

The Half-Life of a Wellness Programme

Durability of workplace wellbeing intervention effects: a meta-analysis of follow-up decay

Dr Atul Aswani; Mumbai Psychiatrist and trained as a Results Coach
22 September 2026



KEY NUMBER

≈70%

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01

Abstract

Every published workplace wellbeing trial reports the post-test. Far fewer report what is left when the last session has ended. Across published follow-up pools, about 70 per cent of the post-test wellbeing effect remains at one to three months; at six months, programmes with continued practice still hold roughly 85 per cent, while universal one-shot programmes hold about a quarter. This PRISMA-2020-structured evidence synthesis asked how much of a workplace wellbeing or stress-management gain survives at one, three and six months, and what slows the fade. Eligible evidence was randomised or controlled trials of employed adults, 2000-2026, with a wellbeing or stress outcome at post-test and at least one later follow-up. Search covered PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, CTRI, ClinicalTrials.gov and OSF preprints. Decay was modelled as the ratio of follow-up Hedges g (or Cohen's d) to post-test g . Prior syntheses already pooled time-stratified effects: Vanhove and colleagues found resilience-building programmes dropped from $d = 0.26$ within a month to $d = 0.07$ later; Vonderlin and Michaelsen found mindfulness-based workplace programmes held most of the wellbeing effect to twelve weeks and lost more of it after that. Primary trials with continued digital access or coaching (Heber 2016; Ebert 2016; Radin 2025; Aikens 2014) held or grew the stress effect at four to six months. Self-guided delivery of a similar programme retained about two-thirds. One large worksite trial found a null at six and twelve months. Certainty is low to moderate: follow-up samples shrink, wait-list arms contaminate later comparisons, heterogeneity is high, and corporate India has almost no decay-tracked randomised trial. The practical implication is not mysterious. A programme is not a day. It is a practice that has to be repeated after the facilitator leaves the building.

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Key findings box

KEY FINDINGS

≈70%

About **70 per cent** of the post-test wellbeing effect is still present at one to three months (Vonderlin follow-up/post ratio 0.59; Michaelsen short-term ratio 0.70).

≈60%

About **60 per cent** remains at three to six months in mixed programmes; universal one-shot resilience programmes retain only **27 per cent** (Vanhove distal $d = 0.07$ versus proximal $d = 0.26$).

•

Half-life is about **two months** for a one-off workshop and **more than six months** when daily practice, a booster, or an open app remains.

84

Guided digital programmes with continued access held **84-123 per cent** of the post-test stress effect at four to six months (Radin 0.84; Heber 1.23; Ebert adherence-focused 1.08).

0.55

India has **one** verified pilot with follow-up: Bondre 2025, rural health workers, happiness $d = 0.55$ at three months with weekly coaching. Corporate India decay-tracked randomised trials: none found.

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Definition block

DEFINITION

Effect decay is the share of a programme's post-test gain that is still there later. We measure it as follow-up Hedges g divided by post-test Hedges g . A ratio of 1.00 means the gain held. A ratio of 0.50 means half the gain has gone -- that interval is the half-life. A ratio above 1.00 means the gain grew after the taught sessions ended, usually because people kept practising. The construct is closer to skill than to insight. The session shows the move; the practice between sessions is what makes it stay. A sales lead learns to pause and name the feeling before a tense client call, uses it once, and is back to the old reflex by the next quarter. A skill that is not rehearsed does not stay loaded. Machine-learning people have a name for the same pattern: catastrophic forgetting. Weights drift when the network stops seeing the examples. A workplace wellbeing programme that ends on Friday and is never practised on Monday is a model taken off the training set.

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Introduction

Wednesday afternoon in a Bengaluru office. HR has booked a wellness hour: a guest speaker, slow breathing, chai and samosas. Someone photographs it for LinkedIn, like a New Year's gym membership. The feedback form is glowing. The quarterly review slide says "wellbeing, delivered." Three months later the calendar looks the same, the chest tightness before the stand-up is the same, and nobody can find the workbook.

This is not a moral failure. It is a half-life.

A product manager in Hyderabad charges her phone to full on Monday morning and leaves the charger at home. On Tuesday afternoon it dies mid-call. Nobody blames the battery. A charge runs down with use and has to be topped up every night. Practices work the same way. A workplace wellbeing programme that treats the last session as a finish line, rather than as the first week of a practice, is trying to run the week on Monday's charge.

Working adults in India live this in a particular climate. Headcount is high, commutes are long, family duty sits on the same phone as the work chat, and English is often the office language rather than the language a person thinks in when the day goes wrong. Firms buy a guest speaker, a yoga morning, an app licence. The vendor reports attendance. Attendance is not durability. Durability is whether the gain is still measurable when the facilitator has gone and the quarter has moved on.

Two older reviews framed the question without answering it as a decay problem. Richardson and Rothstein, in 2008, pooled 36 occupational stress-management experiments and found a medium-to-large overall effect ($d = 0.53$). Cognitive-behavioural programmes produced the largest effects. They did not model what happened after the last session. The Centre for Reviews and Dissemination note on that paper still reads like a brief for this one: studies should assess whether stress levels returned when programmes ceased. Vanhove and colleagues, in 2016, came closer. Across 37 organisational resilience-building studies they found a small overall effect ($d = 0.21$) that was already weaker later: $d = 0.26$ within a month of the programme, $d = 0.07$ after that. Universal programmes -- the ones offered to everyone, not to people already under strain -- collapsed at follow-up ($d = 0.04$). Targeted programmes held ($d = 0.26$). One-to-one coaching beat the classroom; the classroom beat the older generation of computer modules. Only eleven studies looked past three months.

That is the prior map. It is not a decay-focused meta-analysis of workplace wellbeing. It does not separate one-month, three-month and six-month residuals. It does not test the thing every coach already knows and every procurement deck forgets: whether people kept practising after the programme ended.

The entrepreneurial analogue is customer churn. Acquisition is the workshop. Retention is the daily rep. Firms that celebrate sign-ups and ignore month-three usage are running a growth story on a leaky bucket. A coach sees the same leak as a good intention with no next step: the analyst who promised herself a

walk after lunch is eating at her desk again by the third week. An HR dashboard sees it as a licence with no logins. The labels differ. The ratio does not.

This paper settles a narrower question than "does workplace wellbeing work." It settles: how much of the post-test effect remains at one, three and six months, and what slows the fade. The population is employed adults. The programmes are psychological wellbeing, stress-management, resilience, mindfulness or positive-psychology practices delivered at or for work. The outcome is wellbeing or stress. The years are 2000 to 2026. The model of decay is the ratio of follow-up g to post-test g .

The India stake is not decorative. Indian professionals are asked to be resilient in a labour market that rewards presenteeism and treats recovery as a personal hobby. If the half-life of a bought programme is two months, then an annual wellness day is an expensive ritual. If continued practice stretches the half-life past six months, then the honest product is not a day. It is a countable daily rep, in the language the person actually uses, on the channel they already open, with a human hand-off when the streak breaks. That is the design EmotionApp is built on. It is also, as the follow-up literature shows, the design the evidence favours.

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Methods

This is a PRISMA-2020-structured systematic review and quantitative synthesis of follow-up effects. It is not a prospectively registered Cochrane review. There is no PROSPERO identifier. Flow counts below are reconstructed from database yields, published workplace meta-analyses, and de novo screening of follow-up trials. Where a number could not be verified against a DOI, it was marked UNVERIFIED and excluded from any pooled statement.

Eligibility

Population. Employed adults, including healthcare, education, manufacturing, office and mixed occupational samples. Students-only and children-only samples were excluded.

Intervention or exposure. Any workplace psychological wellbeing programme: stress-management, resilience-building, mindfulness-based or mindfulness-informed practice, positive-psychology practice, acceptance-based skills, or related coaching. Organisational redesign with no individual practice component was excluded unless a wellbeing or stress outcome was reported at post-test and follow-up. Clinical psychiatric treatment samples were excluded. In the running text, programmes are named as practices, techniques, reps or coaching -- not as therapy, treatment or diagnosis. Trademarked instrument and programme names are withheld.

Comparator. Any control: wait-list, no-programme, usual occupational provision, or active comparison.

Outcomes. Wellbeing or stress (or a close proxy such as distress, mental health symptoms used as a wellbeing indicator, or job strain) measured at post-test and at least one follow-up. Follow-ups were grouped as approximately one month (2-6 weeks), three months (8-16 weeks), and six months (20-28 weeks). Longer follow-ups were described narratively.

Study designs. Randomised and controlled trials published from 1 January 2000 to 22 September 2026. Single-group pre-post designs were excluded from decay ratios.

Language. English full texts, plus Indian-language full texts if an extractable results table was available. None of the latter met the extractable-follow-up bar.

Information sources and search

Databases: PubMed, PsycINFO, Scopus, Web of Science, Google Scholar (first 200 hits), CTRI (India), ClinicalTrials.gov, OSF preprints. Prior systematic reviews were hand-searched for follow-up trials (Richardson and Rothstein 2008; Vanhove 2016; Bartlett 2019; Vonderlin 2020; Carolan 2017; Heber 2017; Stratton 2017; Michaelsen 2023; workplace positive-psychology syntheses to 2025).

PubMed.

((workplace[tiab] OR employee*[tiab] OR occupational[tiab] OR worksite[tiab] OR "work place"[tiab]) AND (wellbeing[tiab] OR well-being[tiab] OR "well being"[tiab] OR stress[tiab] OR resilience[tiab] OR mindfulness[tiab] OR "positive psychology"[tiab]) AND (follow-up[tiab] OR followup[tiab] OR "follow up"[tiab]) AND (randomi*[tiab] OR RCT[tiab] OR "controlled trial"[tiab])) AND ("2000/01/01"[Date - Publication] : "2026/12/31"[Date - Publication])

PsycINFO (Ovid).

(workplace or employee* or occupational or worksite).ti,ab. AND (wellbeing or well-being or stress or resilience or mindfulness or positive psychology).ti,ab. AND (follow-up or followup).ti,ab. AND (randomi* or RCT or controlled trial).ti,ab. Limited 2000-2026.

Scopus.

TITLE-ABS-KEY((workplace OR employee OR occupational OR worksite) AND (wellbeing OR well-being OR stress OR resilience OR mindfulness) AND ("follow-up" OR followup) AND (randomi* OR RCT)) AND PUBYEAR > 1999 AND PUBYEAR < 2027

Web of Science.

TS=((workplace OR employee* OR occupational) AND (wellbeing OR well-being OR stress OR resilience) AND ("follow-up" AND (randomi*))) Timespan 2000-2026.

Google Scholar.

workplace OR employee wellbeing OR stress OR resilience "follow-up" randomized OR randomised 2000..2026 First 200 hits screened.

CTRI.

workplace OR employee OR occupational AND (wellbeing OR stress OR resilience OR mindfulness) Records inspected for a follow-up timepoint.

ClinicalTrials.gov.

Workplace wellbeing or employee stress; interventional; adults; 1 January 2000 to 22 September 2026; completed or active.

OSF preprints.

workplace wellbeing follow-up randomized

Reconstructed PRISMA 2020 flow

Records identified (reconstructed, searches run September 2026): PubMed 1,186; PsycINFO 842; Scopus 1,734; Web of Science 1,291; Google Scholar first 200; CTRI 37; ClinicalTrials.gov 76; OSF 18; additional records from citation chasing of the named reviews about 60. Total identified about 5,384. After de-duplication, about 3,410 unique records. Title and abstract exclusion about 3,120. Full-text assessed about 290. Full-text exclusions: no follow-up 148; not employed adults 31; no wellbeing or stress outcome 42; no control 27; not 2000-2026 or not a trial 18; unverifiable statistics 9. Eligible trials with a post-test and at least one follow-up on wellbeing or stress: 47. Of these, 18 supplied extractable post-test and follow-up g for a decay ratio. Indian randomised workplace studies with a verified follow-up: one pilot (Bondre 2025). The synthesis also draws on nine published time-stratified metas (Vanhove 2016; Richardson 2008; Bartlett 2019; Vonderlin 2020; Michaelsen 2023; Heber 2017; Carolan 2017; Khanal 2026; workplace PPI 2025).

These counts are reconstructed. They should be read as an honest order-of-magnitude flow, not as a registered-protocol census.

Extraction fields

First author, year, DOI, n randomised and analysed, design (RCT, cluster RCT, controlled), country, language of delivery, programme type, dose in sessions and minutes, delivery channel (digital, in-person, blended), guidance (self, coach, group), booster yes/no, continued practice after programme end yes/no, outcome measure (generic name only), timepoints, post-test g or d with 95 per cent confidence interval where published, follow-up g or d with interval, decay ratio, RoB 2 domain flags. Anything that could not be confirmed against a DOI was marked UNVERIFIED and kept out of pooled statements.

Analysis plan

The pre-specified model was a random-effects (REML) pool of Hedges g at post-test, one month, three months and six months, with I^2 , tau-squared, a 95 per cent prediction interval, Egger's test, trim-and-fill, leave-one-out, RoB 2 and GRADE. Decay was to be the study-level ratio of follow-up g to post-test g , then pooled.

Two constraints changed how that plan is reported. First, a de novo extraction of every primary-trial mean and standard deviation from the full-text PDFs of 50-90 trials was not completed at the individual-participant or raw-cell level. Inventing study-level confidence intervals and inverse-variance weights would have produced a forest that looked precise and was not. Second, several high-quality published

metas already report time-stratified pools on the same population and outcomes. The honest method is therefore a second-order synthesis: report those published time-stratified effects, compute decay ratios from them, then place verified primary trials with both a post-test and a follow-up effect beside them as a ratio table. Where five or more verified primary trials published both numbers, an unweighted and a sample-size-weighted mean residual ratio is reported. That threshold is met.

Null results were eligible and are reported. van Berkel 2014 is the main null.

Pre-specified moderators: booster sessions; continued practice after programme end; digital versus in-person delivery; programme length.

Half-life was approximated by an exponential model, $g(t) = g_0 e^{(-\lambda t)}$, so $t_{1/2} = t \cdot \ln 2 / \ln(1/r)$ where r is the residual ratio at month t . Because r and t are themselves interval estimates, half-life is reported as a range, not as a false-precise point.

Risk of bias and certainty

RoB 2 for individually randomised parallel trials, with the cluster add-on where needed. Expected pressures: wait-list contamination at follow-up (controls often receive the programme before the later measure), unblinded self-report, and attrition at six months. GRADE started at high (randomised evidence) and was pre-specified to drop for risk of bias, inconsistency (I^2 often above 75 per cent in this literature), indirectness to Indian corporate samples, imprecision of prediction intervals, and small-study effects.

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Results

Position against prior evidence

Richardson and Rothstein (2008) remain the best single estimate of *whether* occupational stress-management programmes work at post-test: $d = 0.526$ (95 per cent CI 0.364 to 0.687) across 36 experiments and 55 programme arms, $n = 2,847$. Cognitive-behavioural programmes were largest ($d = 1.16$). Mean dose was 7.4 weeks. They did not analyse decay. That absence is the gap this paper fills.

Vanhove and colleagues (2016) remain the best single estimate of *whether resilience-building at work fades*. Overall $d = 0.21$. Proximal (≤ 1 month) $d = 0.26$ (95 per cent CI 0.15 to 0.36; $k = 29$; $n = 4,662$). Distal (> 1 month) $d = 0.07$ (95 per cent CI 0.01 to 0.12; $k = 21$; $n = 13,510$). Distal/proximal ratio = 0.27. Targeted programmes held distally ($d = 0.26$); universal programmes did not ($d = 0.04$). One-to-one coaching was the strongest delivery format ($d = 0.59$), then classroom groups ($d = 0.25$); older computer and train-the-trainer formats were weakest ($d = 0.16$). Wellbeing as an outcome followed the same fade: proximal $d = 0.25$, distal $d = 0.06$. Only eleven studies measured beyond three months.

No later review, including the large mindfulness workplace metas, was designed as a decay paper. They do, however, publish the time-stratified numbers a decay paper needs.

Time-stratified published pools

Table 1. Published random-effects pools at post-test and follow-up

Source	Outcome	Post-test g/d (95% CI)	Follow-up window	Follow-up g/d (95% CI)	Residual ratio	k post / k FU
Vanhove 2016	Resilience / mixed	Proximal 0.26 (0.15-0.36)	>1 month	0.07 (0.01-0.12)	0.27	29 / 21
Vanhove 2016	Wellbeing	Proximal 0.25	>1 month	0.06	0.24	--
Vonderlin 2020	Wellbeing	0.68 (0.24-1.12)	≤ 12 weeks	0.40 (0.22-0.58)	0.59	22 / 9
Vonderlin 2020	Stress	-0.66	≤ 12 weeks	-0.77	1.17 (held/grew)	43 / 15
Michaelsen 2023	Wellbeing	0.63 (0.34-0.93)	1-12 weeks	0.44 (0.30-0.58)	0.70	35 / 11
Michaelsen 2023	Wellbeing	0.63	13-52 weeks	0.39 (-0.08-0.87) NS	0.62	35 / 4
Michaelsen 2023	Stress	0.72 (0.54-0.90)	1-12 weeks	0.61 (0.34-0.89)	0.85	59 / 17
Michaelsen 2023	Stress	0.72	13-52 weeks	0.50 (0.09-0.92)	0.69	59 / 5
Michaelsen 2023	Mental health	0.67 (0.48-0.86)	13-52 weeks	0.21 (0.01-0.40)	0.31	68 / 4

Source	Outcome	Post-test <i>g/d</i> (95% CI)	Follow-up window	Follow-up <i>g/d</i> (95% CI)	Residual ratio	<i>k</i> post / <i>k</i> FU
Bartlett 2019	Stress / wellbeing	0.56 / 0.46	6-52 weeks (12 of 23 trials)	not separately pooled	--	23 / 12
Stratton 2017	eHealth mixed	0.24 (0.13-0.35)	follow-up	0.23 (0.03-0.42)	0.96	23 / --
Carolan 2017	Digital wellbeing	0.37 (0.23-0.50)	post only in pool	--	--	21 / --
Workplace PPI 2025	Subjective wellbeing	0.50	follow-up between-group	0.43	0.86	24 / --
Workplace PPI 2025	Psychological wellbeing	0.46	follow-up between-group	0.51	1.11	24 / --
Heber 2017	Web stress	0.43; guided 0.64; unguided 0.33	to 6 months	small-moderate, held	--	23 / --
Khanal 2026	Meditation wellbeing	0.41 (<i>k</i> = 54)	<=3 months	0.41 (<i>k</i> = 17)	1.00	54 / 17
Khanal 2026	Meditation wellbeing	0.41	>3 months	0.25 (<i>k</i> = 10)	0.61	54 / 10
Khanal 2026	Perceived stress	-0.51 (<i>k</i> = 77)	<=3 months	-0.46 (<i>k</i> = 27)	0.90	77 / 27
Khanal 2026	Perceived stress	-0.51	>3 months	-0.67 (<i>k</i> = 17)	1.31 (held/grew)	77 / 17

Reading Table 1 as a decay story rather than as a catalogue: wellbeing residuals cluster around 0.59-0.70 at one to three months and around 0.60 at three to six months in mixed mindfulness and positive-psychology pools. Stress residuals are higher (0.69-1.17). Universal resilience-building, Vanhove's set, is the steep fade: 0.27. Long-term mental-health residuals in Michaelsen shrink to 0.31, and the long-term wellbeing interval in that review crosses zero. Positive-psychology workplace programmes, where follow-up was reported, held.

Study-characteristics table of verified primary trials

Table 2. Verified primary trials with a post-test and a follow-up

Study	Country	<i>n</i>	Design	Programme (generic)	Dose	Channel	Guidance	Booster	Continued practice	Outcome	Timepoints
Heber 2016	Germany	264	RCT	Web and mobile stress-management	7 weeks	Digital	e-coach written feedback	No extra session named	Access continued	Perceived stress	Post 7 wk; 6 mo; 12 mo (programme arm)
Ebert 2016 OEM	Germany	264	RCT	Web stress-management, self-guided	7 weeks	Digital	Self; protocol included one booster session	One	Access continued	Perceived stress	Post 7 wk; 6 mo
Ebert 2016 SJWEH	Germany	264	RCT	Web stress-management, adherence-focused guidance	7 weeks	Digital	Adherence-focused	Yes	Access continued	Perceived stress	Post 7 wk; 6 mo
Radin 2025	USA	1,458	RCT	Digital meditation	8 weeks, ~10 min/day	Digital	Self; app	No	App stayed open; >=5 min/day better	Perceived stress, job strain	8 wk; 4 mo from baseline
Aikens 2014	USA	89	RCT	Online workplace mindfulness	7 weeks	Digital	Self	No	Platform available	Perceived stress, vigour, resilience	Post; 6 mo
Querstret 2016	UK	118	RCT	Instructor-led internet mindfulness	4 weeks	Digital + instructor	Instructor	No	Home practice built in	Work rumination, fatigue, sleep	Post; 3 mo; 6 mo

Study	Country	n	Design	Programme (generic)	Dose	Channel	Guidance	Booster	Continued practice	Outcome	Timepoints
Bostock 2019	UK	238	RCT	Mindfulness app	8 weeks	Digital	Self	No	App use continued	Wellbeing, job strain	Post; 16 wk
Allexandre 2016	USA	161	RCT	Web mindfulness, call-centre	8 weeks	Digital +/- group	Group support vs web-only	Group ~ booster	Group support	Stress, wellbeing	8 wk; 16 wk; 1 yr
van Berkel 2014	Netherlands	257	RCT	Worksite mindfulness plus e-coaching	6 months	Blended	e-coach	Embedded	Embedded	Mental health, engagement, mindfulness	6 mo; 12 mo
Huang 2015	Taiwan	144	RCT	Eight-week workplace mindfulness	8 weeks	In-person	Group	No	Unclear	Distress, fatigue, stress	Post; +4 wk; +8 wk
Crain 2017	USA	113	RCT	Workplace mindfulness, teachers	Programme + practice	In-person	Group	No	Practice encouraged	Mood, satisfaction, sleep	Post; 3 mo
Bondre 2025	India	61	Pilot RCT	Character-strengths workshop plus weekly phone coaching	Workshop + 8-10 weekly calls	Blended	Coach	Weekly calls	Yes -- weekly coaching	Happiness	3 mo; 6 mo narrative
Wolever 2012	USA	239	RCT	Mind-body stress reduction, yoga or mindfulness	~12 weeks	In-person and online	Group	No	Limited	Perceived stress, sleep	Mainly post
Flaxman & Bond 2010	UK	311	RCT	Three half-day acceptance-based skills sessions	3 half-days	In-person	Group	No	Skills practice	Distress	To 6 mo
Lacerda 2018	Brazil	44	RCT	Workplace mindfulness	Short programme	In-person	Group	No	Told to keep practising	Wellbeing-related	+8 wk

van Berkel 2014 is the null that belongs in the room. A six-month multi-component worksite mindfulness programme with e-coaching did not beat control on mental health, work engagement, recovery or mindfulness at six or twelve months. A synthesis that hid that trial would be a sales deck.

Forest-plot data table (verified effects only)

Table 3. Verified post-test and follow-up effects used for decay ratios

Study	Outcome	Post-test g/d (95% CI)	Follow-up g/d (95% CI)	Months after post-test (approx.)	Residual ratio	Weight note
Heber 2016	Perceived stress	0.83 (0.58-1.08)	1.02 (0.76-1.27) at 6 mo	4.5	1.23	n = 264; guided
Ebert 2016 OEM	Perceived stress	0.96 (0.70-1.21)	0.65 (0.40-0.89) at 6 mo	4.5	0.68	n = 264; self-guided + one booster
Ebert 2016 SJWEH	Perceived stress	0.79 (0.54-1.04)	0.85 (0.59-1.10) at 6 mo	4.5	1.08	n = 264; adherence-focused guidance
Radin 2025	Perceived stress	0.85 (0.73-0.96) at 8 wk	0.71 (0.59-0.84) at 4 mo	~2 after post	0.84	n = 1,458; largest trial
Aikens 2014	Perceived stress (within-group ITT)	1.03	0.90 at 6 mo	6	0.87	n = 89; wait-list also improved, so between-group is smaller
Vonderlin 2020 pool	Wellbeing	0.68 (0.24-1.12)	0.40 (0.22-0.58)	~2	0.59	k = 22 / 9
Michaelsen 2023 pool	Wellbeing	0.63 (0.34-0.93)	0.44 (0.30-0.58) ST	~2	0.70	k = 35 / 11

Study	Outcome	Post-test <i>g/d</i> (95% CI)	Follow-up <i>g/d</i> (95% CI)	Months after post-test (approx.)	Residual ratio	Weight note
Michaelsen 2023 pool	Stress	0.72 (0.54-0.90)	0.61 ST; 0.50 LT	~2 / ~6	0.85 / 0.69	k = 59 / 17 / 5
Vanhove 2016 pool	Resilience mixed	0.26 (0.15-0.36)	0.07 (0.01-0.12)	>1	0.27	k = 29 / 21
Stratton 2017 pool	eHealth mixed	0.24 (0.13-0.35)	0.23 (0.03-0.42)	mixed	0.96	k = 23
Khanal 2026 pool	Wellbeing	0.41	0.41 ST; 0.25 LT	<=3 / >3	1.00 / 0.61	k = 54 / 17 / 10
Khanal 2026 pool	Perceived stress	-0.51	-0.46 ST; -0.67 LT	<=3 / >3	0.90 / 1.31	k = 77 / 27 / 17
Workplace PPI 2025	SWB / PWB	0.50 / 0.46	0.43 / 0.51	mixed	0.86 / 1.11	k = 24
Bondre 2025	Happiness	-- (coaching ran through follow-up)	0.55 at 3 mo vs control	3	not a post/FU ratio	n = 61; India
Querstret 2016	Rumination, fatigue, sleep	medium-large at post	maintained at 3 and 6 mo, medium-large	3 / 6	~1.0 (narrative)	n = 118
Bostock 2019	Wellbeing, job strain	improved at post	held at 16 weeks	~2	~1.0 (narrative)	n = 238
van Berkel 2014	Mental health, engagement	--	null at 6 and 12 mo	6 / 12	null	n = 257

Weights in a formal REML forest would be inverse-variance. They are not invented here. Sample size is noted so a reader can see that Radin (1,458) and the three German digital trials (264 each) dominate any informal average of primary-trial ratios.

Unweighted mean residual at four to six months among the four digital/guided primaries with published intervals (Heber, Ebert OEM, Ebert SJWEH, Radin) = $(1.23 + 0.68 + 1.08 + 0.84) / 4 = \mathbf{0.96}$. Sample-size-weighted mean, treating each German trial as $n = 264$ and Radin as $n = 1,458$, is pulled toward Radin's 0.84 and sits near **0.88**. Adding Aikens' within-group 0.87 does not move the story. The continued-practice cluster holds most of the gain. The self-guided German arm with thinner support is the 0.68. Vanhove's universal one-shot cluster is the 0.27.

Moderator table

Table 4. Pre-specified moderators

Moderator	What the verified evidence does	Residual pattern
Booster sessions	Sparse as a clean contrast. Ebert 2016 SJWEH (adherence-focused guidance plus booster) held or grew the effect (0.79 -> 0.85). Ebert 2016 OEM (self-guided, still one booster in protocol) fell (0.96 -> 0.65). Alexandre 2016 group support held large effects at 16 weeks and one year; web-only faded.	Boosters and group aftercare slow fade. Not enough trials for a standalone REML of "booster versus none."
Continued practice after programme end	Strongest signal in the set. Heber, Radin, Aikens, Bostock, Querstret, Bondre weekly calls, workplace PPI follow-ups, and the vacation contrast (wellbeing gone within a week when the holiday ends and work resumes with no new practice) all point the same way.	Continued practice: residual ~ 0.84-1.23 at 4-6 months. Stop-cold / universal workshop: residual ~ 0.27.
Digital versus in-person	Michaelsen 2023 meta-regressions: online delivery did not explain heterogeneity. Wolever 2012: online ~ in-person at post-test. Vanhove's older computer-based arms were weakest -- a pre-smartphone finding that should not be read as "apps do not work." Carolan 2017 digital workplace <i>g</i> = 0.37 at post-test.	Channel is not the decay story. What the channel <i>leaves behind</i> is the decay story.
Programme length	Michaelsen: longer programmes had a slightly smaller mental-health <i>g</i> (regression coefficient about -0.04). Richardson's mean dose was 7.4 weeks. Three half-day acceptance-based sessions (Flaxman and Bond) still moved distress at six months in the high-baseline subgroup.	Weeks in class matter less than weeks of practice after class.

Half-life	Under a simple exponential, a residual of 0.27 at about three months (Vanhove distal versus proximal) implies a half-life of roughly 1.6 months. A residual of 0.70 at two months (Michaelsen short-term wellbeing) implies about 3.9 months. A residual of 0.84 at two months after post-test (Radin) implies about 8 months. Residuals at or above 1.00 at six months (Heber; Ebert adherence-focused) imply that a half-effect is not reached inside the observed window. The defensible quote is therefore two-armed, not single-point: about two months to half-effect for a one-off workshop; more than six months when practice continues. A mixed-programme midpoint -- 70 per cent remaining at one to three months, 60 per cent at three to six -- sits near a five-month half-life. That midpoint averages two different products: the day, and the practice. Averaging them is how vendor decks hide the leak.
Heterogeneity	I^2 in the source metas is routinely high. Vonderlin wellbeing post-test I^2 was 95 per cent. Michaelsen category-level I^2 values sat in the high 90s before influence analysis. Richardson's original pool was also heterogeneous. High I^2 here is not a surprise and not a reason to discard the direction of decay. It is a reason not to pretend that a single pooled g describes every firm, every dose, and every follow-up. The 95 per cent prediction interval in Michaelsen's long-term wellbeing pool already crosses zero. That interval is the honest "your programme may do nothing by month six" warning. Leave-one-out in the source metas did not reverse the short-term maintenance finding. Extreme positive outliers inflated some post-test pools; sensitivity analyses made effects smaller, not absent, at post-test and short follow-up.
Publication bias and small-study effects	Bartlett 2019 flagged publication bias for depression outcomes and refused to pool them. Vanhove's distal pool is dominated by a few large samples, which is why the distal n (13,510) is larger than the proximal n (4,662) even with fewer studies -- a reminder that small trials with long follow-ups are scarce, and large trials with short follow-ups are not interchangeable with them. Egger's test was not re-run here on an invented study-level forest. Trim-and-fill on a reconstructed forest would have been theatre. The conservative read is that small-study effects likely inflate post-test g more than follow-up g, which would make decay look <i>steeper</i> than it is, not gentler. That bias, if present, does not rescue the one-shot workshop.
Risk-of-bias summary	Across the verified primaries, RoB 2 would land at some concerns to high for most follow-up contrasts. - Randomisation: generally adequate in the German digital series, Radin, Querstret, Bostock, van Berkel. - Deviations from intended programme: wait-list designs are the norm. By six months the control arm has often been offered the programme, which contaminates the between-group contrast (Aikens is explicit about this). - Missing outcome data: the critical domain at follow-up. Radin dropped from 1,458 randomised toward 489 and 585 completers at four months on the stress contrast. Aikens is small. Bondre is a pilot. Attrition is not random. - Measurement: almost all outcomes are unblinded self-report. That is "some concerns" on RoB 2 by default. - Selective reporting: better in registered trials (Radin; Bondre's parent trial NCT06013488) than in older workplace studies. van Berkel 2014, the null, is not a low-quality afterthought. It is a reasonably sized worksite RCT that found no effect. It should lower anyone's confidence in a universal "mindfulness at work always lasts."

GRADE table

Table 5. GRADE

Outcome	Evidence	Certainty	Why
Residual wellbeing effect at 1-3 months	Vonderlin $k = 9$; Michaelsen $k = 11$; Khanal $k = 17$; consistent direction	Moderate	RCTs; downgraded for risk of bias and inconsistency; not downgraded to low because short-term maintenance replicates across metas

Outcome	Evidence	Certainty	Why
Residual wellbeing effect at 6 months (mixed programmes)	Khanal long-term $k = 10$, $g = 0.25$; Michaelsen long-term $k = 4$, interval crosses zero; Vanhove distal $k = 21$	Low	Sparse long-term wellbeing trials; high heterogeneity; wait-list contamination; prediction interval in one pool includes no effect
Residual stress effect at 4-6 months with continued digital practice	Heber, Ebert SJWEH, Radin, Aikens	Moderate	Consistent hold-or-grow in guided/open-app designs; still self-report; German series shares a programme family
Residual effect of universal one-shot resilience programmes after 1 month	Vanhove distal $k = 21$, $n = 13,510$	Moderate	Large distal n ; small remaining d ; design mix includes weaker studies, so not high
Continued practice slows fade versus stop-cold	Directionally consistent across metas and primaries	Moderate	No single randomised head-to-head of "same programme, practice versus none" at six months with India samples; consistency across designs is the support
Applicability to Indian corporate employees	One rural health-worker pilot; no corporate decay RCT	Very low for India-specific magnitude; low for the qualitative guidance	Indirectness is the issue, not the global direction

07

Discussion

PULL QUOTE

A digital meditation programme held a stress effect of $d = 0.71$ at four months in 1,458 employees.

What the number means

Seventy per cent at one to three months is not a triumph and not a collapse. It is the shape of a skill. A person leaves a seven-week programme a bit less reactive, a bit more able to name a state, a bit more likely to take a walk at lunch. Then the inbox returns to its usual volume. Without a next rep, the new weights in the network are overwritten by the old ones. That is catastrophic forgetting in plain clothes. It is also why a good coach never closes a session without the next rep on the calendar: one pause before Thursday's review, one walk after Friday's lunch. The rep is the point, not the seminar.

The two-arm half-life is the number a buyer can use. A one-off workshop has a half-life of about two months. A programme that leaves a daily practice in place -- an open app, a weekly coaching call, a booster, a group that still meets -- has not reached half-effect by six months and, in the guided German digital series and the workplace positive-psychology follow-ups, sometimes grows. Radin's 1,458 employees are the cleanest recent demonstration: $d = 0.85$ at eight weeks, $d = 0.71$ at four months, with a dose signal at five minutes a day. Heber's guided web programme went from $d = 0.83$ at seven weeks to $d = 1.02$ at six months. That is not magic. It is rehearsal.

Vanhove's 0.27 residual is the other pole. Universal resilience-building, measured later, is a small leftover. Targeted programmes in that same review held. People who needed the skill had somewhere to use it. People who sat through a generic session did not. The plain lesson is unfashionable in wellbeing procurement and still accurate. An engineer in Chennai learns a new framework for one project, then returns to the old stack. A year later she cannot write a line of it. An unused skill does not keep.

Stress effects fade more slowly than wellbeing effects in the mindfulness workplace metas. That is consistent with a skills account. A practice that interrupts rumination (Querstret's main finding, held at three and six months) keeps taking a bite out of stress each week it is used. A bump in positive affect after a lively workshop has less to cling to once the workshop lighting is gone. Vacation research is the cartoon version of the same curve: wellbeing rises on holiday ($d = 0.25$) and is gone in the first week back ($d \leq 0.12$). Nobody is surprised. Work resumed. The practice did not.

Digital versus classroom is a false war at post-test and a real war at month six. Michaelsen could not make delivery channel explain heterogeneity. Wolever found online and in-person mind-body programmes close enough at post-test. Vanhove's weak computer-based finding is from a generation of modules that did not live on a phone and did not ask for a daily rep. An app that closes when the licence week ends is a

classroom with worse snacks. An app that stays open, counts the reps, and offers a human hand-off when the streak breaks is a different product. EmotionApp is built as the second thing. The follow-up literature is why.

Limitations

This paper synthesises published time-stratified pools and verified primary-trial ratios. It does not offer a new study-level REML forest with invented confidence intervals. Readers who want that forest will need a registered review with dual extraction of every mean and standard deviation. The reconstructed PRISMA counts are an order-of-magnitude flow, not a protocol census.

Follow-up contrasts are messy. Wait-list arms get the programme. Completers are not random. Outcomes are self-reported. Heterogeneity is high. Long-term wellbeing pools rest on few trials. Several headline digital trials share a German programme family; they should not be counted as independent cultures of evidence. Aikens' six-month within-group d overstates the between-group contrast because the wait-list also moved. van Berkel's null is a reminder that blended mindfulness at work can fail.

India is the largest limitation that is not methodological. Corporate India has not published a decay-tracked randomised trial of a workplace wellbeing programme with one-, three- and six-month follow-up. Bondre 2025 is a rural health-worker pilot with weekly coaching, not a Bengaluru product team with WhatsApp and a stand-up at 9:30. Applying a five-month half-life to an Indian firm is an inference, not a local measurement.

WHAT THIS MEANS

What this means for an Indian workplace programme

Picture the usual year in an Indian firm: a yoga morning in January, a guest speaker at the June town hall, an app licence that nobody opens after week two. Each looks good on the feedback form. The global numbers say that model has a short half-life: most of the gain is gone by the next quarter. Now picture a claims officer in Pune. After lunch a two-minute prompt arrives on WhatsApp, in Marathi, the language she actually thinks in. She does the rep at her desk and taps done. On Thursday she misses it; on Friday a coach sends her a short check-in, by name. That is what holds the gain: a countable daily rep, plus a human check-in when the streak breaks. Bondre's 2025 ASHA pilot is the only Indian trial we could verify with a three-month follow-up: happiness $d = 0.55$ when a workshop was followed by weekly coaching calls. Corporate India has not yet published a decay-tracked randomised trial. Until it does, the honest brief for a CHRO is this: stop paying for the day; pay for the next twelve weeks of practice, measure again at three and six months, and keep the data in India.

Research gaps, including the India gap

The field still reports post-test as if it were the product. It is the prototype. Needed next:

1. **Corporate India RCTs** with wellbeing and stress at post-test, one month, three months and six months, in Indian languages, on the channels people already use. CTRI is thin. That gap is the finding, not a footnote.
2. **A clean continued-practice contrast.** Same programme, randomised to stop-cold versus daily reps plus one booster. The moderator is currently inferred across trials, not isolated inside one.
3. **Active controls at follow-up.** Wait-lists contaminate month six. Compare practice against a credible other practice.
4. **Dose after the last session.** Radin's five-minutes-a-day signal should be replicated as a pre-specified moderator, not discovered in a supplement.
5. **Outcomes beyond self-report.** Sleep, sick days, and a simple supervisor rating would not end the self-report problem. They would stop the pretence that it is not a problem.
6. **Targeted versus universal** in Indian firms. Vanhove's targeted-holds, universal-fades pattern is the most actionable unused finding in the older literature.

Until those trials exist, the half-life numbers in this paper are the best global estimate on offer, and they are not an Indian measurement. Saying that plainly is part of the method.

08

FAQ

Q1 How long do workplace wellness gains last?

About 70 per cent of the post-test wellbeing effect is still there at one to three months, and about 60 per cent at three to six months. One-shot workshops fade faster. Daily practice stretches the half-life past six months.

Q2 Do booster sessions actually help?

Yes. In Ebert 2016, adherence-focused guidance plus a booster held the stress effect ($d = 0.79$ to 0.85 at six months). Self-guided delivery of a related programme fell from $d = 0.96$ to 0.65 . Allalexandre 2016 found group support kept large effects at 16 weeks; web-only faded.

Q3 Is an app enough, or do we need a classroom?

Post-test effects are similar. Decay is not. Radin 2025 held $d = 0.71$ at four months in 1,458 employees because the app stayed open; people who practised five minutes a day or more did better. A classroom day with no aftercare follows the Vanhove curve.

Q4 Is there Indian evidence we can trust?

Almost none. Bondre 2025 is the cleanest: 61 rural health workers, a character-strengths workshop plus weekly phone coaching, happiness $d = 0.55$ at three months. No published corporate-India RCT tracks wellbeing at one, three and six months. That gap is the finding.

Q5 What should we budget for if we want the gain to last?

Budget past the launch week. Twelve weeks of countable reps, one booster, and a six-month follow-up measure. Vanhove's universal programmes retained 27 per cent of the proximal effect. Programmes that left a practice in place retained about 85 per cent at four to six months.

09

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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.

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