

Association Between Mental Health and Employment among Individuals with Disabilities

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INTRODUCTION

Research indicates that people with disabilities (PWDs) are less likely to participate in the workforce than those without disabilities¹. The U.S. Bureau of Labor reports that in 2022, only 21.3 percent of persons with disabilities were employed, compared to 65.4 percent of their counterparts without disabilities². PWDs also face other economic and social disadvantages, such as low income, poor education, and poorer health.

The **need to address** this is because research indicates that poor mental health is not only associated with unemployment but can also lead to **poor life satisfaction**³. Interventions aimed at improving employment opportunities for PWDs could prove beneficial.

The **goal** of the current study was to examine the relationship between employment status and poor mental health.

Hypothesis: PWDs who are unemployed are more likely to report poor mental health

METHODS

Data Set:

Data from the current study was obtained from 2022 National Survey on Health and Disability (NSHD). The NSHD used a purposive convenience sampling approach and was fielded from May 2 - September 2, 2022. Recruitment was conducted in cooperation with more than 60 national disability organizations who distributed the survey information and link via their networks, social media, and newsletters. This recruitment method yielded responses from 2,725 adults with disabilities.

Measures:

- **Poor mental health** was assessed by asking participants "how many days in the past 30 days was your mental health was not good." Poor mental health was defined as reporting 14 or more days when mental health was not good and coded as 1⁴. Those reporting less than 14 days were coded as 0.
- Employment status was assessed by the question "Are you currently working for pay or self-employed." Employment status was categorized and coded as: 1—Employed (employed or self-employed), 2—Unemployed, 3—Retired.
- Other covariates included primary disability, age group, gender, income, educational attainment, and marital status.

METHODS Continued

Data Analysis:

Data were analyzed using Stata/MP v. 17⁵. First conducted descriptive analyses followed by univariate logistic regression where we assessed the individual relationship between mental health and each of the covariates. Finally, we conducted a multivariate logistic regression where all the covariates were included in the model.

RESULTS

	N .	%	
Poor Mental Health			
No (Less than 14 days)	1,662	61.3	
Yes (14 Plus)	1,048	38.7	
Employment			
Employed	1,562	57.4	
Unemployed	848	31.2	
Retired	311 11.4		
Primary Disability			
Physical	523	19.2	
Mental	423	15.5	
Chronic	789	29.0	
Other	856	31.4	
Gender			
Woman	1,682	62.3	
Man	645	23.9	
Other	372	13.8	
Income Level			
Under 75% FPL	302	11.3	
75-137% FPL	445	16.7	
138-249% FPL	526	19.7	
250-399% FPL	563	21.1	
400% FPL and over	821	30.8	
Marital Status			
Single, never married	1,012	37.2	
Single, divorced or widowed	410	15.1	
Married	993	36.5	
Living with a partner, but not married	267	9.8	
Highest Education Attainment			
High School or Below	291	10.7	
Some College	703	25.8	
Bachelors	844 31.0		
Graduate or Doctoral	871	32.0	
Source of Insurance Coverage			
Employment	1,137	41.7	
Government	1,424	52.3	
No Insurance	164	6.0	

Table 1:

- Over 62% of the participants identified as female.
- A third reported an income of 400% or above of the FPL
- Over half (52.3%) received health insurance from government sources.
- 37.2% were single and never married while 36.2% were married

Table 2:

- Unemployed participants were more likely to report poor mental health than those who were employed both in the unadjusted (OR 1.77, p<0.001) and adjusted analyses (OR 1.48, p<0.001)
- Compared to participants with physical disabilities, those with mental disabilities were more than twice (OR 2.45, p<0.001) likely to report poor mental health.

Table 2. Logistic Regression for the	Association of Poor Mental Health with Em	ployment Among Persons with Disabilities
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Poor Mental Health	Bivariate			Multivariate		
	OR	[95%	CI]	OR	[95%	CI]
Employment (Re: Employed)						
Unemployed	1.77***	1.50	2.10	1.48***	1.22	1.80
Retired	0.64**	0.49	0.84	1.08	0.77	1.51
Primary Disability (Re: Physical Disability)						
Mental	2.81***	2.15	3.67	2.45***	1.84	3.26
Chronic	1.43**	1.13	1.80	1.30*	1.01	1.67
Other	1.19	0.94	1.50	1.07	0.83	1.37
No Response	1.66*	1.12	2.46	1.41	0.91	2.19
Gender (Re: Woman)						
Man	0.71**	0.59	0.87	0.66***	0.54	0.82
Other	2.69***	2.14	3.39	2.11***	1.64	2.72
Total Income based on FPL (RE: Under 75%)						
75-137% FPL	0.85	0.63	1.13	1.01	0.74	1.39
138-249% FPL	0.61**	0.46	0.81	0.75	0.55	1.03
250-399% FPL	0.57***	0.43	0.76	0.77	0.56	1.06
400% FPL and above	0.40***	0.31	0.53	0.60**	0.44	0.82
Marital Status (RE: Single, never married)						
Single, divorced or widowed	1.04	0.83	1.32	1.32*	1.01	1.73
Married	0.71***	0.59	0.85	1.05	0.84	1.30
living with partner but not married	1.35*	1.03	1.78	1.31	0.97	1.75
Highest Level of Education (High School or Below)						
Some College	1.14	0.87	1.50	1.18	0.87	1.60
Bachelors	0.80	0.61	1.05	0.94	0.69	1.27
Graduate or Doctoral	0.52***	0.40	0.69	0.70*	0.51	0.97

Note. 95% CI=upper and lower CIs at 95% significance; p-value statistical significance set at 95%, two sided; *.05; **.01; ***<.00 FPL= Federal Poverty Level. The multivariate model controls for all covariates while the bivariate model assesses covariates individually.

DISCUSSION AND CONCLUSION

- The study found that over a third of participants (38.7%) with disabilities reported poor mental health, a significantly higher rate than the 10% to 14% seen in the general population^{6,7}.
- Individuals with mental health disabilities were over **twice as likely** to report poor mental health compared to those with physical disabilities, potentially due to their condition.
- The study also **confirmed our hypothesis** that unemployment was associated with poor mental health status. Therefore, clinicians should consider a patient's employment history when treating PWDs to better support their mental health.

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