



the economic impact of  
**MENTAL HEALTH**  
in Northern Virginia

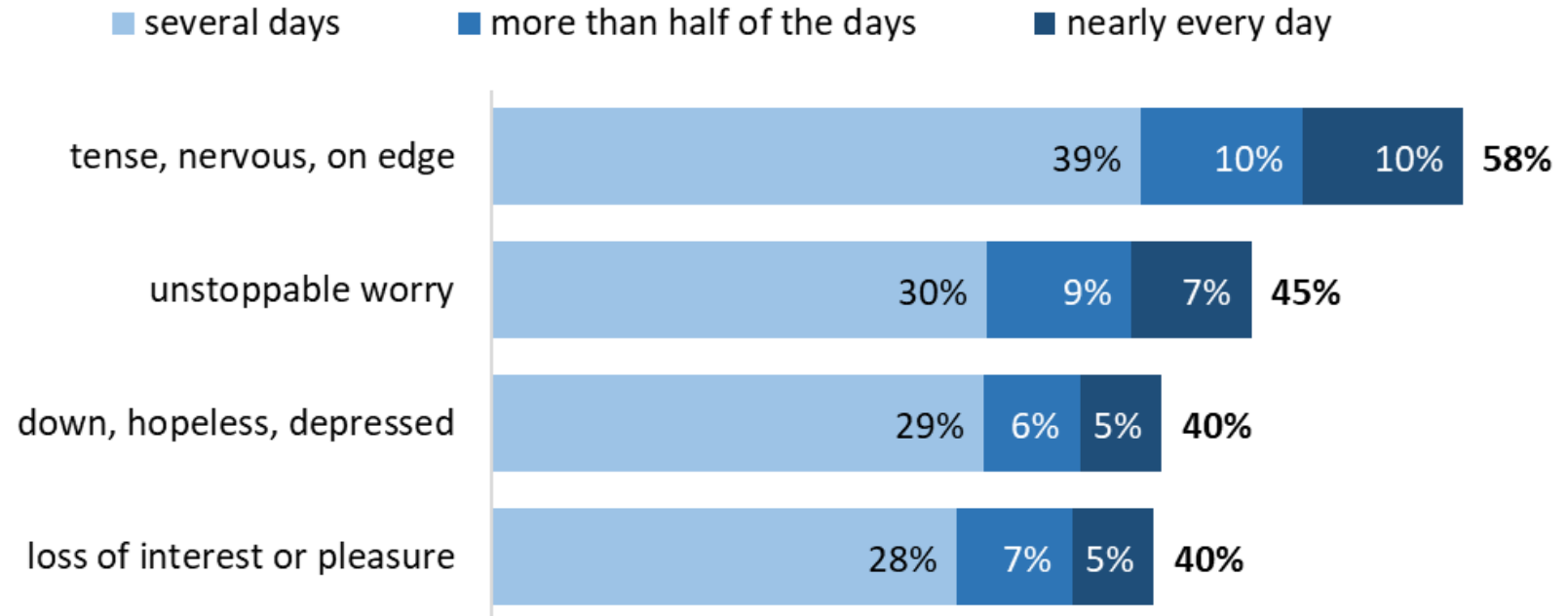


# the shape of worker mental health

The majority of workers in Northern Virginia are experiencing active feelings of anxiety or depression. In the first half of 2023, 58% reported tension, 45% were worried, 40% were down, and 40% had lost interest in things they once enjoyed.

“Over the last 2 weeks, how often have you been bothered by the following problems...”

*Percent of workers in Northern Virginia, 2023, by frequency of symptoms*



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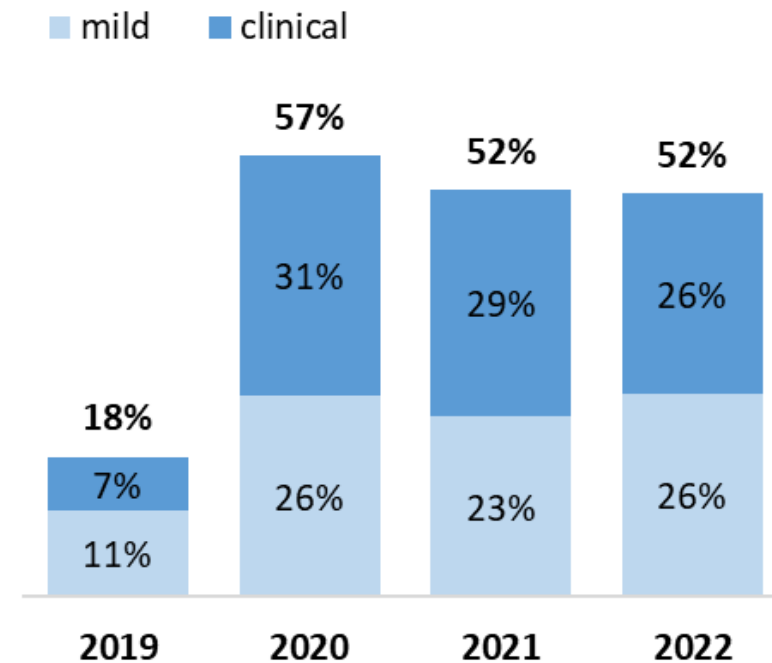
**This “new normal” is far from normal.** Prior to the pandemic, fewer than 1 in 5 workers experienced these feelings, and the majority fell into the mild range (infrequent symptoms). During the pandemic, not only did overall rates increase, but so too did the severity. Today, about 1 in 4 workers is actively experiencing clinical\* levels of anxiety/depression.

\* If given a diagnostically-valid screener (PHQ-2, GAD-2), ~ 1 in 4 workers in NOVA would be referred to a therapist for the formal diagnosis and treatment of clinical anxiety/depression.

Items	M (95% CI)	SD	Skewness	Kurtosis	Reliability		
					$\alpha$	$\omega$	$\lambda^2$
<i>Depression (PHQ-2)</i>							
1. Little interest or pleasure in doing things	1.24 (1.23-1.25)	.88	.50	-.37			
2. Feeling down, depressed, or hopeless	1.04 (1.03-1.05)	.89	.66	-.21			
PHQ-2 total score	2.28 (2.26-2.30)	1.61	.61	-.02	.79	.81	.80
<i>Anxiety (GAD-2)</i>							
1. Feeling nervous, anxious, or on edge	1.04 (1.03-1.05)	.89	.64	-.23			
2. Not being able to stop or control worrying	0.97 (0.95-0.98)	.92	.72	-.30			
GAD-2 total score	2.01 (1.98-2.03)	1.67	.74	-.10	.83	.83	.82
<i>Distress (PHQ-4)</i>							
PHQ-4 total score	4.29 (4.24-4.33)	3.01	.73	-.03	.86	.86	.86

Characteristics of the items and subscales of the PHQ-4

**Percent of workers in NOVA, 2023, by level of mental health need**





## the impact of worker mental health

### ***Some people leave their jobs as mental health declines...***

During the “Great Resignation”, 1 in 4 attributed their departure to mental health. This loss is a hardship to the worker and their family as well as team members, employers, and the local economy.

### ***...but most stay.***

During the pandemic, most Northern Virginians with mental health issues remained employed.

If national research is any indication, these workers will struggle with *absenteeism* and *presenteeism* (working but less engaged: procrastinating, losing interest, avoiding colleagues, missing deadlines, and behaving in other ways that are troubling or disruptive).

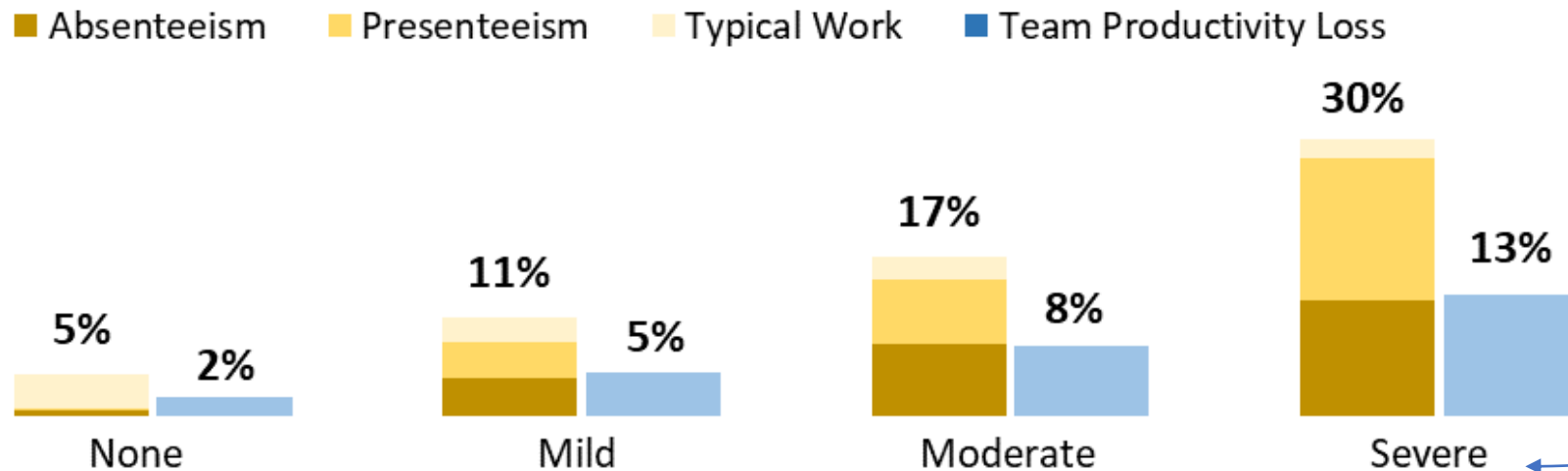
# the impact of worker mental health

## How do these behavioral changes impact productivity and the economy?

To answer this question, researchers at Insight Region® and the GMU Center for Regional Analysis developed a novel approach to quantify the impact of different severities of mental health need on individual and team productivity.

### *Theoretical estimates of individual and team productivity loss by mental health need*

#### Individual Productivity Loss

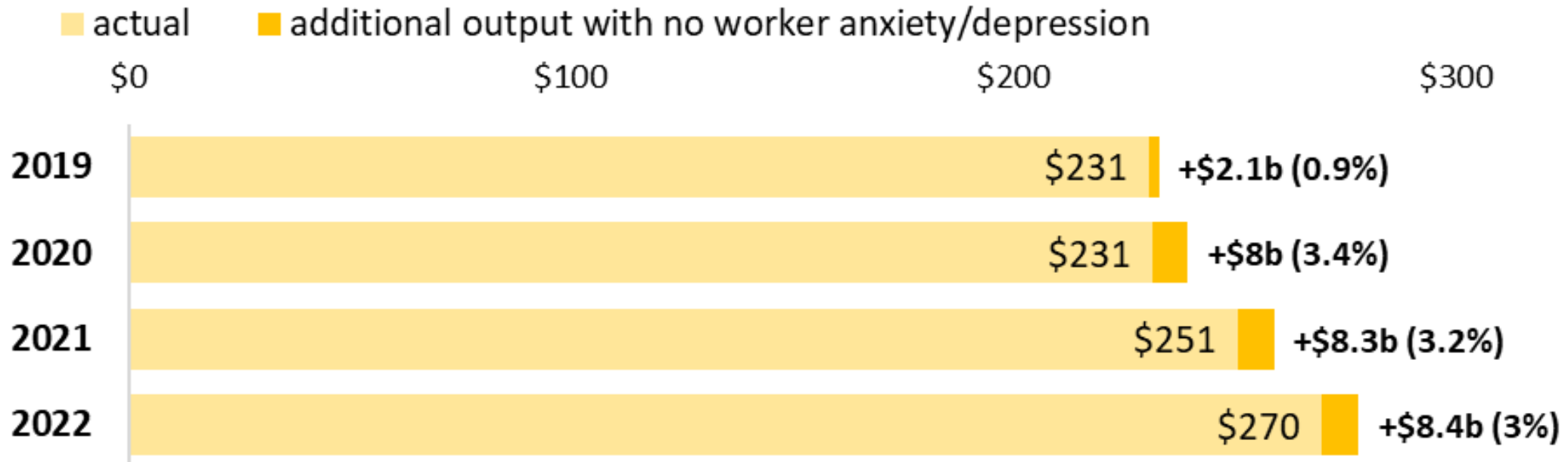


For example, a worker with severe anxiety and/or depression loses 30% of potential productivity—~12 hours over the course of a standard week. Colleagues will likely step in to cover some of this lost productivity, resulting in a net team productivity loss of 13%, or 5.2 hours in a standard week.

# the impact of worker mental health

Using these estimates, we calculate that the Northern Virginia economy lost over **\$8 billion in potential gross regional product (GRP)** in 2022 due to the mental health of its workforce. As a percent of GRP, loss is over 3x higher than pre-pandemic.

*Actual and Potential Gross Regional Product due to worker mental health, Northern Virginia*

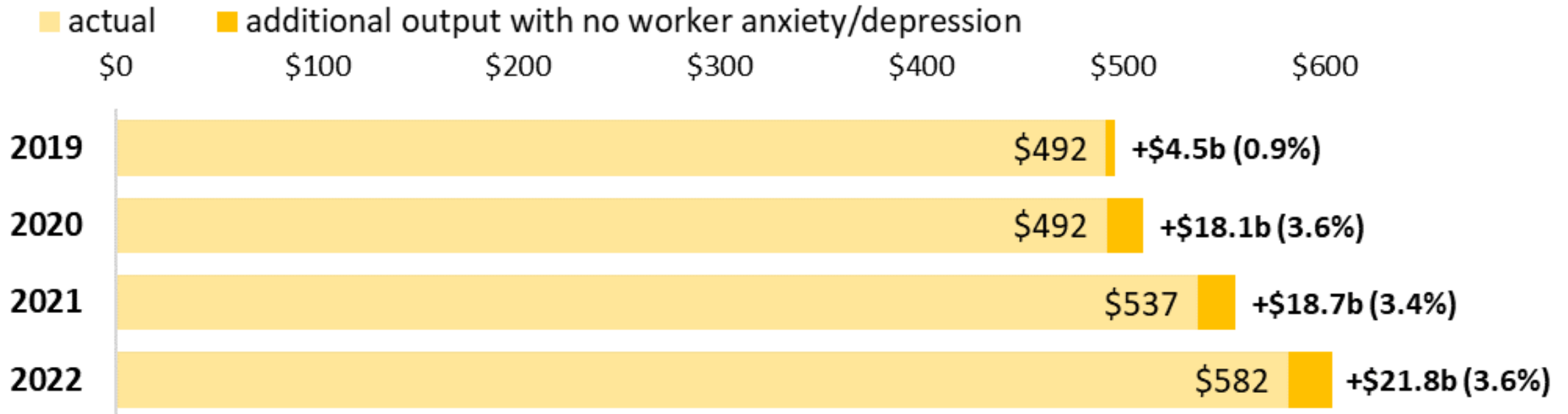




# the impact of worker mental health

Compared to Northern Virginia, rates of mild and clinical mental health needs are higher in the Commonwealth, resulting in even greater economic losses. In 2022, Virginia lost nearly \$22 billion in potential GDP in 2022 due to the mental health of its workforce—up from \$4.5 billion in 2019.

*Actual and Potential Gross Domestic Product due to worker mental health, Virginia*



# the impact of worker mental health

Researchers also examined the rates of mental health need in 2022 by industry— and the corresponding impact on GRP.

	MENTAL HEALTH NEED		GROSS REGIONAL PRODUCT (billions)		
	any	clinical	actual	additional output	%
<b>Northern Virginia</b>	<b>52%</b>	<b>26%</b>	<b>\$270</b>	<b>\$8.4</b>	<b>3.0%</b>
Professional and Business Services	47%	25%	\$83	\$2.3	2.7%
Trade, Transportation, and Utilities	60%	38%	\$34	\$1.4	4.0%
Government	45%	28%	\$49	\$1.4	2.7%
Financial Activities	61%	34%	\$29	\$1.2	3.8%
Education and Health Services	61%	33%	\$18	\$0.7	3.8%
Information	47%	19%	\$21	\$0.5	2.4%
Leisure and Hospitality	48%	32%	\$10	\$0.4	3.9%
Construction	37%	16%	\$12	\$0.3	2.2%
Other Services	52%	19%	\$7	\$0.2	2.7%
Manufacturing	20%	6%	\$7	\$0.1	1.2%



## the origins of worker mental health

Historically, anxiety and depression have been the province of the individual—*their* immutable traits (genetic, biological, biochemical), *their* lived experiences, *their* ability to cope with stress, *their* ideal treatment and recovery plan.

Today, poor mental health is a community issue that impacts over half of the workforce. It requires a community-level response focused on the root cause of **increased** anxiety and depression:

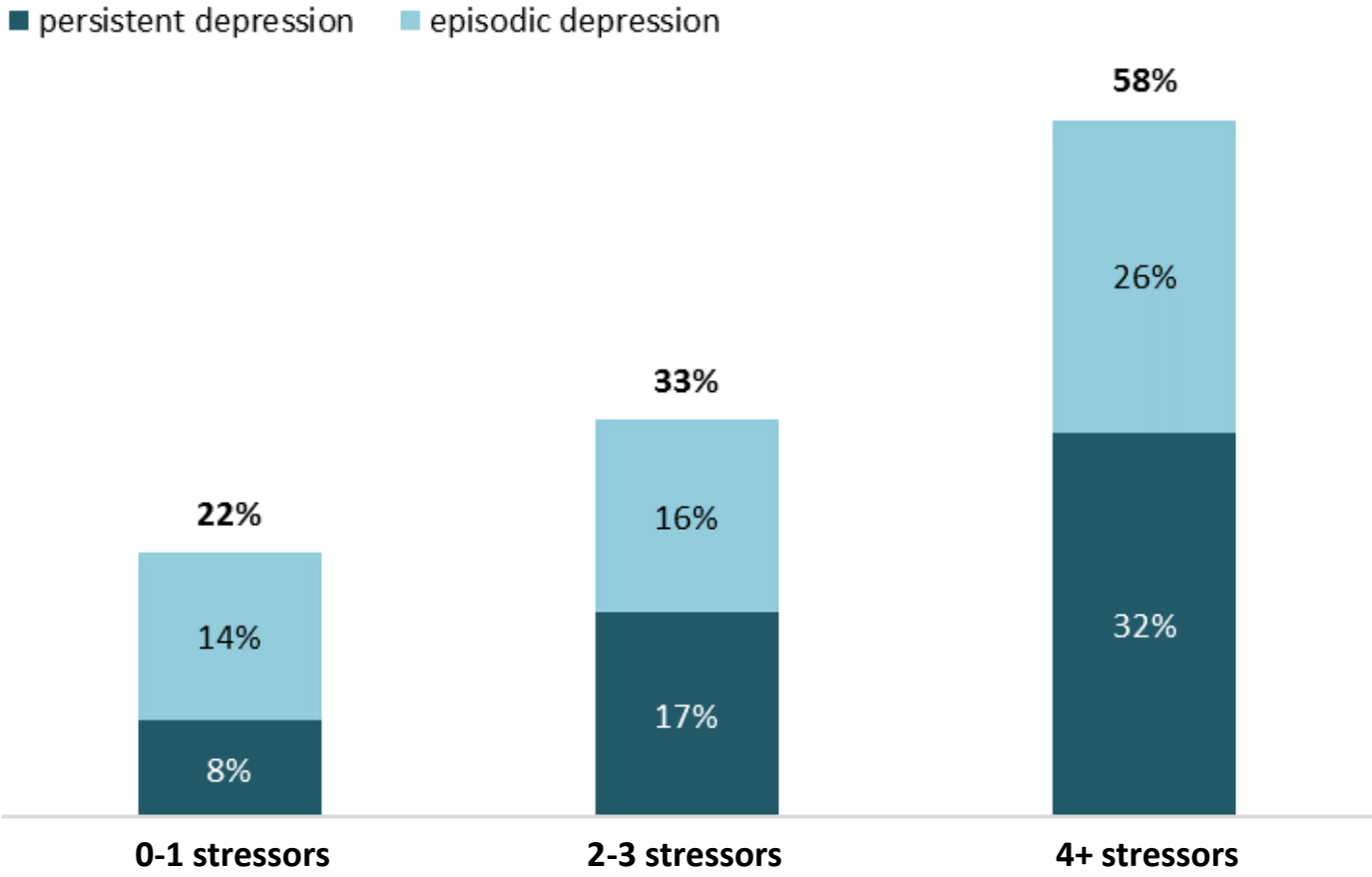
**CHRONIC EXPOSURE TO  
MULTIPLE STRESSORS**

+

**DIMINISHED  
ABILITY TO COPE**

# the origins of worker mental health: CHRONIC EXPOSURE TO MULTIPLE STRESSORS

## When stressors stack, mental health declines

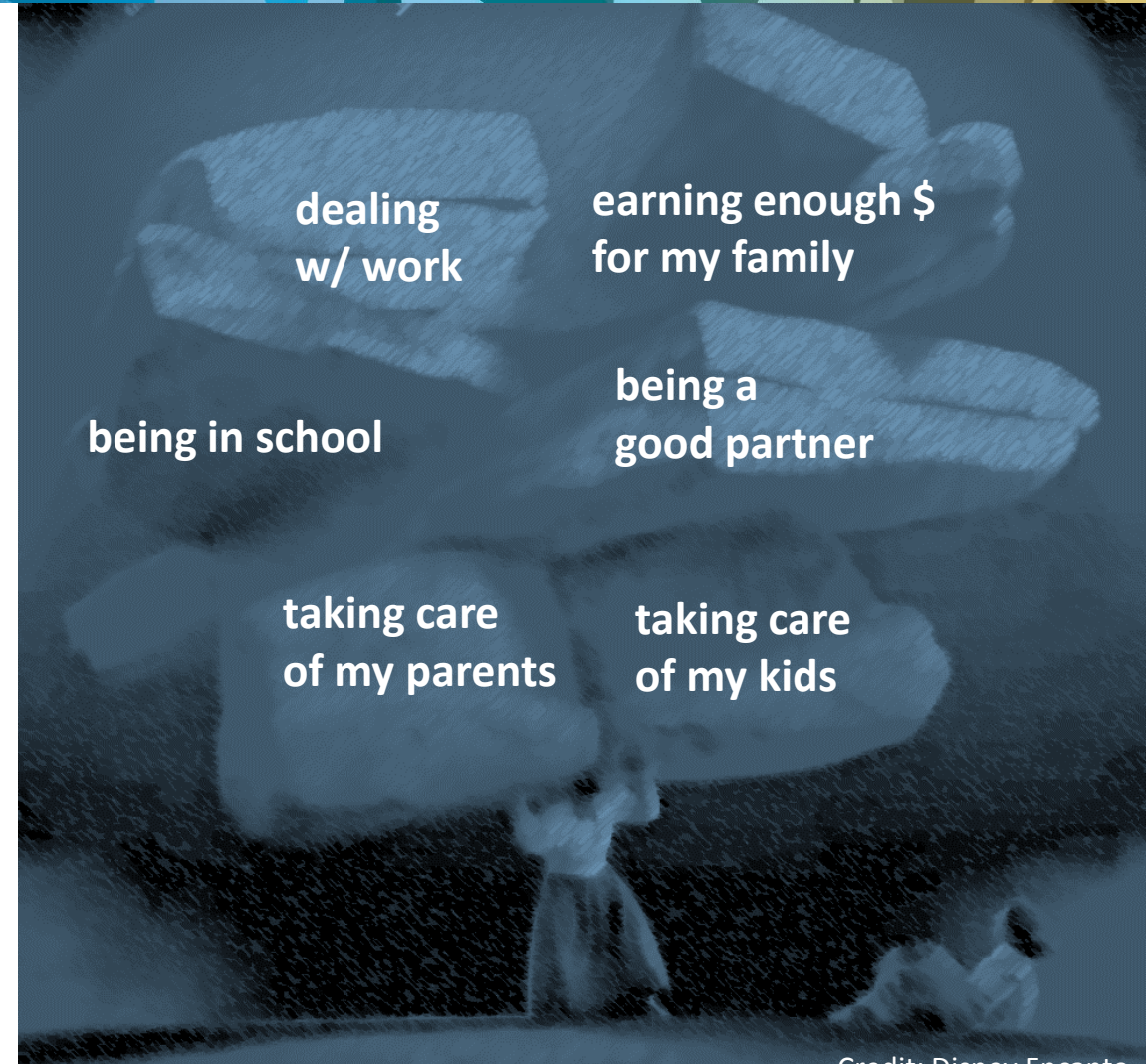


A team of researchers from BU, Brown, and Harvard sorted individuals into 3 groups based on the **number** of stressors they had encountered during the pandemic (related to, for example, strained relationships, financial insecurity, loss of routine). They analyzed the incidence of depression over the course of the pandemic for those with low, moderate, and high stress exposure.

# the origins of worker mental health: CHRONIC EXPOSURE TO MULTIPLE STRESSORS

## Burnout / Role Fatigue

- ***Burn out at work.*** In 2022, 43% of U.S. workers (and 1 in 3 executives) were experiencing “burnout”, a state of emotional exhaustion, low self-fulfillment, and depersonalization resulting from chronic exposure to emotionally draining environments; unsustainable workloads; lack of control, support, or fairness; insufficient rewards; and mismatched values and skills.
- ***Burn out at home.*** Burnout—or “role fatigue”—can also occur when attempting to balance work with other major life roles, including being a parent, caregiver, financial provider / breadwinner, and student.

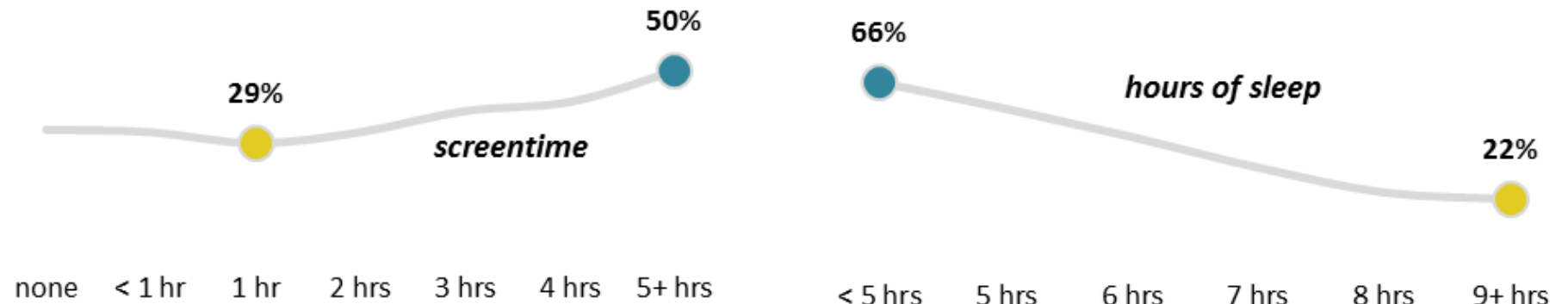


# the origins of worker mental health DIMINISHED ABILITY TO COPE

## The “wrong kind” of self-care?

Decades of research and a sister report by Insight Region on youth mental health affirmed the strong, bi-directional relationship between lack of sleep and anxiety/depression. A growing body of research finds the same for screentime.

*rates of sadness  
among high school  
students in Fairfax*



Screentime and lack of sleep are not only harmful to mental health; they are also extremely common. As of 2018, the CDC estimates that ~37% of adults in Northern Virginia slept less than 7 hours each night, the point where sleep begins to impair mental health. And one recent national survey suggests the typical workday includes 11-13 hours of screentime, half of which occur during leisure time. Hours of leisure screentime are much higher among those who work remotely.



## employer and community support

### How can we help?

Employers able to effectively manage “the time, talent, and energy of their teams” grew five to eight percent more productive during the pandemic and therefore saw a boost in employee productivity post pandemic.

A region that focuses on improved mental health and wellness can position itself as having a more competitive workforce.

#### *Checklist for assessing policies and procedures that support mental health*

**Pay more attention to  
employee mental health**

- Promote fair and effective management practices
- Provide employees with professional growth opportunities
- Provide mental health training to management or staff
- Strategize how to promote mental health awareness and resources



**Questions?**