

Rates of Mental Health Symptoms Unchanged since Early Summer, Health Disparities Persist



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The public's psychological well-being suffered when COVID-19 struck. However, as the pandemic persists throughout the summer, mental health is neither deteriorating further nor improving, according to a three-survey longitudinal study from NORC at the University of Chicago.

Results from the COVID Response Tracking Study indicate that feelings of loneliness, anxiety, depression, and irritability have held steady from May through August, with about 1 in 5 Americans suffering from these emotional problems often or always.

Even with the public's persistently low level of well-being, the latest survey highlights significant demographic disparities in 15 psychosomatic symptoms that people may suffer due to stress and anxiety. Women and younger Americans show higher rates of symptoms than men and older Americans, and those with lower income and educational attainment are more likely to report certain symptoms, such as experiencing a loss of appetite and smoking more than usual, since the start of the pandemic.

Three Things You Should Know

About the NORC Survey of American Adults:

1. Reporting of emotional and physical symptoms has remained stable in recent months, with the average person reporting about 5 out of 15 symptoms.
2. Those age 65 and older are less likely than those age 18-34 to experience nearly all symptoms, including headaches (16% vs. 53%), crying (24% vs. 51%), and feeling dazed (10% vs. 29%).
3. People who frequently watch, read, or talk about COVID-19 are more likely than those who rarely or never do so to show higher rates of nearly all symptoms, including difficulty sleeping (59% vs. 43%), feeling more tired than usual (53% vs. 37%), and feeling nervous (52% vs. 36%).

The data also reveal that frequently watching, reading, or talking about the virus is consistently linked with higher symptom rates. Those who engage in these behaviors often or most of the time are more likely to experience all 15 physical and emotional symptoms, compared to those who report less frequent exposure.

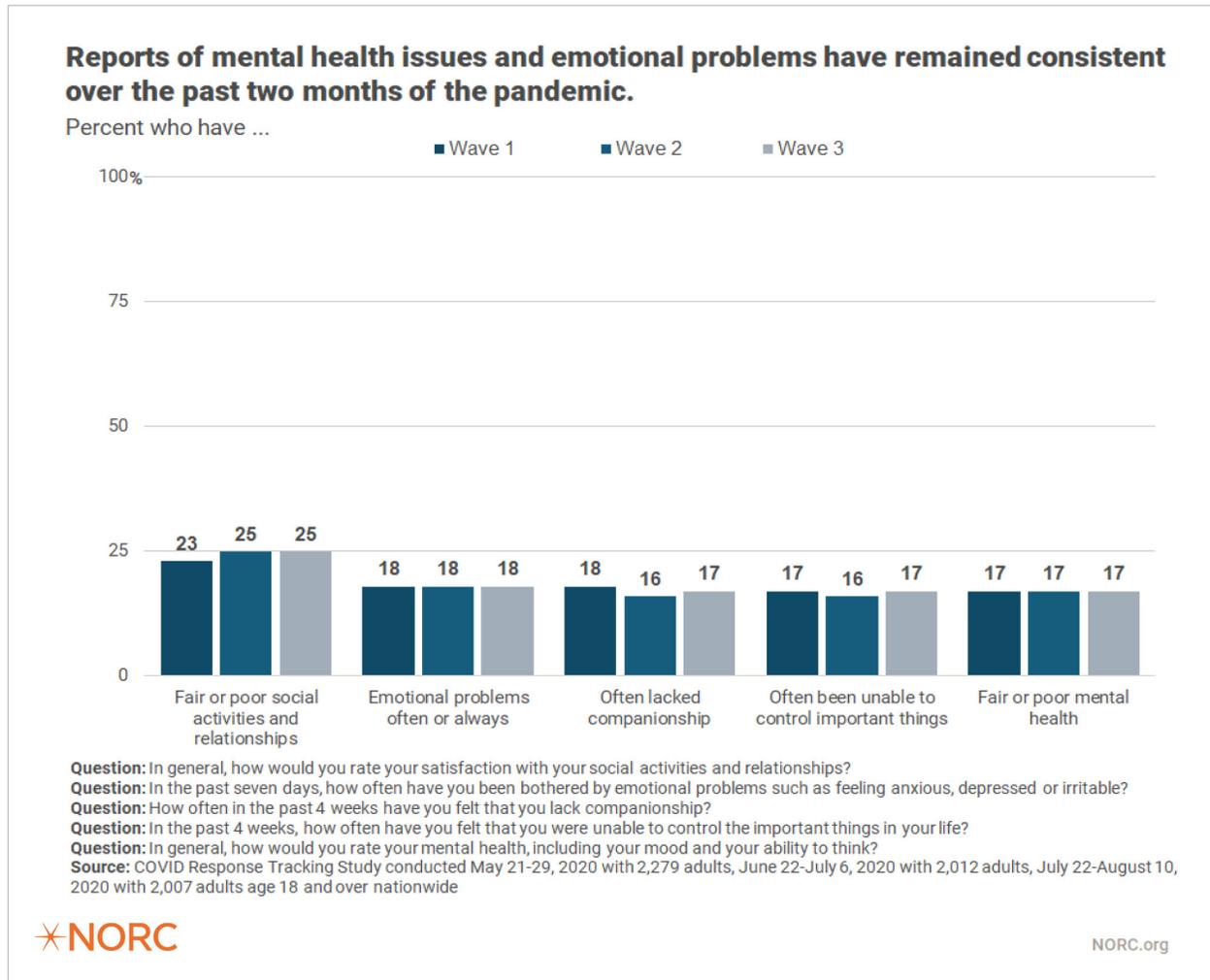
The most recent nationwide poll was conducted July 22-August 10, 2020, using the AmeriSpeak® Panel, the probability-based panel of NORC at the University of Chicago. Online and telephone interviews using landlines and cell phones were conducted with 2,007 adults. The margin of sampling error is plus or minus 3.1 percentage points.

Other key findings from the study include:

- The frequency of experiencing symptoms diminishes with age. For example, among those age 18-34, 35-49, 50-64, and 65 and older, troubles with falling asleep during the pandemic are reported by 62%, 58%, 51%, and 35% of respondents, respectively.
- Women are more likely than men to say that since the start of the pandemic they have cried (53% vs. 21%) and felt more tired than usual (54% vs. 39%).
- Americans with a high school degree or less are more likely than those with some college education and those with a college degree to have felt dizzy (29% vs. 21% vs. 17%) and had clammy hands (15% vs. 11% vs. 8%).
- Black Americans are less likely than white and Hispanic Americans to report that they lost their temper more than usual (21% vs. 31% and 38%), felt dazed and numb (11% vs. 22% and 23%), and kept forgetting things (17% vs. 32% and 37%) since the start of the pandemic.
- Fifty percent of Americans watch, read, or talk about COVID-19 often or most of the time, whereas 35% do so occasionally, and 14% never or rarely do so.
- Fifty-eight percent of Democrats watch, read, or talk about COVID-19 often or most of the time, compared to 44% of independents and 42% of Republicans.

Reports of emotional problems, psychosomatic symptoms, and poor mental health have remained steady in recent months.

Public reports of emotional problems and mental health issues have stayed consistent over the past two months during the pandemic, with about 2 in 10 Americans saying they frequently suffer from anxiety, depression, or irritability. Five in 10 say they at least sometimes experience these. Seventeen percent rate their own mental health as fair or poor.



The public's emotional and physical symptoms related to stress and anxiety have also not changed significantly since the first wave of the survey was conducted in May. In all three survey waves, Americans have reported on average between four and five out of 15 symptoms. The most recent survey shows more than a third of Americans saying they had trouble getting to sleep, felt more tired than usual, felt nervous or tense, had headaches, or cried, while fewer report the other symptoms.

Percent who report each of the following symptoms.

	Wave 1 May 21–29, 2020	Wave 2 June 22–July 6, 2020	Wave 3 July 22–August 10, 2020
Trouble sleeping	50	51	52
Felt tired	46	47	46
Felt nervous	45	43	46
Headaches	36	37	38
Cried	34	36	38
Lost temper	30	30	30
Upset stomach	29	29	32
Kept forgetting things	29	30	30
Felt like getting drunk	27	28	27
Didn't feel like eating	23	22	25
Felt dazed	21	22	21
Felt dizzy	20	21	22
Rapid heart beats	18	19	20
Smoked	14	14	13
Hands sweaty	10	12	11

Question: Please indicate whether or not each of the following have happened to you since the outbreak of the coronavirus/COVID-19 pandemic.

Source: COVID Response Tracking Study conducted May 21-29, 2020 with 2,279 adults, June 22-July 6, 2020 with 2,012 adults, July 22-August 10, 2020 with 2,007 adults age 18 and over nationwide

Reports of the 15 psychosomatic symptoms are closely tied to broader emotional problems.

For example, 25% of those who never, rarely, or only sometimes experienced emotional problems such as anxiety, depression, or irritability experienced no psychosomatic symptoms, compared to 4% of those who experienced emotional problems often or always. Twenty-five percent of those who rated their mental health as good, very good, or excellent experienced no psychosomatic symptoms, compared to just 5% of those who rated their mental health as fair or poor.

Likewise, those who often had emotional problems were more than twice as likely to feel nervous (85% vs. 37%), cry (74% vs. 30%), and feel tired (82% vs. 39%), compared to those who did not have such problems.

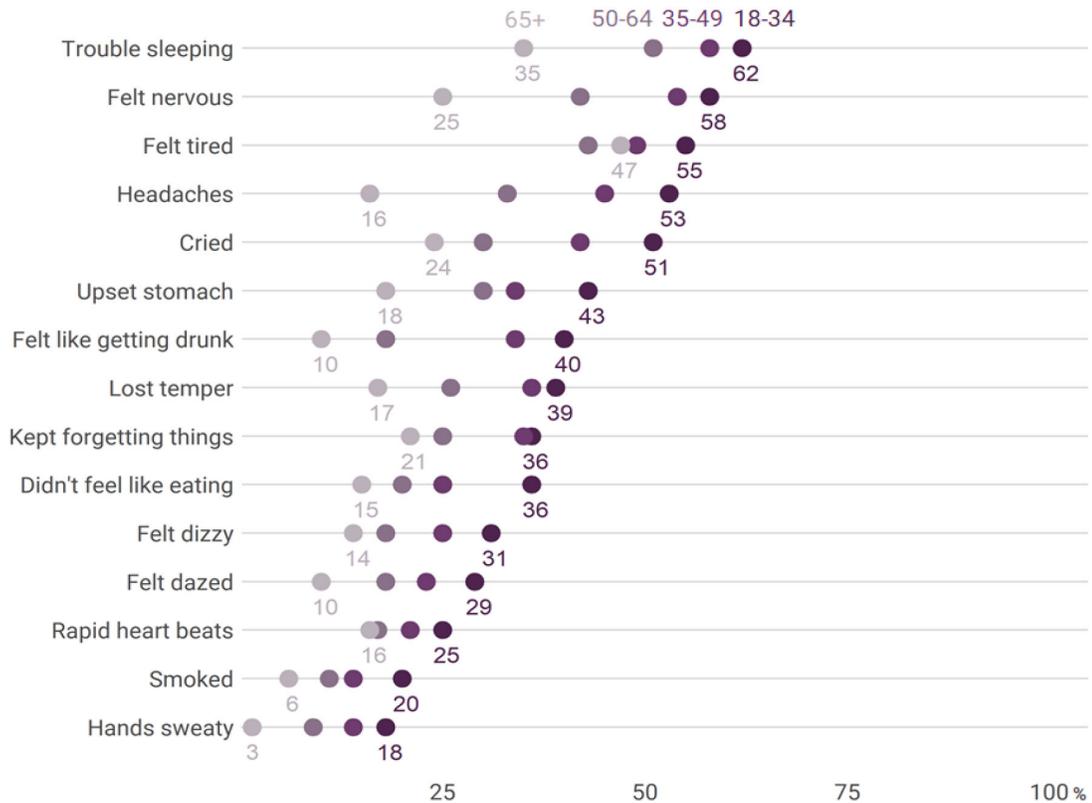
Certain demographic groups are more likely than others to have experienced psychosomatic symptoms.

Although there has been little change in the social and psychological well-being of Americans overall in the past two months, the latest wave of data indicates that certain demographic groups are more likely than others to report various symptoms. In particular, women, younger adults, and those with less education or income are most likely to report nearly all the 15 symptoms asked about in the study.

Younger Americans age 18-34 consistently show higher rates of psychosomatic symptoms compared to other age groups. They are more likely to report every symptom they were asked about. In addition, the likelihood of experiencing symptoms decreases with age.

Younger Americans are more likely to report psychosomatic symptoms than older Americans.

Percent who have experienced...

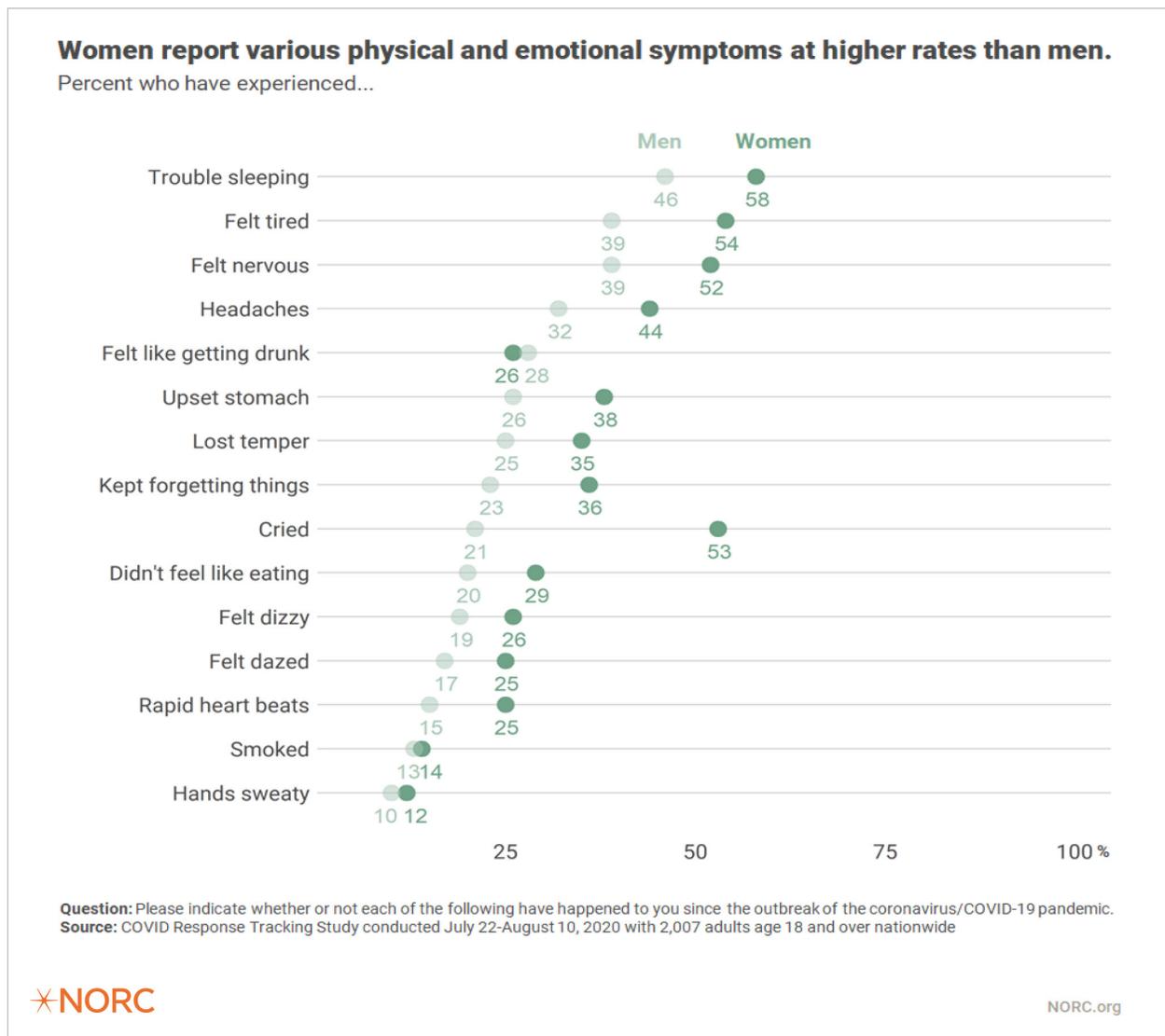


Question: Please indicate whether or not each of the following have happened to you since the outbreak of the coronavirus/COVID-19 pandemic.
Source: COVID Response Tracking Study conducted July 22-August 10, 2020 with 2,007 adults age 18 and over nationwide



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Women also report various symptoms at a higher rate than men. In particular, women are more likely than men to say that during the pandemic they didn't feel like eating, had headaches, had an upset stomach, cried, had trouble getting to sleep, felt nervous and tense, felt more tired than usual, felt dizzy, lost their temper more than usual, had rapid heartbeats, felt dazed and numb, and kept forgetting things.



Educational attainment is also related to likelihood of reporting several symptoms. Less educated Americans are more likely than those with higher education to not feel like eating. Thirty-one percent of those with a high school diploma or less say they didn't feel like eating since the outbreak of the pandemic, compared to 25% of those with some college education, and 18% with a bachelor's degree or higher.

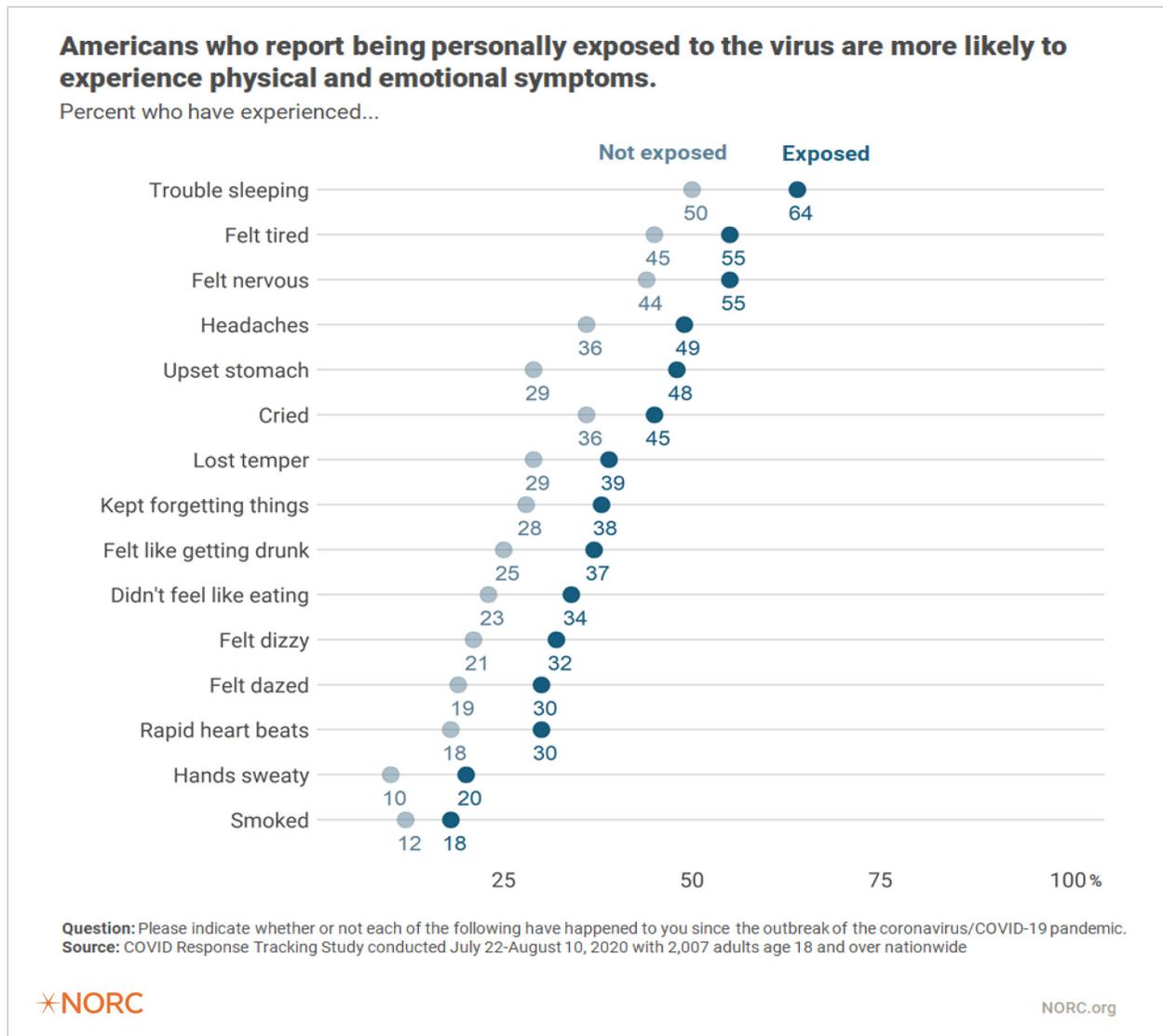
Americans with a high school degree or less are also more likely than those with some college education and those with a college degree to have smoked more than usual (20% vs. 12% vs. 7%), felt dizzy (29% vs. 21% vs. 17%), and had clammy hands (15% vs. 11% vs. 8%). In contrast, 21% who have a high school diploma or less have felt like getting drunk, while 30% and 32% of those with some college or a college degree say the same.

Compared to Americans with household incomes of \$50,000 or more, those with lower household incomes were more likely to have a decreased appetite (31% vs. 19%), to have an upset stomach (37% vs. 28%), and to smoke more than usual (19% vs. 8%).

Black Americans are less likely than white and Hispanic Americans to report that they lost their temper more than usual (21% vs. 31% and 38%), felt dazed and numb (11% vs. 22% and 23%), and kept forgetting things (17% vs. 32% and 37%).

Personal exposure to the virus is also related to symptoms. Fifteen percent of Americans report that in the past month they have been exposed to someone who had a positive COVID test, someone who had a medical diagnosis of COVID, or someone with possible symptoms of COVID.

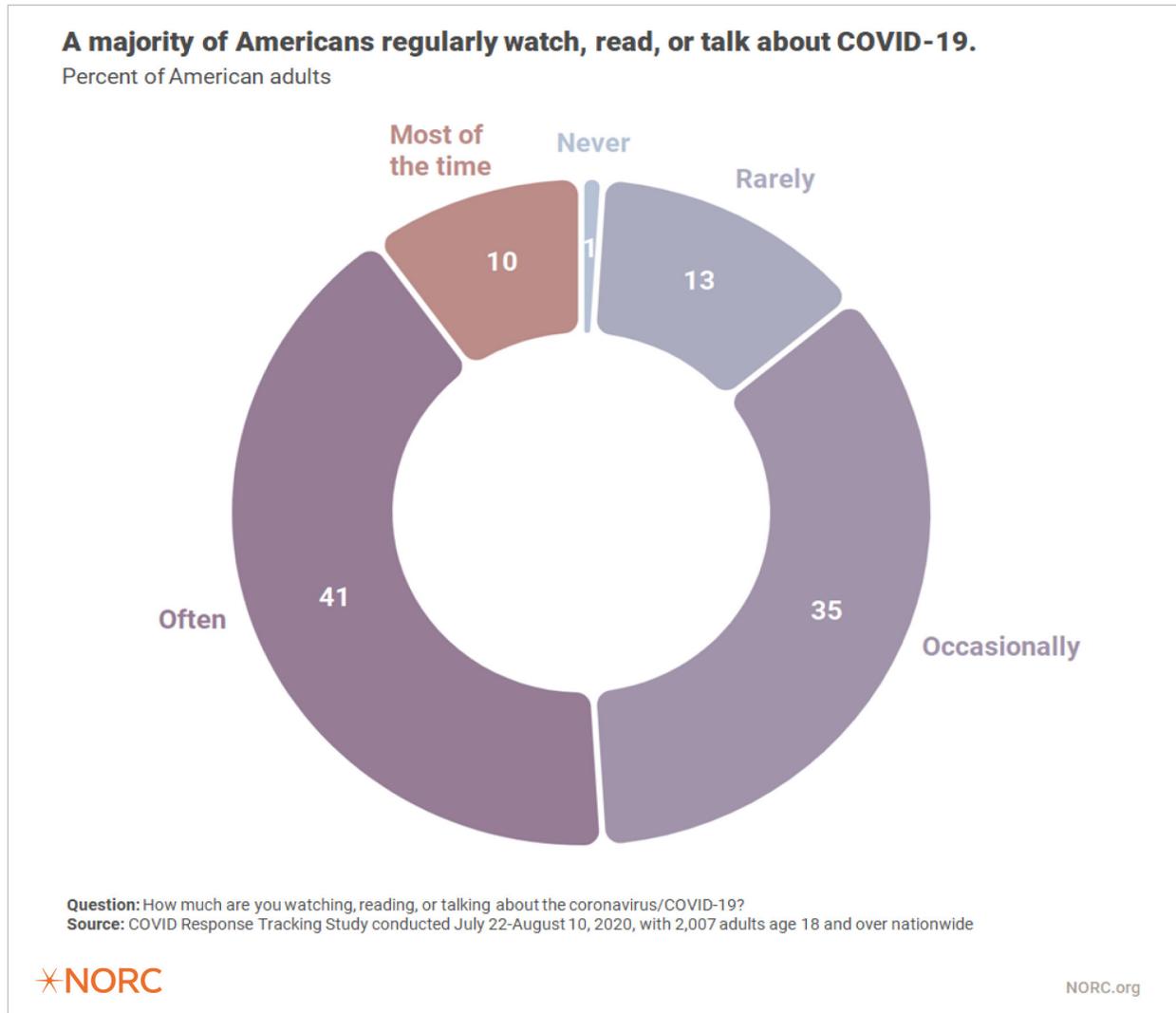
Americans who say they were exposed to someone with coronavirus experience 14 out of 15 symptoms at a significantly higher rate than those who say they have not been exposed.



Frequently watching, reading, or talking about COVID-19 is associated with experiencing psychosomatic symptoms.

Americans who more frequently watch, read, or talk about COVID-19 tend to report more psychosomatic symptoms, and different groups tend to watch, read, or talk about the coronavirus more often than others.

Overall, a majority of Americans report frequently watching, reading, or talking about COVID-19.



Democrats and those who are more educated report watching, reading, or talking about the virus more frequently than those who are less educated and politically independent or Republican.

Fifty-eight percent of Democrats watch, read, or talk about COVID-19 often or most of the time, compared to 44% of independents and 42% of Republicans.

Watching, reading, or talking about the coronavirus is associated with an overall greater expression of psychosomatic symptoms. On average, those who watched, read, or talked about COVID-19 often or most of the time reported five symptoms, compared to four symptoms among those watching, reading, or talking about the pandemic less often. Only 18% of those who frequently watched, read, or talked about COVID-19 had no symptoms, compared to 25% of those who had less frequent exposure.

Watching, reading, or talking about COVID-19 is associated with experiencing various psychosomatic symptoms

Percent of American adults who have experienced...



Question: Please indicate whether or not each of the following have happened to you since the outbreak of the coronavirus/COVID-19 pandemic. How much are you watching, reading, or talking about the coronavirus/COVID-19?

Source: COVID Response Tracking Study conducted July 22-August 10, 2020, with 2,007 adults age 18 and over nationwide



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STUDY METHODOLOGY

This COVID Response Tracking Study is an effort to examine the social, psychological, and economic impacts of the COVID-19 pandemic on American society. This is the third wave of the tracking study, which includes re-interviewing respondents at various points following the outbreak of the pandemic. This survey was conducted by NORC at the University of Chicago with funding from the National Science Foundation.

Data were collected using the AmeriSpeak® Panel, NORC's probability-based panel designed to be representative of the U.S. household population. During the initial recruitment phase of the panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame and then contacted by U.S. mail, email, telephone, and field interviewers (face-to-face). The panel provides sample coverage of approximately 97% of the U.S. household population. Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings.

Interviews for the third wave of this study were conducted between July 22 and August 10, 2020, with adults age 18 and over representing the 50 states and the District of Columbia. Panel members for the first wave were randomly drawn from AmeriSpeak. All 2,279 panelists who completed Wave 1 were invited to complete Wave 3, and 2,007 (88.1% of Wave 1 respondents) completed this third survey—1,903 via the web and 104 via telephone. Interviews were conducted in both English and Spanish, depending on respondent preference. The final stage completion rate is 88.1%, the weighted household panel response rate is 23.6%, and the weighted household panel retention rate is 84.8%, for a cumulative response rate of 17.6%. The overall margin of sampling error is +/-3.1 percentage points at the 95% confidence level, including the design effect. The margin of sampling error may be higher for subgroups.

Once the sample has been selected and fielded, and all the study data have been collected and made final, a poststratification process is used to adjust for any survey nonresponse as well as any noncoverage or under- and oversampling resulting from the study-specific sample design. Poststratification variables included age, gender, census division, race/ethnicity, and education. Weighting variables were obtained from the 2020 Current Population Survey. The weighted data reflect the U.S. population of adults age 18 and over.

All differences reported between subgroups of the U.S. population are at the 95% level of statistical significance, meaning that there is only a 5% (or lower) probability that the observed differences could be attributed to chance variation in sampling.

A topline with full question wordings is available at www.norc.org. For more information, email info@norc.org.