



Mental health and well-being in the workplace

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Introduction

Over the recent years, mental health issues have seen a steady rise globally, accentuated further by the onset of COVID-19. The scale of mental disorders in India accounts for nearly 15 percent of the global mental health burden.¹ While this can be attributed to several factors, the core and underlying reason is stigma. Conversations around mental health have been shrouded in taboo and a lack of awareness. This has contributed to a wide treatment gap, with increased time to access resources or treatments. A National Institute of Mental Health and Neurosciences (NIMHANS) study revealed that stigma inhibits nearly 80 percent of those afflicted from receiving treatment, despite being ill for over 12 months.² This is an alarming statistic, given the social and economic impact of poor mental health.

India's mental health landscape, pre-pandemic, presented a grim reality with one in seven Indians being affected by mental disorders.³ COVID-19, and its associated challenges, has had a profound impact on people's mental health, creating new barriers to care or accentuating existing stressors. However, the pandemic also spotlighted the relevance of mental health, triggering greater dialogue. The Indian government recognised the pandemic's impact on people's mental health and well-being, prioritising the agenda for digital health and investments in the 2022 Union budget.

Workplaces too, have adopted greater cognisance of employee mental well-being and implemented measures to provide pathways to access resources. Employers have an ethical and economic reason to focus on workplace mental health. The World Health Organisation (WHO) estimates that poor mental health costs the global economy US\$1 trillion annually in lost productivity.⁴ In India alone, a 2019 estimate from WHO predicts that the economic loss due to mental health conditions between 2012 and 2030 will stand at around US\$1.03 trillion.⁵

While there has been increased awareness amongst masses, stigma continues to play a key role in inhibiting reach or access to care. Reporting mental health issues in the workplace is far more unlikely as compared with other health conditions. Consequently, organisations today, have the greater responsibility of not only enabling access to resources, but going beyond to identify, highlight, reprimand, and prevent behaviours that could contribute to adverse mental health symptoms amongst the workforce.

As part of Deloitte's Health Equity Institute initiative, we aimed to assess the current state of mental well-being amongst India's corporate workforce and the challenges in managing mental well-being. We conducted the "Mental health in the workspace 2022" survey, with 3,995 respondents across 12 key industries and demographics. The survey was disseminated across multiple channels—the Deloitte alumni network, social media, university alumni groups, participating organisations through the NHRDN network, and a market research agency. In addition to the survey, we conducted more than 60 interviews with mental health experts, corporate leaders, and employees to gather their perspectives on the current state and recommendations to improve the situation (*more details have been outlined in the "Methodology" section*).

Through this study, we aim to bring forth an unbiased overview of employees' mental health in the workforce, the challenges they face in this context, and present a case for change. Our findings suggest a needle shift in employer and employee attitudes towards mental health—we are at the cusp of heralding larger change, and it is our hope that this report helps propel this momentum.

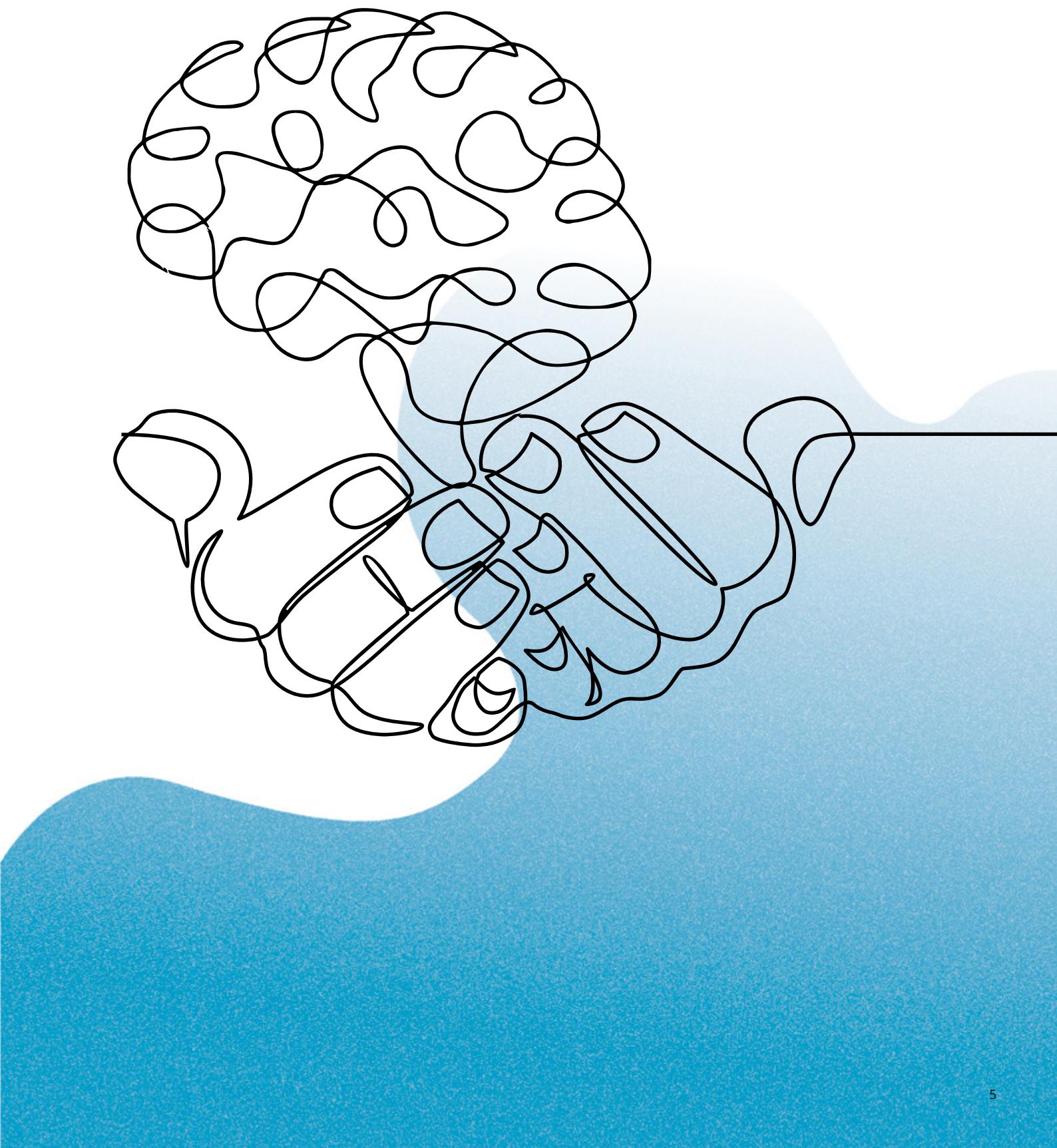
¹ <https://economictimes.indiatimes.com/magazines/panache/mental-health-in-india-7-5-of-country-affected-less-than-4000-experts-available/articleshow/71500130.cms>

² <https://www.ijpn.in/article.asp?issn=2231-1505;year=2018;volume=15;issue=1;spage=58;epage=60;aulast=Shankardass>

³ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30475-4/fulltext#:~:text=One%20in%20seven%20Indians%20were,has%20almost%20doubled%20since%201990](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30475-4/fulltext#:~:text=One%20in%20seven%20Indians%20were,has%20almost%20doubled%20since%201990)

⁴ <https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/mental-health-in-the-workplace>

⁵ <https://economictimes.indiatimes.com/magazines/panache/mental-health-may-hurt-india-to-tune-of-1-03-trillion-heres-a-dose-for-cos/articleshow/71045027.cms>



Chapter 1: A rising burden amongst white-collar workers



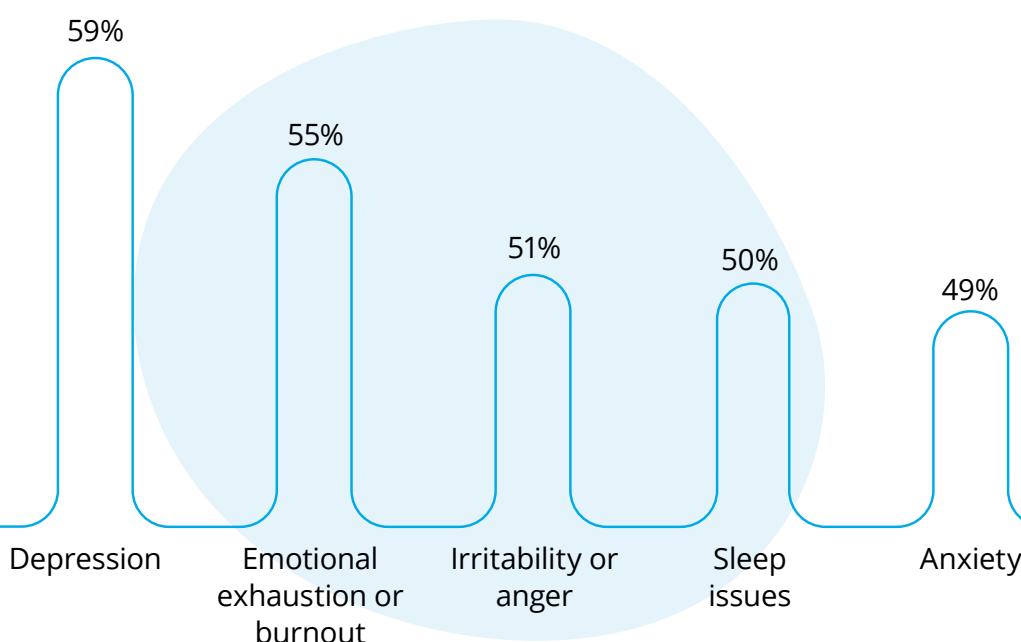
Over the past years, the discourse on mental health has assumed significant relevance, especially exacerbated by the onset of COVID-19 pandemic. The isolation associated with the pandemic, blurred lines between work and home, and the added pressure of managing health, took a greater-than-imagined toll, resulting in a significant rise in adverse mental health symptoms.

In our study on *Mental Health in the Workspace*, we found evidence of significant

prevalence of mental health issues amongst white collar workers. More than 80 percent respondents reported being affected by at least one adverse mental health symptom, while more than 65 percent reported at least two symptoms, and over 50 percent indicated three or more such symptoms. The impact of such adverse mental health symptoms manifests in multiple ways, often with overarching effects on an individual's overall well-being, personal relationships, and workplace productivity.

Depression related symptoms most commonly cited

Figure 1: Percentage of respondents experiencing common mental health-related symptoms (N=3,304, Respondents who experienced at least one mental health-related symptom)

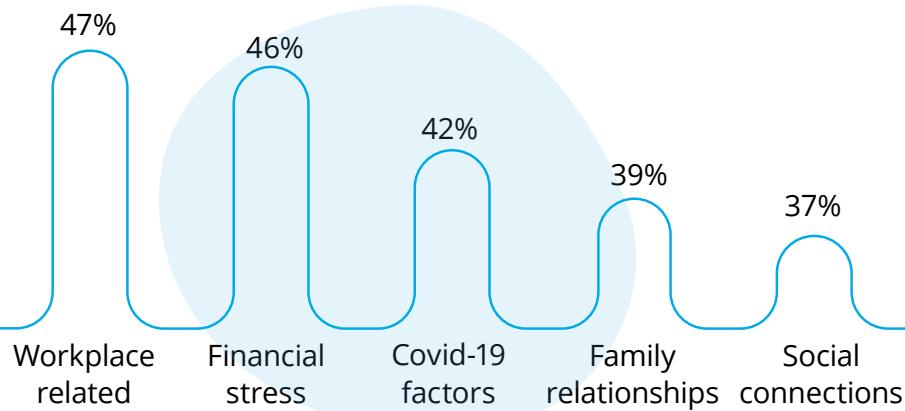


Amongst the commonly experienced symptoms, those related to depression, such as feelings of sadness, loss of interest in enjoyable activities, tiredness, difficulty in concentrating, and poor decision-making, emerged as the most reported mental health symptom amongst more than 59 percent of the surveyed employees. More than 55 percent employees reported being emotionally exhausted or "burnt-

out". Irritability and a predisposition to frequent outbursts was reported by 51 percent employees. More than 50 percent employees also reported difficulty falling asleep or staying asleep. Mental and physical manifestations of anxiety, such as sweating, rapid heartbeat, shaking or trembling, upset stomach, dizziness, or fainting were also reported by more than 49 percent employees.

COVID-19 clearly exacerbated the situation, driven by workplace and financial stress

Figure 2: Top 5 sources of stress reported among the respondents experiencing one or more mental health symptom (N=3,304, Respondents who experienced at least one mental health-related symptom)



Workplace

Our study found the workplace to be a top stressor, with 47 percent affected respondents experiencing workplace-related stress. While deadlines, heavy workloads, poor team cultures, and lack of recognition and job satisfaction have always existed and contributed to workplace-related stress, the onset of the COVID-19 pandemic accentuated and introduced new avenues. The pandemic blurred the demarcations between work and home, where the onus of establishing and addressing these boundaries fell on employees. For many, this grew to be a challenge, along with longer work hours, the isolation associated with virtual working environment, and concerns related to job security.

Further, the virtual environment resulted in reduced accountability for inappropriate or unjust behaviour, which could contribute to a poor working culture.

The pandemic also made it difficult to build workplace relationships. The unfamiliarity

with managing expectations in a virtual environment widened the trust gap between managers and their teams.



Because face-to-face interactions were fewer, sharing day-to-day issues with your managers was not always possible. This made it difficult for managers to notice that a team member is facing a problem
– Junior employee in Healthcare and Life Sciences industry



Financial stress

With 46 percent of affected respondents reporting it, financial stress also emerged as a key contributor to adverse mental health symptoms. This is strongly linked to the economic devastation caused by COVID-19, leading to financial stress amongst employees across sectors and jobs. Concerns related to job and financial

security magnified the mental stress experienced by employees.

Family relationships

For 39 percent of affected respondents, personal relationships, along with concerns around family members and children, have continued to be a common cause of stress—particularly for women and caregivers. The pandemic has also been especially tough on women. The expectations to meet work deadlines, cater to domestic duties, and care for a higher number of family members has had an overwhelming impact on the mental well-being of several women in the workforce. Our study found that women in long-term relationships reported higher prevalence of mental health symptoms (85 percent), compared with men (73 percent).

“
During the pandemic, I had to handle household tasks along with work. I was not able to give those productive hours to my work. This was causing a lot of stress for me
– Married female employee with kids
”

Social connections

The isolation of the pandemic had a clear outcome on the mental health of respondents. The inability to personally connect with family members, for those living alone or away from their families, brought about sentiments of seclusion. On the other hand, others found themselves overwhelmed with the overexposure to family members due to extended periods of quarantine and lockdowns.

Besides the pandemic, the lack of support from family members can also have an overarching effect on mental well-being.

Several people reported sub-optimal support from friends and family that affected their mental health. Existing stigma and the lack of awareness around personal and sensitive issues, including mental health and sexuality, often lead to feelings of demotivation and isolation amongst those facing such biases. Members of the LGBTQ+ community are often confronted with backlash from their families, the society, and workplace, affecting their overall mental well-being. Amongst LGBTQ+ respondents, 78 percent reported having faced at least one adverse mental health symptoms.

“
Many in the LGBTQ community face backlash from family, community, and the workplace, and >90% lack the support system to deal with their mental health stressors
– LGBTQ+ employee
”

COVID-19

The pandemic has accentuated each of these stressors and introduced new ones. It compelled the world to undergo mammoth changes, overhauling the very systems of how we lived, went to work, and socialised. Adjusting to these, followed by concerns around health and well-being, which took centre stage amidst the pandemic, also contributed to adverse mental health symptoms for 42 percent respondents.

While the data from our study points towards the magnitude of the existing mental health burden, there has also been a dramatic rise in the scale and intensity of the problem, compounded by COVID-19. For each symptom we studied, between 48-53 percent respondents with pre-existing symptoms reported an increase

in the frequency and intensity of their symptoms caused by COVID-19 and its associated consequences and stressors. Additionally, >60 percent of employees in IT and ITES, Consulting or Business Advisory, Banking and Financial Services reported increase in mental health symptoms due to COVID.

That said, the pandemic has also shone the light on the scale of the mental health burden in India and its associated implications from a social and economic cost perspective. The prevalence of symptoms related to mental health distress amongst the Indian workforce indicates a tipping point for action. Given that mental health as a subject has always been associated

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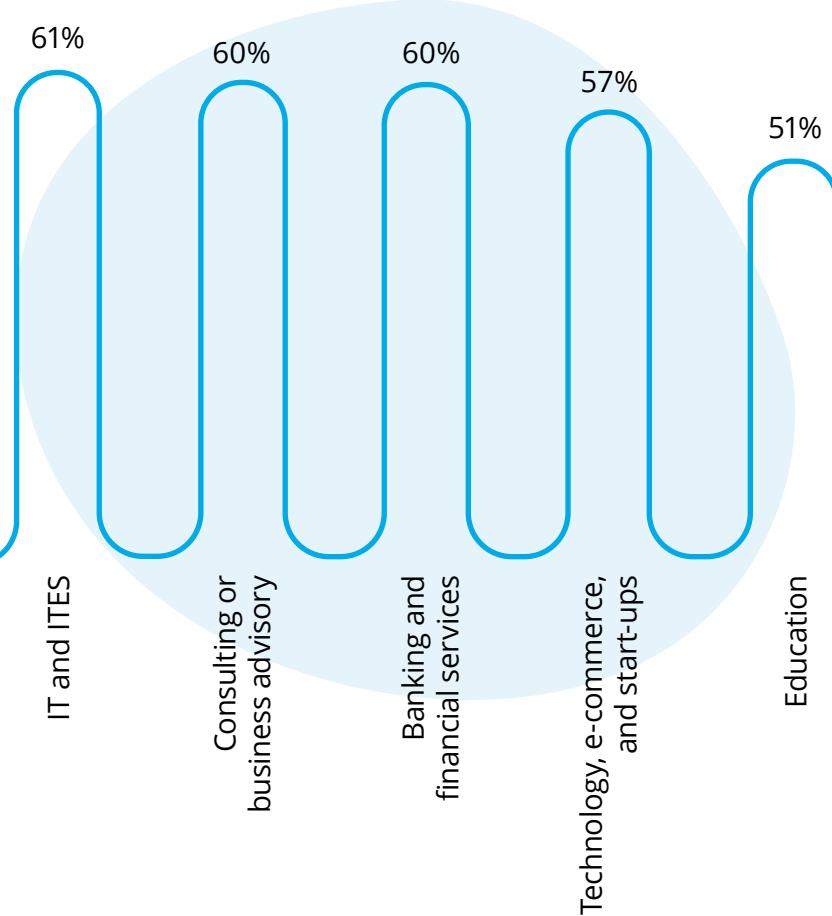
Due to work from home, we received multiple complaints about managers calling too many times, checking in on employees, and not completely believing the productivity of the team

– CHRO of a leading information services company

”

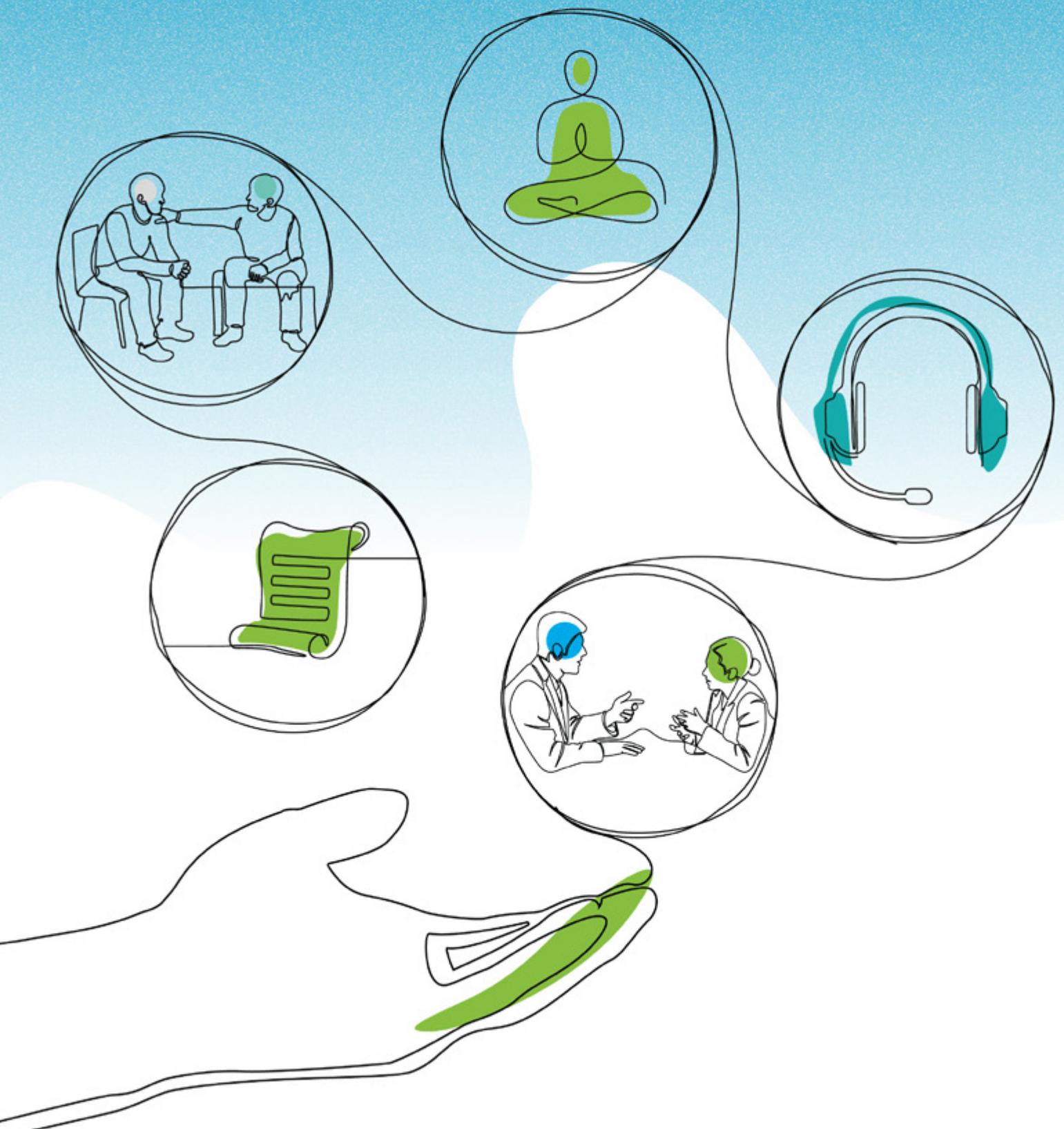
with taboos, lack of awareness, and misconceptions, it becomes even more crucial today for organisations to step in and create sustainable and accessible solutions to ensure their workers' mental well-being.

Figure 3: Top five industries by percentage of employees reporting an increase in mental health symptoms due to COVID-19





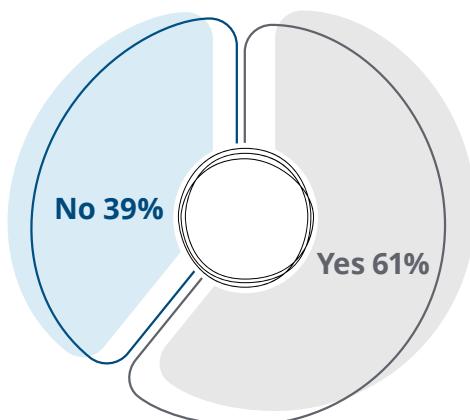
Chapter 2: Prevailing avenues of support



The majority of respondents still hesitate to manage mental health issues

While at a societal level, there is lack of awareness around mental health, our study found that there was high awareness amongst those who experienced more than one symptom. ~61 percent of affected respondents indicated that they had taken steps to manage their mental health.

Figure 4: Percentage of respondents who have reported taking steps and those who have not taken any action to manage their mental health symptoms (N=3,304, Respondents who experienced at least one mental health-related symptom)



Support systems play a crucial role in this regard. Many, amongst those who indicated taking steps towards their symptoms, were inclined to do so when their families and friends showed concern.

For several respondents, the people around them helped broach the topic of mental health and emphasised the need to seek help. For instance, family members noticed and highlighted the behavioural changes due to mental health issues and pushed them to seek professional help.



I realised I needed to seek help when a few people around me started talking about my well-being and forced me to seek care. I did not take it seriously, but my family recommended availing professional help

– Experienced employee in Consulting or Business Advisory industry



Support systems can also go a long way in paving the way towards accessing and building awareness around resources. For some, close family members and friends influenced decisions to reach other resources. Good support systems (including friends, family, colleagues) go a long way in helping individuals manage their mental health, either through building acceptance of the condition or by helping those afflicted rehabilitate back into their lives and the society.

The workplace, too, can play a significant role in the support ecosystem. By recognising the symptoms that can be associated with adverse mental health, such as reduced interest in tasks, challenges in concentrating, or general indisposition in workers' health, the workplace can influence the decision to act. Support from peers and superiors can bolster the move to seek help and subsequently reduce the stigma surrounding mental health.



Culture and environment around the individual is key and influences how an individual deals with their mental health issues. We need to look at this collectively and not through a singular lens

– CHRO of a pharma company



Very few rely on professional help, with most resorting to self-help tools or relying on friends and family for support

Figure 5: Percentage of respondents who have used different resources to manage their mental health symptoms (N=2,015, Respondents who experienced at least one mental health-related symptom and took steps to manage them)



Note: Self help techniques = Exercise, Yoga, Meditation etc.
Self help tools = Mobile apps

In terms of the steps most commonly taken, we found that workers opted for low-cost and easily available resources to manage their mental health, including self-help techniques (50 percent) and reaching out

to friends and family (48 percent). Yoga, meditation, mindfulness, and indulging in hobbies emerged as some common self-help techniques that respondents relied on, in addition to support from friends and family.

Of those that took definitive steps towards mitigating their mental health symptoms, only 34 percent sought professional help. Based on our study, a lower proportion of younger employees (30 percent) sought professional help compared to 45 percent in the higher age groups, which highlights the need to make these resources more affordable and accessible.

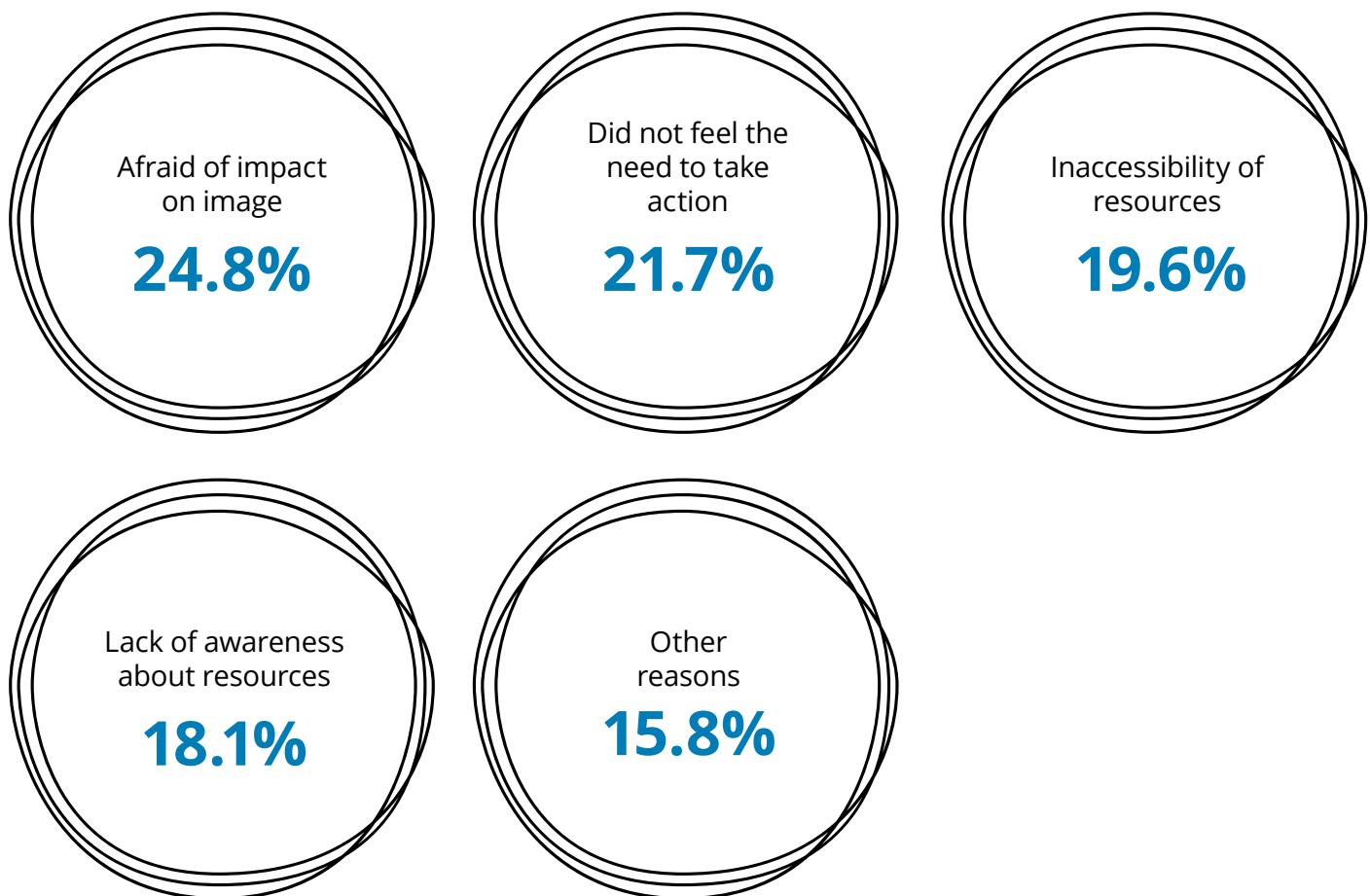
Additionally, amongst the respondents taking steps, 22 percent resorted to faith or spiritual healers. The prevalence of the use of faith

healers increased with age – from 15 percent at 24 years and below to 36 percent for 66 years and above.

All these observations further the case for building awareness—primarily due to the complexities around mental health that often warrant professional care and knowledge. While self-help is a necessary tool in managing mental health on a regular basis, professional help is usually necessary to diagnose and remedy mental health conditions.

Social stigma remains to be the greatest challenge

Figure 6: Percentage of respondents who have stated different reasons for not taking any steps to manage their mental health symptoms (N=1,289, Respondents who experienced at least one mental health-related symptom and did not take steps to manage them)



Ideally, the onset or emergence of a single mental health symptom should warrant help from a professional. However, the stigma and unfamiliarity associated with the subject hinders remedial action. In the workforce, our study found that the underlying trend points towards employees accepting and acknowledging their mental health symptoms only after its negative bearing on other avenues of their lives begin to show—whether on relationships, work productivity, or their overall physical well-being.

Among those who did not act on their symptoms, the key reasons revolved largely around the stigma associated with mental health, specifically around its impact on their personal and professional reputation (~25 percent respondents). This often goes beyond the individual affected by the symptoms and to those around them, especially in family and social circles, where mental health issues continue to be a taboo.



My family members failed to understand or acknowledge my mental-health related issues. Everyone in our family is well-educated, but they still hesitated until the last minute to let me seek professional help

– Married female employee



The consequences of the stigma around mental health are far-reaching—resulting in individuals having to lie about going to therapy or about seeking help. Further, the lack of support systems, or specifically, the

lack of empathy for the ailment can often lead to casual dismissal of issues and invalidation of concerns, with a lasting impact on how individuals react and respond to their mental health issues. Moreover, stigma can be most damaging for people who are at their most vulnerable and in need of care. Inhibition at such a stage can only worsen a condition that is indiscernibly present, and yet needs to be acknowledged in order to be treated effectively.

Additionally, ~18 percent respondents indicated a lack of awareness on the availability of resources, while 20 percent indicated that they were unable to access them.



I could not afford to seek professional help. Counsellors are very expensive

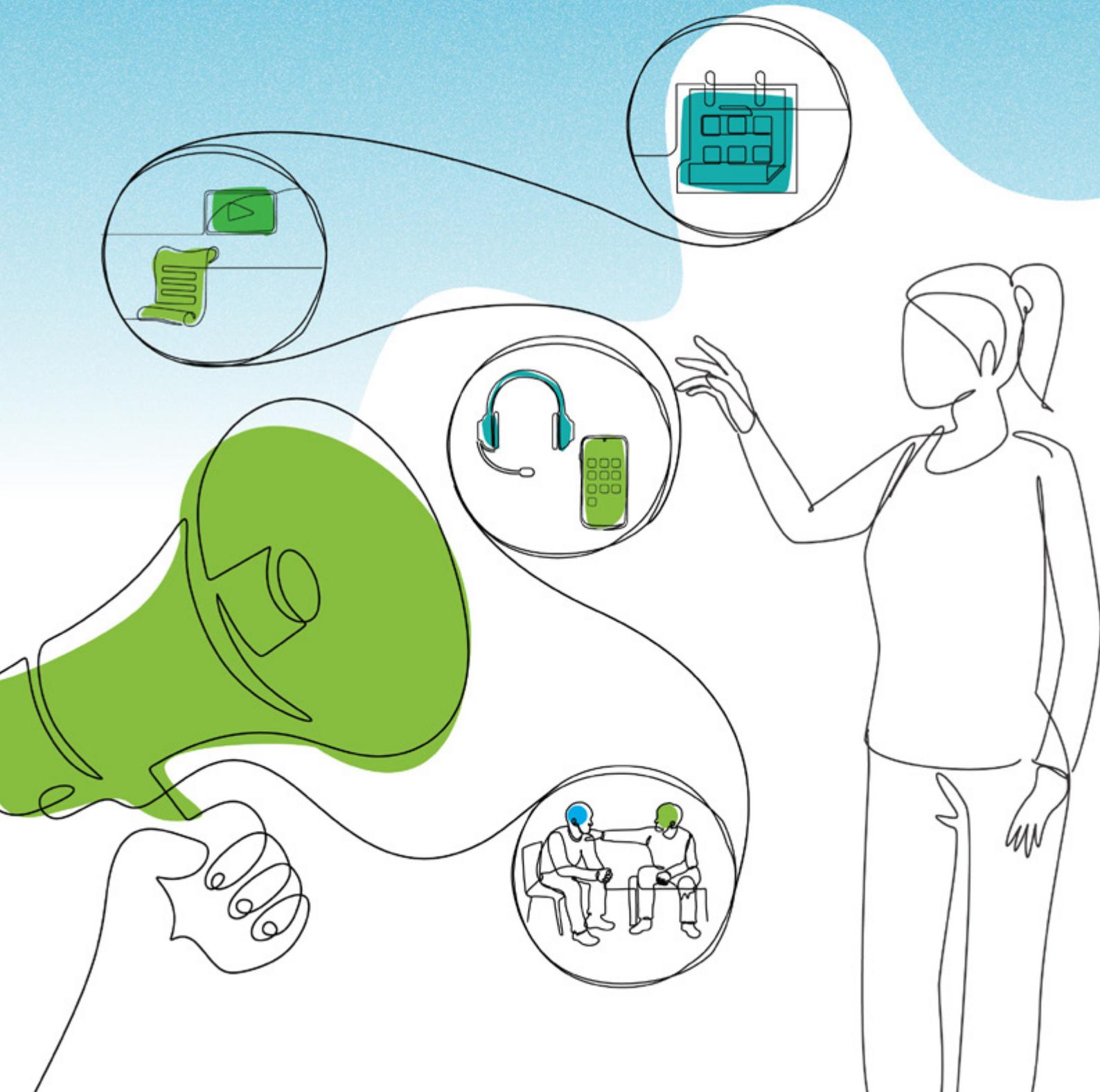
– Young male employee



Both awareness and access to qualified help form the dual problem when it comes to dealing with mental health related issues. While awareness can be built with measured and consistent communication, access to resources often relies on the relative parameter of affordability. Given the magnitude of the mental health burden amongst the workforce, there is a critical need to solve for both of the issues simultaneously. While the financial costs of accessing mental health resources can be significantly high at an individual level, organisations can offer subsidised or free counselling or relevant resources to their workforce and alleviate this burden.



Chapter 3: Employee perspectives on workplace interventions



Our study found that while companies have begun to introduce resources for mental health, only a small proportion of companies actually have a formal mental health policy. The quality and accessibility of resources can vary across organisations,

depending on their commitment to the cause. The table below provides an exhaustive list of both in-house and third-party resources and interventions being adopted by companies, which can be broadly classified into six categories.

Figure 7: Interventions and resources provided by employers to support employee mental health and well-being

Third Party Services			In-house Initiatives		
EAP/EFAP	Third party tools	Support system	Awareness activities	Employee benefits	Organisational realignment
Counselling and Therapy Professional counselling sessions for employees and their dependents	Free subscription Free access to self-help content and apps like calm, headspace, etc.	Employee check-ins Regular wellness check-ins by management of their direct reports	Materials and Resources Resources containing information on mental health	Leave and Downtime Compassionate leave, sick days associated with mental health distress	Leadership guidance Training of managers and leadership on ways to support staff with mental health distress
Self help resources Self help resources such as videos, articles, mindfulness app, etc. as a part of EAP	Counselling or Helpline number 24x7 helpline number	Peer support groups Option to join peer support groups of own choice	Wellness sessions Virtual activities and wellness sessions for meditation, yoga etc.	Mental health insurance Coverage of mental health under employee health insurance plan	Tracking & reporting Tracking and reporting performance on mental health KPIs and evaluation of mental health interventions
Peer support groups Option to join peer support groups of own choice	Mental health champions Network of employees available for confidential advice & support for their colleagues				
Wellness webinars Mental health webinars on topics such as stress management					

Within third-party services, organisations implemented EAP (Employee Assistance Programs), EFAP (Employee and Family Assistance Programs) and third-party tools, such as counselling helplines, subscriptions to self-help content, and resources around how the manager can be an anchor in helping employees in their journey. In-house initiatives largely include support systems, awareness and wellness sessions, employee benefits, and organisational realignments to support employee mental health and well-being.



We identified an EAP partner that provides a platform and multiple resources, such as webinars, videos, self-assessment inventories, and a hot-line, which can be reached for professional help

– CHRO of a leading television and media company



Wellness initiatives are often outsourced to third-party vendors, who provide a host of physical health-related interventions, with mental wellness as an add-on initiative. EAPs are widely used by Indian corporates and start-ups, as well as international MNCs as an important part of their corporate mental well-being policy.

While the focus on mental health has grown over the years, it continues to be a smaller part of an organisation's "diversity and inclusion" or talent initiatives.



Mental health as a topic is fairly new for everyone, employers included. Most of us are busy doing what every employer does, such as recruitment and training

– CHRO of an Indian aviation firm



Unlike the formal and multi-layered approach to physical health interventions for the workforce, there is lack of a well-designed system for mental health interventions at an organisational level. For instance, several Indian organisations introduced COVID-19-related reimbursements and leave policies.

However, substantial interventions around mental health, such as a dedicated sick leave policy for mental health, are yet to be undertaken at a similar scale. This is largely because mental health continues to be an afterthought for most organisations, prompted either by specific motivations, a major isolated incident, or through external triggers such as the COVID-19 pandemic.

Traditional approach of organisations to mental health issues is purely reactive. COVID-19 has also been a key trigger for many Indian and global organisations to take note of their workers' mental health. Several companies reacted to the psychological stress arising from the pandemic and its associated stressors to institute measures for their workers. The pandemic shone light on a problem that was already prevalent on a large scale but is now poised to multiply.

For some organisations, interactions with employees highlighted the state of their mental health and subsequently, the impact it has on their well-being. Others analysed sick leave data, which indicated patterns linked to workers' mental health. In most cases, it is discoveries such as these that led to organisations enlisting third-party vendors to provide specialised care or establish and improve the dialogue on mental health within the organisation.

Employees seldom reach out to their managers or HR for support

While organisations are increasing efforts to provide measures and create channels of support, our study strongly indicates that the

need of the hour is to inculcate a culture of open communication and support.

- 22 percent of workers suffering from mental health issues indicated that they would prefer not to open up about their mental health challenges at the workplace
- 25 percent employees indicated that they would rather disclose their mental health issues to their peers or colleagues than others in the organisation

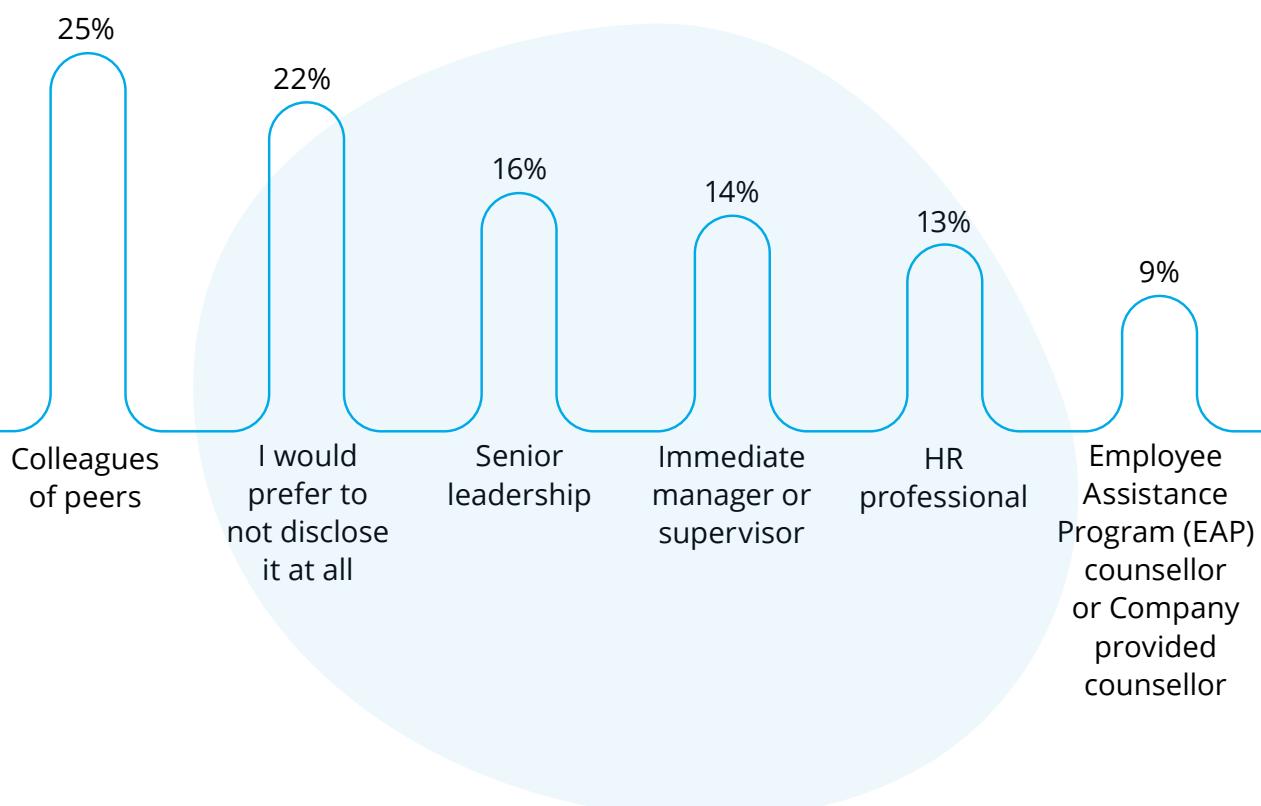
These are indeed worrying statistics and showcase the scale of the issue. For an organisation to implement effective avenues of engagement, it needs to be aware of its employees' mental health and associated challenges. Further, being able to address, acknowledge, and accept mental health-related issues can empower employees to

speak about their challenges and encourage others to seek help, contributing to a healthier work environment.

While stigma is a key reason prohibiting individuals from opening up about their mental health in any setting, our survey found that the fear of retribution, impact on performance evaluation, workplace perceptions also act as barriers to opening up at the workplace. This could be linked to fears over career growth and opportunities.

In our survey, several respondents were also concerned that colleagues who knew about their illness would doubt their capabilities or commitment. Several reported feeling "ashamed" or "out of place" owing to the revelation of their symptoms.

Figure 8: Openness of employees in revealing their mental health issues to various stakeholders at the workplace (N=3,304, Respondents who experienced at least one mental health-related symptom)



A higher percentage of younger employees (31 percent) of 24 years and below indicated that they would not disclose their mental health symptoms to others at the workplace, as opposed to older employees (13-23 percent). Additionally, young workers shared concerns about having difficult conversations with their leaders, either due to fears of being admonished or from a general lack of faith in the management.

I was worried that leadership would not believe me or take any corrective action against the manager who exhibited discriminatory behaviour

– Young female employee in Consulting or Business Advisory

Further, young workers cited easier availability of support from their peers and social circles. However, these do not necessarily provide the most optimal source of care that the situation demands. This highlights that addressing stigma in the organisation will not work with a one-size-fits-all approach. Solutions will need to focus on how peer groups can be utilised to not only provide support, but to also generate awareness and seek formal therapy.

A similar sentiment is echoed in the uptake of 'Employee Assistance Programs' (EAPs), where only 9 percent respondents indicated their willingness to use them. Respondents highlighted concerns around the effectiveness and quality of the resources. Many indicated that data exchanged with the tools and resources within EAPs might be accessible for their organisations and could be used to disadvantage their career aspirations.



I was worried that reaching out may have negative long-term impacts within the firm as the data is recorded, and they might use mental health issues to my disadvantage

– Married employee in Healthcare and Life Sciences



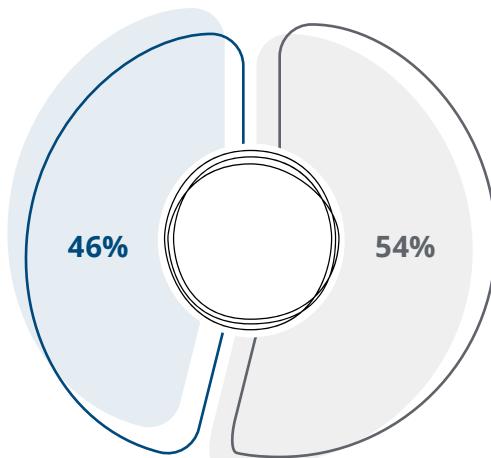
This further highlights the need for support systems, both within and outside of an individual's workplace. Our study found that those employees who live alone (27 percent) are less likely to disclose their mental health issues to someone, as compared with those who live with someone (19-24 percent).

Establishing safe corridors for conversation and allyship can help promote the narrative on mental health and push more employees to trust and open up about their mental health issues. Here too, organisations have the larger responsibility of regularly ensuring that their resources are aligned with their aspirations of employee well-being. Stigma makes this action even more pertinent, as it takes courage to discard inhibitions and be willing to ask for help.

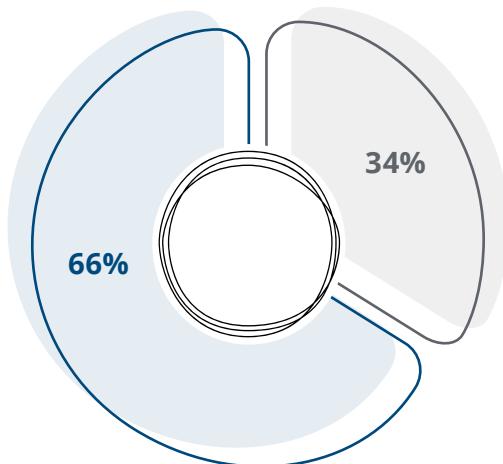
Lack of awareness remains a cause for concern

In addition to understanding the prevalence of mental health related stigma and how it affects employees and employers, our study also delved deeper into the awareness and usage of workplace resources and their perceived usefulness by employees. Despite workplaces introducing measures around mental health, we found that the awareness

Figure 9: Workplace awareness of resources for all respondents (N=3,995, Total respondent base) and for respondents who have taken steps to manage their mental health symptoms (N=2,015, Respondents who experienced at least one mental health-related symptom and took steps to manage them)



Only 46 percent of the employees are aware of workplace mental health resources...



...that increases to 66 percent for people who had symptoms and take steps to address them

around workplace resources continues to be only at around 46 percent. However, amongst those respondents who indicated experiencing more than one symptom and taking steps to manage them, the awareness was higher (~66 percent).

Similarly, those who experienced more than one symptom and recognised and attributed them to mental health, were more willing to use these resources (64 percent). This indicates the need for organisations to focus on building dialogue to help recognise and accept symptoms and seek help.

For organisations to navigate the nuances of mental health symptoms in the workplace, it is important to be cognisant of existing workplace barriers and take necessary action to course correct. While it may be argued that the awareness and subsequent uptake relies on the recognition and severity of the symptoms, there are still large variations

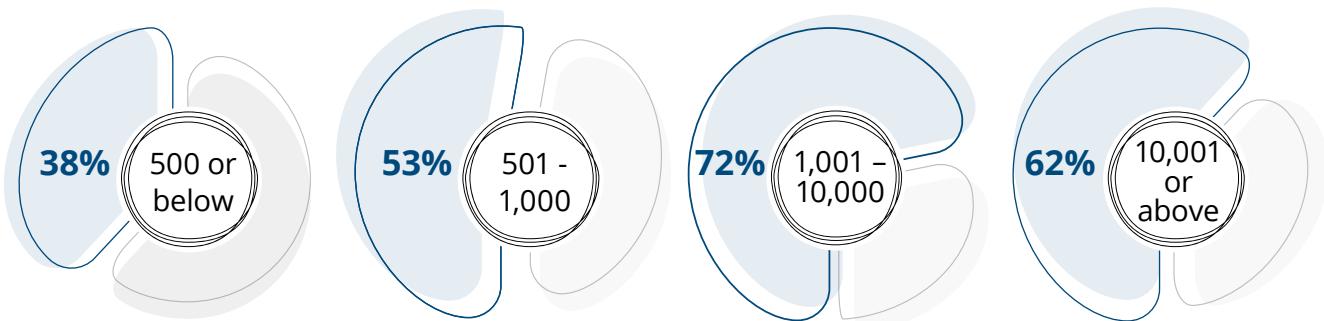
when it comes to organisation size, age group, and gender.

Each of these factors interplay to create varied responses to mental health as a subject and its course of treatments. For organisations to effectively reach out to its workforce across demographics, it is important that they understand and acknowledge these differences and use them to design their solutions. Awareness activities will need to be more focussed and catered to accommodate these demographic differences.

Larger organisations can drive higher awareness of resources

Our study found that larger organisations were better at informing their workers about workplace mental health resources, primarily due to larger access to resources and the means to make them available.

Figure 10: Workplace awareness of resources across organisation sizes, by number of employees



Awareness of resources increases with age and experience and so does usage

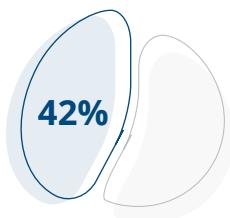
Age as a factor tends to dominate the awareness and uptake of resources, where older employees with more years of work experience were more open to utilising workplace resources. Younger and new employees are generally unaware about

workplace resources and as demonstrated previously in our study, are also hesitant to reach out to their superiors about their issues. This could be due to the fear of losing out on career opportunities and being new to navigating the office environment, further hindering them from being guided towards existing organisational resources.

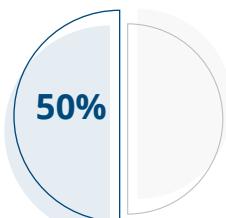
Figure 11: Awareness and usage of workplace resources across age groups

Awareness of workplace resources

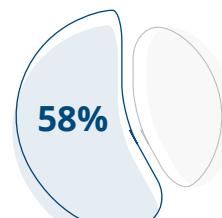
24 years or below



25 to 40 years

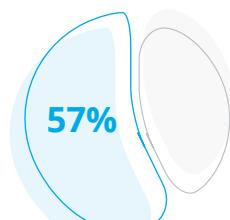


41 to 65 years

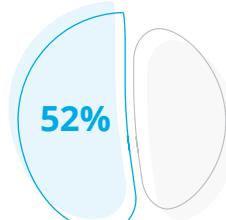


Usage among employees who are aware of resources

24 years or below



25 to 40 years



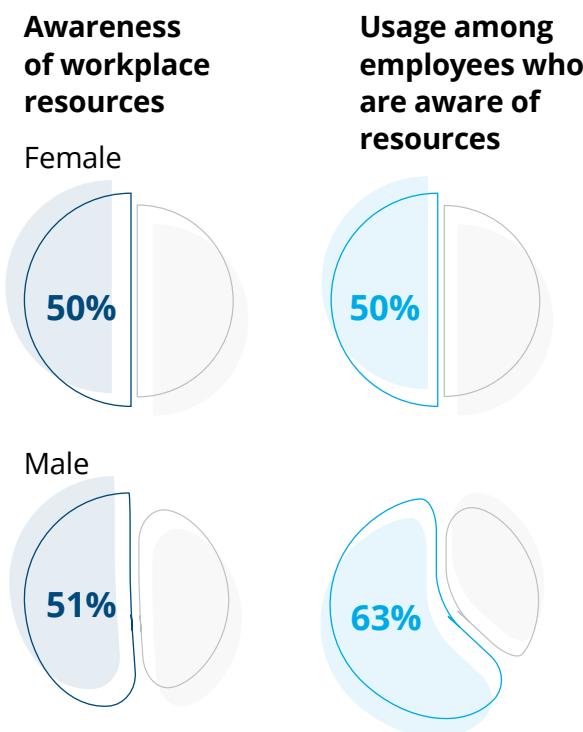
41 to 65 years



Gender plays a key role in driving awareness

Our study also found that while awareness was at par amongst men and women, men showed greater propensity to use workplace resources to manage their mental health symptoms compared with women. Workplace dynamics and underlying stigma prevent women and other minority groups from using workplace resources. This highlights the need for resources to be carefully designed around the needs of specific sub-groups.

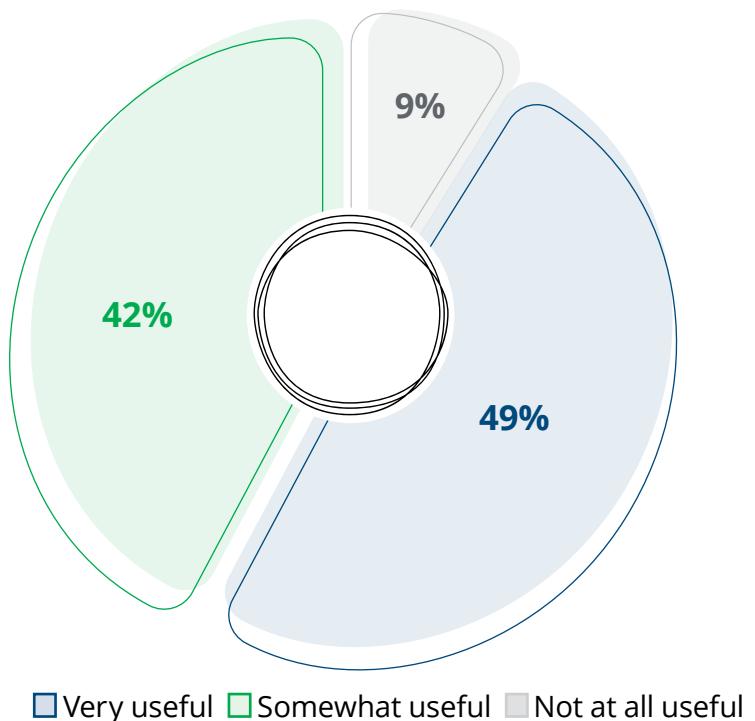
Figure 12: Awareness and usage of workplace resources across genders



Workplace resources show promise

While there is an established need for organisations to better promote and advertise their mental health interventions and generate greater use of resources, we also found that those employees who used workplace resources, found them to be useful in general. Our study uncovered that a staggering 91 percent respondents who were aware of and used workplace resources found them to be very useful.

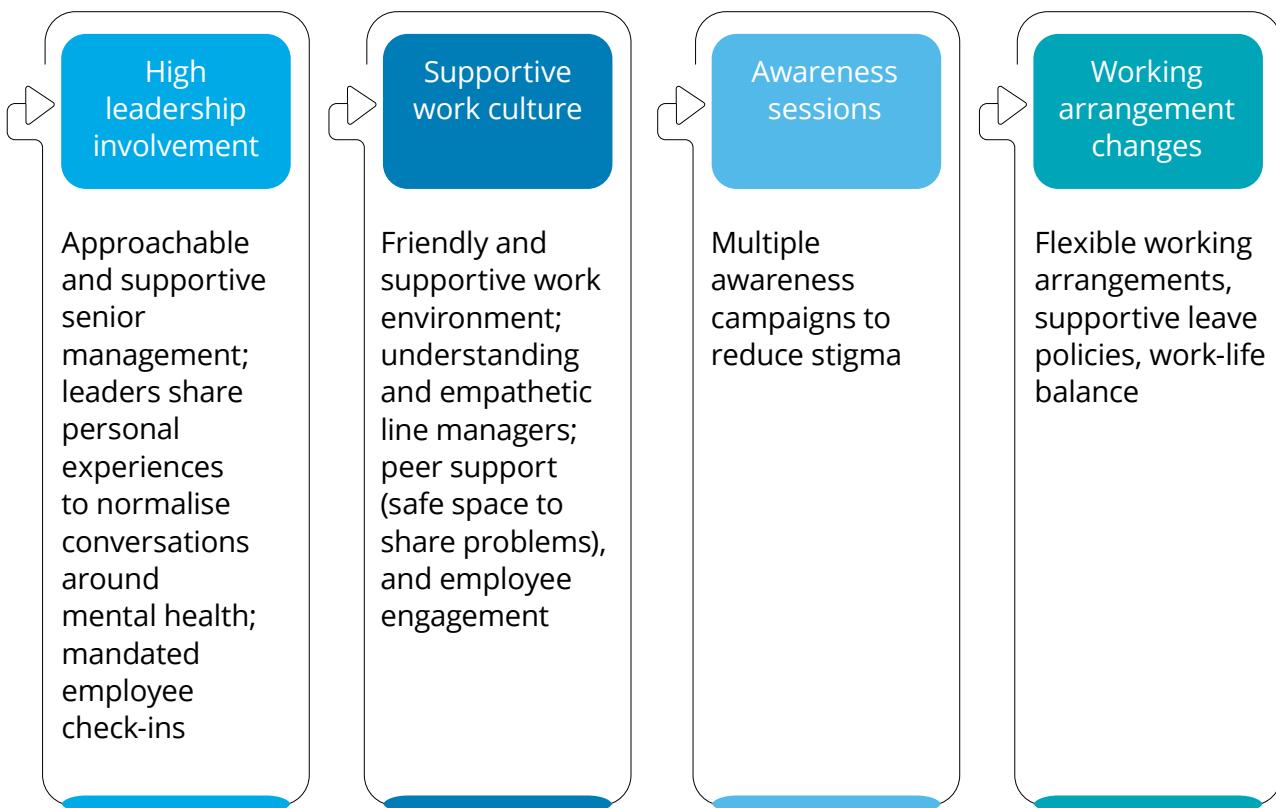
Figure 13: Perceived usefulness of workplace resources for employees who were aware of and used workplace resources



However, respondents were most encouraged to use resources when the workplace culture and environment were friendly and supportive. Thus, it is imperative for organisations to first create and foster a culture that is sensitive and values mental well-being to be able to destigmatise mental health and subsequently help its employees.

“
 Several of our leaders led by example. They said that they are getting overwhelmed and are taking time off. They asked their employees to not shy away from taking time off and to speak with their line manager
 – Manager with 10+ years of experience in Consulting or Business Advisory”

Key aspects which facilitate and increase effectiveness of workplace steps in addressing mental health issues:



Few themes hampered the effectiveness of workplace steps to address mental health

Often there is a lack of translation between the corporate “intent” to deal with mental health and the actual “impact” they might have. At the same time, organisations need to be cognisant of the barriers to care and ensure that they are addressed while implementing a mental health programme. Some key workplace barriers to care included the following:

01

Non-inclusive work culture and lack of leadership involvement –

Toxic work culture, e.g., office politics, exclusionary behaviour displayed by managers or team members, lack of support and action from the leadership, stigma, and insensitivity towards mental health, which made it difficult to raise issues.

02

Lack of transparency and accountability – No accountability of the poor working culture perpetuated by the middle management; no transparency on the actions taken; no open and clear channels for employees to raise an issue.

03

Limited measures or resources related to mental health – Reactive measures where conversations around mental health were only initiated when work was impacted; often there are no resources or support structures. E.g., no counselling services were provided.

04

Sub-par quality of third-party resources and poor implementation –

Resources (e.g., counselling) were provided just to check the box and often exist only on paper. E.g., the counsellor provided was not well trained, the helpline number always had a new person and lacked continuity in care.

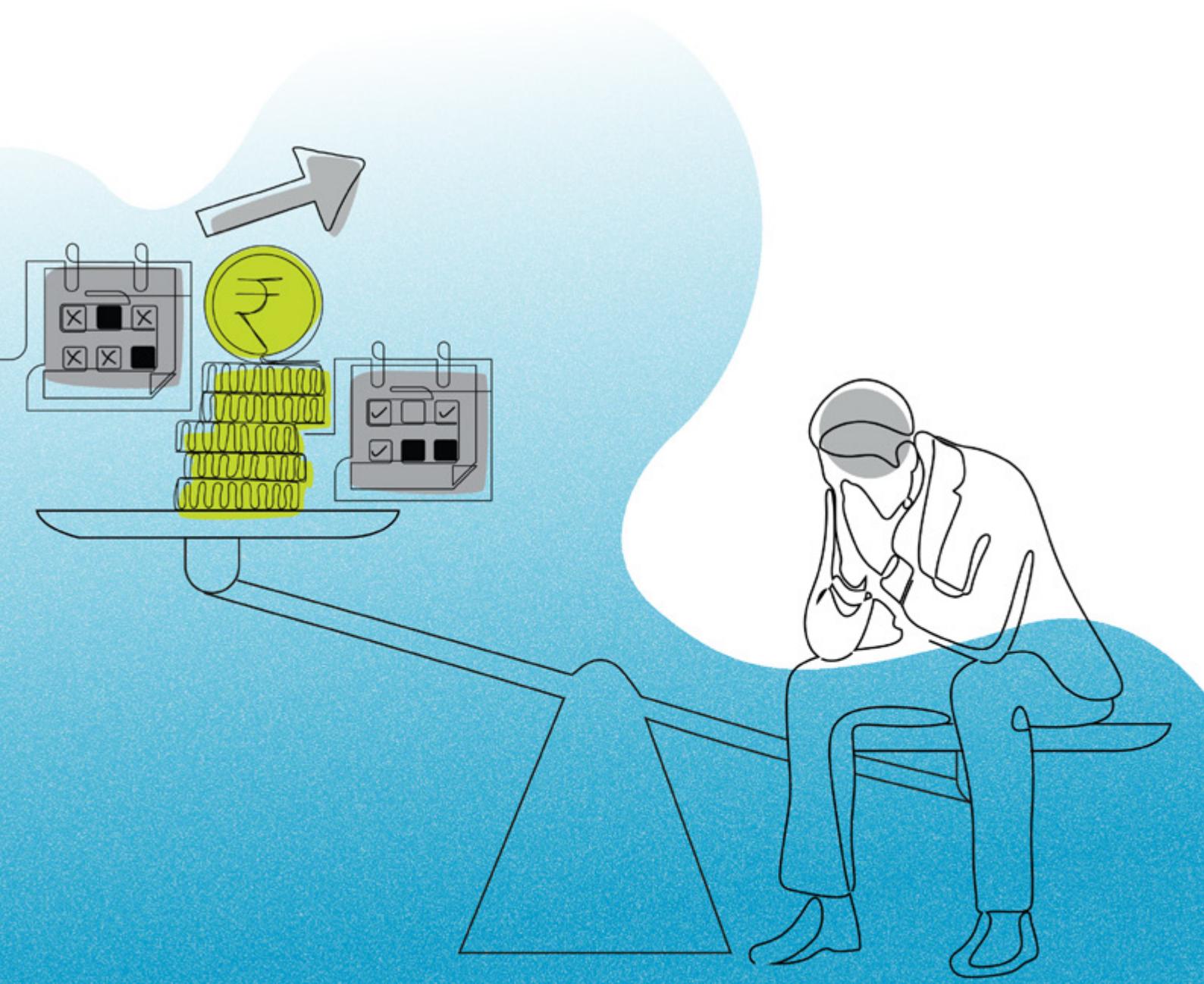
05

Insufficient involvement and knowledge amongst the supporting team e.g., HR –

Unaware and unresponsive HR on mental health issues and the ways to deal with them; lack of adequate attention; managers and HRs not being empowered enough to effect change.

Given the statistics around awareness and further, the uptake of workplace mental health resources, it is evident that employers have the greater responsibility of also being cognisant of the gaps between employee needs and the available resources.

Chapter 4: The social and economic costs of poor mental health



The impact of negative mental health symptoms manifests in multiple ways, affecting both the personal and professional facets of an individual's life, often with significant social and economic costs associated with them.

Mental health issues manifest negatively in the social lives of individuals

In our survey, respondents described instances of severely affected physical health, such as elevated hormone levels, high BP, and other physical health symptoms. For others, the symptoms commonly associated with poor mental health, such as anger, irritability, and lower patience levels, also often make it difficult to manage personal relationships. Most worryingly, the effects of these symptoms often go beyond those enduring them, and onto their personal spheres of relationships with friends, families, co-workers, and others.



My mental health symptoms were manifesting as increased irritability and anger, which were creating obstacles in my personal life as well. I was unable to maintain healthy relationships

– Divorced employee



Additionally, many experience increased confusion and helplessness, a sense of paranoia, trouble in concentrating, increased lethargy and day-dreaming, and lower levels of enthusiasm for new tasks and activities as an impact of negative mental health symptoms. Several of these symptoms directly impede one's ability to function in their daily routine, hampering the overall quality of life. Further, adverse mental health symptoms manifest differently across people and their experiences. Certain consequences

of adverse mental health symptoms tend to have a sustained and more damaging impact on the individual's life, requiring professional interventions of care. Often it can adversely impact an individual's self-confidence and self-esteem, challenging their ability to thrive in their environment.



The stress of managing increased workloads at home affected my health and my overall mental well-being, which in turn, affected my self-esteem. Mental stresses had started manifesting on my face and body

– Female with kids



Those experiencing adverse mental health symptoms must be able to find care and treatment as quickly as possible. Access to timely care will not only empower them to lead a more fulfilling life, but also promote a healthier society.

Mental health also adversely impacts the workplace performance and productivity of employees

The magnitude of the impact of mental health issues on employee performance and productivity can vary by sector. The variation in preference towards taking leave or continuing to work at lower productivity is also a symptom of how stressful the industries are and how much work flexibility employees are afforded.

Given the pervasive stigma and lack of conversations around mental health in the workplace, many organisations face difficulty in identifying and measuring presenteeism related to mental health.

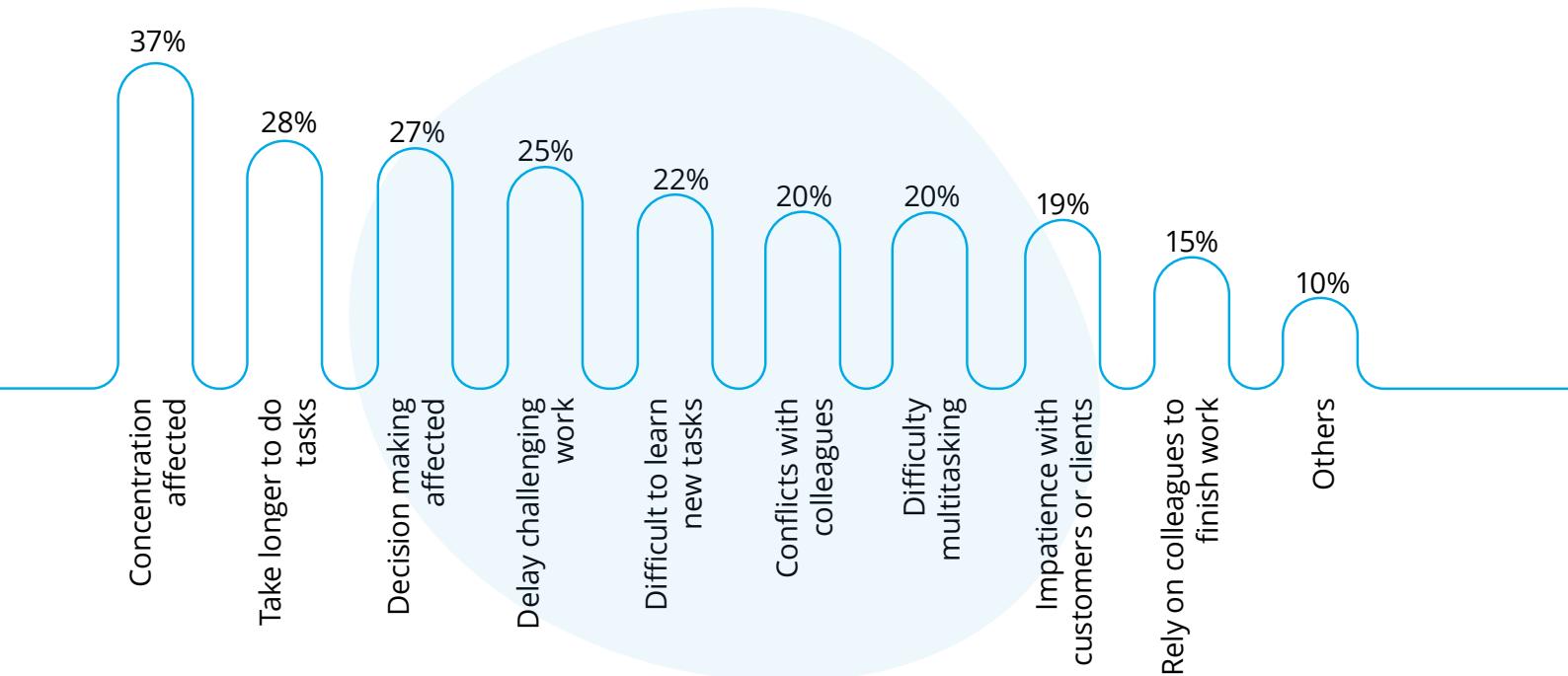
Figure 14: Key measures taken by employees to manage their mental health at workplace



The figures below summarise the ways in which presenteeism manifests itself at work when an employee chooses to be present, despite poor mental health. Presenteeism for our study means “attending work while under mental health stress and therefore not performing at peak

productivity”. To address employee well-being and the subsequent productivity loss in the workplace, employers must know and recognise the symptoms associated with adverse mental health in the workplace and in what ways productivity decline can manifest.

Figure 15: Percentage of respondents who indicated different types of productivity loss in the workplace (N=3,304, Respondents who experienced at least one mental health-related)



Amongst these, performance- and concentration-related challenges emerged as the most common, where several reported a slower pace and a fall in the overall output of their tasks.

For employers, sudden misses in meeting deadlines and the lack of enthusiasm and motivation towards work pinpoint towards underlying reasons, some of which can be associated with a worker's mental health. These could often be related to feelings of being overwhelmed with the amount of work, long hours, or the pressure of managing deadlines.



The long working hours took a toll on me. I started to delay things at work and stopped caring about my own performance

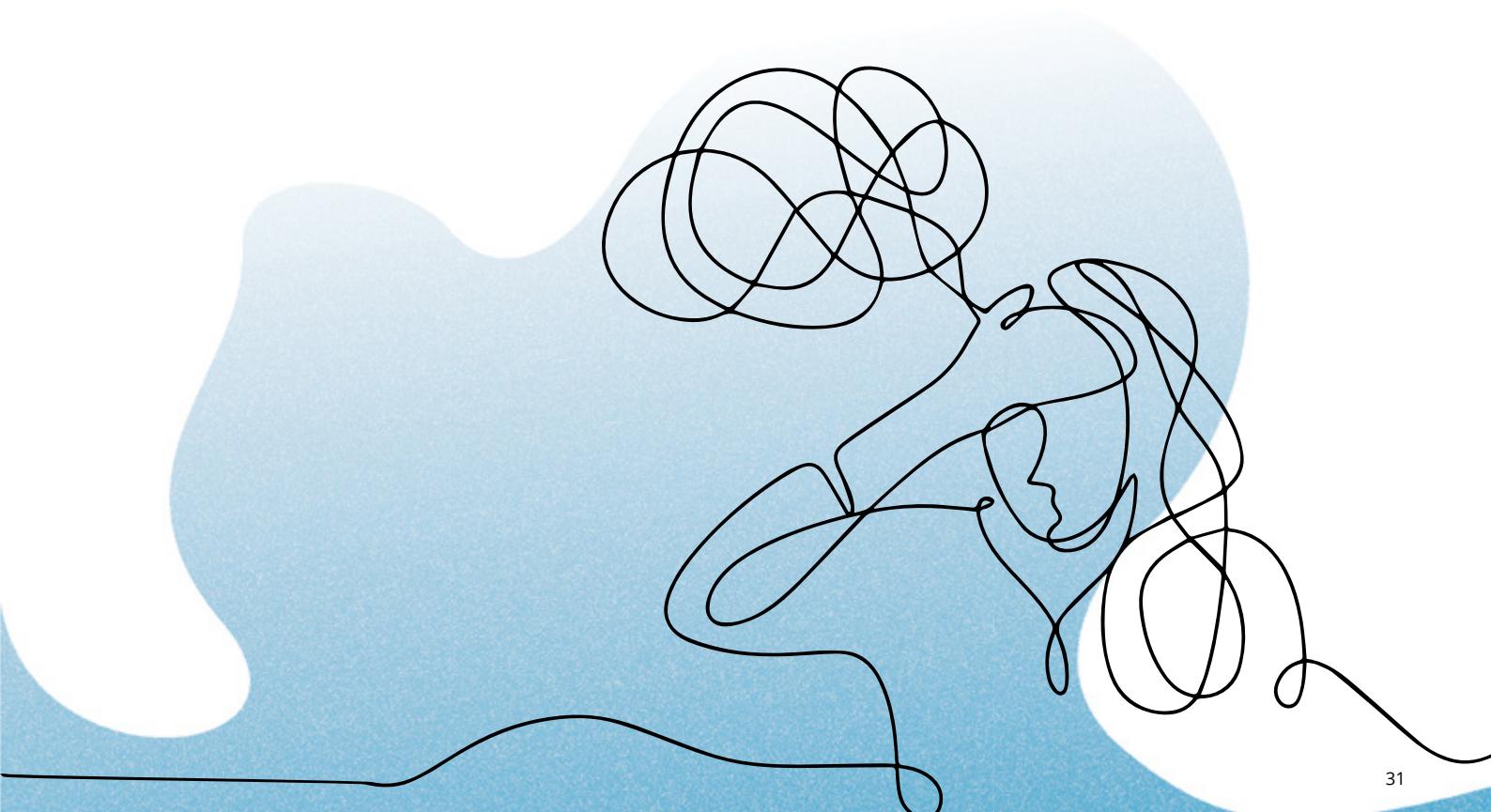
– Young employee in Banking and Financial Services industry



Presenteeism is rising fast due to changes in the work environment, such as the increase in perceived job insecurity or remote working brought on by the pandemic. This can encourage employees to be present rather than absent. Presenteeism costs can have a substantially greater impact on employers than those related to absenteeism.

Significant proportion of employees take leaves to manage mental health

Common in Indian workplaces, absenteeism is the failure to report for or remain at work as scheduled, regardless of the reason and is usually unplanned. Absenteeism for our study means "*planned and unplanned leave taken due to mental health reasons*". In our study, we noted that 29 percent respondents took leave of absence to deal with workplace-related stressors. As the prevalence of poor mental health-related symptoms increases, the total absence due to mental health conditions (stress, depression, anxiety, and other serious mental health conditions) is expected to rise.



Additionally, lost days due to absenteeism are likely to be underestimated, due to the employee unwillingness to disclose their conditions due to stigma and lack of understanding. The impact of unforeseen or unplanned leave on an organisation has multi-fold outcomes. While the economic impact is considerably high, unplanned leave and absenteeism can also negatively affect productivity levels and the overall morale at the workplace.

Increased risk of attrition from mental health related issues

Another cost that employers have to bear because of poor mental health in the workplace is employee turnover—the measure of the number of employees who leave an organisation during a specified time due to mental health reasons. Turnover comes at a cost to the employer, associated with turning over one position including training the new employee, severance packages, and managing the role when it is unfilled. We found that a staggering ~20 percent respondents had resigned or left work to manage their mental health.

Additionally, respondents indicated that by the time remedial action was taken by their organisations in improving working conditions, it was already too late. Employers across industries need to spend time in understanding the reasons why employees choose to leave and take proactive action to acknowledge the issues faced to retain employees.



It was only after I resigned that they finally acknowledged the issues I highlighted and tried to change the working dynamics. However, by then it was too late

– Young employee



Further, the luxury of taking leave or resigning from jobs is not the same across an organisation. Our study reveals that younger employees, especially when new in an organisation, have lower negotiating power, have lesser financial security, and are less likely to take leave or resign from their jobs. Additionally, higher paid jobs incur greater turnover costs due to the increased cost of finding the right candidate.

Our study also highlighted that members of the LGBTQ+ community are far more likely to take leave (49 percent vs. 30 percent) as well as resign (33 percent vs. 15 percent) compared with a heterosexual employee. In a world where organisations are increasingly focussing on building diversity and inclusion, they must take note of how adverse mental health conditions affect these communities. As employers look to address workplace mental health, creating a safe space tailored for individual needs and communities, is important.

Respondents also indicated the value of an employer that focusses on workplace mental health and well-being, with many indicating that this would be a key deciding factor in their next job.

While adverse mental health symptoms and their associated impact can be prevented, the approach to do so necessitates open communication and awareness of the subject, along with the steady availability of necessary resources. However, conversations around mental health are often rooted in bias and discrimination, propagating the stigma associated with the subject and hindering progressive action on an individual's part to seek help.

Significant economic costs associated with poor mental health

Beyond the significant social costs associated with adverse mental health symptoms, there is also a substantial economic impact to note. The recent COVID-19 pandemic has accentuated existing stressors and introduced new ones.

There are multiple challenges in reporting mental health symptoms, arising out of work-related stress, despite an organisation's stance on mental health and well-being. While this is partly to do with the stigma, there is also an associated risk of being dismissed or not being heard or understood. Similar to physical health, mental health varies by individuals and fluctuates over time. As highlighted above, this not only affects the individual's ability to thrive in their personal lives, but also at their workplace.

In this report, we have also explored the cost of employees' poor mental health to the employer. The cost of poor workplace mental health can be broken down into direct costs (such as increase in insurance claims, etc.) and indirect costs. In our study, we focussed primarily on the latter, namely presenteeism, absenteeism, and attrition. These costs build up over time and are incurred when poor mental health impacts how individuals deal with day-to-day

stressors and are unable to thrive in their work environment.

We estimate that poor mental health amongst employees costs Indian employers **~INR 110,000 crore (~US\$14 billion)** over the last year, which can be further broken down into 3 costs:

• ~INR 14,000 crore (~US\$1.9 billion)

Cost of absenteeism

• ~INR 51,000 crore (~US\$6.6 billion)

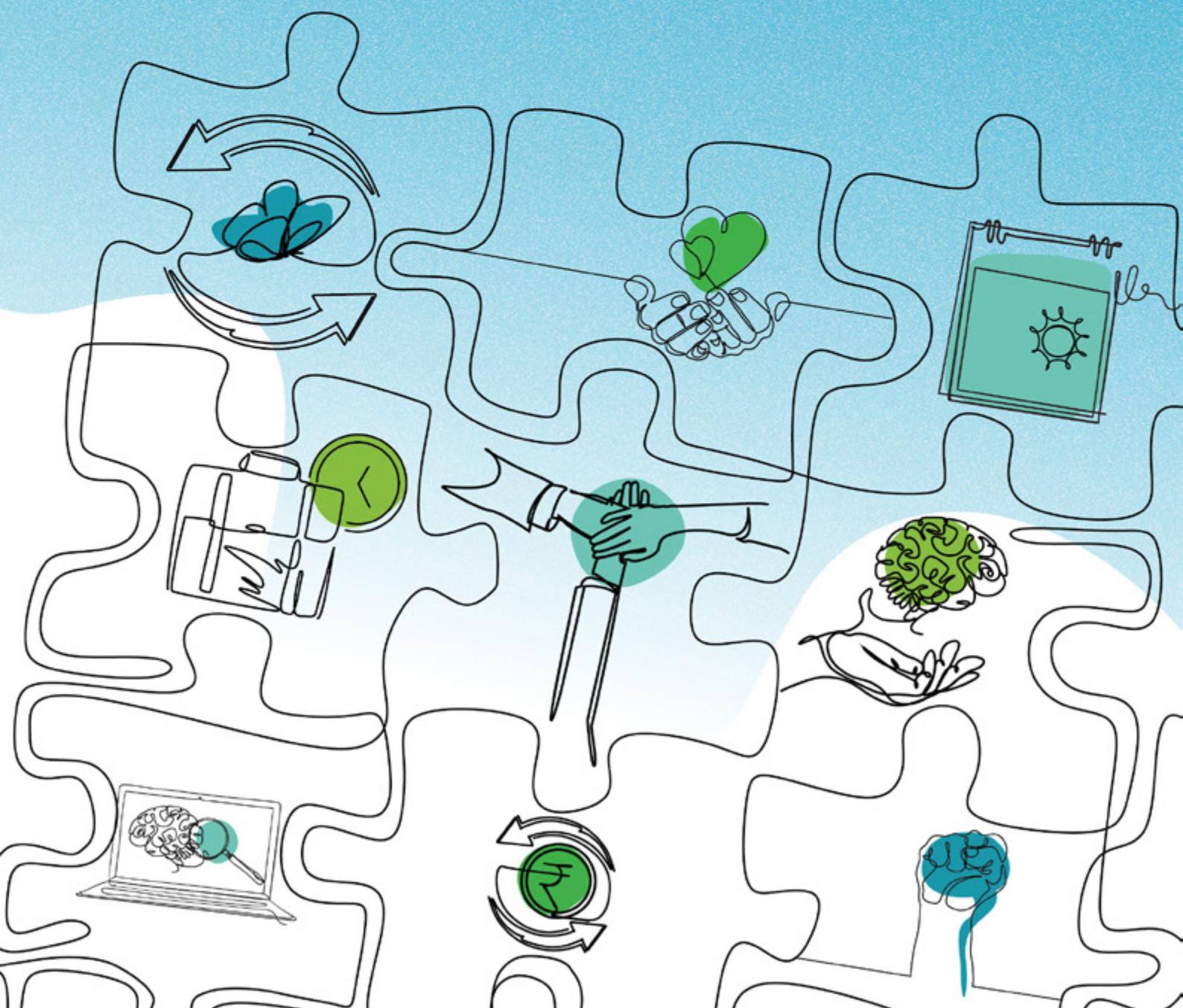
Cost of presenteeism

• ~INR 45,000 crore (~US\$5.9 billion)

Cost of employee turnover

This high cost to employers over the study period is largely due to COVID-19, which required people to manage multiple uncertainties in their personal and professional lives. Employees had to deal not only with illnesses in the family, whether their own or that of a family member, but also cope with new and emerging ways of working. Such profound and simultaneous changes in personal and professional lives of employees have accentuated pre-existing stressors and their impact on employee performance and productivity.

Chapter 5: Potential solutions for supporting mental well-being of employees



The previous sections illustrate that there is a social, economic, and ethical case to support employee mental health. However, evidence on workplace well-being suggests that often the established measures do not fulfil the intended purpose. During our study, employers highlighted some key challenges that impact the successful implementation of workplace mental well-being programmes.

- Mental health and well-being policies in the workplace are often reactive and driven by staff events or experience, and not proactive or preventative
- Given that the relevance of mental health in the workplace is still being unearthed, employers are generally unaware of the best practices in creating a holistic employee mental well-being program
- Organisations often look to substantiate that such investments can have a positive impact on their bottom-line performance; however, there is a lack of clarity on the methodology to successfully measure the ROI
- There is a lack of clear data around the impact of mental health on an organisation; additionally, measuring this data is a significant challenge for most organisations
- While organisations have introduced several initiatives and measures for employee well-being, their uptake continues to remain low
- An organisation's means to make these initiatives available and leadership buy-in play a significant role in the implementation and successes of such measures

While organisations are faced with a myriad of challenges, we see that stigma plays a key and underlying role within each. Given the implications of mental well-being on the larger aspects of organisational productivity, it is imperative that workplace policies are carefully designed, based on conversations with employees and with a dedicated policy for mental well-being in the workplace. In this chapter, we look

into what organisations can do to support employee mental health and well-being, considering their resources, investment capabilities, and current status.

Our findings, as highlighted through the report, indicate an evolution in how employees and employers are viewing workplace well-being. The focus is shifting from the reactive management of mental health-related incidents to more proactive, engaging, and preventative initiatives. This change offers employers the opportunity to look at the mental health of their workers from an altered perspective, with the acknowledgement that they need to do more to support their workers' mental health.

As mental health issues continue to gain in prominence, irrespective of their size and operations, organisations can no longer be agnostic to the idea of mental well-being. They must invest in solving for critical challenges, such as, investment capabilities to create a culture where workers feel secure when talking about their mental health at work, and in doing so, create a healthy workspace.

Employers should implement a comprehensive strategy that helps people stay healthy at work, tackles the root causes of work-related mental health problems, and supports those experiencing mental health symptoms. We propose that the strategy to support mental health and employee well-being be developed in stages, as organisations keep building on them and as they grow in maturity and archetypes. The initiatives can be looked at across a maturity spectrum, allowing organisations to take a step-by-step approach and move up the spectrum, instead of looking at fulfilling all at once.

Several of the measures captured in the report are smaller acts of support and relatively inexpensive, in relation to the potential loss of productivity due to poor workplace mental health. Encouraging regular catch ups with managers, flexible working hours, work-life balance, and peer

support can make a significant difference to all employees, irrespective of their mental health. But above all, creating a culture where workers feel empowered and free to talk about their mental health at work is the most important part.

That said, regardless of where the organisation stands on the maturity curve, proper and sustained execution of initiatives instead of a check-in-the-box approach is key. There is a need to be swift and agile, focus on bringing data and proposed measures together, and implement them swiftly.

The recommendation and potential actions captured in this chapter have been developed by blending expert interviews, employee inputs and needs, as well as learnings from other organisations on a mature mental health journey with our research.

Employers need to consider the following as they begin defining and implementing their mental health strategy:

- Successfully implementing a workplace mental health and well-being

improvement strategy requires organisations to continually understand employee points of views and overcome the challenges highlighted in the previous chapters of this report. Given that workplace is the top stressor for employees, employers need to take the responsibility to create a culture of awareness and support employee mental health. Additionally, employers also have an important role to play in supporting employees in better managing non-workplace related sources of stress

- It is imperative that senior leaders are vocal and open about their experiences. This show of vulnerability may allow others to open up. At the same time, employers also have the responsibility to ensure that there be no retribution on those who open up.
- Employers need to look at improving mental health as a continuum and can borrow from the key recommendations of the report to guide them.



The implementation life cycle for workplace well-being programmes by employers

As organisations look to embark on the journey towards being inclusive and healthy workplaces, it is crucial that they have formulated a clear pathway. Although

organisations may vary in their readiness to adopt a strategy towards workplace mental health and well-being, the process of the implementation lifecycle throws light on where the organisation currently stands and the path ahead.



Workplace mental health programme maturity continuum for employers

The maturity continuum proposed below provides a framework that organisations can refer to and apply based on where they stand in their journey of supporting employee mental health and well-being. Each stage of the continuum builds on the initiatives of the previous stage, leading to and concluding in a comprehensive workplace mental health programme that is deeply ingrained in the organisation's ethos and culture.

1. Early stage (foundational programmes)	2. Emerging stage (enhanced and integrated programmes)	3. Advanced stage (strategic and systemic programmes)
Description		
<ul style="list-style-type: none"> Workplace mental health initiatives are provided that provide interventions for employees in need Focus on traditional well-being topics 	<ul style="list-style-type: none"> Preliminary workplace mental health strategy and initiatives are developed 	<ul style="list-style-type: none"> Workplace mental health programmes are comprehensive and woven into the fabric of the organisation Mature strategy, initiatives are complementary and synergistic regarding communication and data insights Programs focus on prevention not just treatment
Motivation		
<ul style="list-style-type: none"> Reactive case management 	<ul style="list-style-type: none"> Employee attraction and retention 	<ul style="list-style-type: none"> High-performance, inclusive workforce
Buy-in		
<ul style="list-style-type: none"> Endorsed by leadership Initiatives are centralised in the HR function 	<ul style="list-style-type: none"> Leadership engaged and committed 	<ul style="list-style-type: none"> Meta-leadership throughout the org There is sufficient support to enable cultural change
Value and benefit		
<ul style="list-style-type: none"> Outcomes tied to participation in programmes Reduction in health risks and costs 	<ul style="list-style-type: none"> Employees who participate experience greater mental health, purpose, capacity for creativity 	<ul style="list-style-type: none"> Support for well-being is self-sustaining Organisation becomes "Employer of choice" Superior business performance
Investment		
<ul style="list-style-type: none"> Reactive investments for mental health programme 	<ul style="list-style-type: none"> Ongoing investments to execute and expand the mental health programme 	<ul style="list-style-type: none"> Investments that are ahead of the curve and look to implement the organisation's mental health strategy informed by organisational data and evolving workplace dynamics A separate and dedicated team for on-going mental health initiatives

Initiatives

1. Early stage (foundational programmes)	2. Emerging stage (enhanced and integrated programmes)	3. Advanced stage (strategic and systemic programmes)
a. Awareness and culture of well-being		
<ul style="list-style-type: none"> Mental health awareness and initiative promotion in line with global mandates and local context 	<ul style="list-style-type: none"> Campaigns to de-stigmatise mental health in the workplace using multiple channels Guidance and training for leadership and managers 	<ul style="list-style-type: none"> Leadership sets the tone regarding mental health and proactively raise awareness on mental health - become role models and share their experiences and stories
b. Adjustments in ways of working (preventive care)		
<p>Provide guidance to managers and leaders</p> <ul style="list-style-type: none"> Encourage managers to foster better team dynamics 	<p>Sensitisation of managers</p> <ul style="list-style-type: none"> Identify and reprimand behaviours that could contribute to workplace-related stress Sensitisation training for managers on workplace stressors and impact on mental health <p>Leave policy and working flexibility</p> <ul style="list-style-type: none"> Compassionate leave and sick days associated with stress <p>Reimagine ways of working</p> <ul style="list-style-type: none"> Frameworks for inclusive and collaborative ways of working 	<p>Sensitisation of managers</p> <ul style="list-style-type: none"> Eliminate causes of stress and discriminatory behaviours Tie managerial incentives to metrics and performance <p>Fundamental changes in ways of working</p> <ul style="list-style-type: none"> Evaluating and adjusting ways of working to eliminate workplace-related stressors (e.g., lower working hours, sufficient resources etc.)
c. Proactive care		
<p>Support systems</p> <ul style="list-style-type: none"> Buddies to connect with and share concerns <p>Gearing organisational structure to support mental health</p> <ul style="list-style-type: none"> Informed and involved HR 	<p>Support systems</p> <ul style="list-style-type: none"> Creating well-being/cultural champions and providing them with the appropriate training <p>Gearing organisational structure to support mental health</p> <ul style="list-style-type: none"> Focus on transparency and proper feedback loops 	<p>Support systems</p> <ul style="list-style-type: none"> Forums/sub-committees for the various sub-groups (e.g., LGBTQ etc.) to share and discuss issues <p>Gearing organisational structure to support mental health</p> <ul style="list-style-type: none"> Mental health is in the DNA of the organisation – looking beyond ROI and outcomes
d. Interventions (reactive care)		
<ul style="list-style-type: none"> Low-touch, low-cost resources Reimbursement for mental health support/ counselling 24x7 externally managed counselling service 	<ul style="list-style-type: none"> Expand care and customise it Offer digital mental health tools e.g., Mindfulness subscriptions 	<ul style="list-style-type: none"> Occupational health adjustments Ensure employee needs are addressed
e. Governance and KPIs		
<ul style="list-style-type: none"> NA 	<p>Clear business case</p> <ul style="list-style-type: none"> Utilisation of mental health benefits/programmes On-going impact measurement based on baseline 	<p>Cost-benefit analysis</p> <ul style="list-style-type: none"> Ongoing data collection and monitoring system governing implementation and expansion of systemic mental health interventions Over a few years, the programme evolves to become the culture

At a time when organisations are battling to retain and attract talent, defining the right culture with the right tools and policies becomes significantly more crucial. Employers have a unique opportunity where they can replace negative attitudes and discriminatory behaviours about mental health in the workplace with acceptance and inclusion. Doing so, will not only improve the well-being of their workforce but ensure long-term benefits for their productivity and overall organisational culture.

Promoting mental health literacy and awareness, creating an open and inclusive environment, and making mental health a top organisational priority can help organisations not only mitigate the associated human and economic costs of adverse mental health symptoms, but also enable it to address the pandemic-induced rise in mental health issues in a meaningful capacity.

Role of other stakeholders in the ecosystem

In addition to the role of employers, other ecosystem stakeholders also have an important role to play in ensuring success of the steps taken by employers.

Role of Employees

Successful and sustained change requires that employees understand their own state of mental health and well-being, while also being sensitive to the needs of their colleagues. Employees are also an important stakeholders in fostering a

culture of awareness on mental health. Employees must:

- **Engage in their own health** - Employees should take the responsibility to improve their own mental health literacy by accessing available information, learning about resources, and actively participating in strategies that promote mental and physical well-being, in accordance with individual needs and preferences
- **Speak up** - Get actively involved in the discourse on mental health and well-being in the workplace, as well as add inputs to the design, management, and performance measurement of their employer's well-being strategies and action plans
- **Support colleagues** with mental health and well-being concerns at both peer and management levels

Role of other key stakeholders (governments, NGOs, academia, start-ups, etc.)

The society, at large, and the state should support collaboration with corporate employers to improve workplace mental health through strategic partnerships, investments in evidence-based research, and the development of policies that incentivise organisations to invest in their workers' mental health.

Deloitte through its effort under the Health Equity Institute, will continue to build the discourse around mental health and help stakeholders connect with the right resources. As next steps, we will also be creating a series of toolkits and communications to help employers access relevant resources in order to create a safe and healthy workplace.



Methodology



1. Background to the survey

Our survey was designed to understand the current state of mental well-being of employees in corporate India, and the challenges in managing their mental well-being. The survey was conducted and analysed during the end of 2021 and the first half of 2022. The analysis is based on the responses from 3,995 employees.

The survey comprised 31 questions, completed through an online self-completion questionnaire, whose design and the questions were drafted with the guidance of multiple mental health experts. The survey is not meant to be diagnostic in any way, but rather focusses on understanding the current state of mental health symptoms in the Indian workforce.

Given the sensitivity of the subject, all individual responses were kept anonymous, and no response can be directly associated with an individual or their organisation in any way.

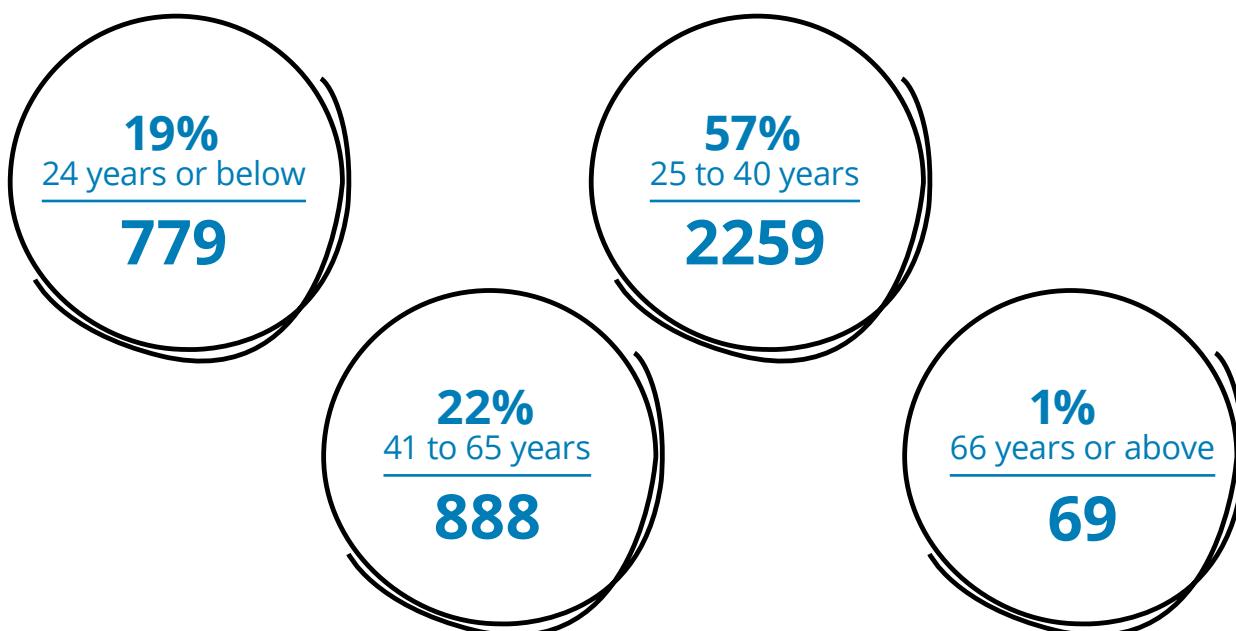
To capture a significant number of unbiased voices from the Indian workforce, we disseminated the survey extensively across multiple channels, including the Deloitte alumni network, social media, university alumni groups, participating organisations through the NHRDN network, and a market research agency.

We acknowledge the contributions of Dr. Nilam Shivajirao Behere, Dr. Smriti Joshi, and Dr. Amit Malik in bringing together this report with their insights and perspectives.

Sample profile

The survey responses were sanity checked and filtered for invalid responses. Throughout the study, we have attempted to ensure a statistically significant number of responses across demographic categories. Where such figures were not available, we have omitted them from the analysis.

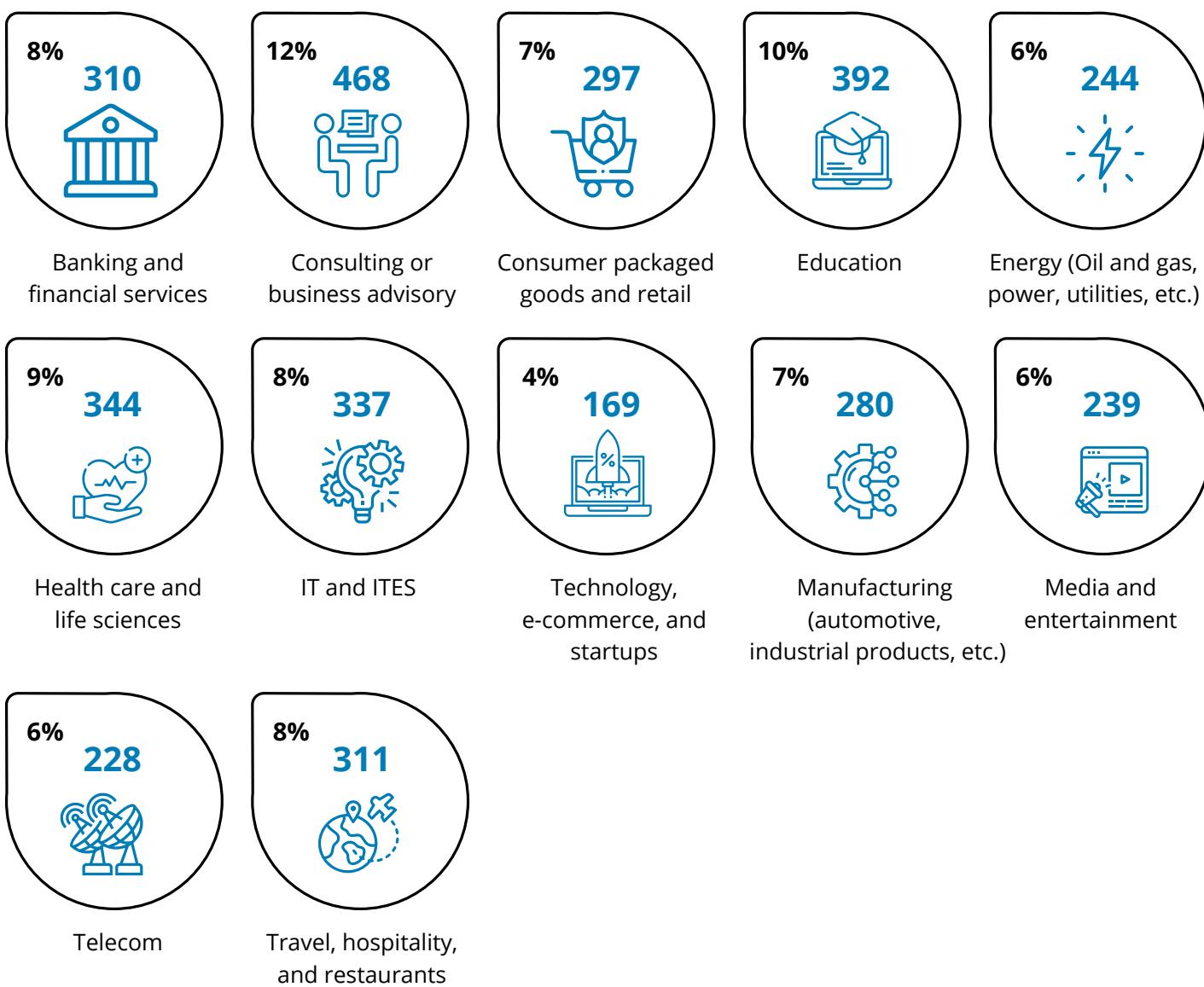
Age



Gender

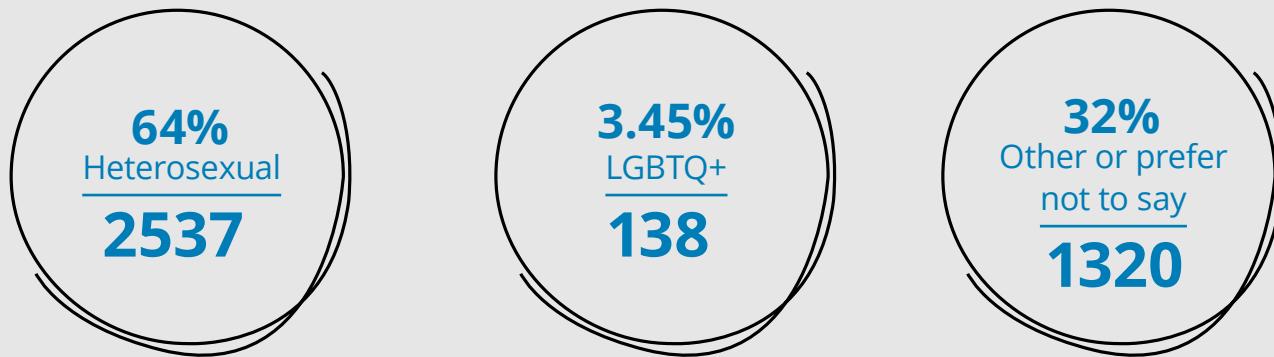


Industry



Note: 9% of the respondents were from other industries not part of the 12 mentioned above

Sexual orientation



2. Qualitative interviews

In addition to the survey, we conducted numerous immersive discussions with employees willing to share their experiences. The qualitative interviews were conducted under their explicit consent and anonymity. The interviews helped better our understanding for qualitative results and helped capture human experiences around mental health.

We also interviewed multiple key stakeholders in organisations to understand employer perspectives around employee mental health and well-being, their experience with the initiatives, and the challenges faced.

We also conducted in-depth interviews with several mental health experts, including senior psychiatrists, academics, NGOs, and founders of mental health start-ups. These conversations helped us understand the dynamics of mental health in India, and also guided the study design.

We have used these conversations to not only understand emerging insights but captured some of these experiences as quotes throughout the report. Keeping in mind the importance of anonymity, we have refrained from offering any identifiable information with the quotes. The discussions and experiences have also helped us frame the recommendations

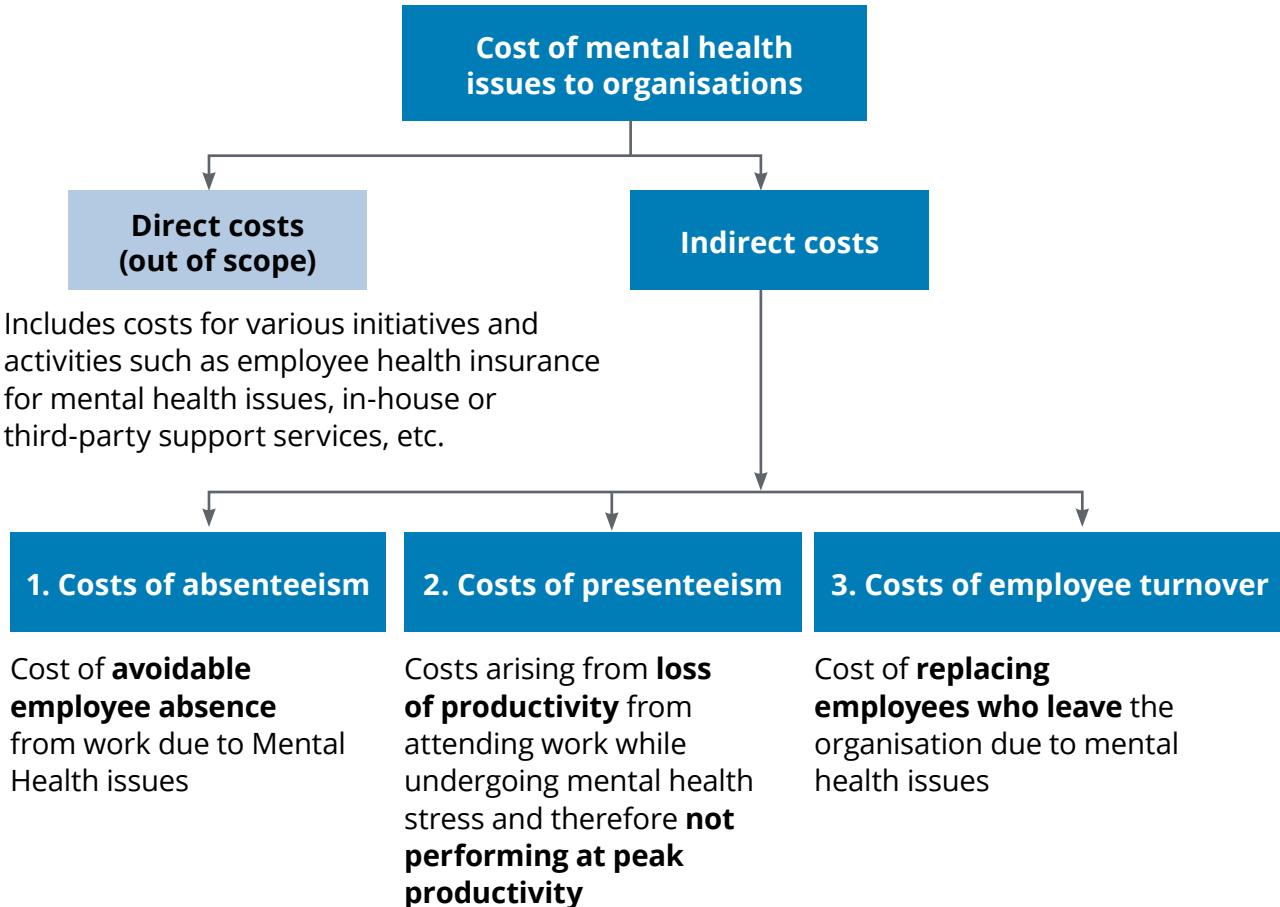
captured in the report and ensure that voices of all stakeholders (employees, employers, and mental health experts) have been adequately captured.

3. Cost to employer methodology

To calculate the cost of employee's poor mental health, we considered a range of costs from absence, attrition, loss of productivity, team costs, and other organisational costs. Based on the overall cost impact, data availability, and robustness, our study focusses on three main cost levers, namely absenteeism, presenteeism, and turnover. We have further calculated costs by industries within this.

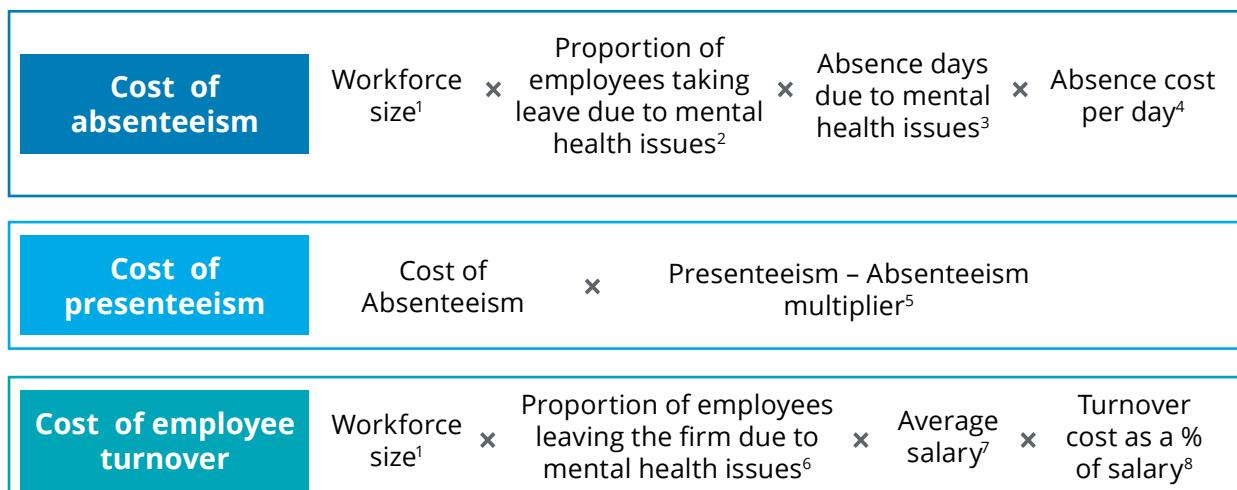
Through our modelling methodology, we aim to reach a detailed estimate of mental health costs, while keeping in mind the data availability and robustness. Given the difficulty in capturing accurate data on mental health, inherent subjectivity around self-reporting productivity, and the stigma associated with mental health, we have captured costs in high and low ranges. The methodologies we have used to capture the three cost levers have been widely used in research papers globally. The assumptions made to arrive at the costs' ranges have been further detailed in the assumptions section.

Figure 16 : Breakdown of key costs and their definitions

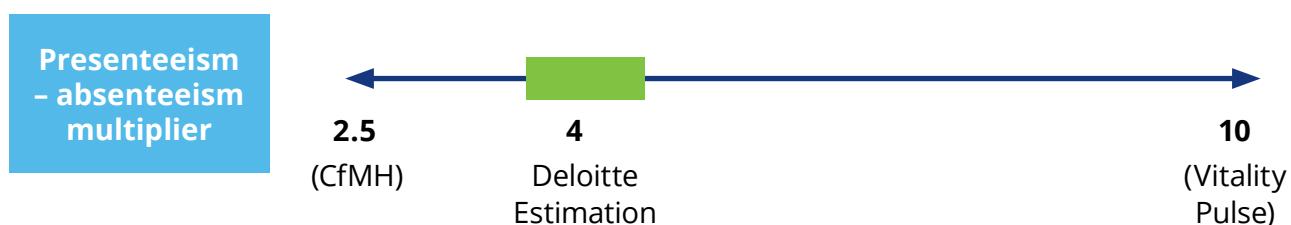


The study focuses on calculating the indirect costs to employers due to mental health issues among employees. The costs have been calculated for each sector, based on data from desk research, which has been validated for robustness, as well as the Deloitte Survey.

Figure 17: Cost modelling methodology and assumptions



1. **Workforce size** – Size of the corporate workforce across industries, as analysed from the Periodic Labor Force Survey (PLFS) 2020-2021 data provided by Ministry of Statistics and Programme Implementation, Government of India
2. **Proportion of employees taking leave due to mental health issues** – Analysis of findings from the Deloitte 'Mental Health at Workplace- 2022' survey
3. **Absence days due to mental health issues** – Average number of days of leaves taken by employees due to mental health issues, per the Deloitte 'Mental Health at Workplace- 2022' survey
4. **Absence cost per day** – Average salary per day across industries, based on analysis of PLFS 2020-2021 data
5. **Presenteeism – Absenteeism multiplier** – Presenteeism is estimated to cost employers anywhere between 2.5x-4x the 'Cost of Absenteeism' at the lower end, and 9x -10x at the higher end. For the purpose of our estimation, based on expert inputs, we have assumed a multiplier of ~3-4



6. **Proportion of employees leaving the firm due to mental health issues** – Analysis from the Deloitte 'Mental Health at Workplace- 2022' survey
7. **Average salary** – Average annual salary across industries, as reported in PLFS 2020-2021 data
8. **Turnover cost as a % of salary** – Employee exit usually results in additional costs to the firm, in terms of hiring, training, and onboarding of new employees. This metric captures cost of employee turnover to the organisation, as a proportion of the annual salary, by taking into account seniority of roles being replaced, replacement delay, and productivity ramp-up

The above calculations were done for each of the following key industries:

Banking and financial services		Education		IT and ITES		Media and entertainment	
Consulting or business advisory		Energy (oil & gas, power, utilities)		Technology, e-commerce, and startups		Telecom	
Consumer goods and retail		Health care and life sciences		Manufacturing (automotive, etc.)		Travel, hospitality, and restaurants	

Connect with us

Charu Sehgal

Partner and Leader
Life Sciences and Health Care
csehgal@deloitte.com

Harsh Kapoor

Partner, Consulting
harshkapoor@deloitte.com

Siddharth Shah

Director, Consulting
sidshah@deloitte.com

Contributors

Anant Pandey

Apeksha Sanganeria

Harmanjot Singh

Nilesh Agarwalla

Pavan Kumar Reddy

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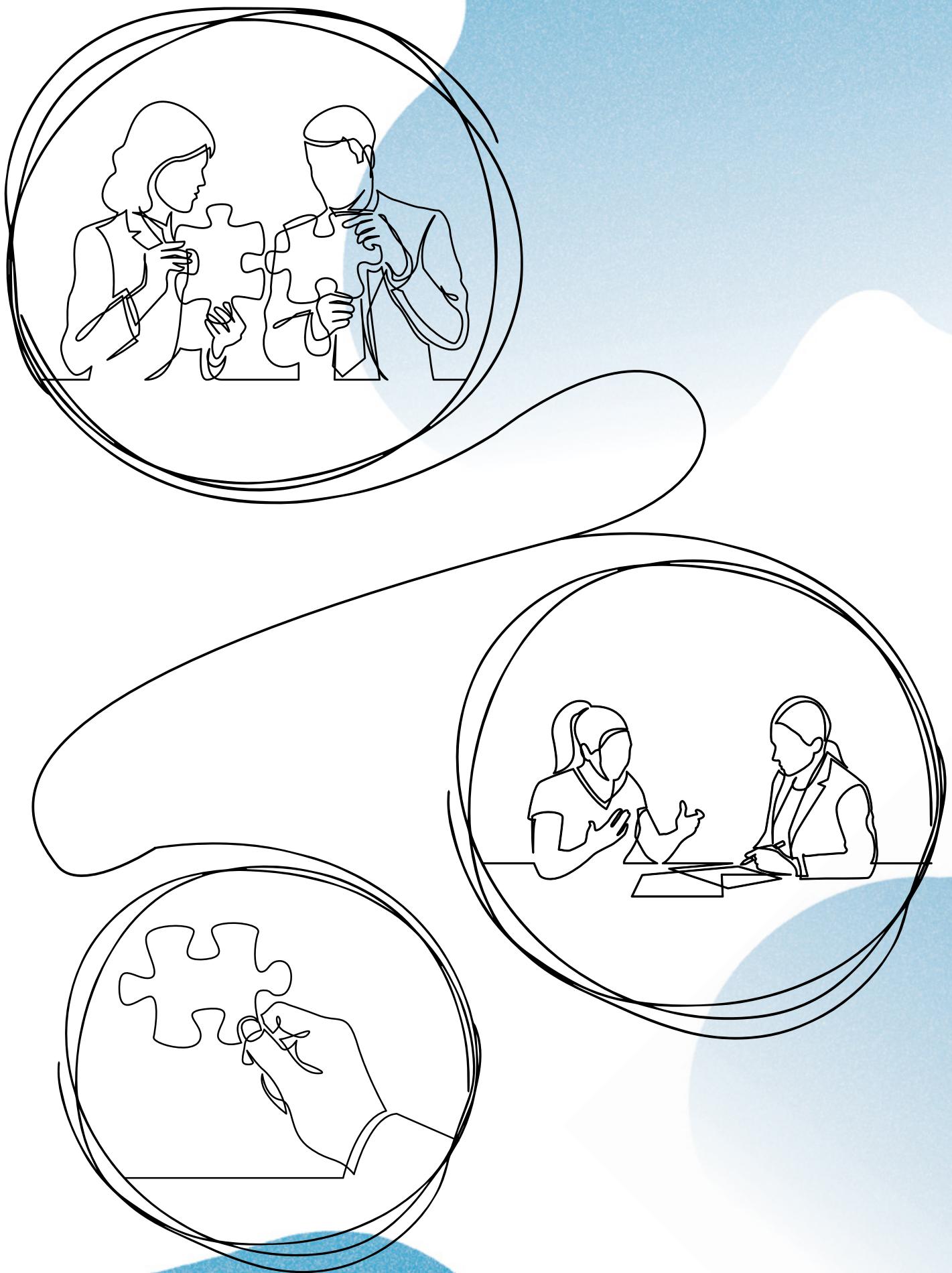
Akash Negi

Ankita Vaiude

Pallavi Das

Sweta Chatterjee





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