

Are We Still Filing Stress Under Mental Health?

Priya, 31, lives in Mumbai and has had a long few months: rent up again, a team that lost two people and never got replacements, her mother asking about new matrimonial profiles every Sunday.

Every week it builds: the tap runs dry for days, the 8.12 local is packed and the 9.30 review has moved twice.

She now wakes at 3 a.m. with her heart already racing, rehearsing the review. Her shoulders sit near her ears by the time she reaches her desk, her jaw is clenched, and she reads the same email three times. She has cancelled Saturday with her college friends twice: "too tired".

Her manager notices she is quieter on calls. In the annual survey she ticks "satisfied". The counselling app on her phone is still unopened.

She is still functioning. But she is already functioning with less capacity than she had before.

Priya is an illustrative composite.

We Have More Mental-Health Support Than Ever...

Tata Consumer has partnered with YourDOST since 2020 to provide counselling to all employees, extended to four dependents, with weekly wellness webinars, and its Coffee Connects discussion groups have normalised conversations around emotional wellness.

Godrej Properties, after a six-month pilot, is expanding Godrej SAHYOG to 79 sites and around 30,000 workers, with on-site group sessions, individual counselling and a 24x7 helpline run with 1to1 Help.

TCS Cares has held 1.6 lakh counselling sessions, and its Care Peer guide programme has 500+ employees trained as emotional first-aiders, with 1,500+ in training.

Each is a genuine investment in care.

...Then Why Is Stress Still So High?

The Great Wellbeing Shift, a 2026 People Matters and Truworth study of 300+ companies, found that more than 83% operate structured, enterprise-wide wellbeing programmes. Yet 72% of Indian employees report having experienced burnout in their current roles, a figure cited in CII-MediBuddy's 2026 report from Indeed India's 2025 survey. Among employees under 25, 90% reported symptoms of anxiety, and among millennials, 35% said they felt stressed all or most of the time.

Most organisations still count activity more easily than impact: 35% monitor basic sign-up numbers, and only 12% calculate direct financial ROI.

Are We Helping People When They Struggle — or Building Their Capacity to Meet What Work Keeps Asking of Them?

Most workplace mental-health systems are designed to respond when a problem becomes visible: when an employee asks for help, a manager notices a change, an EAP is accessed, a leave is taken or a clinical concern emerges. These are important forms of support, but they are largely reactive.

But if support begins when people are already struggling, what happens before they reach that point?

Do organisations have a proactive layer that can recognise when stress is beginning to affect a person – and help them respond before reduced capacity becomes visible?

To answer that, we first have to understand what happens before someone asks for help.

WHO describes stress as a natural human response. It notes that persistent stress can affect daily functioning and cause physical and mental health problems.

Stress does not begin as a diagnosis. It begins as a response.

Filing it only under mental health starts the organisational response at the second step, after a person has recognised that something is wrong and decided to ask.

Priya shows up at work like a professional: prepared, courteous, on time. But she has not left the rest of her life at the office door. The packed train, the dry tap, the call from home and the review that moved twice have all arrived with her. So has the body state they created.

What if, to change the mind, you need to first change the body?

Research on interoception shows that the brain continuously receives and integrates signals about the body's current physiological condition, including signals related to cardiovascular, respiratory and visceral activity.

The brain does not simply react to the world. Predictive processing describes the brain as continuously generating predictions and building moment-to-moment experiences based on what's happening in the world around us and the body's current state.

The same "Can we talk?" message from Priya's manager can read as neutral or critical depending on the state Priya is in when it lands. Her intentions are good. She means to stay calm, listen and think clearly.

But the body's current state can bias what the brain expects, how an event is interpreted and what happens next.

When Reduced Capacity Looks Like a Performance Problem

Stress does not always look like distress.

At work, it can look like a person who has become harder to work with, slower to decide, more prone to mistakes, less patient in meetings, less willing to take on one more thing or simply less like themselves.

They may not think, "I need mental-health support." They may think, "I'm just having a difficult week."

Meanwhile, something may already be changing: broken sleep, constant physical tension, the same email read three times, a sharp word to a colleague, a difficult conversation avoided.

It can be the difference between "I know what I should be doing" and "I am struggling to do it."

These are easy to read as problems of attitude, motivation or performance. They can also be signs of reduced human capacity: when it becomes harder to think clearly, manage reactions, recover, adapt and respond well to changing demands.

Employee: the demand is showing up in the body – racing heart, broken sleep, constant tension, etc.

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Manager sees the behaviour: shorter replies, a missed detail, a quiet stand-up.

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HR sees the pattern across people: loss of productivity, more health-related leave, uneven engagement.

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Leadership sees the consequence: teams that function with less energy and flexibility, absenteeism and attrition.

That is where the business consequences begin to accumulate. Productivity, decision quality, collaboration and recovery can suffer long before anyone sees the problem as a mental-health issue. Attrition can follow when reduced capacity, poor recovery and the strain of work persist.

And this is where the cost becomes easy to miss.

CII-MediBuddy puts the annual cost of poor employee mental health at Rs 1.1 lakh crore, including Rs 51,000 crore from presenteeism and Rs 14,000 crore from absenteeism.

Globally, WHO estimates 12 billion working days are lost every year to depression and anxiety, at a cost of US\$1 trillion.

So How Do We Build Human Capacity?

Building capacity cannot sit with the employee alone. It requires three layers working together.

Leadership – create the conditions

Leadership sets the expectation that human capacity is part of how the organisation operates, not simply an individual responsibility. That means looking at workload, recovery, psychological safety and how work is organised as part of the capacity equation.

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Managers – recognise what is changing

Managers are where organisational intent meets a human being under pressure. They need to understand stress well enough to recognise when changes in behaviour, communication, judgement or performance may signal reduced capacity, rather than simply a problem with attitude or motivation.

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Employees – develop stress-regulation capability

Employees need the ability to recognise their own stress patterns, understand what is happening, know what to do and use that skill when stress is already high and thinking is harder. Just as importantly, they need opportunities to build regulatory capacity before stress becomes overwhelming.

Recognise→Regulate→Recover→Re-engage→Build greater capacity

But capability is only useful if people actually use it. Knowing what to do does not reliably become behaviour when someone has little capacity, support or opportunity to apply it. A proactive approach therefore has to make stress recognition and regulation usable in the conditions in which people actually work and live.

The organisations that get this right will not stop providing mental-health support. They will also build the conditions and skills that help people recognise stress, regulate it, recover from it and keep functioning before the cost becomes visible – in performance, absence, attrition and lost capacity.

Key Takeaways

- Mental-health support is essential, but much of it is reactive.
- Stress affects functioning before it becomes a mental-health diagnosis.
- People can be functioning at work while operating with reduced capacity.
- Building capacity requires more than individual resilience – leadership, managers and employees all have a role.
- The next evolution of wellbeing may be building usable human capacity, not only providing support when people struggle.

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