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# The Silent Payroll

Presenteeism, not absenteeism, is India’s largest mental-health cost — an estimated $158 billion a year. How to measure it in your own headcount and shrink it in 90 days.

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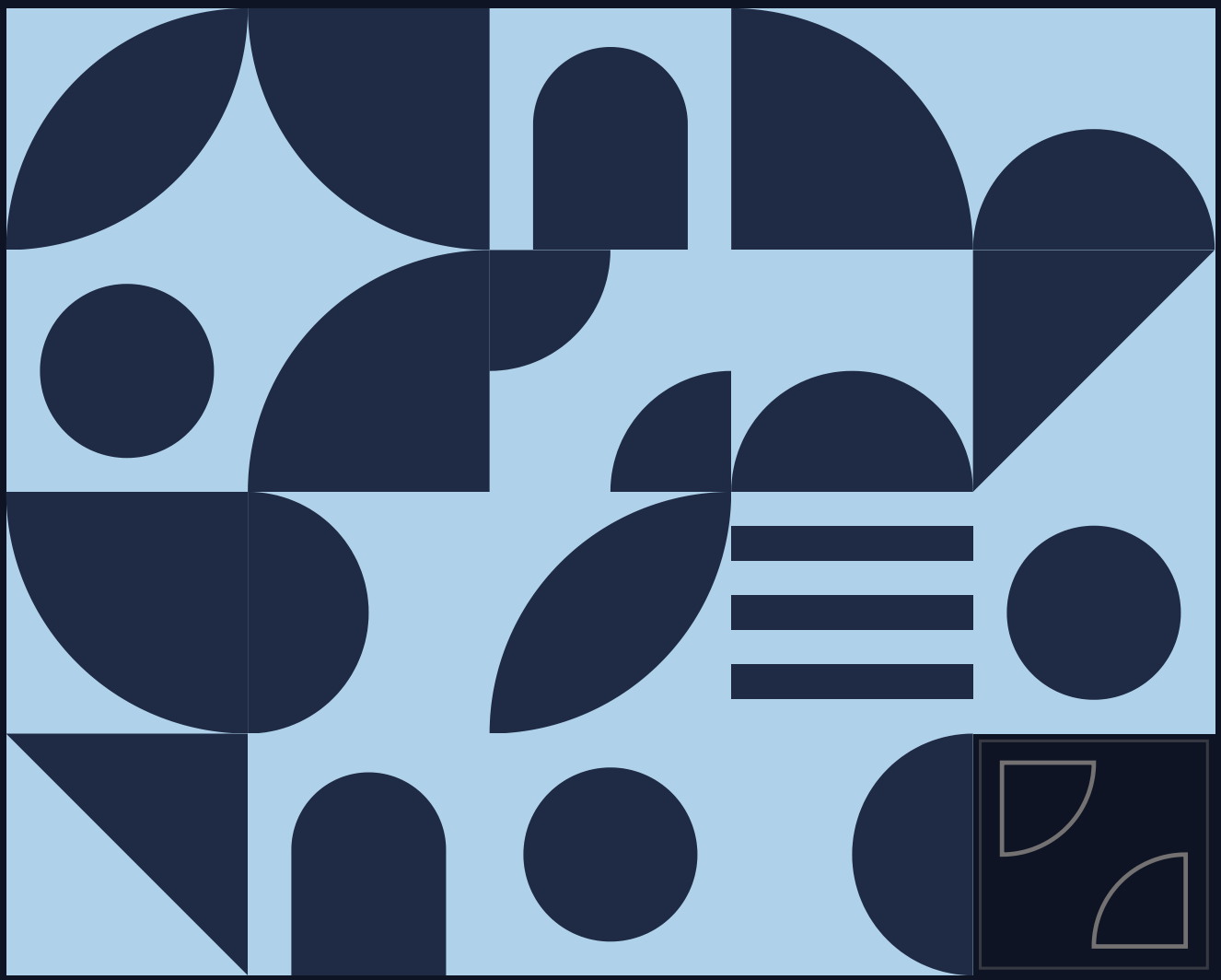

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## 01 Executive summary

**Presenteeism cost India up to USD 158 billion a year — the largest published line in the mental health cost to employers India. After lunch, an analyst in Bengaluru is logged in, camera on, reading the same email for the third time. No leave form records that afternoon. The Silent Payroll is the wage bill paid for hours worked at reduced capacity because of stress or low mood.**

Absenteeism is visible and small beside it. The same compilation puts mental-health absence at around USD 8.5 billion and attrition at USD 12–14 billion. Deloitte India's 2022 model put the combined bill at about USD 14 billion; presenteeism versus absenteeism still favoured the hidden slice. The leave dashboard marks the analyst present all afternoon. The wellness portal counted her sign-up in January and has not reached her since.

A rep-based programme can run in those hours. EmotionApp delivers positive-psychology techniques as countable daily reps on WhatsApp, in 23 Indian languages, with an AI coach and human hand-off, on India-resident, DPDP-compliant systems. It is not a clinical service. It does not offer diagnosis, treatment or therapy.

This paper gives CFOs and CHROs a three-input estimate of their own Silent Payroll, a 90-day plan, and a dashboard that holds no clinical data. The cost of workplace stress in India is a measurement problem.

## 02 The problem in India: presenteeism versus absenteeism

India's published figures on workplace strain do not agree on a single rupee total. They do agree on the ranking. Presenteeism is the large line. Absenteeism is the small, visible one. Attrition sits in between.

The McKinsey Health Institute's 2023 survey of more than 30,000 employees across 30 countries found that 59 per cent of Indian respondents reported burnout symptoms — the highest share in the study. The global figure in the same survey was 22 per cent. The Live Love Laugh Foundation's November 2025 report, *Transforming Mental Health in Corporate India: A Roadmap*

*for Action*, carried that 59 per cent figure and set beside it a McKinsey Health Institute analysis of economic opportunity in India's formal employment sector.

That analysis is the source of the headline presenteeism number. It associates presenteeism with up to USD 158 billion a year in productive days lost when people attend work while unwell. It associates absenteeism tied to mental health with around USD 8.5 billion, and attrition with USD 12–14 billion. A wider well-being opportunity — not only mental health — is put at about USD 350 billion a year, or up to 8 per cent of GDP. The Foundation itself warns that presenteeism estimates "vary widely and remain contested," and that other studies place the GDP-scale range at 2–5 per cent rather than 8 per cent. Those caveats belong in any paper written for a CFO.

Deloitte India's 2022 report, *Mental health and well-being in the workplace*, used a different method and reached a different total. After surveying nearly 4,000 employees, Deloitte estimated that poor mental health cost Indian employers about INR 1.1 lakh crore, or roughly USD 14 billion, in one year. The split was absenteeism INR 14,000 crore (about USD 1.9 billion), presenteeism INR 51,000 crore (about USD 6.6 billion), and turnover INR 45,000 crore (about USD 5.9 billion). Presenteeism was modelled as roughly three to four times absenteeism. The literature Deloitte cited for that multiplier runs from 2.5 times at the low end to nine or ten times at the high end.

The gap between "up to USD 158 billion" and "about USD 6.6 billion" is a method gap, not a typing error. Deloitte built an employer-cost model from survey leave days, a presenteeism multiplier, and Periodic Labour Force Survey wages. The McKinsey Health Institute figure, as republished by the Foundation, is an economic-opportunity estimate for presenteeism in the formal sector, using a mix of India labour data and global presenteeism benchmarks, and applying broader well-being indicators rather than mental-health-only ratios. A finance leader should hold both numbers and refuse to pretend they measure the same thing.

What both sources still say, in the same direction, is this: more people stay at work while strained than leave their desks. Deloitte found that 80 per cent of respondents reported at least one adverse mental-health symptom in the prior year; 47 per cent named workplace stress as the biggest factor; 33 per cent kept working despite poor mental health; 29 per cent took time off; 20 per cent resigned. The people who stay are the Silent Payroll.

Globally, the World Health Organization and the International Labour Organization estimate that 12 billion working days are lost each year to depression and anxiety, at about USD 1 trillion in lost productivity. India is not a sideshow in that total. It is a large labour market with a documented burnout rate at the top of a 30-country table.

**Table 1. Published cost lines for India — comparison, not a reconciliation**

| Line | Figure as published | What it measures | Source |
|---|---|---|---|
| Presenteeism | Up to USD 158 billion a year | Economic opportunity / productive days lost; formal-sector well-being analysis | McKinsey Health Institute analysis, as reported by The Live Love Laugh Foundation, Nov 2025 |
| Absenteeism | Around USD 8.5 billion a year | Illness-related absence attributed to mental health | Same compilation |
| Attrition | USD 12–14 billion a year | Turnover attributed to mental-health concerns | Same compilation |
| Combined employer cost | About USD 14 billion / INR 1.1 lakh crore a year | Absenteeism + presenteeism + turnover, employer-cost model | Deloitte India, 2022 |
| Of which presenteeism | About USD 6.6 billion / INR 51,000 crore | Presenteeism inside the Deloitte model (multiplier ~3–4× absenteeism) | Deloitte India, 2022 |
| Of which absenteeism | About USD 1.9 billion / INR 14,000 crore | Leave days in the Deloitte model | Deloitte India, 2022 |
| Of which attrition | About USD 5.9 billion / INR 45,000 crore | Replacement cost in the Deloitte model | Deloitte India, 2022 |
| Burnout symptoms | 59% of Indian employees (global 22%) | Self-reported burnout symptoms, 30 countries, 30,000+ employees | McKinsey Health Institute, 2023 |
| Wider well-being opportunity | About USD 350 billion a year; up to 8% of GDP (other studies 2–5%) | Broader employee health and well-being, not mental health alone | McKinsey Health Institute, 2024, as reported by LLL, 2025 |
| Global productivity loss | 12 billion working days; ~USD 1 trillion a year | Depression and anxiety, worldwide | WHO / ILO |

Read the table as a range, not a forecast. The presenteeism cost India figure that belongs in a board paper is “between the Deloitte employer-cost slice and the McKinsey Health Institute upper-bound opportunity line.” Anyone who quotes only USD 158 billion without the “up to” and without the contestation note is selling a point estimate the source documents themselves decline to lock.

# 03 Why current approaches fail

Most HR dashboards were built to count absence. They do it well. Leave days, late arrivals, unplanned time off, and exits all have fields. Capacity does not. A person who logs in, joins the stand-up, and produces at 70 per cent of last quarter's rate generates no red cell. The cost of workplace stress India actually pays is the gap between those two views.

Wellness spend is then measured by the wrong denominator. Sign-ups, portal logins, webinar attendance, and annual health-week headcount are activity metrics. They tell a CHRO that a benefit was offered. They do not tell a CFO that capacity recovered. A programme that runs at 7 p.m. after the working day has closed cannot, by design, intercept presenteeism. Presenteeism lives between 9 a.m. and 7 p.m., in the hours the company is already paying for.

Employee assistance lines and after-hours counselling have a place. They are the right door for people who want a confidential conversation outside the team. They are the wrong instrument for a workforce-level capacity problem. Uptake is typically a single-digit share of headcount. The people who use them are often already past the point at which a 90-second desk practice would have been enough. The people who do not use them are the Silent Payroll.

Annual engagement surveys have the opposite problem. They are wide and rare. A once-a-year item on "I can be my whole self at work" cannot time a 90-day intervention. By the time the deck reaches the leadership team, the quarter that produced the score has closed.

There is also a legal and cultural reason current tools stall. Many employers are rightly unwilling to hold symptom data. The moment a dashboard starts to look like a clinical record, the DPDP Act, internal legal, and employee trust all become harder. The result is a false choice: collect nothing useful, or collect more than an employer should see. The way through is to measure practice, not symptoms — reps, streaks, participation, and the breadth of emotional vocabulary people choose to use. Those are fitness metrics. They are not health records.

A last failure is vendor theatre. A branded meditation library, a step-count challenge, and a poster in the lift are not an operating system for capacity. They are amenities. Amenities do not shrink a payroll line that is being spent every working hour.

# 04 The emotional-fitness model applied

PULL QUOTE

**A 5,000-person firm at ₹12 lakh median CTC and an 8 per cent capacity loss carries a Silent Payroll of ₹48 crore a year.**

Emotional fitness is the capacity to notice a state, name it with some precision, and choose a next action that is useful at work. It is trained the way other workplace skills are trained: short, repeated practice, in the setting where the skill is needed.

The model has four design rules.

First, the unit of work is a rep, not a session. A rep is a single positive-psychology technique, timed in tens of seconds to a few minutes, done during the working day. Name a feeling with one precise word. Send one specific thank-you. Tune one task to stretchy-but-doable difficulty and protect it from interruption. Take one longer exhale. Log ten minutes of movement as mood-minutes, not as a fitness target. Each of these is countable. Countable work can be managed.

Second, the practice runs where presenteeism lives. WhatsApp-first delivery puts the rep in the same channel Indian professionals already use to do their jobs. No new login at 8 p.m. No separate wellness destination that competes with the sprint. Twenty-three Indian languages means the inner sentence can be formed in the language closest to the person, which is the language in which regulation actually happens.

Third, the coach is layered. An AI coach can prompt, count, and hand off. A human coach takes the conversation when the person asks for it. Specialised professionals sit behind that hand-off. The employer does not become a clinic. The platform does not pretend that a 90-second rep replaces care. EmotionApp is a non-clinical emotional-fitness coaching platform. The legal boundary is the point: it does not offer diagnosis, treatment or therapy. When a person needs clinical care, the correct next step is a licensed professional or a public service such as Tele-MANAS (14416).

Fourth, the employer indicator is capacity, not symptoms. Participation rate, reps completed, streak length, and the number of distinct emotion words a team uses over a month are leading indicators of practice. They can be aggregated so that no individual clinical picture is visible. A team that stops doing reps is a team whose capacity signal has gone quiet. That is a management fact. It is not a medical fact.

This is closer to how strength and conditioning already work in elite sport, and to how spaced repetition already works in learning, than it is to an annual wellness week. The athlete does not wait for a medical label of weakness before lifting. The model does not wait for a leave request before offering a rep. Notice the inner weather. Return to the next useful action. None of that requires a clinic. All of it requires reps.

The entrepreneurial test is equally plain. A product that cannot be used in the working day cannot claim to repair a working-day loss. A product that cannot be counted cannot claim to move a CFO metric. A product that stores symptoms on the employer's side cannot survive a DPDP review. The emotional-fitness model is the product that passes those three tests at once.

## 05 How to estimate your own Silent Payroll

You do not need a national model to put a number on your own books. You need three inputs and a willingness to show the range.

**Formula**

Silent Payroll (annual) = Headcount × Median annual CTC × Assumed capacity-loss rate

**Worked example**

Take a firm of 5,000 people. Set median annual cost-to-company at ₹12 lakh. That figure is an illustration for a mixed professional workforce, not a national median wage. Use your own compensation file; this ₹12 lakh median is an illustration for a mixed professional workforce, not a national wage.

Assume an 8 per cent capacity loss across the year. That is a planning assumption, not a measurement. It sits inside a 5–12 per cent band: some people lose almost nothing on most days; some lose a large share on some days; the workforce average is what the formula needs.

Silent Payroll = 5,000 × ₹12,00,000 × 0.08 = ₹48 crore a year.

That is about ₹96,000 per person per year, paid for output that did not fully arrive. A 1,000-person firm on the same median and rate carries ₹9.6 crore.

**Assumptions, stated**

1. Headcount is average full-time-equivalent professional staff in scope, not the entire contractor-plus-campus tail unless you choose to include it.
2. Median CTC is fully loaded annual cost for that population: fixed pay, variable that is reliably paid, and statutory contributions. Equity that has not vested is excluded.
3. The capacity-loss rate is an assumption. It is not derived from clinical scores. Use 5 per cent as the conservative case, 8 per cent as the planning case, and 12 per cent as the high case. A two-step version — share of people

under strain times severity among that share — is the same maths. Forty per cent of people at 20 per cent severity is an 8 per cent workforce-average L.

4. The formula assumes the loss is spread across the year. It does not model a six-week crash in one team.
5. The formula prices only presenteeism. It does not add absenteeism, overtime cover, error, customer loss, or replacement cost. Those are separate lines. Adding them would increase the total. It would also mix visible costs with the Silent Payroll, which defeats the point of isolating it.
6. Rupee figures are nominal. No inflation uplift is applied.
7. National published totals (USD 6.6 billion to USD 158 billion) are not inputs to this formula. They are context. Your number comes from your file.

**Table 2. Sensitivity — Silent Payroll at ₹12 lakh median CTC, ₹ crore a year**

| Headcount | 5% loss | 8% loss (planning) | 12% loss |
|---|---|---|---|
| 1,000 | 6.0 | 9.6 | 14.4 |
| 2,500 | 15.0 | 24.0 | 36.0 |
| 5,000 | 30.0 | 48.0 | 72.0 |
| 10,000 | 60.0 | 96.0 | 144.0 |
| 25,000 | 150.0 | 240.0 | 360.0 |

Swap your own median. At ₹8 lakh the 5,000-person planning case is ₹32 crore. At ₹18 lakh it is ₹72 crore. A firm that moves from an 8 per cent assumed loss to a 6 per cent assumed loss, at ₹12 lakh median and 5,000 people, recovers ₹12 crore in the model. That is the scale a 90-day programme is trying to touch. It will not recover the whole line in one quarter. It should move the assumption, and then the next quarter's output, by a visible amount.

If you already run a validated presenteeism instrument in occupational research — the Work Productivity and Activity Impairment questionnaire (Reilly, Zbrozek and Dukes, 1993) or the six-item Stanford Presenteeism Scale (Koopman and colleagues, 2002) — you may replace the assumed rate with a measured one. This paper does not reproduce those instruments. They are research tools. They are not required to start. They are an upgrade on the assumption, not a substitute for the formula.

# 06 Measurement

The employer dashboard holds no clinical data. That is a design rule, not a slogan.

**What the employer sees**

- Participation: share of in-scope headcount that completed at least one rep in the period.
- Volume: reps completed per person per week.
- Streaks: share of participants with a seven-day or twenty-one-day streak.
- Vocabulary breadth: count of distinct emotion words used in naming exercises, aggregated at team or site level.
- Time of day: share of reps completed during rostered hours. This is the presenteeism-relevant slice. A programme whose reps all land after 8 p.m. is not yet in the working day.
- Hand-off rate: share of users who moved from the AI coach to a human coach. A rising hand-off rate is a service fact. It is not a symptom score.
- Capacity indicator: a composite of participation, volume and streaks, expressed as an index against the team's own baseline, not against a clinical cut-off.

**What the employer never sees**

- Individual answers to naming exercises, journal text, or coach transcripts.
- Any label that resembles a clinical category.
- Any score that claims to detect a condition.
- Any comparison of one named person against a medical threshold.

Data stay in India. Processing follows the Digital Personal Data Protection Act, 2023. Quality systems are ISO 9001 and ISO 13485. The architecture is built so that a statutory request, an internal audit, and an employee "what do you hold on me?" question can all be answered with the same sentence: practice data at the aggregate; personal content only for the person and the coach they chose.

This is the opposite of a wellness portal that stores mood graphs against employee numbers. It is closer to how a factory already measures safety observations without turning the observation log into a medical file.

Academic presenteeism instruments remain available to occupational-health researchers who have ethics approval and employee consent. They are not the operating dashboard. Mixing the two is how employers accidentally build a clinic in the HRIS.

The test of the dashboard is simple. If a regulator, a works-council equivalent, or a sceptical engineer asked “what can you infer about a person’s health from this screen?”, the honest answer must be “nothing clinical.” If the answer is longer than that, the screen is wrong.

## 07 Implementation

A 90-day plan is long enough to build a habit and short enough to keep a CFO’s attention. HR and a named business sponsor own it jointly. EmotionApp operations run the rails. Managers run the reps into the day: a Chennai team lead opens the stand-up with a one-word feeling check before the tickets.

**Table 3. Ninety-day plan**

| Week | Owner | Action | Metric |
|---|---|---|---|
| 0 | CFO + CHRO | Agree the three inputs. Publish the Silent Payroll range to the sponsor group. Confirm the legal boundary in writing: no clinical data on the employer dashboard. | Signed one-page range; legal note on file |
| 1 | CHRO + legal + DPO | Complete DPDP review. Confirm India-resident processing. Confirm WhatsApp as the delivery channel. Select two pilot sites or functions, 300–800 people each. | Review closed; pilot list frozen |
| 2 | HR ops + EmotionApp | Enrol pilot managers. Record a 4-minute sponsor message. Set the capacity-indicator baseline at zero reps. | % of pilot managers enrolled |
| 3 | Managers | Launch to staff on WhatsApp. One required manager rep in the first team meeting, done live. | Week-1 participation ≥ 40% of pilot headcount |
| 4 | EmotionApp + HRBP | First coaching office-hour. Remove friction: language default, notification timing, roster-hour prompt. | Reps per participant per week; share in rostered hours |
| 5–6 | Managers | Protect one 10-minute block in the week for a team rep. No extra meeting. Fold it into an existing stand-up. | Streak share ≥ 25% of participants |
| 7 | CHRO | Mid-point review. If participation is below 35%, change the prompt time or the manager pair, do not add content. | Participation; roster-hour share; hand-off count |
| 8–9 | Business sponsor | Tie the capacity indicator to one existing operating review. Do not create a new well-being committee. | Indicator on the same slide as output |
| 10 | HR ops | Expand language coverage to the pilot’s actual mother tongues. Confirm human-coach capacity for the next cohort. | Vocabulary-breadth trend; coach utilisation |
| 11–12 | CFO + CHRO | Compare output proxies in the pilot (cycle time, error, utilisation, sales activity — whichever the function already tracks) against the prior 12 weeks. Recalculate Silent Payroll with a revised assumption if the proxy moved. Decide scale / stop / redesign. | Revised Silent Payroll range; go/no-go |

Three rules keep the plan honest.

Do not add a second programme in the same 90 days. Two apps pinging the same phone is how pilots die.

Do not reward individuals for streaks in cash. Someone will tap ‘done’ at midnight to save the bonus, and the practice goes hollow. Recognise teams that protect the ten-minute block.

Do not wait for a clinical outcome. You will not have one, and you should not seek one. You are buying recovered hours, not a health claim.

## 08 One-page checklist the reader can run this week

Print this. Fill it in before the next leadership meeting.

- ☐ Pull headcount in scope and median CTC from the compensation file. Write both numbers at the top of the page.
- ☐ Compute three Silent Payroll figures at 5, 8 and 12 per cent capacity loss. Circle the 8 per cent planning case.
- ☐ Write one sentence that defines the Silent Payroll for your board. Use the definition in this paper.
- ☐ Ask HR for last quarter’s leave days and resignations attributed, even loosely, to strain. Put those two visible numbers next to the Silent Payroll range. Notice the gap.
- ☐ List every current well-being vendor. Against each, write two fields only: “runs during rostered hours? yes/no” and “employer sees clinical data? yes/no.”
- ☐ Strike any vendor that fails both tests from the 90-day plan. Keep it as an amenity if you must. Do not call it a presenteeism intervention.
- ☐ Name one business sponsor who owns output in a function of 300–800 people. Ask for 90 days and a slot on an existing operating review.
- ☐ Send legal and the data-protection officer this paper’s measurement section. Ask for a written yes or no on a no-clinical-data dashboard.
- ☐ Confirm Tele-MANAS 14416 is in the employee footer and the manager card. EmotionApp is not a crisis line.
- ☐ Book week 0 of Table 3. If week 0 does not happen this month, the rest of the table is theatre.

# 09 FAQ

### Q1 How large is presenteeism compared with absenteeism in India?

Published India lines put presenteeism far above absenteeism. One compilation gives up to USD 158 billion against about USD 8.5 billion. Deloitte's 2022 employer-cost model gave about USD 6.6 billion against about USD 1.9 billion. In both ledgers presenteeism is the larger number.

### Q2 Can I put a Silent Payroll figure in a board pack this quarter?

Yes. Multiply headcount by median CTC by 0.05, 0.08 and 0.12. A 5,000-person firm at ₹12 lakh median CTC carries ₹30–72 crore in that range; the planning case is ₹48 crore. Label every figure as an assumption, not an audit number.

### Q3 Why not just improve the EAP?

Deloitte found that 33 per cent of respondents kept working despite poor mental health. An after-hours line does not reach people who have not left their desk. A rep that takes 90 seconds inside rostered hours does.

### Q4 What does the company see if we run EmotionApp?

Rep counts, streaks, participation, vocabulary breadth, and a capacity indicator. It does not see journals, transcripts, or any clinical label. Data stay in India under the 2023 DPDP Act.

### Q5 How soon can a 90-day pilot change the number?

Week 3 is the first participation read. Week 7 is the first honest cut. Week 12 is the first chance to revise the 8 per cent assumption. You should not promise a full recovery of a ₹48 crore line in one quarter.

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*EmotionApp is a non-clinical emotional-fitness coaching platform. It does not offer diagnosis, treatment or therapy. If you or a colleague are in crisis, contact Tele-MANAS on 14416, available 24 hours, in multiple Indian languages.*

# About the author

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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.