



# Perceived Mental Health Status Across Disability Types

## Medical Expenditure Panel Survey (MEPS), 2022

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Daneel Proshlyakov, Dr. Brandie Bentley, Dr. Michelle Meade

### **HIGHLIGHTS**

- Poor mental health was reported by 7.06% of individuals with disabilities, 0.49% of individuals without disabilities, and 1.39% overall.
- Individuals with self-care disabilities reported the highest prevalence of poor mental health (15.72%).
- Over 40% of adults with cognitive, self-care, and independent living difficulties rated their mental health as “Fair” or “Poor.”

### **INTRODUCTION**

Mental health is a vital component of overall well-being and a strong predictor of quality of life (Evans et al., 2006). While this relationship is well established in the general population, less is known about how mental health varies across specific disability types, though some research has begun to explore these connections. Adults with disabilities are more likely to report mental health conditions, with those experiencing both mental and physical disabilities reporting especially severe psychological distress (Cree et al., 2020). Furthermore, individuals facing prolonged mental health challenges are significantly more likely to report cognitive disabilities compared to other disability types (Lauer & Lauer, 2019).

These findings suggest that the relationship between disability and mental health is not uniform across disability types. However, the specific nature of these links remains underexplored. Using data from the 2022 Medical Expenditure Panel Survey (MEPS), this statistical brief examines how self-reported mental health varies across six distinct disability types, to provide a better understanding of these relationships.

**FINDINGS**

**Figure 1.** Prevalence of Different Disability Types and Status Among Adults, MEPS 2022 (n = 21,747)

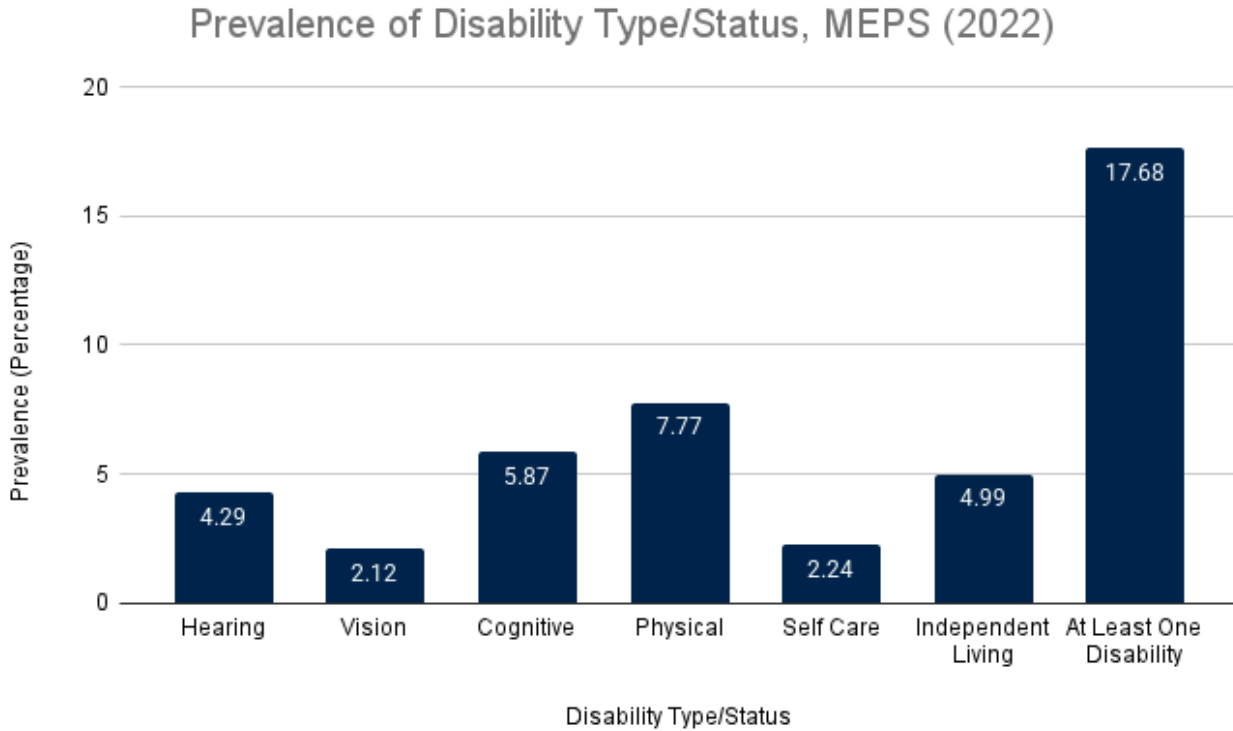


Figure 1 illustrates the prevalence of adults reporting various disability types based on 2022 MEPS data.

Physical disabilities were the most prevalent at 7.77%, followed by cognitive difficulties (5.87%) and independent living challenges (4.99%). Hearing impairments were reported by 4.29% of adults, while lower rates were observed for self-care (2.24%) and vision difficulties (2.12%). Overall, 17.68% of adults reported experiencing at least one disability.

**Figure 2.** Prevalence of Poor Perceived Mental Health Among Adults with Different Disability Types/Status, MEPS 2022. (n=21,747)

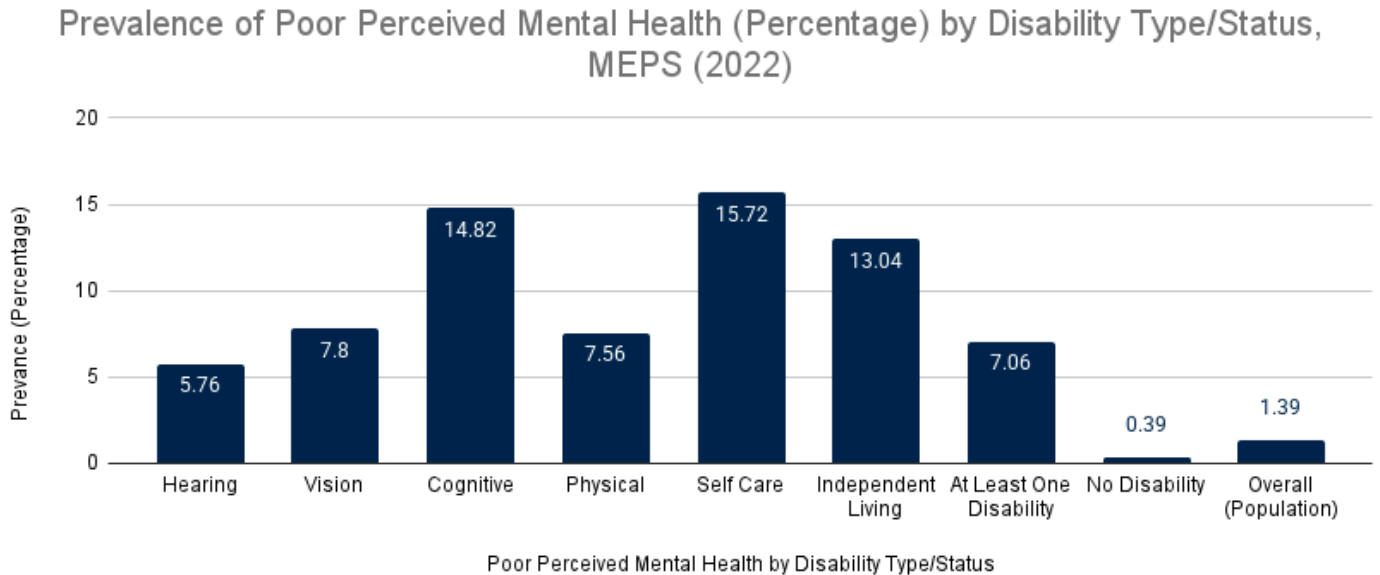


Figure 2 shows the percentage of adults reporting poor perceived mental health across different disability types and statuses, based on 2022 MEPS data.

Adults with self-care disabilities (15.72%), cognitive disabilities (14.82%), and independent living difficulties (13.04%) had the highest reported prevalence of poor perceived mental health. In contrast, only 1.39% of the overall adult population reported poor mental health, and just 0.39% among those with no disability.

These findings highlight the disproportionate mental health burden faced by individuals with disabilities, particularly those that affect autonomy, cognitive function, and the ability to manage daily activities.



**Figure 3.** Distribution of Perceived Mental Health Among Adults with Different Disability Types, MEPS 2022. (n = 21,747)

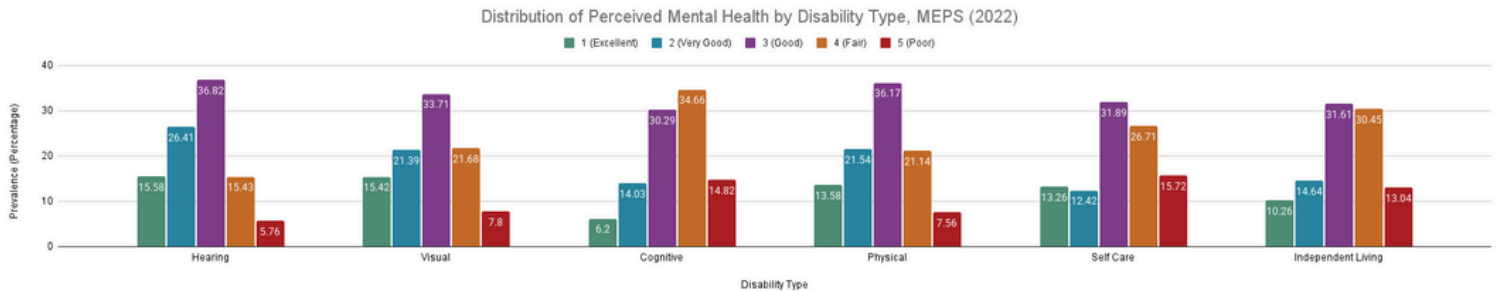


Figure 3 shows the full distribution of self-reported mental health status—ranging from “Excellent” to “Poor”, by disability types, based on 2022 MEPS data.

Across all disability types, the proportion of adults reporting “Poor” mental health (red bars) is relatively high, particularly among those with self-care (15.72%), cognitive (14.82%), and independent living (13.04%) disabilities.

While the majority of adults report their mental health as “Good” or better, people with disabilities are significantly more likely to rate their mental health as “Fair” or “Poor” compared to those without disabilities (Figure 2).

For example, over 40% of adults with self-care, cognitive, and independent living difficulties reported “Fair” or “Poor” mental health—substantially higher than the rate among adults without disabilities.

These patterns highlight how certain disability types are more likely to report lower perceived mental well-being, underscoring the need for integrated physical and mental health support.



## **REFERENCES**

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**VARIABLES AND DEFINITIONS**

**Self-Perceived Mental Health Status**

MEPS Perceived Mental Health Status Question asks a person/household member to rate their perceived mental health on a scale from 1-5.

Variable Name	Question	Response Options
<p>PERCEIVED MENTAL HEALTH STATUS</p>	<p>Rate the mental health of each person in the family according to the following categories: excellent, very good, good, fair, and poor.</p>	<p>1 = EXCELLENT 2 = VERY GOOD 3 = GOOD 4 = FAIR 5 = POOR</p>



## Disability Module

MEPS' Disability module consists of six questions centered around six categories of disability—hearing, vision, decision, mobility, self-care, and independent living disability.

Variable Name	Question	Response Options
SERIOUS DIFFICULTY HEARING	The initial question (HE270) determined if anyone in the family had difficulty hearing. If the response was “Yes” (1), a follow-up question (HE280) was asked to determine which household member(s) had a hearing impairment.	1 = YES 2 = NO
SERIOUS DIFFICULTY SEEING W/GLASSES	The initial question (HE290C) determined if anyone in the family had difficulty seeing. If the response was “Yes” (1), a follow-up question (HE300) was asked to determine which household member(s) had a seeing impairment.	1 = YES 2 = NO
SERIOUS COGNITIVE DIFFICULTIES	The initial question (HE310) determined if anyone in the family had difficulty concentrating, remembering or making decisions. If the response was “Yes” (1), a follow-up question (HE320) was asked to determine which household member(s) had difficulty concentrating, remembering or making decisions.	1 = YES 2 = NO
SERIOUS DIFCULTY WLK/CLIMB STAIRS	The initial question (HE330) determined if anyone in the family had serious difficulty walking or climbing stairs. If the response was “Yes” (1), a follow-up question (HE340) was asked to determine which household member(s) had difficulty walking or climbing stairs.	1 = YES 2 = NO
DIFFICULTY DRESSING/BATHING	The initial question (HE350) determined if anyone in the family had difficulty dressing or bathing. If the response was “Yes” (1), a follow-up question (HE360) was asked to determine which household member(s) had difficulty dressing or bathing.	1 = YES 2 = NO
DIFFICULTY DOING ERRANDS ALONE	The initial question (HE370) determined if anyone in the family had difficulty doing errands alone. If the response was “Yes” (1), am follow-up question (HE380) was asked to determine which household member(s) had difficulty doing errands alone.	1 = YES 2 = NO



### **DATA SOURCE**

This Statistical Brief uses data from the MEPS 2022 survey. For additional information about the MEPS data set, see: <https://datatools.ahrq.gov/meps-hc/>

### **Suggested Citation**

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### **CENTER FOR DISABILITY HEALTH AND WELLNESS (CDHW)**

The University of Michigan Center for Disability Health and Wellness (U-M CDHW) aims to develop and apply innovative research, clinical, and educational strategies to address inequities in healthcare access, quality, and outcomes experienced by individuals with disabilities across the lifespan. We work in partnership with members of the disability community to ensure that all people, regardless of type or severity of disability, have full access to quality health care and to wellness activities personalized to their background, strengths and needs.

Website: <https://disabilityhealth.medicine.umich.edu/research/ahead-dc-rrtc>