

Research

The Mental Health of Medicare Beneficiaries
with Disabilities During the COVID-19 Pandemic



PANDEMIC MENTAL HEALTH

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Abstract

Purpose. During the COVID-19 pandemic, there was a tremendous increase in adverse mental and behavioral health symptoms. People with disabilities who are Medicare beneficiaries (under 65) are a vulnerable population, frequently having multiple chronic conditions, and facing a number of social disadvantages, even before the pandemic. As a result of the lack of attention drawn to the pandemic needs and experiences of people with disabilities, as well as the increased needs of Medicare beneficiaries with disabilities, the aim of this study is to examine the mental health of Medicare beneficiaries with disabilities during the COVID-19 pandemic.

Method. To do so, we conducted a secondary analysis of United States Census Bureau *COVID-19 Household Pulse Survey* data from 65,639 (unweighted) people with disabilities who were Medicare beneficiaries. Generalized anxiety disorder and major depressive disorder were measured using the Generalized Anxiety Disorder Scale (GAD-2) and Patient Health Questionnaire (PHQ-2) respectively.

Results. Our findings (weighted) revealed, during the pandemic, 43.3% of Medicare beneficiaries with disabilities had symptoms of generalized anxiety disorder, and 36.8% had symptoms of major depressive disorder. In addition, 15.3% said they needed counseling/therapy from a mental health professional but did not get it.

Conclusions. Many Medicare beneficiaries with disabilities reported symptoms of generalized anxiety disorder and major depressive disorder during the pandemic, and a lack of access to needed mental health services. As the pandemic continues, and in wake of recovery from the pandemic, it is important to pay attention to and target the mental health disparities unearthed in this study.

Keywords: COVID-19 pandemic; Medicare; people with disabilities; generalized anxiety disorder; major depressive disorder

Impact

Our study suggests almost half of Medicare beneficiaries with disabilities had symptoms of anxiety and more than one third symptoms of depression during the COVID-19 pandemic; as such, therapists need to be prepared to support this population during and after the pandemic, especially in relation to the pandemic challenges they faced. In addition, given a significant proportion of Medicare beneficiaries with disabilities did not receive the counseling/therapy services they needed during the pandemic, mental health service provision for Medicare beneficiaries should be expanded.

The Mental Health of Medicare Beneficiaries with Disabilities During the COVID-19 Pandemic

The COVID-19 pandemic has not only negatively hindered people's physical health, a number of social and economic factors, such as employment, parenting, government responses to COVID-19, and access to food and housing, all led to an increase in stress, anxiety, and depression among people (American Psychological Association, 2020). In fact, during the pandemic there was a tremendous increase in adverse mental and behavioral health symptoms (American Psychological Association, 2020; Centers for Disease Control and Prevention, 2020; Fancourt et al., 2021; Faris, 2021; Grose, 2020; Steptoe & Di Gessa, 2021). For example, there was a three-fold increase in depression among adults in the United States (Ettman et al., 2020). The Centers for Disease Control and Prevention (2020) also found that in June 2020, 31% of adults in the United States had symptoms of anxiety or depression, 26% had symptoms of trauma and stressor related disorder, and 11% had considered suicide in the last month. A partnership between the American Psychiatric Association, the American Psychological Association, and other national mental health organizations formed in direct response to this crisis observe, "the mental health crisis that has evolved along with the COVID pandemic is unprecedented. The levies have broken on an overwhelmed system of care" (American Psychiatric Association et al., 2020, n.p.).

People of color, younger adults, parents, and people with lower socioeconomic status, among others, experienced more stress and mental health symptoms during the pandemic (American Psychological Association, 2020; Centers for Disease Control and Prevention, 2020; Coley & Baum, 2021). Despite disparities in mental health during the pandemic among other groups, less is know about how the pandemic impacted the mental health of people with

disabilities¹. Examining the impact of the pandemic on the mental health of people with disabilities is particularly important as they were at higher risk for infection, complications, and death from COVID-19, and yet, less attention has been drawn to their experiences or their needs (Andrews et al., 2020; Boyle et al., 2020; Centers for Disease Control and Prevention, 2021a, 2021b; Chakraborty, 2021; FAIR Health et al., 2020; Kavanagh et al., 2020; Turk et al., 2020). Moreover, ableism is extremely prevalent (Abberley, 1987; Andrews et al., 2019; Barnes, 1997; Bogart & Dunn, 2019; Dunn, 2019; Friedman, 2019; Kumari-Campbell, 2009; Shakespeare, 1996; Trent, 1994), even prior to the pandemic, and contributes to disparities in health and health care access among people with disabilities (Emerson et al., 2011).

In particular, people with disabilities under 65 who are Medicare² beneficiaries are more likely to have significant health care needs than those beneficiaries over 65 (Cubanski & Neuman, 2010). People with disabilities younger than 65 qualify for Medicare if they receive Social Security disability benefits. Approximately 18% of Medicare beneficiaries under 65 have ‘severe mental illness,’ 17% intellectual disabilities, 3% dementia, 42% ‘other’ disabilities with less than two activity of daily living (ADL) limitations, and 21% ‘other’ disabilities with two or more ADL limitations (Foote & Hogan, 2001).

Not only do Medicare beneficiaries with disabilities frequently have multiple chronic conditions, they also face a number of social disadvantages which can lead to health disparities (Cubanski & Neuman, 2010; Na et al., 2017). In fact, compared to older Medicare beneficiaries

¹ Disability “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis” (United Nations, 2006, n.p.).

² Medicare is a federal health insurance program primarily designed for older adults over 65 that can include hospital insurance, medical insurance, and prescription medication coverage. People qualify for Medicare by either being an older adult (>65) or, if younger than 65, by having disabilities, including chronic illnesses, and receiving Social Security disability benefits. In contrast, Medicaid is a joint federal and state program (varying by state) covering medical and long-term care expenses for low-income people, including low-income people with disabilities.

(>65), younger Medicare beneficiaries (<65) have worse health and are less likely to access preventative care (Cubanski & Neuman, 2010; Na et al., 2017). For example, one study found 46% of Medicare beneficiaries with disabilities (<65) delayed health care (not mental health specific) services because of costs in 2008 (Cubanski & Neuman, 2010). Also, compared to older Medicare beneficiaries, Medicare beneficiaries with disabilities (<65) are more likely to be people of color, have less education, have lower incomes, and are less likely to live with a partner, all of which are social determinants of health (Cubanski & Neuman, 2010; Cubanski et al., 2016; Na et al., 2017; United States Office of Disease Prevention and Health Promotion, n.d.).

As a result of the lack of attention drawn to the pandemic needs and experiences of people with disabilities, as well as the increased needs of Medicaid beneficiaries with disabilities, the aim of this study is to examine the mental health of Medicare beneficiaries with disabilities in the United States during the COVID-19 pandemic. We had the following research questions:

1. What was the prevalence of generalized anxiety disorder and major depressive disorder symptoms among Medicare beneficiaries with disabilities during the pandemic?
2. What factors were correlated with Medicare beneficiaries with disabilities' anxiety and depression symptoms?
3. What factors were correlated with Medicare beneficiaries with disabilities not being able to get needed counseling/therapy?

To explore these research questions, we conducted a weighted secondary analysis of United States Census Bureau (2021) *COVID-19 Household Pulse Survey* data from 65,639 (unweighted) people with disabilities who were Medicare beneficiaries.

Methods

Data

We obtained the data from the United States Census Bureau (2021). (As this study analyzed publicly available deidentified data, IRB determined it exempt from review.) The Census Bureau administered the online *COVID-19 Household Pulse Survey* to randomly selected households in the United States between April 23, 2020 and March 1, 2021 in order to explore the impact of the COVID-19 pandemic on people and households. (Please see United States Census Bureau (n.d.-a, n.d.-b, n.d.-c) for in depth details about the sampling procedure.) The response rate was 7.8% between April 23, 2020 and March 1, 2021 (United States Census Bureau, n.d.-a, n.d.-b, n.d.-c).

The *Household Pulse Survey* asked people about a number of topics ranging from food security to education access to mental health. A total of 1.9 million unduplicated people completed the survey, 1.1 million of which provided information about their health insurance coverage, including related to Medicare. People who did not provide information about their coverage and those participants who were duplicates were removed. Insurance information was utilized to determine which participants were Medicare recipients with disabilities under 65. This process resulted in a sample of 65,639 Medicare beneficiaries with disabilities under 65. The Census Bureau's frequency person-weights were applied using SPSS27 complex samples to account for nonresponses and population demographics.

Participants

Of the participants, 5.7% were between 18-24 years old, 10.1% 25-34, 16.4% 35-44, 22.8% 45-54, and 45.0% 55-64 (Table 1). Approximately half (54.4%) of the Medicare beneficiaries with disabilities were female. The majority of the Medicare beneficiaries with disabilities were White (66.8%). Only 18.3% of the sample had a Hispanic ethnicity. Of the Medicare beneficiaries with

disabilities, 52.6% had a high school education or less. About one-quarter (25.8%) of Medicare beneficiaries with disabilities were never married, with 48.3% now married, 17.7% divorced, 4.5% widowed, and 3.7% separated. Approximately one-third of Medicare beneficiaries with disabilities (34.1%) had a total household income (pre-tax) in 2019 of less than \$25,000. Slightly more than one-third of Medicare beneficiaries with disabilities (37.1%) lived with children under 18. In the sample, 55.0% of the Medicare beneficiaries with disabilities were also Medicaid beneficiaries.

Variables

The *Household Pulse Survey* used questions from the Generalized Anxiety Disorder Scale (GAD-2), which follows DSM criteria for generalized anxiety disorder in a brief format, to examine anxiety symptoms during the pandemic. GAD-2 has discriminant validity, sensitivity, specificity, and internal consistency (Staples et al., 2019). The following two questions from the GAD-2 were used: (1.) Over the last 7 days, how often have you been bothered by feeling nervous, anxious, or on edge? and, (2.) Over the last 7 days, how often have you been bothered by not being able to stop or control worrying? Answer options for both questions included: not at all (0); several days (1); more than half the days (2); or nearly every day (3). Participants scores on both of these questions were summed; based on GAD-2 criteria (United States Census Bureau, 2020), scores of 3 or greater are considered to reflect symptoms of generalized anxiety disorder (yes (1); no (0)).

The *Household Pulse Survey* used questions from the Patient Health Questionnaire (PHQ-2), which follows DSM criteria for major depressive disorder in a brief format, to examine depression symptoms during the pandemic. PHQ-2 has discriminant validity, sensitivity, specificity, test-retest reliability, and internal consistency (Staples et al., 2019). The following

two questions from the PHQ-2 were used: (1.) Over the last 7 days, how often have you been bothered by having little interest or pleasure in doing things?; and, (2.) Over the last 7 days, how often have you been bothered by feeling down, depressed, or hopeless? Answer options for both questions included: not at all (0); several days (1); more than half the days (2); or nearly every day (3). Participants scores on both of these questions were summed; based on PHQ-2 criteria (United States Census Bureau, 2020), scores of 3 or greater are considered to reflect symptoms of major depressive disorder (yes (1); no (0)).

The *Household Pulse Survey* also asked participants: At any time in the last 4 weeks, did you need counseling or therapy from a mental health professional, but DID NOT GET IT for any reason? (emphasis original). Answer options were: yes (1); or no (0).

Analyses

In order to examine the mental health of Medicare beneficiaries with disabilities during the pandemic, we first conducted descriptive statistics of generalized anxiety disorder and major depressive disorder symptoms. In order to explore differences among Medicare beneficiaries with disabilities' pandemic anxiety and depression, we utilized complex samples binary logistic regression models with Medicare beneficiaries with disabilities' demographics serving as the independent variables (IVs), and anxiety and depression symptoms serving as the dependent variables (DVs) in different models.

We were also interested in exploring who did not get needed mental health counseling/therapy during the pandemic. To do so, we first utilized descriptive statistics. Then we used a complex samples binary logistic regression model to explore correlates of Medicare beneficiaries with disabilities not being able to get needed counseling/therapy; in doing so, not

being able to get needed counseling/therapy served as the DV, and Medicare beneficiaries with disabilities' demographics served as the IVs.

Results

Mental Health Symptoms During the Pandemic

During the pandemic, 43.3% of Medicare beneficiaries with disabilities reported having symptoms of generalized anxiety disorder (Table 2), and 36.8% reported having symptoms of major depressive disorder. Binary logistic regression models also revealed differences in pandemic mental health among Medicare beneficiaries with disabilities themselves (Table 3). Controlling for all other variables, Medicare beneficiaries with disabilities in households with children were more likely to have symptoms of anxiety (odds ratio (OR; 95% confidence interval) = 1.18(1.08-1.30)) and depression (OR(CI) = 1.11(1.01-1.21)) than those in households without children. Female Medicare beneficiaries with disabilities were more likely to have symptoms of anxiety (OR(CI) = 1.45(1.34-1.57)), and depression (OR(CI) = 1.19(1.10-1.29)) than male Medicare beneficiaries with disabilities. White Medicare beneficiaries with disabilities were more likely to have symptoms of anxiety, and depression than Black (ORs(CIs) = 0.74(0.66-0.83) and 0.87(0.77-0.97) respectively) and Asian (ORs(CIs) = 0.63(0.52-0.72) and 0.76(0.63-0.92) respectively) Medicare beneficiaries with disabilities. Medicare beneficiaries with disabilities with a Hispanic ethnicity were less likely to have symptoms of anxiety (OR(CI) = 0.83(0.74-0.94)), and depression (OR = 0.85(0.75-0.97)) than those without a Hispanic ethnicity. Medicare beneficiaries with disabilities with a Bachelor's degree or higher were less likely to have anxiety and depression symptoms than Medicare beneficiaries with disabilities with some college (ORs(CIs) = 1.17(1.07-1.28) and 1.29(1.17-1.41) respectively). Medicare beneficiaries with disabilities who were married were less likely to have symptoms of depression

(OR(CI) = 0.82(0.73-0.93)) than people who were never married. Conversely, Medicare beneficiaries with disabilities who were separated were more likely to have symptoms of anxiety (OR(CI) = 1.27(1.02-1.59)) and depression (OR(CI) = 1.25(1.01-1.56)) than people who were single. Compared to people with household incomes of \$100,000+, people with lower household incomes were more likely to have anxiety and depression symptoms. Medicare beneficiaries with disabilities who also were Medicaid beneficiaries (dual eligible) were more likely to have symptoms of anxiety (OR(CI) = 1.21(1.11-1.32)) and depression (OR(CI) = 1.22(1.12-1.33)) than Medicare beneficiaries with disabilities who were not also Medicaid beneficiaries.

Access to Mental Health Treatment During the Pandemic

Of Medicare beneficiaries with disabilities, 15.3% said they needed counseling/therapy from a mental health professional in the last month but did not get it (Table 2). A binary logistic regression model revealed differences in who was able to get needed counseling/therapy among Medicare beneficiaries with disabilities (Table 4). Controlling for all other variables, Medicare beneficiaries with disabilities aged 18-24 were more likely to not get needed counseling/therapy services compared to Medicare beneficiaries with disabilities aged 55-64 (OR(CI) = 0.58(0.36-0.93)). Female Medicare beneficiaries with disabilities were more likely to not get needed counseling/therapy services (OR(CI) = 1.22(1.06-1.41)) compared to male Medicare beneficiaries with disabilities. White Medicare beneficiaries with disabilities were more likely to not get needed counseling/therapy services compared to Black (OR(CI) = 0.79(0.65-0.95)) and Asian (OR(CI) = 0.45(0.30-0.68)) Medicare beneficiaries with disabilities. Compared to Medicare beneficiaries with disabilities with less than a high school degree (OR(CI) = 0.72(0.54-0.96)), a high school degree (OR(CI) = 0.64(0.54-0.77), and an associate's degree (OR(CI) = 0.83(0.70-0.99)), Medicare beneficiaries with disabilities with a Bachelor's degree or more

education were more likely to not get needed counseling/therapy services. Medicare beneficiaries with disabilities who were separated were more likely to not get needed counseling/therapy (OR(CI) = 1.44(1.06-1.96)) than Medicare beneficiaries with disabilities who were never married. Compared to people with household incomes of \$100,000+, people with incomes of less than \$74,999 were more likely to not get needed counseling/therapy services. Medicare beneficiaries with disabilities who were also Medicaid beneficiaries were more likely to not get needed counseling/therapy services (OR(CI) = 1.32(1.15-1.51)) than Medicare beneficiaries with disabilities who were not also Medicaid beneficiaries.

Discussion

The COVID-19 pandemic has negatively impacted the mental health of all people. Our study suggests almost half of Medicare beneficiaries with disabilities had symptoms of generalized anxiety disorder and more than one-third major depressive disorder during the pandemic.

Research indicates Medicare beneficiaries with disabilities faced many of the same issues and challenges other populations did during the pandemic (ANCOR Foundation & United Cerebral Palsy, 2021; Embregts et al., 2020; Friedman, 2021; Keppler, 2020; Meyersohn, 2020; Pettinicchio et al., 2021; Pinilla-Roncancio & Alkire, 2021; Pottie & Sumarah, 2004; Pulrang, 2020a; Simplican et al., 2015); however, they also did so while grappling with ableism, and the stress, trauma, and deadly consequences that come with it (Abberley, 1987; Andrews et al., 2019; Autistic Self Advocacy Network, 2020; Barnes, 1997; Bogart & Dunn, 2019; Boyle et al., 2020; Bradley, 2020; Chakraborty, 2021; Dunn, 2019; Friedman, 2019; Gathright, 2020; Kumari-Campbell, 2009; Li, 2020; Oakley et al., 2020; Pulrang, 2020a, 2020b; Shakespeare, 1996; Trent, 1994).

The traumatic experiences of the pandemic and their impact on mental health are likely to remain after the pandemic, especially if people's counseling/therapy needs remain unmet. In fact, despite large numbers of Medicare beneficiaries with disabilities having generalized anxiety and major depression symptoms and facing increased challenges during the pandemic in our study, 15% of Medicare beneficiaries with disabilities reported they needed counseling/therapy services but did *not* get it. Delaying or forgoing needed health care leads to further increases in stress and anxiety in Medicare beneficiaries with disabilities (Cubanski & Neuman, 2010).

Prior to the pandemic, Medicare beneficiaries with disabilities', especially those who were dual eligible, access to care and the quality of care they receive were negatively impacted by the fragmented system through which they receive services (Cubanski & Neuman, 2010; Feng, 2018; Figueroa et al., 2018; Warshaw & DeGolia, 2015); this may contribute to why Medicare beneficiaries with disabilities did not get the counseling/therapy services they needed during the pandemic. In fact, some health care providers will not serve Medicare beneficiaries because of poor reimbursement rates (Cubanski & Neuman, 2010; Fung et al., 2021; Warshaw & DeGolia, 2015). Given lower income Medicare beneficiaries with disabilities in our study were more likely to not get the counseling/therapy they needed, we believe cost may have also been a factor in these disparities. There are likely additional reasons Medicare beneficiaries were unable to access the counseling/therapy they needed, such as fear of COVID-19 exposure, unemployment, lack of access to telehealth, and disparities in technology, which should also be explored in more depth in future research as they likely also contributed to these disparities.

As the pandemic continues, and in wake of recovery from the pandemic, it is important to pay attention to and target the mental health disparities unearthed in this study, such as people who lived with children, women, White people, those with less education, people with lower

incomes, and dual eligible people. In addition, we recommend more research be conducted about the mental health of people with disabilities during the pandemic, especially related to people of color with disabilities. Given widespread and systemic racism during the pandemic, with people of color with disabilities more likely to contract and die of COVID-19 (Chakraborty, 2021), police brutality spotlighted and protested by Black Lives Matter, increases in racism and discrimination against Asian Americans and Pacific Islanders (Ho, 2021), among others, our finding that Black, Asian, and Hispanic Medicare beneficiaries with disabilities were less likely to have symptoms of anxiety and depression seems counterintuitive and requires further investigation. There may be an interaction which we did not explore, or information which was outside the bounds of our data which would be helpful to tease out this relationship.

Limitations

Several limitations should be considered. This was a secondary data analysis; as such, we could not add additional variables or ask follow-up questions. For example, while we were able to determine who was a Medicare beneficiary with disability through health insurance information due to enrollment requirements, the Census Bureau did not ask demographic questions directly about disability; for this reason, we are not able to tell if there are differences across and among different disabilities, or how many people had mental health disabilities. Unfortunately, this relates to a much larger problem of pandemic data not being collected about people with disabilities (Reed et al., 2020). In addition, the Census Bureau used relatively simple measures to examine depression and anxiety. They also did not ask participants why they did not receive the counseling/therapy they needed. We also did not have information about people's mental health prior to the pandemic. It is also unclear what steps the Census Bureau took to make the survey

accessible to those people with disabilities with the highest support needs. We also did not explore interactions.

Conclusion

The COVID-19 pandemic led to a significant increase in adverse mental and behavioral health symptoms in the United States (American Psychological Association, 2020; Centers for Disease Control and Prevention, 2020; Faris, 2021; Grose, 2020). Almost half of Medicare beneficiaries with disabilities in our study reporting having symptoms of generalized anxiety disorder and more than one-third major depression disorder during the pandemic. While the disability community is a resilient one, isolation, unemployment, financial insecurity, increased risk of death, the needs and voices of the community being ignored, and other forms of ableist discrimination and oppression all adversely impact people with disabilities' mental health; this is important to recognize during the pandemic, and beyond.

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Table 1

Demographics

Characteristic	%
Age (in years)	
18 to 24	5.7%
25 to 34	10.1%
35 to 44	16.4%
45 to 54	22.8%
55 to 64	45.0%
Children under 18 in household	
No	62.9%
Yes	37.1%
Sex	
Male	45.6%
Female	54.4%
Race	
White, alone	66.8%
Black, alone	18.3%
Asian, alone	6.4%
Another race alone, or multiracial	8.5%
Ethnicity: Hispanic	
Hispanic	18.3%
Not Hispanic	81.7%
Highest level of education	
Less than high school degree	13.6%
High school degree/equivalent	39.0%
Some college	21.4%
Associate's degree	10.1%
Bachelor's degree or higher	16.0%
Marital status	
Now married	48.3%
Widowed	4.5%
Divorced	17.7%
Separated	3.7%
Never married	25.8%
Household income (2019; before taxes)	
Less than \$25,000	34.1%
\$25,000 - \$34,999	15.4%
\$35,000 - \$49,999	13.5%
\$50,000 - \$74,999	15.3%
\$75,000 - \$99,999	8.5%
\$100,000+	13.3%
Medicaid beneficiary	
Yes	55.0%
No	45.0%

Table 2

Mental Health During the Pandemic

Variable	%
Generalized anxiety disorder symptoms	
Yes	43.3%
No	56.7%
Major depressive disorder symptoms	
Yes	36.8%
No	63.2%
Did not get needed counseling/therapy	
Yes	15.3%
No	84.7%

Table 3
Correlates of Anxiety and Depression Symptoms

Variable	Generalized anxiety disorder (OR [CI])	Major depressive disorder (OR [CI])
Age (ref: 18 to 24)		
25 to 34	1.27 [0.96-1.69]	1.08 [0.81-1.43]
35 to 44	1.30 [0.99-1.69]	1.06 [0.81-1.37]
45 to 54	1.22 [0.94-1.59]	1.07 [0.82-1.38]
55 to 64	1.05 [0.80-1.36]	0.97 [0.75-1.26]
Children in household (ref: no)	1.18 [1.08-1.30]***	1.11 [1.01-1.21]*
Female (ref: male)	1.45 [1.34-1.57]***	1.19 [1.10-1.29]***
Race (ref: White alone)		
Black, alone	0.74 [0.66-0.83]***	0.87 [0.77-0.97]*
Asian, alone	0.63 [0.52-0.76]***	0.76 [0.63-0.92]**
Another race alone, or multiracial	1.11 [0.96-1.30]	1.09 [0.94-1.28]
Ethnicity: Hispanic (ref: not Hispanic)	0.83 [0.74-0.94]**	0.85 [0.75-0.97]*
Education (ref: Bachelor's degree or higher)		
Less than high school degree	0.97 [0.82-1.15]	1.14 [0.97-1.35]
High school degree/equivalent	0.94 [0.85-1.04]	1.08 [0.98-1.20]
Some college	1.17 [1.07-1.28]***	1.29 [1.17-1.41]***
Associate's degree	1.00 [0.90-1.11]	1.06 [0.95-1.18]
Marital status (ref: never married)		
Now married	0.96 [0.85-1.08]	0.82 [0.73-0.93]**
Widowed	1.13 [0.93-1.37]	1.10 [0.91-1.33]
Divorced	1.05 [0.93-1.19]	1.05 [0.92-1.18]
Separated	1.27 [1.02-1.59]*	1.25 [1.01-1.56]*
Household income (ref: \$100,000+)		
Less than \$25,000	2.14 [1.86-2.45]***	2.31 [2.01-2.67]***
\$25,000 - \$34,999	1.76 [1.52-2.03]***	1.93 [1.66-2.25]***
\$35,000 - \$49,999	1.61 [1.38-1.86]***	1.76 [1.51-2.06]***
\$50,000 - \$74,999	1.59 [1.39-1.82]***	1.56 [1.35-1.80]***
\$75,000 - \$99,999	1.28 [1.10-1.49]***	1.38 [1.17-1.62]***
Medicaid beneficiary (ref: no)	1.21 [1.11-1.32]***	1.22 [1.12-1.33]***

Note. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$. Binary logistic regression models (weighted).

Table 4

Not Able to Get Needed Counseling/Therapy

Variable	OR [CI]
Age (ref: 18 to 24)	
25 to 34	0.91 [0.55-1.51]
35 to 44	1.02 [0.64-1.64]
45 to 54	0.79 [0.49-1.26]
55 to 64	0.58 [0.36-0.93]*
Children in household (ref: no)	1.04 [0.90-1.21]
Female (ref: male)	1.22 [1.06-1.41]**
Race (ref: White alone)	
Black, alone	0.79 [0.65-0.95]*
Asian, alone	0.45 [0.30-0.68]***
Another race alone, or multiracial	1.14 [0.93-1.39]
Ethnicity: Hispanic (ref: not Hispanic)	0.90 [0.73-1.11]
Education (ref: Bachelor's degree or higher)	
Less than high school degree	0.72 [0.54-0.96]*
High school degree/equivalent	0.64 [0.54-0.77]***
Some college	0.94 [0.81-1.09]
Associate's degree	0.83 [0.70-0.99]*
Marital status (ref: never married)	
Now married	0.91 [0.74-1.11]
Widowed	0.99 [0.74-1.32]
Divorced	1.19 [0.98-1.45]
Separated	1.44 [1.06-1.96]*
Household income (ref: \$100,000+)	
Less than \$25,000	1.73 [1.34-2.24]***
\$25,000 - \$34,999	1.50 [1.14-1.97]**
\$35,000 - \$49,999	1.54 [1.15-2.06]**
\$50,000 - \$74,999	1.33 [1.03-1.73]*
\$75,000 - \$99,999	1.11 [0.84-1.48]
Medicaid beneficiary (ref: no)	1.32 [1.15-1.51]***

Note. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$. Binary logistic regression (weighted).