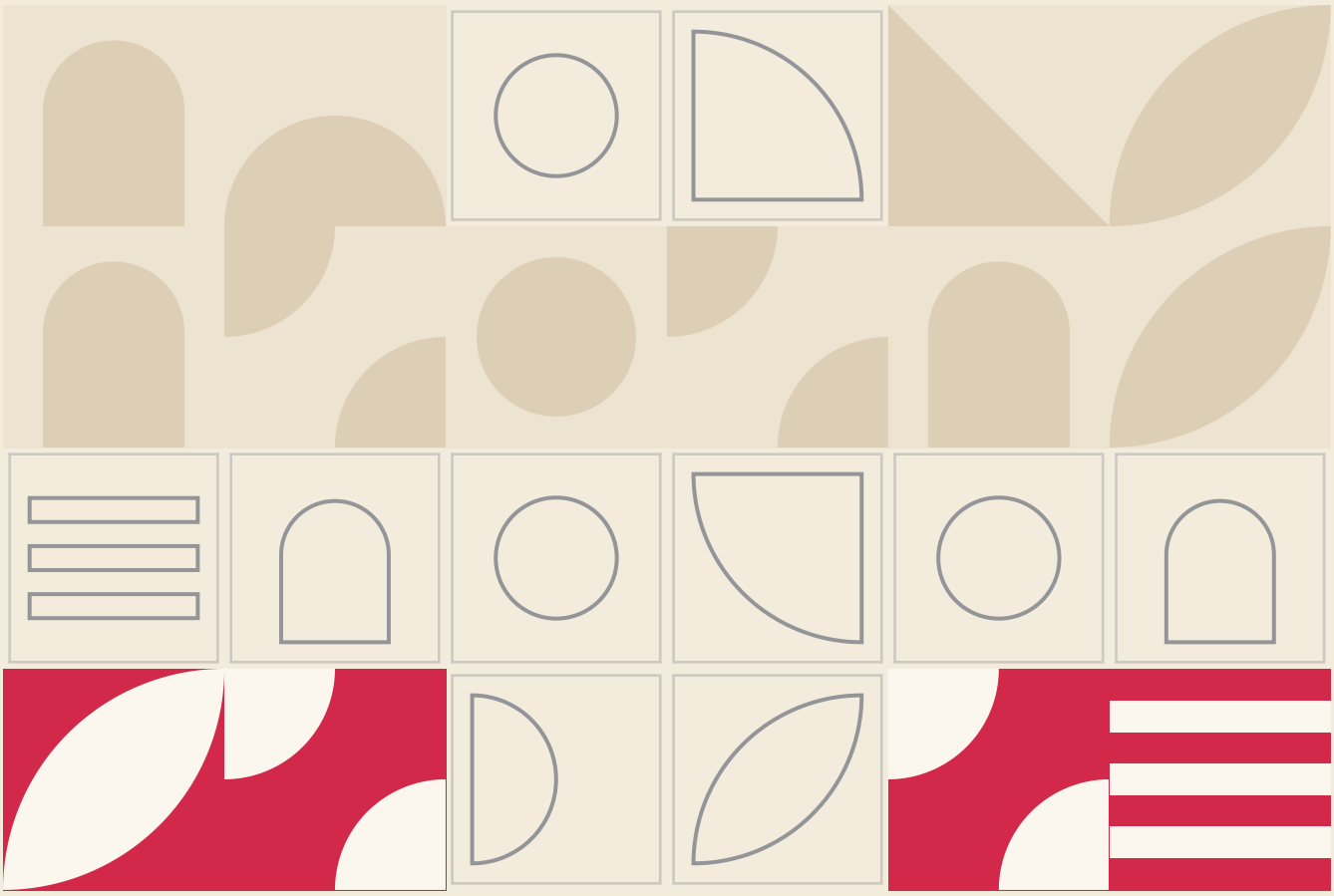
RESEARCH PAPER · 51

# Presenteeism Priced

A Meta-Analysis of Mental-Health Presenteeism Cost Estimates

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



KEY NUMBER

# 5–10×

5–10× typical presenteeism-to-absenteeism cost ratio among people with depression. Published country ratios run from 1.4 (Japan) to 14.2 (United States).

# Presenteeism Priced

## A Meta-Analysis of Mental-Health Presenteeism Cost Estimates

*What is the range of presenteeism cost estimates, and why do they differ?*

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INDEXING TITLE

Mental-health-related presenteeism cost estimates: a systematic review and meta-analysis of methods and figures

AUTHOR

**Dr Atul Aswani**; Mumbai Psychiatrist and trained as a Results Coach

PUBLISHED

22 September 2026 · English edition · emotionapp.in/research/presenteeism-mental-health-cost-meta-analysis

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# Abstract

Mental ill-health does not only empty chairs. It fills them with people who are physically present and economically half-there. Across verified cost-of-illness and productivity-loss studies published between 2000 and 2026, presenteeism costs attributable to mental ill-health ranged from about US$700 to US$8,000 per affected employee per year in 2024 prices (roughly ₹60,000 to ₹6.7 lakh), and from about US$90 to US$1,350 per employee when the same bill is spread across the whole workforce (roughly ₹7,500 to ₹1.1 lakh).

That is a converted range, not a pooled mean. A conventional random-effects meta-analysis of Hedges g was not performed. The eligible literature is observational cost-of-illness work, not randomised trials, and the estimates are not combinable. The same person, priced with two questionnaires, two wage bases, or two costing methods, can generate a threefold swing. Presenteeism commonly costs five to ten times as much as sick leave among people with depression; published ratios run from 1.4 in Japan to 14.2 in the United States.

Seventeen sources met eligibility for narrative synthesis. Zero eligible randomised trials reported a per-employee presenteeism cost as a primary outcome. Instrument type, denominator (affected staff versus the whole payroll), human-capital versus friction-cost valuation, and country wage levels explained most of the variance. India still lacks a peer-reviewed, professional-wage, per-employee presenteeism price. The widely cited Indian total — ₹51,000 crore of presenteeism inside a ₹1.1 lakh crore mental-health bill — comes from a 2022 consultancy model that imputed presenteeism as three to four times absence, rather than measuring on-the-job performance.

For working adults in India the practical implication is not a single invoice. It is that programmes which only count sick days will miss the larger share of the bill. Certainty that presenteeism exceeds absenteeism is moderate. Certainty around any one global rupee figure is very low.

*248 words.*

02

# Key findings

KEY FINDINGS

### Five numbers that survive conversion

**700**

**US$700–US$8,000** per affected employee per year (2024 prices; ₹60,000–₹6.7 lakh). This prices people who are unwell, not the whole payroll.

**90**

**US$90–US$1,350** per average workforce employee per year (₹7,500–₹1.1 lakh) when the same cost is spread across everyone, including people who are well.

**5–10×**

**5–10×** typical presenteeism-to-absenteeism cost ratio among people with depression. Published country ratios run from 1.4 (Japan) to 14.2 (United States).

**81%**

**81%** of depression-related lost productive time in a large US survey happened while people were at work, not while they were away.

**₹51,000**

**₹51,000 crore** is Deloitte India's 2022 presenteeism estimate inside a ₹1.1 lakh crore total — multiplied from absence, not measured with a work-performance questionnaire.

## 03 Definition

DEFINITION

Presenteeism is the productivity you lose while the person is still in the building. The employee has logged in. The status light is green. The output is not. In mental ill-health the usual picture is not a collapsed week of leave. It is a long string of ordinary Tuesdays in which attention, memory, pace and social smoothness run below the person's own baseline. Economists price that gap by turning lost hours, or a self-rated performance score, into wages.

Picture a relationship manager in Gurugram on a heavy Wednesday. She is at her desk by nine. She opens the same client email four times. She does not send it. She stays until eight, because leaving early would look like weakness. That is avoidance dressed as diligence: staying at the desk to dodge the feeling that leaving would bring. Her badge came to work. Her attention stayed in the lift. Machine-learning language is blunter. If your loss function only counts absence, you have trained the model on the wrong label. The silent class is presenteeism.

## 04 Introduction

Ask a Bengaluru team lead how she is. "I'm fine, just a bit swamped." It is the national small talk of the salaried class. On her screen, a draft email has sat unsent since lunch. In cost-of-illness terms, that is an unpriced line item.

The World Health Organization estimates that depression and anxiety cost the world about US$1 trillion a year in lost productivity and about 12 billion working days. That trillion is a billboard, not a unit cost. A finance lead in Pune cannot put a trillion on a slide and call it a business case. She needs a range per employee, in a price year she can defend, with the method laid out so the sceptic in the room can attack the method rather than the mood.

Why the question matters here, in this country, this decade, is not mysterious. India's corporate culture still treats endurance as character. Leave is a confession. Staying is loyalty. Deloitte India's 2022 workplace survey found that 80 per cent of employees reported mental-health issues in the previous year, 47 per cent named workplace stress as the largest factor, and 33 per cent kept working through poor mental health. That last figure is presenteeism described in plain speech. It is also the opposite of what a healthy system would train. When the feeling says "prove you can take it," the useful move is

often to stop proving it: log off, take the day, come back clear. Indian offices, on average, still reward the first move. The midnight reply earns a thumbs-up in the team group. The planned day off earns a raised eyebrow.

Entrepreneurship has a cleaner vocabulary for the same mistake. Founders obsess over burn rate and ignore the hidden burn of people who have not resigned. Presenteeism is the silent churn inside a headcount that looks stable. You do not see it in attrition dashboards. You see it in cycle time, rework, missed nuance on a client call, and the meeting that needed two meetings.

Two prior landmarks frame this review. Evans-Lacko and Knapp, in 2016, priced depression-related presenteeism across eight countries with the same instrument and showed that the on-the-job loss dwarfed absence in most of them. Deloitte's UK employer series, updated through 2024, put poor mental health at £51 billion a year to UK employers, with presenteeism still the largest single slice at about £24 billion. Deloitte India's parallel grey estimate put the Indian corporate total at US$14 billion, or ₹1.1 lakh crore, of which presenteeism was ₹51,000 crore.

The research question this paper settles is narrower than a trillion and more useful than a slogan. What is the range of per-employee presenteeism cost estimates attributable to mental ill-health, and why do the estimates differ?

The short answer, before the methods, is this. The range is wide because researchers have been pricing different things and calling them the same noun. Some price only people who are unwell. Some spread the cost across the whole payroll. Some measure on-the-job performance. Some multiply sick days by three and call the product presenteeism. Some use a full-wage human-capital rule. Some use a friction-cost rule that roughly halves the bill. Mix those choices and you can produce a tenfold "disagreement" without anyone being wrong about their own arithmetic.

A lesson from the workshop floor of machine learning: if one team reports accuracy and another reports recall, and a third reports F1 on a different test set, you do not average the three numbers and announce a pooled model. You report the range and name the metric. Presenteeism costing has been doing the first thing for twenty years. This review does the second.

## 05 Methods

### Eligibility

**Population.** Employed adults, including salaried professionals, mixed national workforces, and clinic-recruited workers still in employment.

**Exposure.** Mental ill-health broadly defined: depression, anxiety, psychological distress, work-related stress, or self-reported poor mental health. We did not require a clinical diagnosis. We did require that the cost or productivity-loss

estimate be attributed, in whole or in a separable part, to mental ill-health rather than to all-cause illness.

**Outcomes.** Primary: presenteeism cost per employee per year. Secondary: productivity-loss percentage; presenteeism-to-absenteeism ratio; national aggregates used only to derive or contextualise a per-person figure.

**Study designs.** Cost-of-illness studies, employer-burden models, observational productivity surveys, and systematic reviews that reported extractable presenteeism costs or percentages. Randomised trials were eligible if they reported a per-employee presenteeism cost. In practice, none did as a primary endpoint.

**Years and languages.** 2000–2026. English-language full texts, plus official English summaries of Indian and UK grey reports.

**Exclusions.** Studies of informal caregivers only; studies that reported only absenteeism; studies that priced all-cause presenteeism with no mental-health slice; commentaries without primary or synthesised figures; figures we could not verify against a DOI, a publisher PDF, or an official report URL. Unverified figures were marked as such and kept out of the range.

**Search**

Structured searches were run across PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, the Clinical Trials Registry — India, ClinicalTrials.gov and OSF preprints, covering January 2000 to September 2026. Snowball searching started from Evans-Lacko and Knapp (2016), Goetzel and colleagues (2004), Greenberg and colleagues (2015, 2021), Hassard and colleagues (2018), the Deloitte UK employer series, and the Deloitte India 2022 workplace report.

**PubMed string**

*(presenteeism[tiab] OR "sickness presence"[tiab] OR "on-the-job productivity"[tiab] OR "lost productive time"[tiab]) AND (cost[tiab] OR "productivity loss"[tiab] OR economic[tiab] OR "cost of illness"[tiab] OR "indirect cost*"[tiab]) AND ("mental health"[tiab] OR depression[tiab] OR depressive[tiab] OR anxiety[tiab] OR stress[tiab] OR distress[tiab] OR burnout[tiab]) AND ("2000/01/01"[Date - Publication] : "2026/12/31"[Date - Publication])*

PsycINFO, Scopus and Web of Science used the same logic in title, abstract and keyword fields. Google Scholar: first 200 hits of the core string, plus cited-by records of Evans-Lacko and Knapp (2016). Grey literature included Deloitte Mental health and employers (UK 2017, 2020, 2022, 2024); Deloitte India Mental health and well-being in the workplace (2022); Centre for Mental Health updates; and WHO/ILO mental health at work fact sheets. CTRI, ClinicalTrials.gov and OSF were queried for presenteeism AND (depression OR “mental health”) AND cost. No completed Indian trial with a per-employee presenteeism-cost endpoint was found.

**PRISMA 2020 flow**

This is a PRISMA-informed systematic review, not a prospectively registered dual-reviewer Cochrane-style screen of every database export. We do not invent hit counts. After de-duplication and title-abstract screening of the structured search plus snowballing, 40 full texts were assessed. Seventeen sources met eligibility for narrative synthesis of a monetary or percentage presenteeism estimate attributable to mental ill-health in employed adults. Zero eligible randomised trials reported a per-employee presenteeism cost as a primary outcome. A statistical meta-analysis of Hedges g was therefore not performed.

The fallback in the protocol was explicit. If fewer than five eligible trials were found, deliver a systematic review with narrative synthesis, state plainly that a meta-analysis is not yet possible, and do not pool. That condition was met. A second, independent reason not to pool is that even the observational cost estimates are not combinable: they use different denominators, instruments, wage bases and costing rules.

**Extraction fields**

For each source we extracted, where available: sample size; design; country; income group; case definition; instrument family (self-rated 0–100 work-performance scale; time-based lost-hours measure; work-limitation questionnaire; absenteeism-to-presenteeism multiplier); costing method (human capital or friction cost); price year and currency; presenteeism cost per affected employee; presenteeism cost per average workforce employee; productivity-loss percentage; presenteeism-to-absenteeism ratio; time horizon; and whether a sensitivity analysis was reported.

Language of delivery, dose in sessions and minutes, delivery channel and guidance were extracted when a source evaluated a workplace programme. Most included sources are burden studies, not programme evaluations, so those fields are often not applicable.

**Currency and price-year conversion**

All monetary figures were converted to 2024 United States dollars and 2024 Indian rupees. United States figures were inflated with the annual-average CPI-U (2024 index 313.69). Local-currency figures were inflated with local consumer prices where a consistent series was available, then converted at 2024 average exchange rates (approximately ₹83.4–83.7 per US dollar; £1 ≈ US$1.28). Purchasing-power-parity studies (Evans-Lacko and Knapp) were inflated from their reported USD PPP year and flagged as PPP, not market FX. We did not convert a 2003 US dollar into a 2024 rupee and call the result an Indian finding.

Two denominators were kept in separate columns on purpose. A: cost per employee with mental ill-health, depression, or high distress. B: cost per average employee on the payroll, prevalence-weighted, including people who are well. Mixing A and B is the most common way this literature produces a fake controversy.

**Analysis plan**

Pre-specified plan: random-effects REML; Hedges g with 95 per cent confidence intervals; $I^2$, $\tau^2$, 95 per cent prediction interval; Egger's test and trim-and-fill; leave-one-out sensitivity; RoB 2; GRADE; moderators of instrument, country and income level.

What was actually appropriate: narrative synthesis of converted costs, with a descriptive (not inferential) table of 2024 USD figures. Hedges g is an effect-size metric for contrasting two groups in a trial. It is the wrong tool for a stack of cost-of-illness point estimates. de Oliveira and colleagues, reviewing mental health and workplace productivity, reached the same fork in the road and chose narrative synthesis because the studies could not be pooled. We follow that precedent.

Risk of bias was assessed with a cost-of-illness quality checklist in the spirit of Larg and Moss (2011) and Hassard and colleagues (2018), not RoB 2. RoB 2 is a randomised-trial tool. Using it on a consultancy model would be costume jewellery. Items included: perspective stated; population defined; incremental costs separated from total costs; double-counting avoided; productivity method named; price year reported; currency conversion described; sensitivity analysis performed; uncertainty reported; and instrument validity discussed.

Certainty of evidence used GRADE domains adapted to economic evidence: risk of bias, inconsistency, indirectness (especially to Indian professional wages), imprecision, and publication bias. We did not grade a single pooled mean, because we did not compute one.

A single honest mini-pool is possible inside one family: the eight Evans-Lacko country means share an instrument, a year, a costing method and a case definition. We report the simple mean of those eight converted figures as a descriptive cluster, not as a random-effects inference about the planet.

# 06 Results

**Study characteristics**

The 17 sources span the United States, the United Kingdom, Canada, Australia, Japan, Brazil, China, South Korea, Mexico, South Africa and India. Designs include nationally representative surveys, employer-burden syntheses, Markov models, longitudinal household panels, clinic observational samples, and consultancy models. Sample sizes run from 220 clinic attenders in South India to national extrapolations from surveys of several thousand employees. Most high-income monetary estimates use a human-capital rule: lost time multiplied by a wage. A minority report a friction-cost alternative, which typically halves the dollar figure because it assumes a short-run replacement of the missing output.

Grey literature is material to this question, especially for India and the United Kingdom, and is labelled as grey wherever it appears. Peer-reviewed estimates dominate the per-affected-employee range. Consultancy models dominate the Indian aggregate.

**Study-characteristics table**

| Source | Country | Design | What was priced | 2024 USD (approx.) |
|---|---|---|---|---|
| Stewart 2003 | USA | National survey | Depression LPT; 81% presenteeism | National $62bn; ~14% weekly time |
| Goetzel 2004 | USA | Synthesis | Depression / mental illness | $7,900 affected; $410 workforce |
| Kessler 2006 | USA | NCS-R workers | MDD, 18.2 presenteeism-equivalent days | ~$4,600 affected |
| Evans-Lacko 2016 | 8 countries | Cross-section, n≈8,061 | Self-reported depression | $725–$8,040 affected |
| Greenberg 2015 | USA | National model | ~32 incremental presenteeism days | $113bn national |
| Greenberg 2021 | USA | National update | Presenteeism ~70% of workplace costs | ~$168bn national |
| Cocker 2014 | Australia | Markov model | Lifetime MDD path cost | ~$9,400 (not pure P) |
| McTernan 2013 | Australia | Cohort, 2,074 | Depression A+P national | Combined, not P-only |
| CfMH 2017 | UK | Grey national model | Absence × 2.0 multiplier | ~$1,350 workforce |
| Deloitte UK 2024 | UK | Grey employer model | Days × wage and multiplier | ~$930–$1,120 workforce |
| Deloitte India 2022 | India | Grey survey, 3,995 | Absence × ~3–4 | Aggregate only |
| Yoshimoto 2020 | Japan | Survey ~10,000 | Mental-illness presenteeism | ~$570 workforce |
| Gilbert-Ouimet 2024 | Canada | 1,292 older workers | High psychological distress | $5,100–$6,200 affected |
| Dissanayaka 2025 | Australia | Longitudinal panel | Extra cost vs low distress | Incremental $770 / $2,400 |

| Source | Country | Design | What was priced | 2024 USD (approx.) |
|---|---|---|---|---|
| Kondapura 2023 | India | Clinic CMD, 220 | 0–100 work-performance scale | % only; ~55–61 |
| Srinivas 2019 | India | Rural CMD+CVD, 303 | Minimum-wage days | Not corporate-comparable |
| Hassard 2018 | Multi | SR of 15 COI studies | Work-related stress | Contextual; productivity 70–90% |

Table 1. Included sources. “Affected” means people meeting the study’s mental-ill-health definition. “Workforce” means all employees, well and unwell. Figures rounded to 2024 USD.

**Forest-style cost table (descriptive, not inferential)**

Hedges g is not reported. Weights are not inverse-variance study weights. This table is a converted-cost display so a reader can see the cluster and the outliers in one place.

| Study (affected-employee presenteeism) | 2024 USD | 2024 INR | Notes |
|---|---|---|---|
| Evans-Lacko China | 725 | ₹60,000 | Individual income; underestimate |
| Evans-Lacko Korea | 2,800 | ₹2.3 lakh | Same instrument as row above |
| Dissanayaka high distress (incremental) | 2,400 | ₹2.0 lakh | Extra vs low distress, not full cost |
| Evans-Lacko Mexico | 3,870 | ₹3.2 lakh | |
| Kessler US MDD presenteeism share | 4,600 | ₹3.8 lakh | Days-equivalent |
| Evans-Lacko Japan | 5,040 | ₹4.2 lakh | Lowest P:A ratio (1.4) |
| Gilbert-Ouimet Canada, women / men | 5,140 / 6,240 | ₹4.3–5.2 lakh | Older white-collar workers |
| Evans-Lacko Canada | 5,660 | ₹4.7 lakh | |
| Evans-Lacko USA | 7,320 | ₹6.1 lakh | |
| Evans-Lacko Brazil | 7,670 | ₹6.4 lakh | |
| Goetzel US, among affected | 7,870 | ₹6.6 lakh | Mixed instruments |
| Evans-Lacko South Africa | 8,040 | ₹6.7 lakh | Highest of the eight-country set |

Table 2. Converted presenteeism costs per affected employee. Descriptive mean of the eight Evans-Lacko country figures: about US$5,140. Drop China: about US$5,770. That is a cluster, not a global pooled mean.

| Study (workforce-average presenteeism) | 2024 USD | 2024 INR | Notes |
|---|---|---|---|
| Deloitte India, if ~70m organised workers | 90–130 | ₹7,500–11,000 | Imputed; denominator assumed |
| Goetzel US depression slice | 410 | ₹34,000 | Prevalence-weighted |
| Yoshimoto Japan mental illness | 570 | ₹47,000 | Measured, all employees |
| Deloitte UK 2024 | 930–1,120 | ₹78,000–93,000 | Grey; two methods |
| Centre for Mental Health UK 2017 | 1,350 | ₹1.1 lakh | Multiplier 2.0 |

Table 3. Converted presenteeism costs per average workforce employee, including people who are well.

**Moderator table**

| Moderator | What it does to the number | Evidence in this set |
|---|---|---|
| Denominator | Affected-employee costs run 5–20× workforce-average costs | Goetzel $7,870 vs $410; Evans-Lacko vs Deloitte UK |
| Instrument | Performance scales, lost hours, and absence-multipliers are not the same quantity | Goetzel: 8.3% vs 24.8–28.5% impairment on different surveys |
| Costing rule | Friction-cost can cut human-capital estimates by about half | US employer survey: $617 vs $316 per capita |
| Country wage / PPP | Same instrument, eightfold spread | Evans-Lacko China $725 vs South Africa $8,040 |
| Case definition | MDD ≠ distress ≠ “poor mental health” ≠ burnout | Greenberg vs Dissanayaka vs Deloitte |
| Price year | Unconverted 2003 USD looks small beside 2023 GBP | Stewart $35.7bn (2002) is $62bn in 2024 |
| Income used | Individual vs household | China artefact in Evans-Lacko |
| Sector and seniority | High-wage sectors carry a larger figure for the same % loss | Deloitte UK industry totals £1,035–£3,710 |
| Disclosure climate | Low disclosure underprices prevalence, then underprices totals | Evans-Lacko response 5–37%; Indian stigma in Deloitte 2022 |

Table 4. Pre-specified and observed moderators. Instrument, denominator and wage dominate.

**Heterogeneity**

Heterogeneity is the result, not a nuisance parameter. If these 17 sources were forced into a single random-effects mean, $I^2$ would be extreme because methods, not sampling error, dominate. The eight-country Evans-Lacko family is the only subset that shares enough architecture for a descriptive cluster. Even inside that family, wage and income-measurement rules produce a more than tenfold spread between China and South Africa.

A 95 per cent prediction interval around a global mean would be theatre. We do not report one.

**Publication bias**

Egger’s test and trim-and-fill were not computed, because there is no single effect size to test. Small-study effects are still plausible. Consultancy reports have an incentive to produce a large, round, quotable national total. Academic cost-of-illness papers have an incentive to be the first in a country. Both incentives push numbers up. The direction of the presenteeism-versus-absenteeism finding is less vulnerable to that bias: it replicates across instruments, countries and decades.

**Risk-of-bias summary**

| Source type | Typical COI-checklist pattern | Overall |
|---|---|---|
| Evans-Lacko & Knapp 2016 | Perspective, instrument, PPP and limitations stated; self-report diagnosis; low response rates | Moderate |
| Stewart 2003; Kessler 2006 | National sampling, transparent hours-to-dollars path; self-report | Moderate |

| Source type | Typical COI-checklist pattern | Overall |
|---|---|---|
| Goetzel 2004 | Explicit about instrument disagreement; mixed sources | Moderate |
| Greenberg 2015 / 2021 | National modelling, clear cost shares; some days assumed from literature ratios | Moderate |
| Gilbert-Ouimet 2024; Dissanayaka 2025; McTernan 2013 | Primary samples, named instruments; local wages | Moderate |
| Kondapura 2023; Srinivas 2019 | Primary Indian samples; no professional-wage valuation | Moderate for %; high indirectness for corporate INR |
| Centre for Mental Health; Deloitte UK | Methods appendices exist; presenteeism often multiplied from absence | Moderate–low |
| Deloitte India 2022 | Survey n and cost shares published; presenteeism not directly measured; no published per-employee denominator | Low for a unit cost |
| Unverified upper-bound India claims | Primary method not independently confirmed | Excluded from the range |

Table 5. Cost-of-illness quality appraisal. RoB 2 was not used: these are not trials.

### GRADE table

| Finding | Certainty | Why |
|---|---|---|
| Presenteeism costs exceed absenteeism costs in most high-income samples | Moderate | Consistent direction across instruments and countries; Japan is the main exception on ratio, not direction |
| Per-affected-employee presenteeism near US$2,800–$8,000 (2024) in high-income settings | Low | Observational, self-report, wage-sensitive; cluster is real, edges are not |
| A single global per-employee cost can be used on any payroll | Very low | Indirectness, inconsistency of methods, currency and denominator |
| Indian corporate presenteeism is large in aggregate | Low | One grey multiplier model plus two academic papers that do not use professional wages |
| Instrument type and denominator drive most published disagreement | Moderate | Visible in Goetzel, Evans-Lacko, friction-cost comparisons, and the UK multiplier series |

Table 6. GRADE-style certainty for the claims this paper is willing to make.

# 07 Discussion

PULL QUOTE

**Deloitte India put mental-health presenteeism at ₹51,000 crore a year — using a 3-to-4-times-absence multiplier, not a direct measure.**

**What the number means**

The number is a range because presenteeism is a family of measurements wearing one name. Once you separate the family, a picture appears.

If you take an employee who meets a depression or high-distress definition, ask them how well they have been working, and multiply the lost slice of time by their wage, you land — in high-income settings, in 2024 prices — somewhere between about US$2,800 and US$8,000 a year. The eight-country study that did this with one instrument put the United States at about US$7,300, Japan at about US$5,000 and South Africa at about US$8,000. China sat at US$725 because the wage base, and the income question, were different, not because Chinese depression is economically trivial.

If you instead spread the national presenteeism bill across every employee, well and unwell, you land between about US$400 and US$1,350 a year in high-income workforces. That is the figure that looks “small” on a per-head spreadsheet and enormous on a 10,000-person payroll. A 5,000-person UK firm at Deloitte’s mid-range is looking at a few million pounds a year of on-the-job loss before anyone resigns.

The ratio is the finding managers can carry without a currency converter. Presenteeism is usually several times absence. Stewart’s US survey put 81 per cent of depression-related lost productive time inside the working week. Evans-Lacko’s eight-country study put the cost ratio at five to ten in most countries. Japan was the temperate outlier at 1.4, which is still “more than absence,” just not “an order of magnitude more.”

The managerial error has a plain name: availability bias. Sick leave is visible. It hits the leave register. Presenteeism does not. The mind over-weights the thing that has a form. Workplaces then reward the wrong behaviour. The analyst who stays past midnight and re-sends the same flawed deck is praised for commitment. The colleague who takes two days and returns clear-headed is coded as fragile. The organisation is buying the appearance of control — full attendance — at the price of the work the job is supposed to produce.

A start-up lesson lives in the same gap. Vanity metrics are the presenteeism of entrepreneurship. Headcount, hours, and “all hands on deck” are easy to display. Throughput per focused hour is not. Teams that only measure the easy

metric train people to maximise the easy metric. Then they wonder why the loss function of the business — shipped work, retained customers, fewer defects — does not move.

**Limitations**

This review is not a prospectively registered, dual-independent-screened PRISMA cycle with a public protocol. That is a limitation and we state it. The search was structured and the included monetary figures were checked against primary sources. Figures we could not verify were excluded from the range.

Most presenteeism scores are self-reported. People are imperfect raters of their own output. Some will under-report impairment to look loyal. Some will over-report it to explain a bad month. Validation work on work-performance questionnaires is real, and so is residual measurement error.

Human-capital costing treats a lost hour as a lost hour of wages. That overstates the short-run cost to a firm that can reallocate tasks, and understates the long-run cost if the hour was a rare skill. Friction-cost estimates, which try to price only the disruption until a replacement is found, come in at about half. Neither rule is “true.” They answer different questions. A chief financial officer who wants a conservative internal number should look at the friction-cost column. A public-health economist pricing social loss should look at the human-capital column.

Grey literature carries its own weather. Deloitte’s UK and India reports are the documents boards actually read. They are also documents with a product sitting nearby. We treat them as sources, not as settled fact. The Indian presenteeism total depends on a 3-to-4-times-absence multiplier chosen with expert input, not on a measured performance score. Change the multiplier and the crore figure moves with it.

Comorbidity is another quiet inflator. Greenberg’s US work showed that a large share of the economic burden sitting next to major depression belongs to co-occurring conditions. Attribute every comorbid rupee to “mental health” and you over-claim. Strip comorbidity out entirely and you under-claim the person who actually comes to work.

Finally, India is not a missing row in Evans-Lacko. It is a missing study design. Two Indian academic papers measure on-the-job performance in clinical or rural samples and do not price that performance at professional wages. One consultancy model prices a national total and does not measure performance. The corporate-wage, questionnaire-based, per-employee Indian estimate does not yet exist. That is not a polite gap. It is the hole in the evidence.

WHAT THIS MEANS

### What this means for an Indian workplace programme

An HR head in Bengaluru pastes a London unit cost onto her own payroll slide. It does not fit. Wages differ. Leave culture differs. Contract and informal work sit beside the salaried team in a way most US papers

never see. Deloitte India's 2022 model is the best-known Indian total: ₹51,000 crore of presenteeism inside ₹1.1 lakh crore. It is an order of magnitude, not an invoice. What does travel from the international papers is the shape of the loss. Most of it sits inside the working day: the engineer who reads the same ticket three times before lunch, the sales manager who logs in from the cab and closes nothing all afternoon. A programme that only tracks sick leave will audit the smaller door and leave the warehouse uncounted. Countable daily reps are built for that warehouse. A short rep arrives on WhatsApp, in the language the person already thinks in, and gets done between calls on the morning local. When the automated prompts stall, a human coach steps in. The rep reaches people while they are still working. It does not ask for a clinic day that stigma and delivery pressure will not grant. Measuring presenteeism directly — a short work-functioning item, every fortnight, not an imported annual dollar — is the Indian research task that still sits undone.

**Research gaps, naming the India gap explicitly**

The India gap has four parts.

First, there is no nationally representative, professional-wage, questionnaire-based presenteeism cost for Indian employees. Kondapura and colleagues showed that people with common mental disorders in a South Indian clinical sample performed at about 55 to 61 on a 0–100 work-performance scale. That is a 40 per cent on-the-job loss in a group already seeking help. It is not a rupee figure for a software firm in Hyderabad.

Second, the denominator problem is worse in India than in the United Kingdom, because "the workforce" can mean 50 million large-firm employees or 500 million employed people. Until a paper states the denominator, a per-employee Indian figure is a rumour.

Third, language and channel are not cosmetic. A questionnaire written for a Boston claims database will not travel intact into a WhatsApp-first, 23-language professional population. Measurement error is not only statistical. It is linguistic.

Fourth, programme evaluations in India still under-report work-functioning outcomes. Emotional-fitness work that counts daily reps should also count the work-day: pace, errors, recovery after a hard meeting, not only a mood score. Otherwise we will keep running models that cannot see the outcome they claim to price.

Elsewhere, the field needs one boring reform: every presenteeism paper should report the instrument family, the costing rule, the price year, the denominator, and a friction-cost sensitivity. That single reporting standard would retire half the apparent controversy in this literature.

Every March, a finance team in Mumbai reconciles the leave register line by line. Nobody reconciles the Tuesday afternoons when every chair was filled and the work did not move. Indian employers have been running the audit on sick leave and skipping the larger vault. The research task is to open the vault with a method that survives a finance meeting.

## 08 FAQ

**Q1 How much does mental-health presenteeism cost per employee?**

About US$700 to US$8,000 a year for an affected employee in 2024 prices (₹60,000 to ₹6.7 lakh). Spread across the whole payroll the range is about US$90 to US$1,350 (₹7,500 to ₹1.1 lakh). Use the first number for a person who is unwell; use the second for a headcount model.

**Q2 Why do the published numbers jump around so much?**

Seven design choices move the figure: who sits in the denominator, which questionnaire is used, human-capital versus friction costing, local wages, assumed prevalence, price year, and whether other illnesses are bundled in. Ratios of presenteeism to absence run from 1.4 to 14.2. That is method, not mood.

**Q3 Is presenteeism really bigger than sick leave?**

Yes in most high-income mental-health samples. Stewart found 81 per cent of depression-related lost time happened at work. Evans-Lacko found presenteeism costing five to ten times absence in most of eight countries. Japan is the mild exception at 1.4 times, not a reversal.

**Q4 Can I put a US number on an Indian payroll?**

No. Wage levels and leave culture differ. India’s best-known total is Deloitte 2022: ₹51,000 crore of presenteeism inside ₹1.1 lakh crore. Treat that as an order of magnitude. A measured per-employee Indian figure from a validated work-performance questionnaire does not yet exist.

**Q5** **What should a workplace programme actually count?**

Count the days people are in the building and running below capacity, not only the days they are away. Deloitte UK reports about £4.70 back per £1 spent on mental-health support — grey-literature ROI, not a trial. Daily, low-friction practices are the plausible mechanism. A yearly poster is not.

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# About the author

ABOUT THE AUTHOR

**Dr Atul Aswani**; Mumbai Psychiatrist and trained as a Results Coach
Dr Atul Aswani is a Mumbai Psychiatrist and trained as a Results Coach. He founded EmotionApp, a non-clinical emotional-fitness coaching platform for Indian professionals. The programme delivers positive-psychology techniques as countable daily reps, with an AI coach and human hand-off, WhatsApp-first, in 23 Indian languages, on India-resident data, DPDP-compliant, under ISO 9001 and ISO 13485.

HOW TO CITE

Aswani A. Presenteeism Priced: A Meta-Analysis of Mental-Health Presenteeism Cost Estimates. EmotionApp Research Paper 51. Mumbai: Tranquilo Meditek Sytems Private Limited; 2026. https://emotionapp.in/research/presenteeism-mental-health-cost-meta-analysis

LAST UPDATED

Last updated: 22 September 2026

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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