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First Responder, Not Therapist

Managers shape most of the variance in team engagement, yet get no script for emotional conversations. A 40-minute, non-clinical protocol with clear hand-off lines.

Dr Atul Aswani; Mumbai Psychiatrist and trained as a Results Coach
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01 Executive summary

After Tuesday's stand-up, a team lead in Pune notices her best analyst has barely spoken all week. She has no words for that, so she asks about the sprint. Managers account for at least 70 per cent of the variance in team engagement, yet most Indian people-managers still have no manager wellbeing conversation script.

Emotional first response is four moves: notice, name, settle and route. It is a 40-minute, non-clinical conversation with a written hand-off. It is how managers support employee mental health without becoming counsellors.

The World Health Organization's 2022 guidelines give a strong recommendation, on moderate-certainty evidence, for manager mental health training India programmes that improve knowledge, attitudes and helping behaviour. Gayed and colleagues, in a 2018 meta-analysis of ten trials, found those manager-side gains. They did not find a pooled effect on employees' psychological symptoms. That is the design constraint. The manager notices distress, names what is visible, settles the room, and routes the person to HR, the assistance programme or clinical care.

Silence is the expensive default. Over-involvement is the other failure. In India, mid-career support usage has collapsed and manager referrals already carry high risk when they arrive. Managers cannot be counsellors and should not try. They can run the protocol in forty minutes, keep their own daily reps, and hand off when the signal says so.

02 The problem in India

Indian workplaces ask managers to hold engagement, delivery and people at once. They give them a performance script. They almost never give them an emotional one. The result is predictable. The conversation that should happen on a Tuesday after stand-up either does not happen, or it becomes an untrained attempt at counselling.

Gallup's long-running finding is blunt. Managers account for at least 70 per cent of the variance in employee engagement scores across business units. In India that lever is slipping. In 2025 only 23 per cent of employees in India were engaged, a four-year low and a drop from a 30 per cent three-year rolling average in 2024. Manager engagement stood at 30 per cent against 19 per cent

for individual contributors, and manager engagement itself had fallen nine points from 39 per cent. Gallup estimates that disengagement costs India 351 billion US dollars, or about 32.7 trillion rupees, in lost workplace productivity each year — roughly 9 per cent of GDP.

The population baseline is older and larger. The National Mental Health Survey of India, 2015–16, led by NIMHANS, found a current mental morbidity of 10.6 per cent and a lifetime figure of 13.7 per cent. About 15 per cent of Indian adults need active intervention. The care gap sits between 70 and 92 per cent by condition, and around 80 to 85 per cent for common conditions. Urban metros run higher. WHO estimates that 15 per cent of working-age adults worldwide have a mental disorder at any point, and that depression and anxiety cost the global economy one trillion US dollars a year, mostly in lost productivity.

Inside Indian employee-assistance data the pattern is sharper. 1to1help's State of Emotional Wellbeing Report 2024 analysed more than 83,000 counselling sessions, 12,000 elective screenings and 42,000 assessments between January and November 2024. Mental-health concerns were 15 per cent of session reasons — the second-largest category after self-development. Manager Consultation was 1 per cent of those concern categories. Separately, 59 per cent of individuals referred by their managers displayed some signs of suicidal risk. Eighteen per cent of awareness sessions that year were for managers trained to identify distress and refer. The rare manager conversation is not a soft conversation. When it happens, it often arrives late.

Mid-career professionals are leaving the formal support channel. MindPeers' 2025 Employee Wellbeing Report, drawn from 52,445 anonymised sessions between January and December 2025, found that participation among professionals aged 35 to 55 fell from 34 per cent to 5 per cent across the year. Employees aged 18 to 35 accounted for nearly 90 per cent of support usage. The people who manage teams are the people least present in the programmes built for them.

How the signals compare

Signal	India figure	Comparator	Source
Team engagement variance explained by the manager	At least 70%	Global Gallup finding, applied to every work unit Gallup has measured	Gallup, 2015
Employee engagement, India 2025	23% engaged	Global 20%; India 30% in the 2024 rolling average	Gallup SOGW India, 2026
Manager vs individual-contributor engagement, India	30% vs 19%; managers down 9 points from 39%	Individual contributors down 5 points	Gallup, 2026
Cost of disengagement, India	US$351bn / ₹32.7tn a year	About 9% of GDP	Gallup, 2026
Adults needing active intervention	~15% of adults; current morbidity 10.6%	Lifetime morbidity 13.7%; care gap ~80–85%	NMHS 2015–16, NIMHANS

Signal	India figure	Comparator	Source
Working-age adults with a mental disorder, global	15% at any point	Depression and anxiety cost US$1tn a year	WHO, 2022
Manager Consultation share of EAP concerns	1% of concern categories	Mental health 15%; relationships 15%; work 11%	1to1help, 2024
Risk in manager-referred EAP cases	59% showed some suicidal-risk signs	High risk 29%; low risk 30%; no risk 41%	1to1help, 2024
Mid-career use of formal support	Ages 35–55 fell from 34% to 5%	Ages 18–35 ≈ 90% of usage	MindPeers, 2025
WHO stance on manager training	Strong recommendation, moderate-certainty evidence	Train managers; do not make them clinicians	WHO, 2022

Table 1. India signals against the sources used in this paper. Every figure is taken from a primary document listed in the references.

Read the table as one story. The manager shapes most of the engagement variance. Indian manager engagement is falling. Formal support under-serves the mid-career band that holds most people-manager roles. When a manager does refer, the case often already carries risk. The gap is not another awareness week. The gap is a script for the conversation the manager is already in.

03 Why current approaches fail

Managers are untrained

Most manager academies teach goal-setting, feedback and performance calibration. They do not teach what to say when a high performer goes quiet, misses two stand-ups and starts leaving at 16:30 without a word. In the absence of a script, managers improvise. Improvisation in an emotional conversation is not authenticity. It is untrained labour with legal and human cost.

Gayed and colleagues reviewed ten controlled trials of workplace manager training focused on the mental health of people who report to those managers. Training improved managers' knowledge (standardised mean difference 0.73), non-stigmatising attitudes (0.36) and self-reported supporting behaviour (0.59). A pooled effect on employees' psychological symptoms was not found ($p = 0.28$). The authors were careful. Findings on employee distress, they wrote, remain preliminary. That is the honest reading. Manager mental health training India programmes change what managers know and do. They do not, on present evidence, replace care for the employee.

A 2018 systematic review of eighteen trials and 5,936 participants, by Morgan, Ross and Reavley, found a similar pattern for first-aid-style mental-health training. Knowledge gains were small to moderate ($d = 0.31$ to 0.72). Confidence to help rose ($d = 0.21$ to 0.58). The amount of help provided at

follow-up rose modestly (d = 0.23). Effects held to six months. Twelve-month effects were unclear. Recipient outcomes were not established. Literacy is not care. Confidence is not a clinical plan.

Managers are afraid of liability

Fear of saying the wrong thing is rational. Indian employment law, the Mental Healthcare Act 2017, the DPDP Act 2023 and internal conduct codes all sit near this conversation. Managers hear two rumours. One says, do not ask, you will create a record. The other says, you are responsible for your people's inner lives. Both rumours produce the same behaviour: delay.

The WHO and ILO policy brief that accompanies the 2022 guidelines draws the line that Indian HR needs in writing. The intention of manager training is not to turn managers into mental-health care providers. After completing training, managers cannot and should not diagnose or treat mental disorders. Managers should know when and how to direct supervisees to appropriate sources of support. That sentence is the legal boundary. Emotional first response is built to stay inside it.

The default is silence or over-involvement

Silence looks like professionalism. It is often neglect. The person who is struggling reads the silence as proof that work is not a safe place to speak. Over-involvement looks like care. It is often a manager who has become an unpaid counsellor, holding late-night calls, storing private disclosures on a personal phone, and missing the route to HR or the assistance programme. Both defaults fail the same test. The person does not reach the right door, and the manager is now carrying material they are not qualified, insured or mandated to hold.

1to1help's 2024 data makes the cost of late action visible. Manager Consultation was 1 per cent of concern categories. Of those referred by managers, 59 per cent already showed some suicidal-risk signs. The conversation is rare. When it arrives, the risk is often already high. Waiting for the person to self-refer into an app is not a strategy. Mid-career participation in formal support collapsed to 5 per cent in the MindPeers 2025 session data. The people who need a manager conversation are not in the portal.

04 The emotional-fitness model applied

PULL QUOTE

Participation among professionals aged 35 to 55 fell from 34 per cent to 5 per cent. The people who manage teams left the portal.

How managers support employee mental health without becoming counsellors

EmotionApp frames emotional fitness the way a gym frames physical fitness. The unit of progress is a countable daily rep, not a certificate. Techniques are short. Most take ninety seconds. English and Hindi are live; twenty-three Indian languages are in the brew. Delivery is WhatsApp-first. Data stays in India and is handled under DPDP. The operating system is built under ISO 9001 and ISO 13485. An AI coach runs the reps. A human coach takes the hand-off when the person needs more than a rep. Clinical care sits outside the product. That architecture is the point of this paper. The manager gets a protocol that matches it.

Emotional first response is the workplace application. Four moves. Notice what has changed. Name what you see, in plain words, without a clinical label. Settle the room so the conversation can be heard. Route to the next competent door. The whole conversation is capped at forty minutes so it cannot drift into counselling.

The manager’s own reps

A protocol without a personal practice collapses under the first difficult week. Three EmotionApp reps keep the manager’s own system in working order. They are not the 40-minute conversation. They are the weekly strength work that makes the conversation possible.

Match the Firecracker

When someone shares good news, respond with energy and two genuine follow-up questions before talking about yourself. How a manager responds to good news predicts the bond better than how they respond to bad news. Matching energy builds the account you will need to draw on when the news is not good. Count firecracker responses, not intentions.

The Thank-You Ambush

Write a concrete, specific thank-you to one person who mattered, and send it. Felt gratitude fades. Delivered gratitude lands. The effect is strongest when the person actually hears it, and it lifts both sides. Count thank-yous delivered. A manager who cannot send a specific thank-you will not land a specific notice.

Assume the Best-Case Human

When a colleague's behaviour is ambiguous — a late deck, a short reply, a camera off — write the most generous explanation that still fits the facts, then act on that explanation until evidence says otherwise. This is a ninety-second attribution rep. It counters the reflex to read character into a Tuesday. Count generous attributions logged. The 40-minute protocol starts cleaner when the manager has not already prosecuted the person in private.

Two supporting reps sit next to the protocol itself. Name It to Frame It trains the second move: a precise emotion word so the feeling becomes a registered event rather than a fog. The Big Sigh Reset trains the third move: a double inhale through the nose and one long exhale through the mouth, one to three times, the fastest reliable down-shift in the body.

The routing rule

Routing is the whole ethical claim of this paper. The manager notices, names and settles. The manager does not hold what they cannot hold. The rule is simple. Work friction stays with the manager. Sustained personal distress goes to HR and the assistance programme, with the manager remaining in the work-only lane. Any signal that the person cannot keep themselves safe leaves the protocol at once and goes to clinical care and Tele-MANAS 14416. The next section states the signals without ornament.

05 The protocol itself

Book forty minutes. Not a corridor. Not the last five minutes of a one-to-one. A room or a closed video call. Phones down. Tell the person in advance that this is a check-in, not a performance review. If they decline, accept the decline and leave the door open. Do not persist.

The script below is a manager wellbeing conversation script. Use the English or the Hindi. Do not mix them in the same sentence unless the person does. Stay inside the four moves. If the conversation wants to become life history, you are no longer in the protocol. Return to settle, then route.

Minute 0–5. Notice

Open with what you have seen, not with what you have inferred. Offer the chance that you are wrong. Ask for forty minutes as a request, not a summons.

I have noticed you have been quieter in stand-ups this week. I may have it wrong. Can we talk for forty minutes?

मैंने देखा है कि इस हफ्ते आप स्टैंड-अप में पहले से चुप हैं। हो सकता है मैं गलत समझ रहा/रही हूँ। चलें, चालीस मिनट बात करते हैं?

If they say they are fine and the facts still worry you, name the facts again once. Then stop pushing. Make the next one-to-one available. Notice is an invitation. It is not an interrogation.

Minute 5–15. Name

Reflect what is visible in ordinary words. Do not use clinical language. Do not guess a condition. Offer a word and ask for theirs.

From the outside it looks like strain, not lack of effort. What word would you use?

बाहर से यह थकान लगती है, कोशिश की कमी नहीं। आप किस शब्द से कहेंगे?

A second naming line, if they give you more:

It sounds as if you are stretched and a bit isolated. Is that close?

लगता है आप पर दबाव ज़्यादा है और आप अकेला महसूस कर रहे हैं। क्या यह ठीक है?

Write down their word, not yours. The name that matters is the one they will recognise next week.

Minute 15–25. Settle

Do not solve. Do not restructure the team in this meeting. Bring the room down so a next step can be chosen rather than grabbed.

We do not have to fix this in this room. First we slow down. Shall we take one slow breath and then decide the next step?

इस कमरे में सब हल नहीं करना है। पहले साँस लेते हैं। एक सांस लें, फिर अगला कदम तय करें?

Use the Big Sigh Reset if the body is clearly up: double inhale through the nose, one long exhale through the mouth, one to three times. Offer water. Sit in the silence. Settling is work. Filling the silence is not.

Minute 25–40. Route

Name the boundary out loud. Then name the door. Walk them to it if they want you to. Do not leave them with a URL and a smile.

I am your manager, not your counsellor. My job is to notice, name what I see, help the room settle, and get you to the right door. This is bigger than what I can hold as your manager. I can walk you to HR or the assistance line, or you can call Tele-MANAS 14416. You do not have to do it alone.

मैं आपका मैनेजर हूँ, काउंसलर नहीं। मेरा काम है देखना, नाम देना, स्थिति को स्थिर करना, और सही दरवाज़े तक पहुँचाना। यह मेरे मैनेजर वाले दायरे से बड़ा है। मैं आपको *HR* या सहायता लाइन तक छोड़ सकता/सकती हूँ, या आप *Tele-MANAS 14416* पर कॉल कर सकते हैं। अकेले नहीं करना है।

Close the forty minutes on time even if the story is unfinished. Unfinished is the point of a cap. Write the agreed next step in one sentence and send it to them the same day. Copy HR only when the route requires it, and only with the person's knowledge unless safety requires otherwise under your organisation's policy.

Hand-off table

Use this table as a distress surface. Read it before the conversation. Do not negotiate it during one.

Signal	Route
Workload, role confusion, team friction, missed deadlines in an otherwise steady person.	Stay with the manager protocol. Notice, name, settle. Agree one work adjustment if it is yours to give. Log the conversation date. Schedule a follow-up inside two weeks.

Signal	Route
Repeated withdrawal, tearfulness or irritability lasting across weeks. The person asks for help. Sleep has collapsed. They are still functioning at work.	Route to the HR business partner and the employee-assistance or emotional-fitness coach. The manager stays in the work-only lane: deadlines, cover, hours. The manager does not become the ongoing confidant.
Talk of hopelessness, self-harm, or not wanting to be here. Sudden giving-away of possessions. Confusion that is out of character. Any statement that they cannot keep themselves safe. Any threat of harm to others.	**Stop the protocol. Do not investigate, interpret or bargain. Stay with the person if it is safe to do so. Call Tele-MANAS 14416 or 1800-89-14416. Involve HR and emergency services as the organisation's written policy requires. This conversation is no longer a 40-minute script.**
Possible misconduct, harassment or legal risk mixed with distress.	HR immediately. The manager does not mediate the emotional content and does not investigate the allegation in this meeting.
The manager is the source of the distress, or the person says so.	Do not run this protocol. Route to the HR business partner or a skip-level manager. A first responder cannot be the person who caused the injury.

Table 2. Signal to route. The crisis row is not a style choice. It is the legal and human boundary of the protocol.

If you or a colleague is in immediate danger, call emergency services. For 24-hour mental-health support in India, call Tele-MANAS 14416 or 1800-89-14416. The service is free and available in about twenty Indian languages.

06 Measurement

A dashboard that holds clinical data is a clinical system. This protocol is not a clinical system. The employer sees fitness metrics. The employer never sees a mood score, a session note, a symptom label or a personal disclosure.

What the employer sees

- Protocol uses: number of 40-minute conversations logged by people-managers, by week and by team. No topic field.
- Rep counts: Match the Firecracker, Thank-You Ambush and Assume the Best-Case Human completed by managers.
- Streaks: consecutive days or weeks with at least one rep. Streaks measure habit, not mood.
- Emotional-vocabulary breadth: count of distinct emotion words a manager uses in Name It to Frame It. Breadth is a skill metric.
- Participation: percentage of people-managers who completed the live lab, hold the routing card, and have logged one practice conversation.
- Routes made: count of hand-offs to HR or the assistance programme. Destination only. No reason code that names a condition.

What the employer never sees

- The content of the 40-minute conversation.
- Any word the employee used for their own state, beyond the fact that a conversation occurred.
- Assistance-programme session notes, if the organisation has one.
- Clinical records, prescriptions, or any output from Tele-MANAS.
- AI-coach transcripts from EmotionApp. Those stay with the person.

DPDP compliance starts with collection discipline. If the field is not required to run the programme, do not build the field. ISO 9001 asks whether the process is controlled. ISO 13485 asks whether a health-adjacent process is controlled with extra care. A dashboard with no clinical fields is the control.

07 Implementation

Ninety days is long enough to install a habit and short enough that the programme cannot turn into a recurring calendar invite that everyone quietly declines. One owner per row. One metric per row. No parallel workstream called culture.

Week	Owner	Action	Metric
1–2	L&D + HRBP	Brief the CHRO. Name owners. Write Table 2 into the manager handbook. Book one crisis drill with Tele-MANAS 14416 on the card.	Signed RACI. One crisis drill booked.
3–4	L&D	Run a 90-minute live lab: the 40-minute protocol plus the three manager reps. Role-play notice and route, not lectures.	At least 80% of people-managers attend.
5–6	Managers	Each manager runs one practice conversation with a peer, not with a direct report.	One logged practice per manager.
7–8	HRBP	Publish the routing card on the intranet and pin it on the manager WhatsApp group. Tele-MANAS 14416 on every card.	100% of managers have the card.
9–10	L&D	Second lab: settle and route only. Walk the liability FAQ. Quiz the five route rules.	Quiz score at least 80% correct on route rules.
11–12	People analytics	Dashboard live: protocol uses, rep counts, streaks, vocabulary breadth, participation, routes made. No clinical fields.	Dashboard shipped.
13	CHRO	Review conversations held, routes made and manager confidence. Confirm zero clinical data in HR files from this programme.	90-day note to leadership.

Table 3. A 90-day installation plan. If a row has two owners, it will not ship.

Do not launch the protocol to the whole company in week one. Launch it to people-managers only. An analyst who wants the daily reps can have them on WhatsApp. She does not get a mandate to book a 40-minute check-in with

the colleague at the next desk. That conversation is a manager duty with a manager boundary.

08 One-page checklist the reader can run this week

1. Write the four moves on a card: notice, name, settle, route. Keep it next to the laptop.
2. Add Tele-MANAS 14416 and 1800-89-14416 to the card, and to your phone.
3. Ask HR for the written route: HRBP name, assistance-programme number, emergency policy. If it does not exist, write a one-page version this week.
4. Put forty minutes in your calendar for one practice conversation with a peer manager. Label it practice.
5. Run one Match the Firecracker when someone on the team shares good news. Two follow-up questions. Do not talk about yourself first.
6. Send one Thank-You Ambush. Specific. Delivered. Not drafted.
7. Log one Assume the Best-Case Human: the generous explanation that still fits the facts.
8. Name one feeling you had today in a single precise word. That is Name It to Frame It.
9. Practise the Big Sigh Reset once: double inhale, long exhale.
10. Tell your own manager, in one sentence, that you will use emotional first response and that you will route rather than hold.
11. If a live signal appears this week that matches the crisis row in Table 2, do not use this checklist. Stop. Call 14416.

09 FAQ

Q1 Can I be liable if I open this conversation?

You notice, name, settle and route. You do not assess a condition. WHO and the ILO state that managers must not diagnose or treat. A bounded 40-minute conversation plus a written route is the safer move. In 1to1help's 2024 data, 59 per cent of manager-referred cases already carried risk signs.

Q2 Is this not the assistance programme's job?

Manager Consultation was 1 per cent of 1to1help's 2024 concern categories, yet manager referrals still surfaced 59 per cent risk. The assistance programme cannot see the Tuesday stand-up. The manager can. WHO's 2022 strong recommendation is for manager training exactly because the first door is the line manager, not the portal.

Q3 What if they cry?

Settle. Do not interpret the tears. One slow breath, or the Big Sigh Reset once. Offer water. Do not extend the meeting past 40 minutes. If hopelessness or self-harm appears, stop the protocol and call Tele-MANAS 14416. Crying is a body event. It is not a brief to become their counsellor.

Q4 Do I need a two-day course before I can speak?

Gayed's 2018 meta-analysis of ten trials found manager knowledge rose by a standardised mean difference of 0.73 after training, with no pooled effect on employee symptoms ($p = 0.28$). A scripted protocol plus daily reps beats an unused certificate. Run the 90-minute lab. Then practise once with a peer.

Q5 **What does the company see on the dashboard?**

Rep counts, streaks, emotional-vocabulary breadth, participation and routes made. In Gallup's India 2025 figures, only 23 per cent of employees were engaged. The dashboard tracks whether managers are doing the work that moves that number. It never holds clinical notes, mood scores or session content.

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NOTE

EmotionApp is a non-clinical emotional-fitness coaching platform. This paper describes practices, techniques and coaching. It is not therapy, treatment, diagnosis or medical advice.

SAFETY NOTE

If you are in distress, please contact a qualified professional or Tele-MANAS on 14416.