



THE TENNESSEE POLL

Press Contact Information

Kelly N. Foster, Ph.D.
Associate Professor of Sociology
Director, Applied Social Research Lab (ASRL)
fosterkn@etsu.edu

Jennifer Hill
Assistant Director for Communications, East Tennessee State University (ETSU)
hill@etsu.edu

TENNESSEANS' MENTAL HEALTH IMPACTED FROM COVID-19

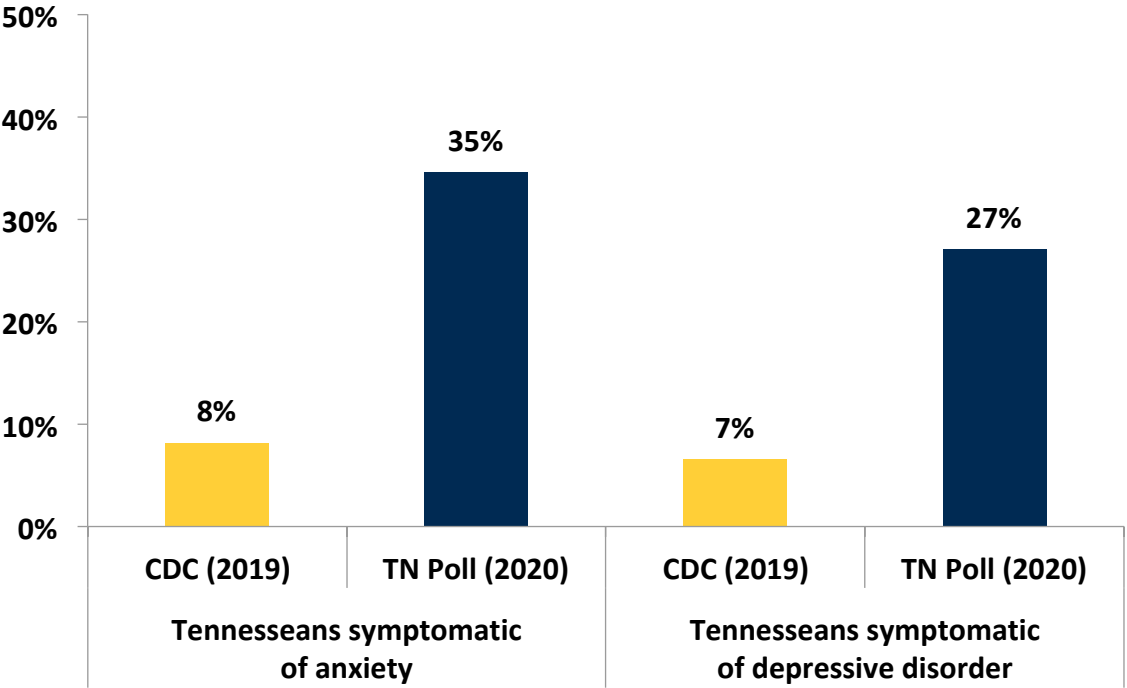
JOHNSON CITY (June 11, 2020) – Tennesseans are showing increased levels of anxiety and depressive disorder post COVID-19. While a national survey conducted in 2019 found that 8.2% of adults have symptoms of anxiety and 6.6% had symptoms of depressive disorder in the previous seven days ([CDC, 2020](#)), these numbers were considerably higher in the most recent Tennessee Poll conducted from April 22-May 1 by the Applied Social Research Lab (ASRL) at East Tennessee State University.

Slightly more than half (50.4%) of respondents reported they had trouble sleeping in the week prior to the poll – 19.4% had trouble sleeping most or all of the time, 17.7% had trouble sleeping occasionally or a moderate amount of time, and 13.3% had trouble sleeping some or a little of the time. Similarly, a majority (53.5%) reported that they had felt nervous, anxious, or on edge at some point in the previous week. Many also reported feeling depressed (43.4%) and lonely (42.8%).

Finally, roughly one in five respondents (18.1%) reported they had experienced physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart when thinking about the COVID-19 pandemic. These reports align with the national data from Pew ([2020](#)), which found that 19% of Americans have had a physical reaction when thinking about the pandemic. The CDC considers these reactions to be symptomatic of anxiety or depressive disorders when they occur “more than half the days or nearly every day” of the week. By this definition, ASRL staff found that 34.6% of Tennesseans were symptomatic of anxiety and 27.1%

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were symptomatic of depressive disorder, which is significantly higher than the numbers reported in 2019 (see Figure 1).



TN Poll #5 PR. 5

Graph By: ETSU ASRL

Figure 1. Comparison of 2020 TN Poll Data to 2019 CDC Data

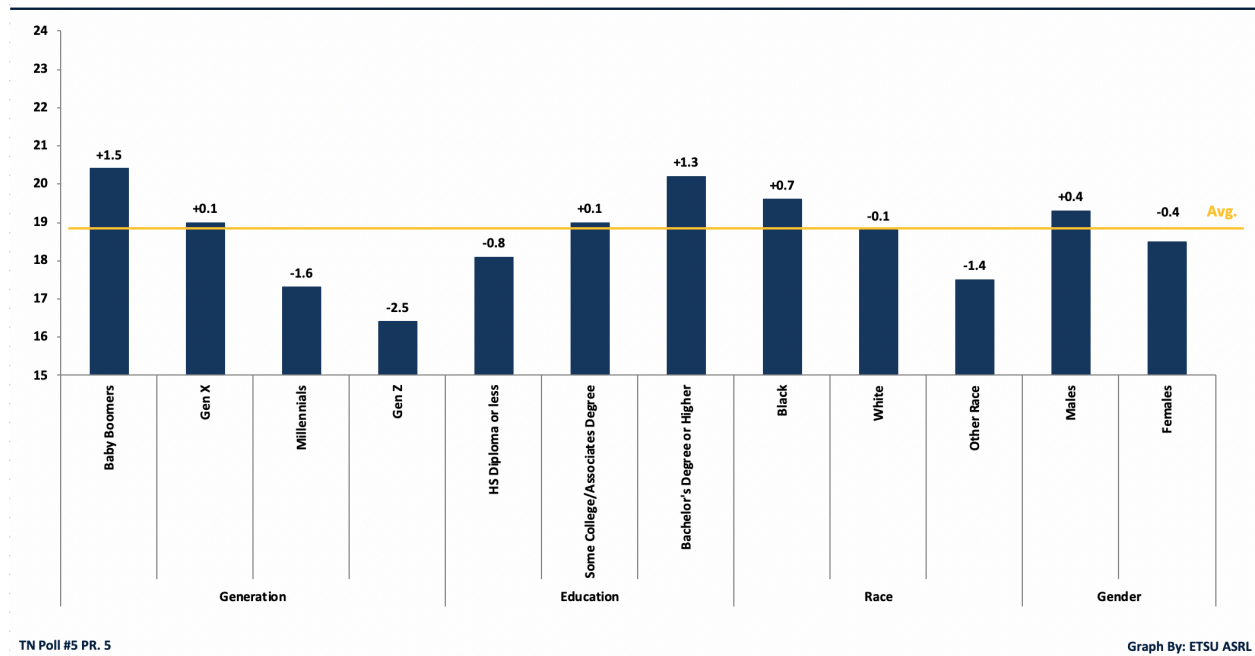
It is possible, however, that many respondents felt these emotions were temporary as 44.2% expressed that they felt hopeful about the future most or all of the time. An additional 20.5% felt hopeful occasionally or a moderate amount of time and an additional 17.9% felt hopeful some or a little of the time. In all, 65% of Tennesseans felt hopeful about the future occasionally or most of the time, while [Pew](#) found this level of optimism in 50% of national respondents, indicating Tennesseans are perhaps more hopeful about the future than the national average. It is also possible that this is an effect of the time that the poll was fielded, which was in the days leading up to Tennessee easing its stay-at-home orders and entering Phase 1 of re-opening the economy.

To further understand the nuances in mental health among Tennesseans, a composite variable for mental health was developed giving equal weights to responses regarding (1) trouble sleeping, (2) felt nervous, anxious, or on edge, (3) felt depressed, (4) feeling lonely, (5) experienced physical reactions, and (6) a reverse score of feeling hopeful about the future. The average respondent had a mental health score of 18.9 out of 24, where a higher score indicated greater mental health. Numbers in parentheses below are presented relative to the average of

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18.9. A plus (+) means the group had a composite mental health score higher – meaning better mental health— than the average for Tennesseans and a minus (-) means the average composite score for that group was lower than the average or indicative of worse mental health overall.

Mental health varied across demographics (see Figure 2). ASRL staff found an increase of mental health by age with Baby Boomers reporting the highest levels of mental health (+1.5), followed by Generation X (+0.1). Millennials (-1.6) and Generation Z (-2.5) both indicated poorer mental health than the average. What is striking is to examine the four-point difference between the Baby Boomers and Generation Z. Similar increases are noted with education, where respondents with a high school diploma or less reported the lowest mental health levels (-0.8), compared to respondents with some college or an associate degree (+0.1) and respondents with a bachelor’s degree or higher (+1.3). Black respondents (+0.7) reported higher mental health than white respondents (-0.1) or respondents of other races (-1.4) and male respondents (+0.4) reported higher mental health than female respondents (-0.04). The poll found differences by employment status; retired respondents (+1.7) and respondents employed full-time (+0.8) had the highest mental health scores, followed by the self-employed (+0.5). Stay at home parents (-1.1), those employed part-time (-1.9), disabled (-1.9), looking for work (-2.4), and students (-2.9) all had mental health scores below the average for Tennesseans (see Figure 3). This is not surprising given that respondents in these categories may be more vulnerable in an economic downturn. Relatedly, respondents with health insurance had higher levels of mental health (+0.3) than those without health insurance (-1.8). The Tennessee Poll did not find significant differences in mental health by grand divisions of the state.



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Figure 2. Mental Health Differences by Select Demographics

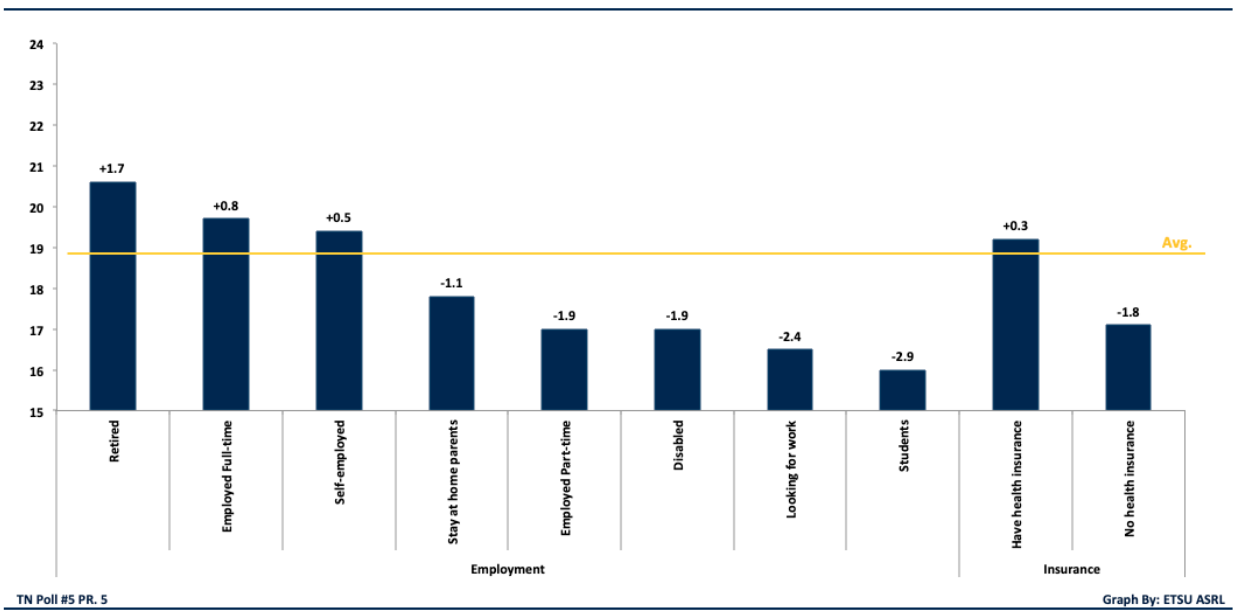


Figure 3. Mental Health Differences by Employment and Insurance Status

Republicans reported higher mental health (+1.1) than Democrats (-0.4) or Independents (-1.2). Respondents who felt Tennessee was heading in the right direction (+1.1) reported higher mental health than respondents who felt Tennessee was heading in the wrong direction (+0.8; see Figure 4). However, mental health decreased with likelihood of voting (+0.8 for those who will definitely vote, -0.8 for those who will likely vote, -1.2 for those who will likely not vote, and -3.7 for those who will definitely not vote). Dr. Kelly Foster, director of the ASRL and associate professor of sociology at ETSU, says Tennessee Poll staff do not believe that the actual act of voting (or not voting) is the driver of mental health, but rather this is likely a proxy measure of underlying beliefs on the state of the country, government, and future direction.

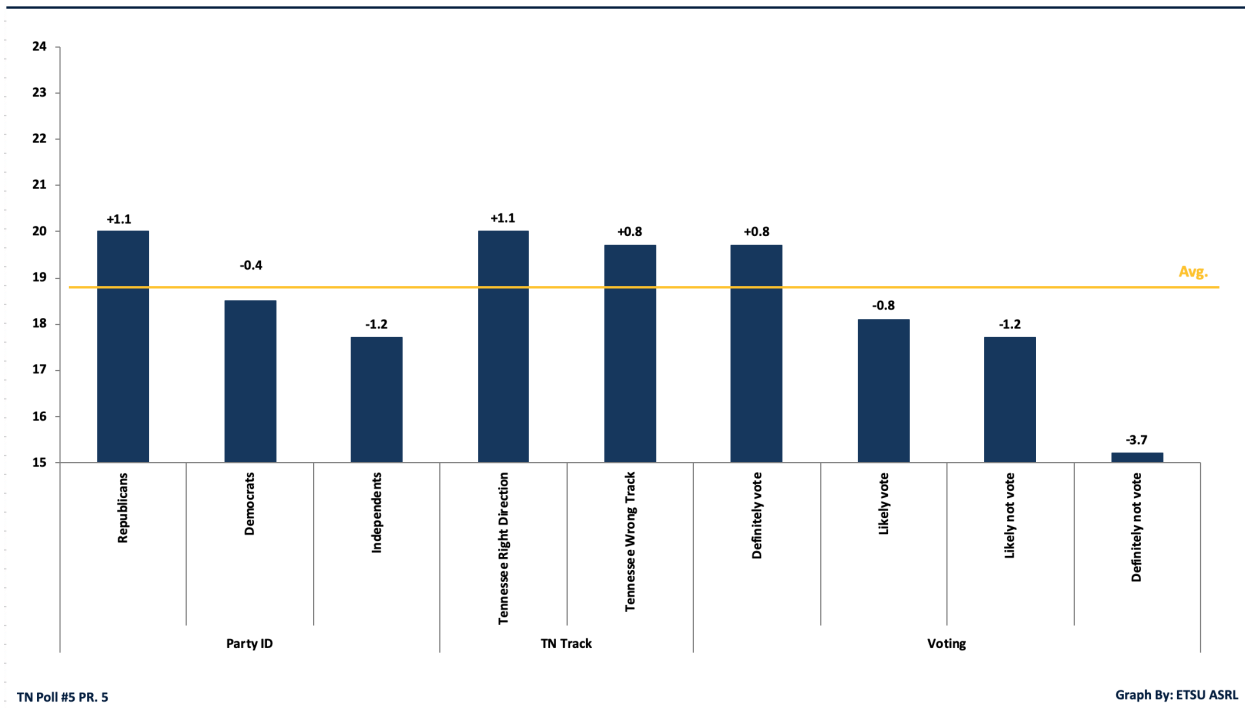


Figure 4. Mental Health Differences by Political Factors

Respondents who think they are likely (-1.2) or very likely (-0.1) to contract COVID-19 reported lower mental health than those who felt it was unlikely (+0.5) or very unlikely (+0.4), with respondents reporting already having contracted COVID-19 having the lowest the mental health scores (-2.9). Similar patterns were noted regarding the relationship between expected severity of symptoms with COVID-19 and mental health. Respondents who lost their jobs due to COVID-19 (-2.3) had the lowest level of mental health, while respondents who felt it was likely (-2.1) or very likely (-2.0) that they will lose their job recorded poorer mental health than those who felt it was unlikely (± 0) or very unlikely (+0.2). ASRL found similar patterns in regard to the impact of COVID-19, where individuals unable to get food had the lowest levels of mental health (-3.6, followed by individuals who felt it was likely at -2.4), compared to individuals who reported it was very unlikely (+1.2). We found similar patterns in regards to impact of COVID-19 and access to food, where individuals who have already been unable to get food had the lowest levels of mental health (-3.6, followed by individuals who felt it is likely to happen at -2.4), compared to individuals who reported it was very unlikely to happen in the future (+1.2). These trends in the relationships between mental health and COVID-19 were also found in the likelihood of being unable to afford food, pay their mortgage, or pay other bills, as well as likelihood of skipping medical care, relapsing with alcohol, and relapsing with other drugs. The more a respondent fears that these outcomes are likely to happen (or have already happened), their mental health scores decrease.

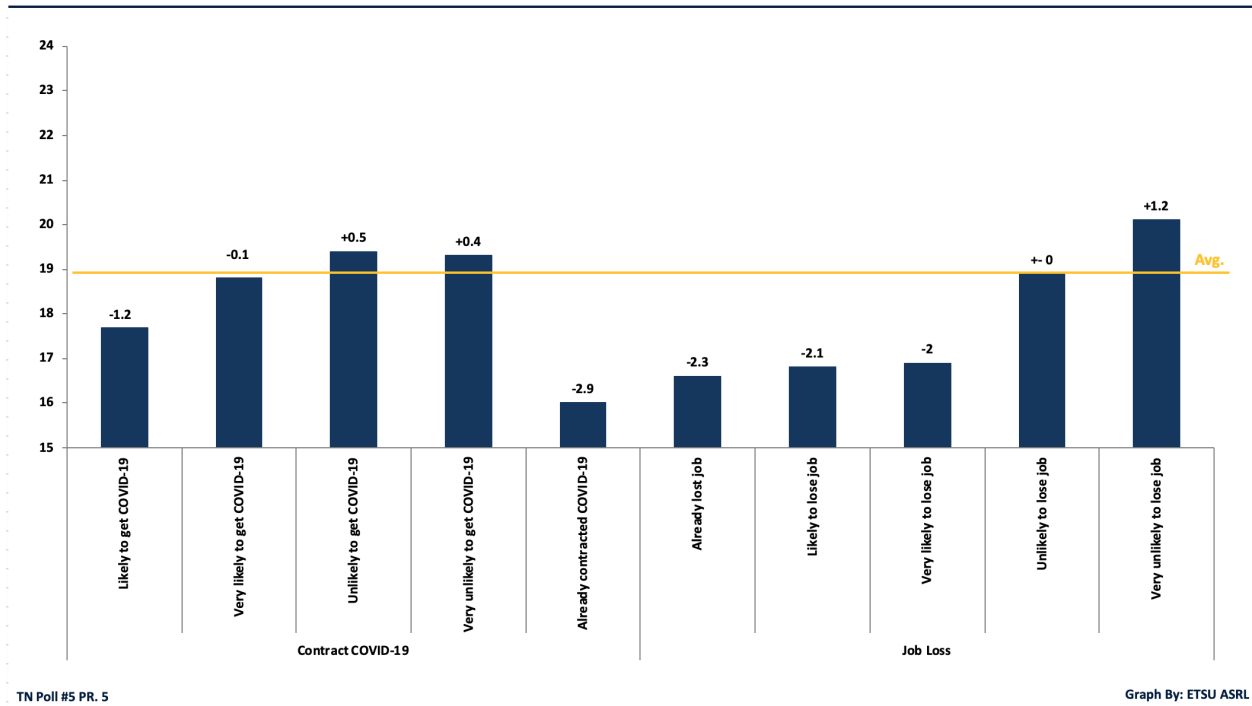


Figure 5. Mental Health Differences by COVID-19 Factors

Although there were not significant differences in mental health status and strictness in social distancing, there was a difference in how likely it is that respondents will seek out the COVID-19 vaccine. More specifically, respondents who reported they would be among the first to get vaccinated (-0.4) or in the middle (-0.3) had a lower mental health score than respondents who would be among the last (+0.1) or would not get vaccinated (+1.4).

About the Tennessee Poll

The Tennessee Poll is conducted by the Applied Social Research Lab (ASRL) in the Department of Sociology and Anthropology at East Tennessee State University. ASRL is directed by Dr. Kelly N. Foster, associate professor of sociology.

The Tennessee Poll is an annual public opinion poll funded by East Tennessee State University. The mission of The Tennessee Poll is to provide the citizens and governance of Tennessee with neutral, unbiased information on Tennesseans' perceptions of issues that impact their health, education, and quality of life.

Though the project has been internally funded to date, there exists the possibility of outside researchers or organizations being given the option to purchase space for questions on future polls. Should this occur, any and all funding sources will be noted in the methodology report for that particular poll.

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The Applied Social Research Lab is a member of the Association of Academic Survey Research Organizations (AASRO) and adheres to the reporting requirements of the American Association for Public Opinion Research Transparency Initiative standards in research reporting.

For detailed information on The Tennessee Poll, including methodology and additional analysis, please visit www.etsu.edu/asrl/tnpoll.

Survey Methodology

The Tennessee Poll uses random digit dialing (RDD) to ensure that all Tennesseans are represented. Phone numbers were drawn from a dual frame RDD sample of cell phone and landline numbers. Braun Research Inc. acquired the cell phone sample and completed the telephone interviews. It is important to note that this particular Tennessee Poll (poll #5) was fielded during the time of the COVID-19 pandemic. Though ASRL maintains an active computer-assisted telephone interviewing (CATI) lab for research purposes that utilizes ETSU student callers, the phone lab was closed due to state regulations during this time. Braun Research Inc. had capabilities and were utilizing secure remote calling with their phone interviewers during this time so in addition to acquiring the sample, they also completed the interviews.

The final sample includes a total of 618 completed interviews, 188 completed by landline (30.4% percent) and 430 completed by cell phone (69.6% percent). The final data are weighted by age, education, gender, and race to adjust for differential response rates in order to assure that the data are as representative of the state's actual adult population as closely as possible. The margin of error for a sample of 618 is +/- 3.9 percentage points at the 95% confidence level for the entire sample. Any subpopulation analysis entails a greater margin of error. For detailed methodology on The Tennessee Poll as well as margin of error reports and additional analysis, please go to www.etsu.edu/asrl/tnpoll.

About the Authors

Candace Forbes Bright, PhD. Dr. Bright is an assistant professor of sociology and faculty affiliate of the Applied Social Research Lab (ASRL) at ETSU. Her expertise is in research methodology and social issues, including public health and race. She also specializes in both quantitative and qualitatively methodologies, including social network analysis.

Kelly N. Foster, Ph.D. Dr. Foster is an associate professor of sociology and director of the Applied Social Research Lab (ASRL) at ETSU. Her expertise is in survey research methodology and she has worked in public opinion research for 17 years. She is a member in good standing of the American Association for Public Opinion Research (AAPOR) and currently serves on the executive council for the Association of Academic Survey Research Organizations (AASRO)

where ASRL is a member organization. She is a co-editor of *Polling America: An Encyclopedia of Public Opinion*, Second Edition, due out in September 2020.

Morgan Kidd, M.A. Ms. Kidd is the assistant director for the Applied Social Research Lab (ASRL) at ETSU. She received her Master of Arts in Sociology from ETSU. She is an active member in good standing with the American Association for Public Opinion Research (AAPOR) and is active with the International Field Directors & Technologies Conference annually.