

Brief Report

Moderate to severe psychological distress, disability, and non-receipt of past year visits to a mental health professional

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Abstract

Background: Studies of mental health care received by persons with disabilities who make up a significant group of the U.S. population are limited.

Objective: This cross-sectional study examined the relationship between disability and non-receipt of past year visits to a mental health professional among individuals with moderate to severe psychological distress.

Methods: Study participants included a nationally representative sample of 5,566 people with moderate to severe psychological distress, extracted from 2011 to 2013 Integrated Health Interview using the 6-item Kessler Psychological Distress Scale. Self-reported disability domains included vision, hearing, mobility, upper body self-care difficulty, learning difficulty, communication difficulty, and cognition difficulty.

Results: Sixty-four percent of participants reported a disability. Logistic regression analyses showed that (adjusting for nativity, other mental health conditions, and chronic pain) people aged 18–64 years old with disabilities have significantly lower odds ($OR = 0.52$, $p < 0.001$) of unmet mental health care services than people without disabilities. However, foreign-born respondents have significantly higher odds ($OR = 2.91$; $p < 0.001$) of unmet mental health care services than U.S. born Americans. After controlling for gender, other mental health conditions and chronic pain, people aged 65 and above with disabilities have higher non-significant odds ($OR = 1.34$, $p = 0.361$) of unmet mental health care services than people without disabilities. Additionally, females have significantly higher odds ($OR = 1.63$, $p = 0.039$) than males.

Conclusions: Findings indicate the importance of identifying demographic characteristics associated with an increased risk for psychological distress and increased unmet mental health care services among people with and without disabilities. © 2016 Elsevier Inc. All rights reserved.

Keywords: Disability; Psychological distress; Unmet mental health care services

There are 10 million adults (4.2%) living with a serious mental illness¹ and nearly 9.4% of adults in the United States experience frequent psychological distress (PD).² In 2010, there were approximately 57 million people with disabilities residing in the nation (18.7% of the non-institutionalized civilian population).³ People with disabilities have significantly higher rates of mental illness, as

compared to the general population (14.1% vs. 1.8%, respectively), and face an increased risk of co-occurring PD.⁴ However, accessing timely mental health care for persons with disabilities may be hindered by obstacles not experienced by persons without disabilities.⁵

Non-specific PD, defined as a “state of emotional suffering characterized by depressive and anxiety symptoms,” is widely used as an indicator of mental health in health-related studies.^{6,7} Some studies have found strong correlations between higher levels of PD and chronic conditions such as arthritis,⁸ asthma,⁹ cardiovascular diseases,¹⁰ diabetes,¹¹ and mortality.¹² Other research suggests a bi-directional relationship between the conditions.¹³

PD may increase the risk of some physical illnesses^{10,14} and activity limitations among participants with lifetime diagnoses of various chronic conditions.¹⁵ PD is associated

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with increased disabilities^{4,16} and is also a predictor of disability.⁴ For instance, after controlling for multiple chronic diseases and socio-demographic factors, it has been found to be an independent predictor of disability.¹⁷

Complex relationships exist between PD and health service use. Pearson and colleagues investigated the relationship between health service use and PD and discovered persons aged 18–64 with PD were significantly less likely to have access to insurance than those adults without serious PD.¹⁶ A more recent investigation found that increasing levels of distress were also associated with increased receipt of mental health treatment of adults with disabilities.¹⁸

People with disabilities are more likely to report being in fair or poor health, be overweight or obese, and experience health care disparities such as lower rates of screening and more difficulty accessing services, as compared to people without disabilities.¹⁸ However, research on unmet need suggests persons with disabilities often lack opportunities to engage in preventive health care and have limited access to primary, hospital, and long-term care services.^{19,20} Health care services for people with disabilities are primarily centered on physical health and accommodations are often inadequate or inaccessible. Efficient mental health service delivery for people with physical disabilities who also have psychological illnesses, although critical,²¹ may also be inadequate.

Methods

Research objective

The main objective of this research is to examine the relationship between disability status and unmet mental health care service needs for people with PD in the United States. We hypothesized that, after controlling for certain demographic characteristics, factors related to access to health services, the presence of other mental health conditions (e.g., schizophrenia), and chronic pain, there will be an increase in unmet need for mental health care services in people with disabilities.

Data for this cross-sectional study are from the Integrated Health Interview Series (IHIS), conducted from 2011 to 2013.²² The IHIS was created from the National Health Interview Survey (NHIS) data, a notable instrument for monitoring the health of the U.S. population. Details on the study sample and research methods have been published previously.²³

Sample selection

Adults aged 18 years and older identified as having PD who provided information on limitations in physical functioning in several domains ($n = 5,566$) were extracted for analyses. PD levels were indicated by Kessler 6 (K6) scores. The K6 scale is a validated²⁴ measure of non-

specific PD experienced in the last 30 days and is a reliable and valid indicator of current mental health status.²⁵ The range for summed responses on the K6 scale is 0–24, with 0 suggesting the lowest level of non-specific PD, and 24 suggesting the highest level of non-specific PD. If an individual scores 7–12 on the K6 scale, they are classified as having moderate PD, and if they score 13 or greater are classified as having severe PD. Selected for this study are people with moderate to severe PD.²⁵

Dependent variable

The dependent variable in this study is unmet need for mental health care services. In the IHIS, respondents were asked whether they had seen a mental health service provider in the past 12 months. A mental health service provider includes a psychiatrist, psychologist, psychiatric nurse, or clinical social worker. For this study, a negative response (i.e., “no”) is considered to be unmet mental health care service need and the measure was assessed as a dichotomous indicator variable (1: unmet; 0: met).

Independent variables

Demographic characteristics

Demographic characteristics, namely, age, gender, race/ethnicity, education, marital status, and poverty status were included in the analyses for the purpose of adjustment. Age was classified as an interval ratio variable. Gender was entered as a categorical variable with male as the reference category. Two variables based on race and ethnicities were examined. The first was categorized as: White-Non Hispanic [the reference group], Black/African American, American Indian/Alaskan Native, Asian, and Multiple Race. The second measurement based on ethnicity was categorized as: Mexican [the reference group], Puerto Rican, Central or South American, and Latinos/Hispanics from Other origins. Education was recoded into five category levels with the highest level as the reference group. Marital status was evaluated using four categories: married (spouse present), separated or divorced or widowed, cohabiting, and never married. Married is the reference group. Nativity was determined by a measurement with the following two levels, born in the U.S. [the reference category] and born outside of the U.S. Poverty status was categorized as below 199% of the federal poverty level and at or above 199% of the federal poverty level, with the latter as the reference group.

Disability status

Disability was determined by a respondent's functioning in the following domains: vision (difficulty seeing), hearing (difficulty hearing), mobility (difficulty walking, climbing steps, or moving around), upper body (difficulty with self-care), learning (difficulty learning), communication (difficulty communicating using usual language), and

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