

People experiencing mental distress less likely to have health insurance

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People with frequent mental distress are markedly more likely than those with frequent physical distress to lack health insurance, according to research appearing the October issue of *Psychiatric Services*, a journal of the American Psychiatric Association. Uninsured adults have less access to recommended care, receive poorer quality care, and experience worse health outcomes than insured adults.

Researchers used population survey data from the [Behavioral Risk Factor](#) Surveillance System to examine uninsurance rates among Americans from 1993 through 2009 by whether respondents reported “frequent [mental distress](#)” (indicative of mental illness) and/or “frequent physical distress” (indicative of chronic disease). Those reporting “frequent mental distress” had disproportionately high uninsurance rates (22.6%) compared to those reporting “frequent physical distress” (17.7%).

The prevalence of uninsurance did not differ markedly between those with only frequent mental distress and those with frequent mental and physical distress, suggesting that mental distress was the driving factor. People with neither physical nor mental distress were the least likely to be uninsured (16.6%).

The authors’ goal was to establish baseline data that can be used in 2014 and later when researchers are trying to gauge the effect of implementation of health care reform, such as by changes in access, utilization, and self-reported measures of health. The Affordable Care

Act is scheduled to be fully implemented in January 2014, when millions of formerly uninsured Americans will gain insurance coverage.

The researchers found that the percentage of the population that was uninsured increased significantly between the time periods 1993-1996 and 2006-2009 for people with frequent mental distress and for people with neither physical or mental distress. It remained fairly constant for people with frequent physical distress and people with frequent physical and mental distress.

The authors, Tara W. Strine, Ph.D., M.P.H., and colleagues, conclude that given these results, “it will be important to monitor potential changes in health care access, utilization, and self-reported health after implementation of the ACA [Affordable Care Act], particularly among those with mental illness.”

Provided by American Psychiatric Association

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