbanicity among people with disabilities that relies on nationally representative data. Understanding how individual personal characteristics may impact experiencing poor mental health may be useful for researchers, practitioners and policymakers as they develop strategies and interventions to improve mental healthcare across the U.S.

In addition to understanding the impact of individual characteristics, it is important to understand the broader context of healthcare access for adults with disabilities who have mental health concerns. One of the U.S. Department of Health and Human Services 2022-2026 Strategic Objectives focuses on integrating behavioral health into the healthcare system to strengthen and expand access to mental health treatment (DHHS, 2022). To illustrate the important role of healthcare access on mental health for adults with disabilities, this study explored whether healthcare access is related to mental distress among adults with disabilities. The current whitepaper summarizes findings from analyses among people with disabilities living in the United States using the Behavioral Risk Factor Surveillance System (BRFSS). The following questions are addressed:

1. Among adults with disabilities living in United States, what is the prevalence of frequent mental distress?
2. Among adults with disabilities living in the United States, is there variability in mental distress based on their demographic characteristics?
3. How does healthcare access impact mental distress among adults with disabilities living in the United States?

HOW DO WE ANSWER THESE QUESTIONS?

We used the 2022 release of the Behavioral Risk Factor Surveillance System (BRFSS) from the Centers for Disease Control and Prevention (CDC). Adults aged 18 or older with disabilities were identified using a set of six questions related to hearing, vision, cognition, mobility, self-care, and independent living.



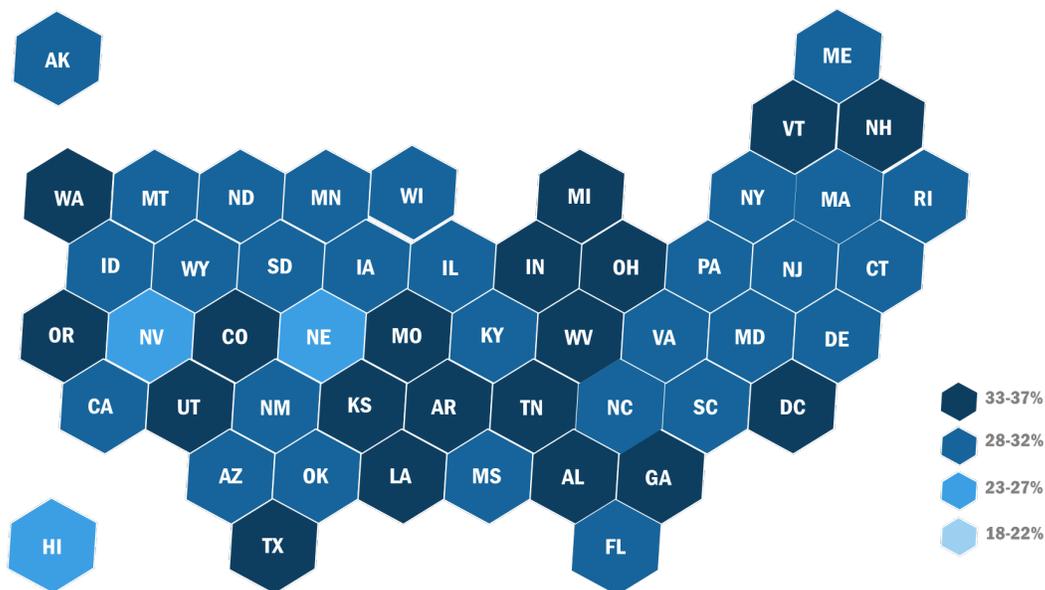
While mental health diagnoses are a common way to understand mental health, they may not capture individuals who experience mental health concerns but have not received an official diagnosis. As such, the current study used responses from a question included in the BRFSS that asked “How many days during the past 30 days was your mental health not good?” For some of the analyses, we collapsed this variable into two groups: Anyone who reported “not good mental health” for 14 or more days was categorized as experiencing “frequent mental distress” while those who reported 13 or fewer days were categorized as “not experiencing frequent mental distress.” Across analyses, sampling weights were used, which provides estimates that should be representative of the entire U.S. population of adults with disabilities.

WHAT DID WE LEARN?

Among adults with disabilities living in United States, what is the prevalence of frequent mental distress?

We found that the proportion of people who experienced frequent mental distress was higher among adults with disabilities (31.6%) than those without a disability (9.5%). This finding is consistent with previous literature (Buckley et al., 2020). Inspection of state-specific prevalence rates revealed that the lowest percentage of people with disabilities with frequent mental distress ranged from 23.33% in Hawaii, to 36.59% in Tennessee. Overall, 29 of the 50 states fell within the 28-32% range (see Figure 1)

Figure 1. Percent of People with Disabilities with Experiencing Frequent Mental Distress

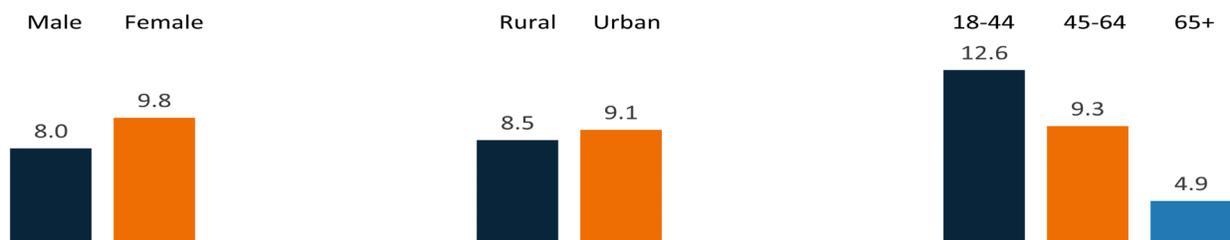




Among adults with disabilities living in the United States, is there variability in mental distress based on their demographic characteristics?

To better understand how frequent mental distress among people with disabilities varied across demographic factors, we examined sex, urbanicity, and age. Inspection of the role of sex and urbanicity were comparable between groups (see Figure 2). However, there were differences between older adults (65+) and younger adults with disabilities, with older adults, on average, reporting fewer days with poor mental health.

Figure 2. Average number of days, in the past 30 days, with poor mental health by demographic characteristics.

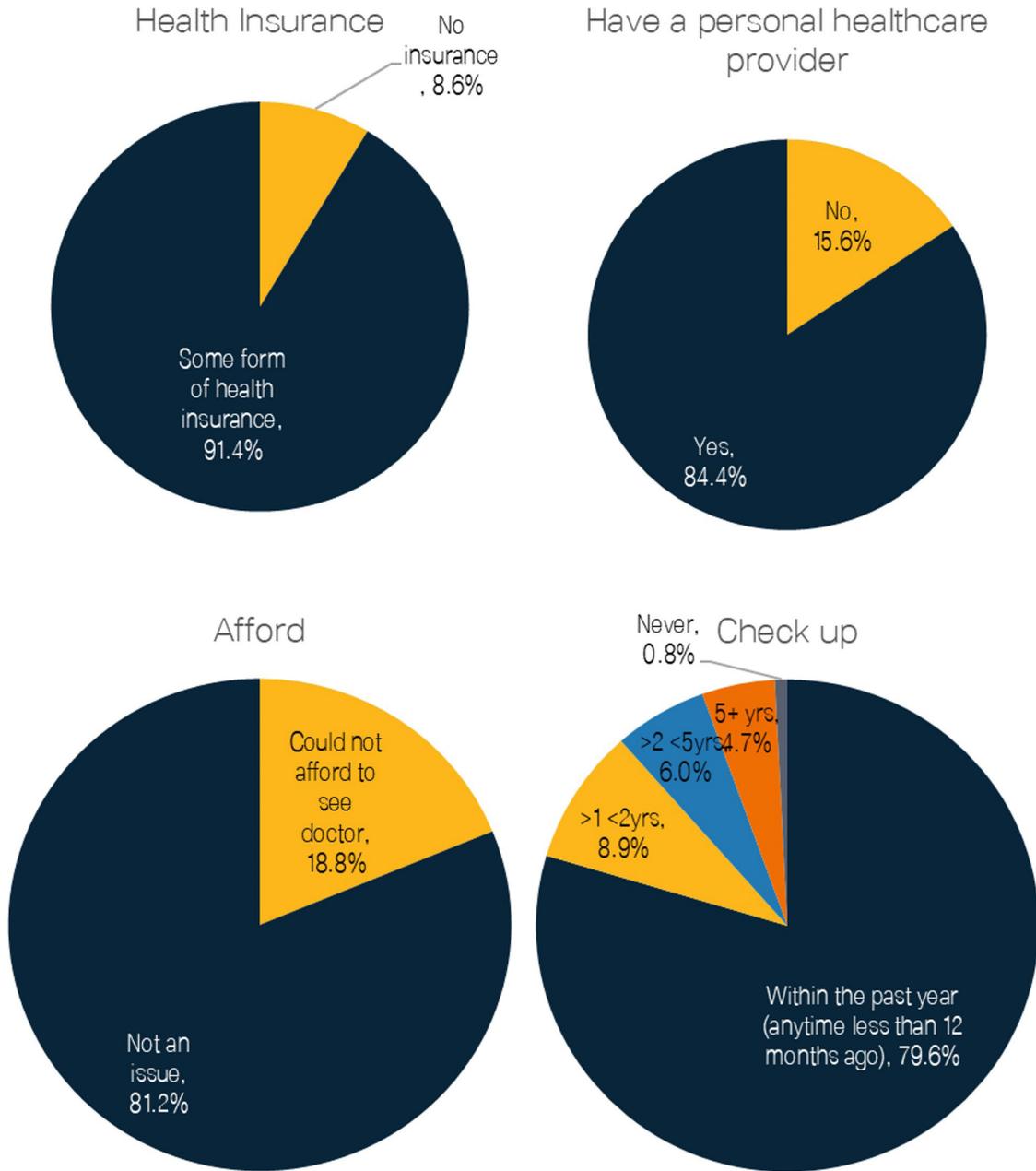


How does healthcare access impact mental distress among adults with disabilities living in the United States?

As a first step, we explored current healthcare access among adults with disabilities. The majority (91.4%) of adults with disabilities have some form of insurance and 84.4% had one or more personal care providers. An additional question was explored that asked, "Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?" Overall, 18.8% of participants were deterred from seeking medical attention because of their finances. To gauge actual access of healthcare services, we explored survey responses to a question that asked how long it had been since the respondent had last visited a doctor for a routine checkup. Most (79.6%) had a checkup in the last 12 months, with progressively smaller proportions at more than one year but less than two (8.9%), more than two years but less than five (6.0%), more than five years (4.7%), and never (0.8%). These results were encouraging in that such a large proportion of adults with disabilities were able to access healthcare. It is important to keep in mind the proportion of the sample represented by each of these groups when interpreting the next analyses comparing these groups.



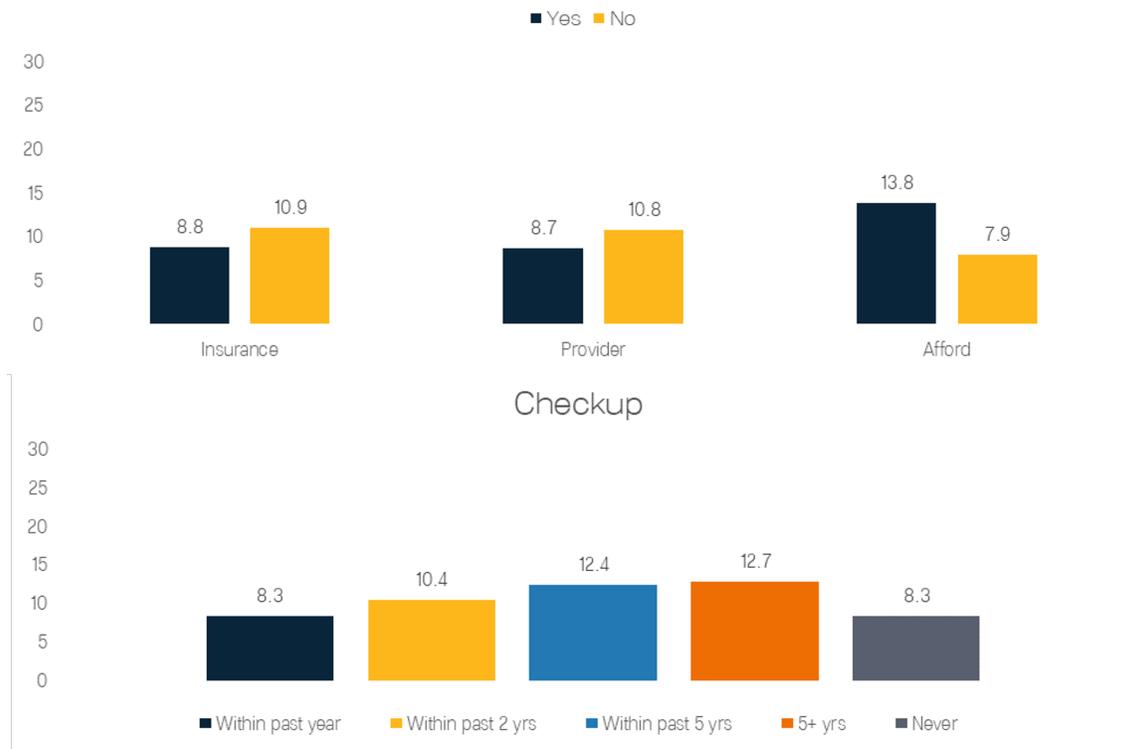
Figure 3. Access to healthcare among adults with disabilities





Comparative analyses revealed statistically significant differences in mental distress between groups in each measure of healthcare access (see Figure 3). Adults without insurance, on average, experienced 10.9 poor mental health days, while those with insurance only experienced 8.8. Similarly, those who did not have a personal care provider experienced 8.7 poor mental health days on average, whereas those with a personal care provider reported only 10.8 days on average. Likewise, those who had experienced difficulty affording medical treatment had, on average, 13.8 poor mental health days, compared to 7.9 among those who had not. Further analyses of between group differences in the amount of time since the respondent's last checkup revealed progressively increasing average days of poor mental health as the length of time since the last check-up increased. It is important to note, however, that while each of these factors were statistically significant, effect sizes indicated modest associations that should be interpreted conservatively.

Figure 3. Average number of days, in the past 30 days, with poor mental health by healthcare access



Note: Insurance = Calculated variable indicating whether the respondent had any type of healthcare insurance; Provider = Do you have one person (or a group of doctors) that you think of as your personal healthcare provider?; Afford = Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?; Checkup = About how long has it been since you last visited a doctor for a routine checkup?



WHY DOES THIS MATTER?

Improving the mental health of people with disabilities across the United States is a central mission of the Center for Mental Health Promotion and requires both a data-based and lived-experience understanding of the 'drivers' of these trends. The current whitepaper lends itself to this mission by explaining prevalence of mental distress among people with disabilities across the United States. Additionally, understanding healthcare access among people with disabilities and if these factors are associated with mental distress can provide insights into potential systemic intervention targets to help improve systems of care to support people with disabilities. Findings compiled in the current whitepaper suggest that trends across the United States among people with disabilities tend to stay consistent across states, sex, and urbanicity. An individual's age was the only demographic variable tested with statistically significant differences that indicated younger individuals experience more frequent mental distress.

Not surprisingly, multiple aspects of healthcare access were associated with increased mental distress. Even more importantly, average differences between indicators of healthcare access were consistently over the "frequent mental health" indicator cut-off of more than 14 days in the past 30. While it is important to recognize that these results cannot tell us which came first, (i.e., mental health distress or lack of healthcare access) the data provide useful insights on potential interventions and targets for prevention efforts. Given that findings reported here indicate that 15.6% of adults with disabilities do not have a personal care provider and nearly 1 in 5 face financial barriers to accessing care, more can be done to support equitable access to these services.

More work is needed to better understand why younger individuals with disabilities are experiencing more frequent mental distress than older adults. Increasing preventative efforts including ensuring access to affordable healthcare insurance, attending regular appointments, and subsidizing healthcare costs might be useful tertiary interventions to improve mental distress among adults with disabilities living across the United States.

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