The silent cost

Mental health and psychological safety in corporate India

Avtar | EY India | 2025-26



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FOREWORD

The deepest costs in an organization are not the ones that show up on a dashboard. You will not find them in attrition data or engagement scores. They live somewhere quieter: in the conversation a person decides not to start, in the tiredness tucked behind a composed face, in the distress that continues unnamed because naming it feels unsafe.

This is the silent cost of workplace mental health, and at its core sits a single idea: psychological safety.

Corporate environments have long misread the signs. An employee stays composed amid competing demands and its assumed they are coping. They keep delivering and its assumed they are well. Composure can mask exhaustion, and steady output can hide a person running on empty. The gap between what we observe and what people experience is what this report set out to understand. In essence, the gap is psychological safety: the quiet confidence that one can speak honestly without it being held against them.

The silent cost: Mental health and psychological safety in corporate India, led by EY India in collaboration with Avtar, asks a question most workplaces have not paused to confront: what stays unspoken at work, and what does that silence cost? The answer reframes the problem.



Mental health at work is no longer mainly about whether support exists; it is about whether people feel safe enough to use it. An employee can know the counseling line is there and still hesitate to call it, speak freely about a deadline yet go quiet the moment the subject turns personal. Psychological safety, it turns out, is not one thing evenly spread across a workplace. A strong policy does not settle the private question every employee weighs before speaking: will this be held against me?

Drawing on the experiences of varied professionals across roles, levels, genders, ages and industries, the study pairs survey data with story circles, interviews and focus groups to move past intent and into lived reality. What surfaces is both rigorous and deeply human.

The report is clear about where psychological safety is actually built. Not in the policy document, but in the ordinary moment and day to day experiences. Policies and platforms matter, yet none of them is the foundation. Trust is. Where it exists, safety becomes real and support becomes usable; where it is thin, even the best-designed system stays theoretical.

Sustainable performance depends on cultures where psychological safety is not an exception and no one is forced to choose between being capable and being human, where strain is noticed early, and speaking up does not have to be an act of courage but the norm. This report is a mirror and a call at once. It asks us to look past the visible, to listen for what is not being said, and above all to move from awareness to accountability.

Arti Dua

Partner and National Talent Leader
EY India

FOREWORD

Imagine a workplace where employees speak up, leaders lead with humility and openness, and teams challenge product design or direction without hesitation.

The result is better decisions, stronger teams, more meaningful innovation and better outcomes for customers. It fundamentally changes how organizations deliver results. At the heart of all this is one thing: psychological safety. It is no surprise that Project Aristotle, Google's multi-year study of over 180 teams, identified psychological safety as a significantly important driver of team effectiveness.[1]

Now, let us extend this idea of psychological safety into mental health —a focus area of this study. Can employees say 'I am not okay' without worrying about how it might affect their ratings? Do employees feel safe setting boundaries? Are mental health resources seen as risky to use? And is there space within teams to talk about stress?

When this is in place, people do not have to split themselves into a 'work self' and a 'real self'. This means they show up with more honesty, clarity and energy. And we believe this sits at the heart of how well a team can perform. As India moves towards its 2047 Viksit Bharat ambition, organizations will be central to driving that progress. To operate at their full potential, they must foster psychological safety—especially around mental health—within every team, every day.

This study conducted by EY India in collaboration with Avtar, brings together data and employee experiences to understand both the breadth and depth of psychological safety around mental health in the Indian workplace.

The findings reveal to us that direct manager approachability alone is inadequate, if there is an absence of a general sense of comfort and safety in discussing mental health concerns organization wide. Including amongst peers and within teams. This sense of safety seems inconsistent and not uniform across organizations, revealing to us important gaps for policy intervention.

Taken together, these findings offer a clear picture of what is really shaping psychological safety at work.

Let us now explore the findings of this study in more detail, along with recommendations for organizations.

Here is to reimagining work, keeping mental health at the center.



Dr. Saundarya Rajesh

Managing Director, Avtar Career Creators Limited

[1] The New York Times Magazine *'What Google Learned from it's Quest to Build the Perfect Team'*, 2016. https://www.iths.org/wp-content/uploads/Project-Aristotle-Google-Article.pdf

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Executive summary

600+
Working professionals covered from 15+ organizations

75%
Speak about general psychological safety (agree+)

55%
Discuss mental health safety (agree+)

Overview

Workplace mental health has gained increasing visibility within Indian corporate discourse. Organizations have introduced policies, programs and awareness initiatives aimed at supporting employee well-being. However, this growing visibility does not fully reflect how mental health is experienced in everyday work.

This study examines not only the presence of psychological strain but the conditions under which it is expressed, managed or withheld. Drawing on data from 633 professionals across 15+ organizations, the research combines survey findings (N=546) with qualitative insights (N=87) to provide a grounded understanding of workplace experience.

The silent cost of workplace mental health

A central finding of this study is the presence of a silent cost—the accumulated, often invisible labor of managing distress within environments where it cannot be safely or consistently expressed. This includes:

- Maintaining composure under strain
- Regulating emotional responses
- Deciding what to disclose or withhold
- Navigating uneven access to support
- Carrying shared struggles in isolation

This cost is rarely visible in organizational metrics, but it shapes how employees function, relate and sustain performance over time.

What the study finds

1. **Distress is managed, not always expressed**

   Survey findings indicate that many employees experience workplace strain that affects performance. Qualitative insights show that this distress is often actively managed rather than expressed, suggesting that visible indicators capture only part of the experience.

2. **Employees can speak, but not about everything**

   While 75% of respondents report general psychological safety, this drops to 55.1% for mental health-related safety. Employees feel able to speak up in general, but not about more personal or sensitive concerns.

3. **Manager approachability does not translate to mental health safety**

   A majority of respondents report that their manager is approachable (77.5%) and that they feel able to speak up in general (74.9%). However, this does not extend to mental health: only 55.1% report feeling safe discussing mental health at work. The 22.4 percentage-point gap indicates that the conditions supporting everyday interaction do not translate into safety around more personal or sensitive concerns. This is a defining gap in the dataset. Qualitative findings suggest that accessibility does not consistently translate into safety.

4. **Stigma continues to shape workplace experience**
   - 33%of respondents report that mental health is often subject to mockery
   - 23%of respondents report the existence of stigmatizing language in their workplace

   These patterns indicate that stigma remains embedded in everyday interactions, making disclosure risk-laden.
5. **Policies exist, but support is not always usable**

   While 66.3%of respondents report awareness of mental health resources, only 59.6%of respondents know whom to approach for support. Employees rely more on trusted individuals than on formal systems, pointing to a gap between provision and experience.
6. **Psychological safety is uneven across contexts**

   Psychological safety is not experienced uniformly. Men report lower mental health-related safety than women, alongside higher workload strain (53.1%vs. 56.5%), and mid-career employees (26–45 years) report lower safety compared to other groups. Qualitative insights show that these differences are shaped by immediate context, particularly the manager, team and hierarchy.
7. **Shared struggles remain individually experienced**

   Workplace strain is widely present yet rarely shared openly. Survey findings point to broad experiences of stress, while qualitative insights show that these experiences are largely managed privately. This creates a paradox of collective pressure and individual isolation.
8. **Informal networks carry the burden of support**

   In practice, employees rely on colleagues, mentors and trusted individuals rather than formal systems. These networks provide meaningful support, but are uneven, relationship-dependent and not structurally guaranteed.

What this means for organizations

The findings point to a gap between what is provided and what is experienced. Workplace mental health is shaped less by the availability of resources and more by the conditions under which they can be used, particularly trust, managerial response and everyday interactions.

The absence of visible distress should not be interpreted as an absence of strain. Employees often keep their experiences to themselves because they do not feel it is safe or beneficial to voice them.

Key priorities for action

To reduce silent costs, organizations should focus on:

- Strengthening managerial capability
- Enabling shared spaces for expression
- Ensuring a visible response to concerns
- Addressing hierarchical pressure
- Building trust through consistent responses
- Supporting informal networks
- Recognizing uneven access to safety
- Shifting toward earlier identification of strains

Refer to section 7 for detailed recommendations

Closing note

Disclosure is not an individual act. It is a trust-contingent one. Employees are already navigating workplace mental health, often quietly and alone. Reducing the silent cost does not require starting from scratch. It requires strengthening the conditions under which support is visible, dependable and safe to use.

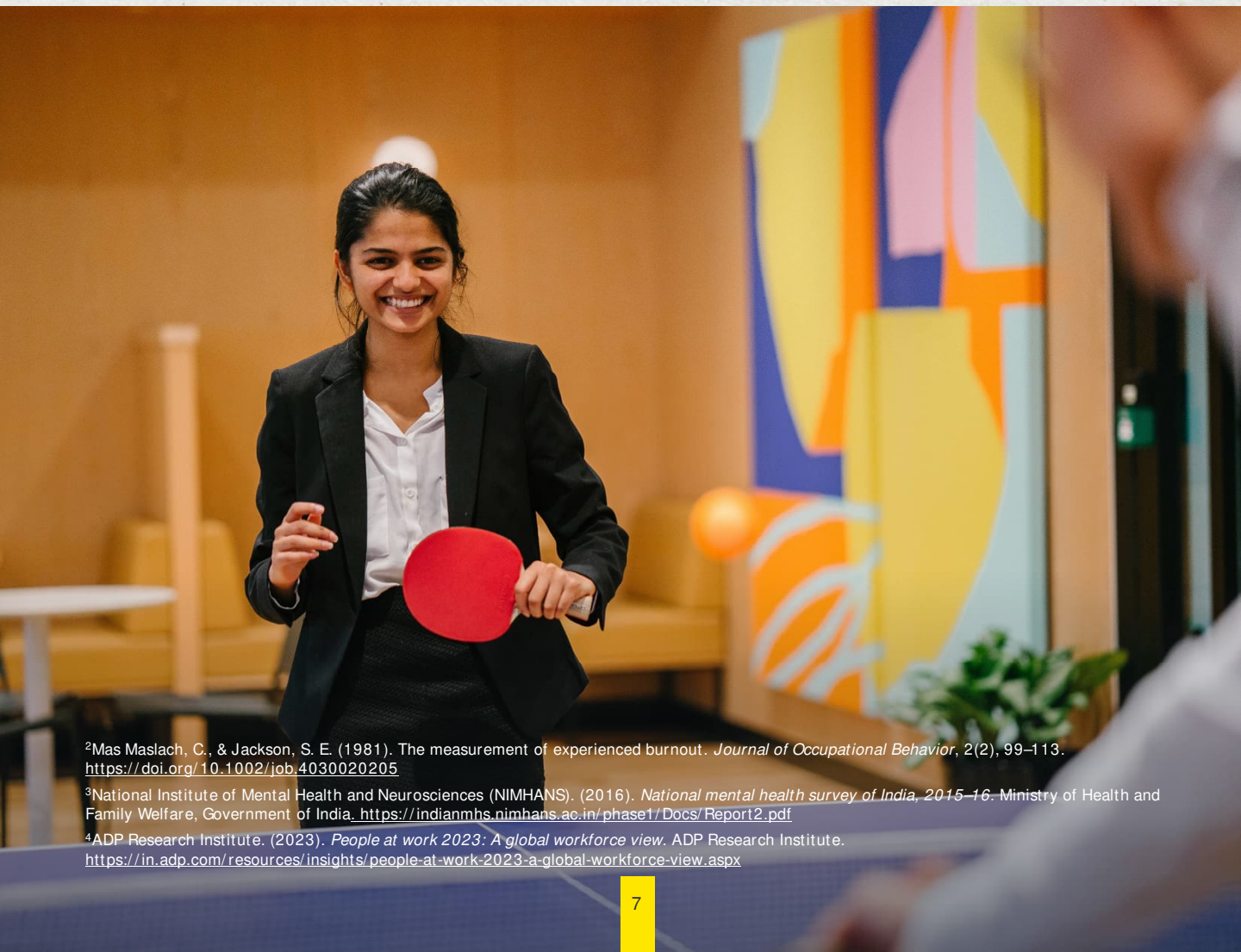
1. Introduction

Over the past decade, mental health has come into sharper focus within Indian corporate discourse. Organizations are more likely than before to acknowledge stress, burnout and well-being through policies, awareness initiatives and leadership messaging.

Workplace mental health is also increasingly tracked through visible indicators such as absenteeism and presenteeism—remaining at work despite reduced functioning associated with stress or ill health—markers of how strain shows up in attendance and performance. This reflects a broader global shift in which workplace mental health is seen as integral to productivity and employee engagement[2]. Yet visibility has outpaced understanding. What organizations say about mental health does not always match how it is actually experienced.

Evidence from India points to the scale of concern. The National Mental Health Survey (2015-16)[3], conducted by NIMHANS, estimated that over 1 in 10 adults experience mental health conditions, with higher prevalence in urban regions where corporate work is concentrated.

Workplace-focused studies reflect similar patterns. Research suggests that many employees believe stress negatively affects their performance[4]. Together, these findings point to a workforce navigating psychological strain while continuing to meet expectations of consistency and output. Global workplace research offers a useful, if not directly comparable, reference point. The *Mental Health at Work Report by*[5] , based largely on US workforce data, finds that employees often experience stress, anxiety, or burnout while continuing to perform. The coexistence of distress and performance is not unique to any one setting.



[2]Mas Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2(2), 99–113. https://doi.org/10.1002/job.4030020205

[3]National Institute of Mental Health and Neurosciences (NIMHANS). (2016). *National mental health survey of India, 2015–16.* Ministry of Health and Family Welfare, Government of India. https://indianmhs.nimhans.ac.in/phase1/Docs/Report2.pdf

[4]ADP Research Institute. (2023). *People at work 2023: A global workforce view.* ADP Research Institute. https://in.adp.com/resources/insights/people-at-work-2023-a-global-workforce-view.aspx

What remains less examined is how these experiences are managed within organizations. While research has explored employee voice and silence, less attention has been paid to the everyday labor through which distress is managed but not expressed. Employees operate within implicit boundaries around expression what can be said, when and in which settings. Disclosure is shaped not only by willingness but by anticipated consequences. Concerns about being seen as less capable or less dependable often sit just beneath the surface. This aligns with research on employee silence, which shows that individuals frequently withhold concerns due to fear of negative outcomes or social risk[6]. The workplace, then, is not only where mental health is experienced; negotiated and, at times contained.

It is within this space that the idea of the silent cost begins to take shape as an accumulation of what is carried without articulation. This includes ongoing emotional strain, sustained cognitive effort and the work of maintaining composure. This echoes, while extending beyond, Hochschild's concept of emotional labor in organizational contexts[7] . This cost rarely appears in organizational metrics. Instead, it folds into everyday functioning, often indistinguishable from what is taken to be professionalism.

Psychological safety offers one way of understanding how workplace mental health is lived by exploring what is held back. Often described, following Amy Edmondson, a professor of leadership and management at the Harvard Business School, as the ability to speak up without fear of negative consequences, it is not experienced uniformly. Research on voice behavior similarly shows that speaking up is shaped by context, power and anticipated response[8].

In practice, psychological safety is produced in immediate settings—teams, reporting relationships and everyday interactions. For employees, this involves continuous calibration: what can be expressed here, what should be moderated and what is better left unsaid. Where psychological safety is uncertain, silence becomes a practical response.

This study approaches workplace mental health as a systemic issue rather than an individual one. It proceeds from the premise that how psychological distress is experienced, expressed or concealed at work is shaped not only by personal circumstances but by organizational conditions, including norms, managerial practices, performance expectations and the perceived consequences of speaking up.

[5]Mind Share Partners. (2025). *Mental health at work report*. Mind Share Partners. https://www.mindsharepartners.org/2025-mental-health-at-work-report

[6]Mor Morrison, E. W., & Milliken, F. J. (2000). Organizational silence: A barrier to change and development in a pluralistic world. *Academy of Management Review*, 25(4), 706–725. https://doi.org/10.5465/amr.2000.3707697

[7]Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press. https://www.jstor.org/stable/10.1525/j.ctt1pn9bk

[8]D Detert, J. R., & Edmondson, A. C. (2011). Implicit voice theories: Taken-for-granted rules of self-censorship at work. *Academy of Management Journal*, 54(3), 461–488. https://doi.org/10.5465/amj.2011.61967925

By bringing together survey-based data with narrative accounts, the study examines not only the presence of distress but the conditions under which it remains unvoiced. In doing so, the study focuses on three intersecting conditions through which workplace mental health is experienced and managed:

Three intersecting conditions of workplace experience

Ongoing mental load

Continuous cognitive and emotional demands embedded in everyday work

Uneven psychological safety

Context-dependent safety shaped by managers, teams and consequences

Regulation of silence

Ongoing calibration of what can be expressed, softened or left unsaid

The study is guided broadly by the following questions:

Q1 What remains unspoken in the workplace, and how is this silence produced and sustained?

Q2 How is psychological safety experienced across teams and organizational contexts?

Q3 How do these dynamics translate into a form of hidden cost—one that does not immediately surface but shapes how employees function, relate and endure within the workplace?



2. Reading the workplace: Safety, labor and silence

Workplace mental health is often framed through visible markers such as stress, burnout, absenteeism and increasingly, presenteeism. While these indicators matter, they capture only what surfaces. They reveal little about how strain is carried through everyday work, or how it is managed in ways that do not readily register.

To understand this, it helps to move beyond episodic views of stress. In many corporate settings, strain is not tied to a single moment of crisis. It is ongoing, embedded in sustained cognitive demands, continuous responsiveness and expectations of composure. Work requires not only task completion but the management of attention, affect and interpersonal. Over time, this becomes a steady background load—rarely disruptive enough to be named, yet persistent enough to shape how individuals function.

This experience is closely tied to what has been described as emotional labor, or the effort involved in regulating emotional expression in line with professional expectations[9]. While often associated with client-facing roles, it extends across functions. It appears in everyday interactions —managing disagreement without escalation, maintaining composure under pressure, projecting confidence despite uncertainty. In this sense, it is less an occasional demand than a continuous condition of work.

It is here that psychological safety becomes relevant as something experienced unevenly in practice. Often defined, following Amy Edmondson, as the ability to speak up without fear of negative consequences, it is shaped within immediate contexts: teams, reporting relationships and everyday interactions. For employees, this translates into an ongoing assessment of risk: what can be said, how it might be received, and what it could mean for how one is perceived at work.

Silence, therefore, is not simply the absence of voice. Within organizations, it reflects an active process through which individuals decide what to withhold, soften, or leave unsaid. Research on employee silence shows that such decisions are shaped by perceived risk, futility, and the desire to maintain relationships. [10] [11]

These three threads—ongoing mental load, uneven psychological safety and the regulation of silence—do not operate independently. They intersect in shaping how workplace mental health is experienced in practice. Together, they point to a form of workplace experience that is not always visible yet remains consequential.



Ongoing mental load

Sustained cognitive and emotional demands embedded in everyday work



Uneven psychological safety

Safety shaped by team context, manager and perceived consequences



Regulation of silence

Active decisions about what to withhold, soften or leave unsaid

[9] Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling.* University of California Press. https://www.jstor.org/stable/10.1525/j.ctt1pn9bk

[10] Morrison, E. W., & Milliken, F. J. (2000). Organizational silence: A barrier to change and development in a pluralistic world. *Academy of Management Review*, 25(4), 706–725. https://doi.org/10.5465/amr.2000.3707697

[11] Morrison, E. W. (2011). Employee voice behavior: Integration and directions for future research. *Academy of Management Annals*, 5(1), 373–412. https://doi.org/10.5465/19416520.2011.574506

3. Methodology: Listening to experience

Quantitative component

N = 546 respondents

- 27-item survey
- 5-point Likert scale
- Two domains:
  General psychological safety (9 items)
  Mental health awareness and support (18 items)

Qualitative component

N = 87 individuals

- Story circles (core method)
- In-depth interviews (with senior leaders across industries for a cross-industry view)
- Focus group discussions

The study adopts a lived experience-centric approach to understanding workplace mental health and psychological safety. It employs an iterative process of qualitative analysis involving multiple rounds of coding, review, and refinement to ensure that emerging themes remain grounded in participants' accounts. Rather than treating mental health as an individual attribute to be measured in isolation or psychological safety as a stable organizational feature, the research examines how psychological distress is experienced, interpreted and managed within organizational contexts. A trauma-informed and gender-responsive orientation underpins this framework, recognizing that experiences of distress are shaped by prior experiences, social context and structural inequalities, and that safety and expression are not uniformly available across groups.

The study uses a mixed-methods design, combining quantitative and qualitative approaches to capture both breadth and depth. The quantitative component provides a structured view of patterns across the sample, while the qualitative component enables a more nuanced understanding of how these patterns are lived and negotiated in everyday work.

Data collection drew on multiple sources. A 27-item survey was administered across organizations and individuals in the Indian workforce (N = 546), with responses analyzed as a combined, anonymized dataset. The instrument assessed both general psychological safety and perceptions of mental health awareness and support.

The qualitative component engaged 87 participants through story circles, in-depth interviews and focus group discussions. Story circles served as the primary method, generating detailed, experience-based narratives, while interviews and group discussions provided additional depth and variation. As a method, story circles surface embodied narratives and forms of experiential knowledge that may not emerge through more conventional qualitative approaches.

Across both components, the study engaged 633 professionals across industries, levels of seniority, and functional areas. This enabled variation in perspective while maintaining a shared organizational frame. Participation was voluntary across all stages of the study.

The analysis adopts an integrated, interpretive orientation, reading across qualitative sources to identify patterns that are relational and systemic rather than method-bound. Quantitative findings establish broad patterns, while qualitative insights illuminate how these patterns are experienced and negotiated in practice.

Ethical considerations were central to the design and execution of the study. Given the sensitivity of the subject, care was taken to ensure confidentiality and anonymity across all stages of data collection, analysis and reporting.

4. Quantitative analysis: Patterns of safety, strain and support

4.1 Overview of the dataset

The quantitative component of the study draws on a 27-item survey (N = 546). 66%of respondents were women, 32%were men and 2% chose not to disclose their gender. Close to half (49%) of respondents were in the age group of 26-35, followed by 22%in the 36-45 age category and 10%in the 46-55 age group. From the dataset, a consistent pattern emerges. General psychological safety is relatively high (75%agree), while mental health-specific safety is lower (57.6%overall). This divergence suggests that while employees experience workplaces as broadly respectful and communicative, mental health remains a more uncertain and vulnerable domain.

4.2 The gap between general safety and mental health safety

One of the most defining features of the dataset is the gap between general workplace safety and mental health-specific safety. Most respondents report that their manager is approachable (77.5%) and that they feel able to speak up in general (74.9%). This does not extend to mental health: only 55.1%report feeling safe discussing mental health at work.

The 22.4 percentage-point gap indicates that the conditions supporting everyday interaction do not translate into safety around more personal or sensitive concerns.

	Statement	Mean	%agree	%disagree	%neutral
Q1	'I feel safe speaking up with ideas or concerns at work.	3.88	74.9%	11.0%	14.1%
Q2	I feel safe discussing mental health concerns in my workplace.	3.50	55.1%	18.7%	26.2%
Q3	My team encourages open and honest conversations.	3.84	69.6%	10.4%	20.0%
Q4	I can raise difficult issues without fear of retaliation.	3.69	64.1%	15.2%	20.7%
Q5	My manager is approachable and open to feedback.	3.97	77.5%	11.2%	11.4%
Q6	If I make a mistake, it is not held against me.	3.49	54.6%	17.2%	28.2%
Q7	Mistakes are treated as learning opportunities, not failures.	3.81	69.4%	12.1%	18.5%
Q8	I can be my authentic self at work without fear of judgment.	3.62	63.2%	16.7%	20.1%
Q9	Diverse views and experiences are welcomed and respected within my team.	3.95	76.7%	8.6%	14.7%

Figure 1 —Section A: Experience of psychological safety —Agree+ %per Item (N = 546)

Key finding: The 22.4 percentage-point gap between manager approachability (77.5%) and mental health safety (55.1%) is the defining divergence of this dataset.

4.3 Stigma as a structural constraint

The most pronounced findings relate to stigma. Two items —whether mental health is subject to mockery and whether stigmatizing language is absent —recorded the lowest scores across all 27 items.

32% report mental health is subject to mockery

23% report stigmatizing language at the workplace

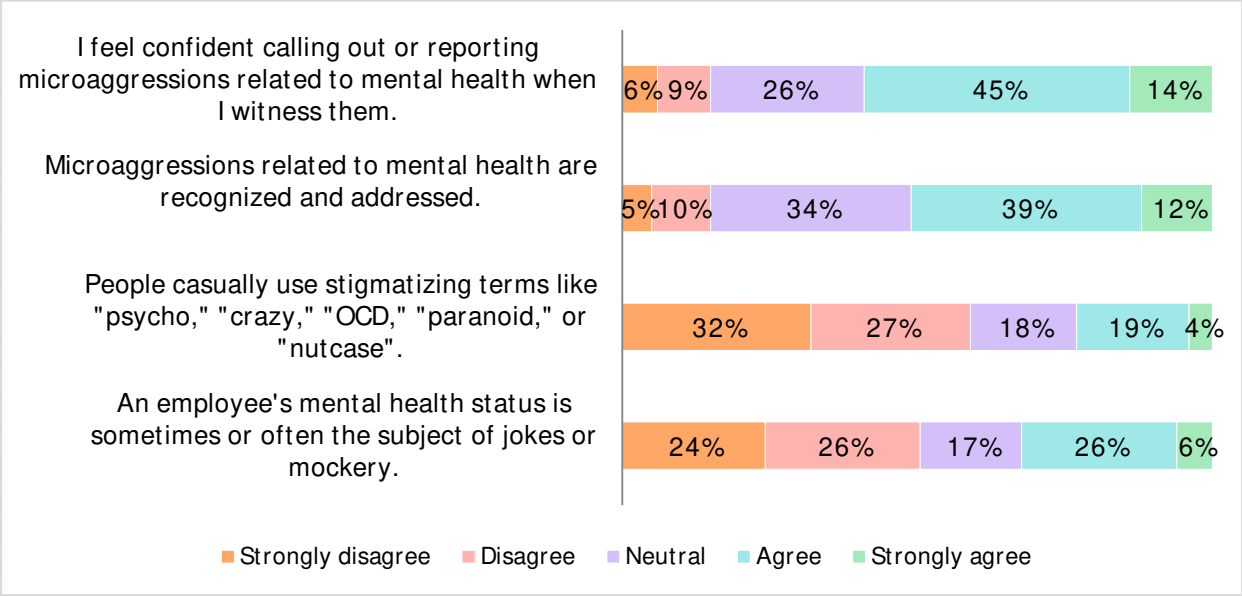


Figure 2. Stigma – Response distribution

For most employees, mental health continues to be trivialized or marginalized in everyday workplace interactions. In environments where stigma is normalized, disclosure becomes risk-laden, and formal support mechanisms are less likely to be used. The persistence of stigma therefore acts as a baseline constraint on psychological safety.

4.4 Support: Relational strength and structural gaps

The data points to a distinction between relational and structural forms of support. At the relational level, peer support appears relatively strong. Most respondents (73.7%) report feeling emotionally supported by colleagues. Managerial approachability is also high (77.5%), reinforcing the importance of immediate interpersonal contexts.

In contrast, structural support is less clearly navigable. While 66.3%of respondents report awareness of mental health resources, only 59.6%indicate that they know whom to approach for support.

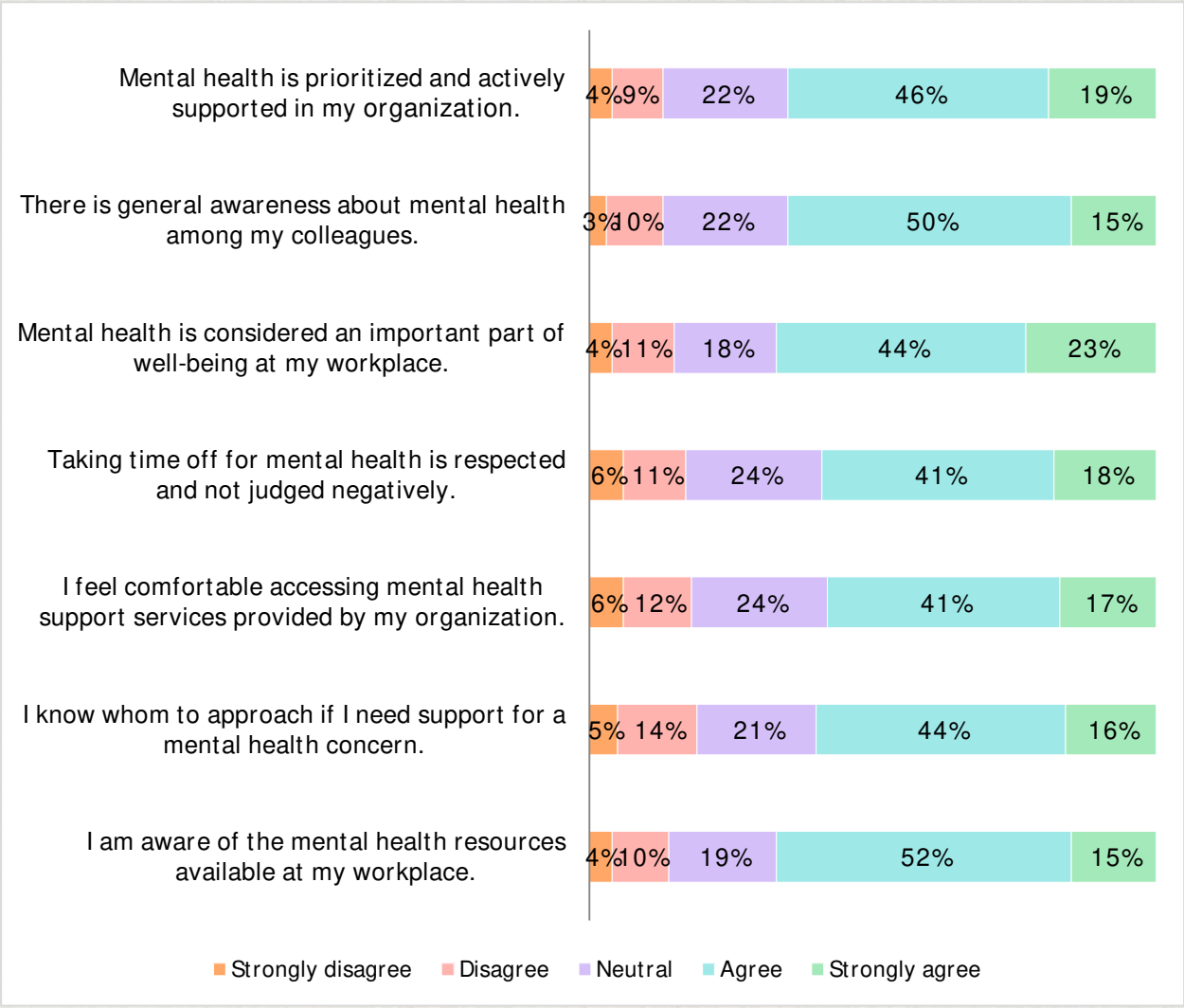


Figure 3. Section B: Mental health awareness and support —Agree+ %per Item (N = 546)

4.5 Uneven experience: Gender, career stage and workload

The experience of psychological safety and mental health is not uniform across the workforce.

- Peer support (73.7%) is the standout strength. Women report slightly higher emotional support (74.7%vs 73.1%), consistent with peer-culture strengths. The 26–35 cohort reports the lowest workload balance (57.9%agree) —the high-demand, high-career-investment years.
- Workload balance (61.0%agree) is among the weakest positive constructs overall. This is concerning, as overwork directly undermines all other mental health initiatives.
- 75%of respondents feel safe speaking up, but only 55.1%feel safe discussing mental health specifically —a 20-point gap that points to the mental health-specific safety deficit. Gender comparison shows similar rates for women and men on general safety, but men score slightly lower on Mental Health discussion safety (indicating a gender skew on how.
- Fear of retaliation (15.2%disagree, 20.7% neutral) leaves over a third unable to affirm safety. The 18–25 age group shows the highest agreement rates on this cluster. Younger employees feel more psychologically safe overall.

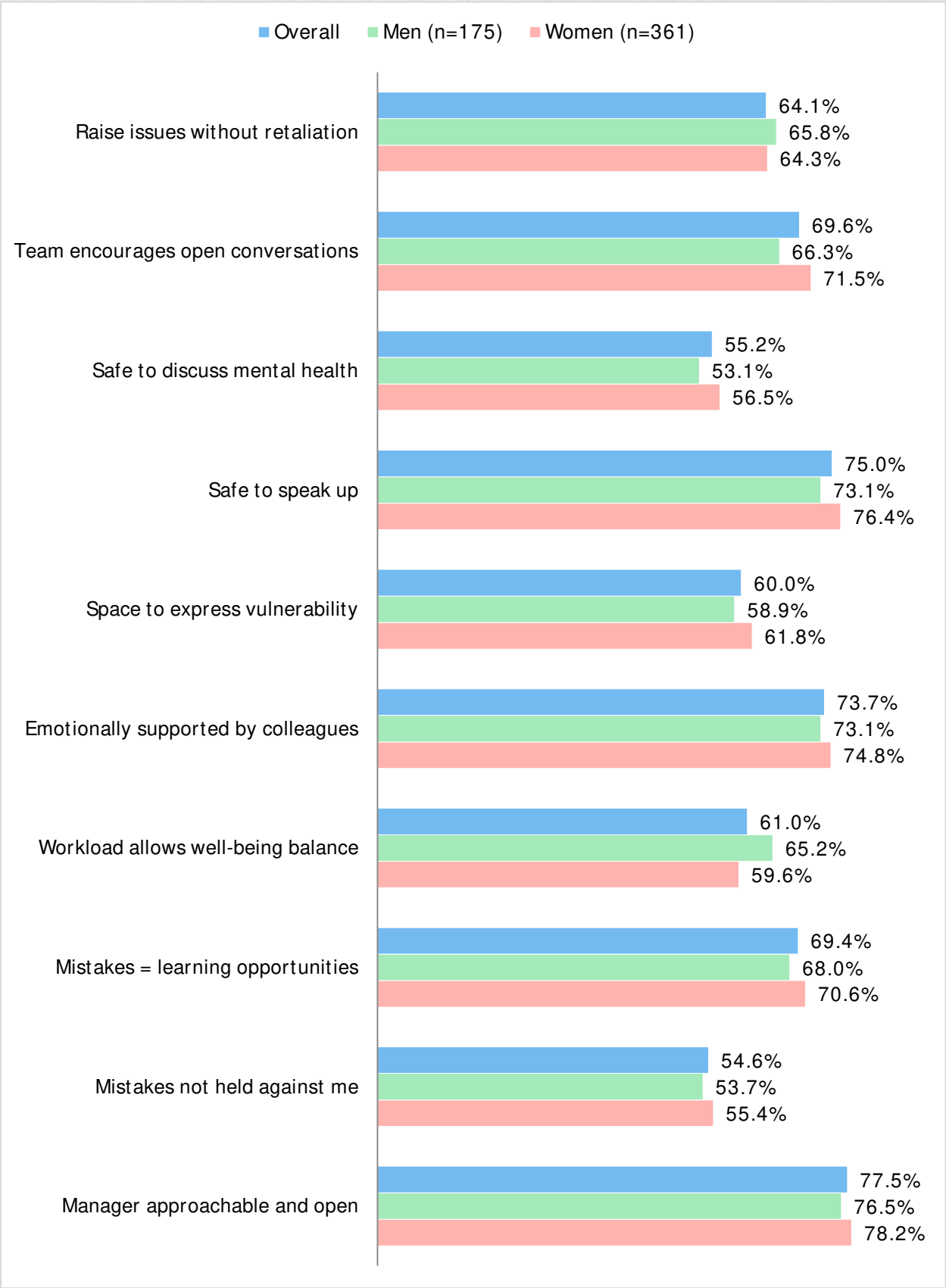


Figure 4. Gender comparison —Agree+ %on selected items (women vs. men)

Age and experience patterns point to a similar unevenness. Employees in the 26-35 and 36-45 age groups, representing peak career and life-stage pressures, report lower scores on several mental health-related items, as can be inferred from Figure 5. More senior employees report relatively higher levels of safety, support and workload balance.

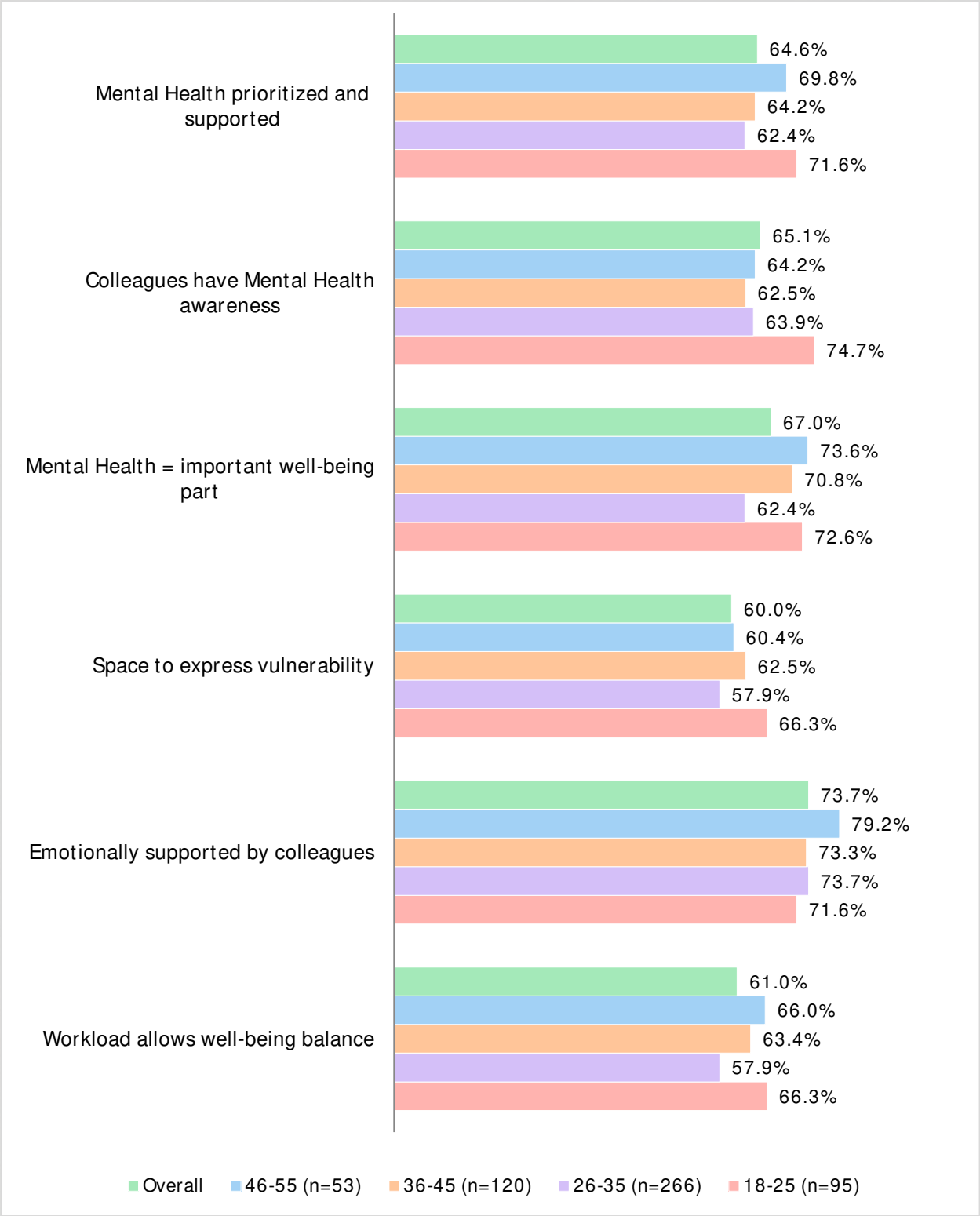


Figure 4. Generational comparison —Agree+ %on selected items

4.6 Interpreting quantitative patterns

The quantitative findings point to a consistent structural pattern. General workplace functioning appears stable, with relatively high levels of communication, approachability and inclusion. Mental health, however, remains a more fragile domain characterized by lower safety, persistent stigma and uneven access to support.

The data suggests that while the conditions for interaction exist, the conditions for expression, particularly around mental health, are more constrained. Support is available but not always navigable, and stigma continues to shape what can be said and what remains unspoken.



5. Qualitative findings: How the silent cost appears

The themes that follow are not presented as discrete categories, but as interpretive lenses that cut across the data. Together, they describe a patterned experience of workplace mental health that is relational, structural and cumulative.

5.1

Theme 01

The performance of strength:
Institutionalized suppression of distress

What emerges across the data is not simply that employees experience distress, but that they learn to manage it actively, deliberately, and often invisibly. This is not occasional. It is patterned and closely tied to what the workplace demands. Silence here is not passive. It is effort. Participants describe situations where showing distress feels incompatible with their role. One participant spoke of working for nearly two days under significant strain without revealing what they were going through, not as hesitation, but as responsibility.

> *Everybody knows I am very strong…they have never seen me break down emotionally.*
> – anonymous participant

In another account, a participant stepped away to a parking lot to cry, then returned within the hour and resumed work. The sequence is controlled: distress is contained, managed, and rendered invisible before re-entering the workspace. Suppression also appears in responses to power.

> *I still think about that moment…I wish I had responded differently.*
> – anonymous participant

In another instance, a participant apologized to a senior for a situation she had not caused, not out of agreement, but to stabilize the situation.

> *I knew it was not my mistake…but apologizing was the only way to handle it.*
> – anonymous participant

These are not absences of response, but adjustments of tone, behavior, and expression, based on what the situation allows. Participants also describe environments where speaking about distress risks judgement or dismissal.

> *When you look back, you will realize it is not that bad.*
> – anonymous participant

Certain forms of strain remain particularly invisible. Employees without family responsibilities are often assumed to have greater availability.

> *If you are not married or do not have kids, people assume you have free time.*
> – anonymous participant

Within this context, silence becomes a considered decision. Employees weigh the consequences of how they will be seen, whether opportunities will shift, whether concerns will be taken seriously. As a result, struggles often remain unspoken until they reach a crisis point.

> *People do not share day-to-day struggles...they only speak when it reaches a crisis point.*
> – anonymous participant



Interpretive insight

The performance of strength is not an individual trait. It is produced within the workplace. It takes shape through expectations of composure, hierarchical dynamics and the anticipation of response. What is often described as resilience is, in practice, continuous emotional labor or the ongoing work of managing what is felt, shown and withheld.

This work accumulates. It is carried forward in memory, behavior, and in how people learn to navigate the workplace. Silence here is not empty. It is where the work is happening.

5.2

Theme 02

The manager as the primary mental health infrastructure

Upon analysis of data, one pattern emerges consistently: the experience of mental health at work is shaped less by formal systems and more by the immediate manager. Policies exist. Programs exist. But in practice, it is the manager who determines whether distress is noticed, whether it can be spoken about, and how it is responded to. In this sense, the manager functions as the de facto mental health infrastructure of the workplace.

Participants describe moments where relatively small acts of managerial attention had disproportionate impact. One participant, recovering from surgery, recalled receiving a brief call, not about work, but to check on her well-being.

> *That one call had a huge impact...it really increased respect between the people involved.*
> – anonymous participant

What matters is not the scale of the gesture, but what it signals: that the individual is seen beyond their role. In another account, a senior intervened during a client escalation when the participant was unwell and dealing with a family emergency. The escalation was shut down, and the participant was shielded from further pressure.

These moments are marked by timing and judgement, the ability to recognize when intervention is needed and act without being asked. A different participant described a senior leader, widely perceived as strict, who took the time to teach her patiently.

> *Like his own daughter...he taught me from scratch.*
> – anonymous participant

She attributed her subsequent career trajectory to that moment. At the same time, this support is uneven and fragile.

Managerial care is not experienced as a system; it is experienced as a variable. Some managers absorb pressure, translating external demands into manageable work. Others pass that pressure down directly.

> *If that filter is there, it really helps…in my case, it was not there."*
> – anonymous participant

In the absence of this "filter," pressure moves through the hierarchy unchanged, accumulating as stress at the frontline. Even where empathy exists, it is not always consistent. Moments of support often coexist with periods of intense pressure, creating uncertainty. Employees cannot reliably predict how their manager will respond and therefore cannot fully rely on the relationship as a source of safety. There are also limits to what individual managers can hold. When distress is prolonged or begins to affect performance, even supportive teams experience strain. Care in such environments is not unlimited. This points to a structural condition: when support is mediated through individuals, its quality depends on their awareness, skill, willingness and bandwidth.

Participants also describe what makes managerial support more effective. When leaders speak openly about their own challenges, it shifts what feels permissible. When early signs of strain are recognized and addressed, escalation can be prevented.

> *If my leader already knew…they could put some measures in place.*
> – anonymous participant

This reframes the role of the manager from responding to crises to shaping the conditions in which they are less likely to occur. At the same time, the inverse is equally visible. Participants are clear that workplace distress is not always incidental, it is often produced within the system. Managers, as carriers of that system, can either mitigate or amplify its effects. In some cases, it is "because of people" that the workplace becomes psychologically unsafe.



Interpretive insight

The centrality of the manager reveals a structural dependency in how workplace mental health is organized.

Support is:

- Relational rather than institutional
- Inconsistent rather than guaranteed
- Person-dependent rather than system enabled

This makes psychological safety uneven. It varies across teams not because needs differ, but because managerial responses do. The result is a form of silent cost. Employees learn to assess their manager before deciding whether to speak, what to disclose, and how much to hold back. Where support is uncertain, distress is more likely to be managed privately. In this way, the manager becomes both:

- A potential site of safety
- A point of risk

5.3

Theme 03

The policy–practice gap: Formal structures and their relational limits

There is no absence of formal mental health support in any of the organizations in the dataset. Organizations have invested in employee assistance programs, well-being platforms, mental health champions and awareness initiatives. These resources are visible and often valued. Yet their presence does not consistently translate into psychological safety. What emerges is a gap, not of intent, but of experience. Policies exist, but whether they are trusted, used, or sufficient depends on the relational and cultural conditions in which they operate.

Participants rarely describe formal systems when recalling what helped them during moments of distress. What they remember instead are people, i.e., specific individuals who noticed, intervened, or made space. A senior who paused an escalation. A colleague who checked in. A leader who took the time to listen. Formal resources, when they appear, do so indirectly. In one instance, a senior who had attended a well-being training recognized signs of distress in a junior and connected her to support. The resource mattered, but it became accessible only through a person. This pattern is consistent: formal systems exist, but they are activated through relationships.

Participants are also clear about the limits of policy.

> *You can have as many policies as you want, but if there is no empathy, nothing really changes.*
> – anonymous participant

The presence of a program does not guarantee its use. Trust determines whether it is accessed. In some cases, employees hesitate to use support systems due to concerns about confidentiality and information leakage. The risk lies not in the absence of resources, but in how they are perceived. There is also a gradual erosion over time. Participants describe situations where they speak up, are heard, but see no visible action.

> *People feel like they speak, they are heard, but nothing happens…so they stop wanting to speak.*
> – anonymous participant

Here, the gap is not between policy and absence, but between policy and consequence. Listening Without action does not build trust, it weakens it. Even in organizations with well-developed systems, participants point to moments where those systems are insufficient on their own. In one case, an employee experiencing severe distress had access to all available resources, but meaningful intervention occurred only when a manager noticed her condition and acted. The difference between "Resources available" and "crisis averted" were not the system; it was a person.

At the same time, formal structures are not without value. Participants acknowledge their role in normalization. For some, accessing a well-being platform or counseling service is a first step, an acknowledgement that their experience is valid and that seeking help is legitimate.

> *If my firm is investing in this, then it is real…it is okay for me to ask for help.*
> – anonymous participant

Formal systems can lower the threshold for recognition and help-seeking. They can signal intent, reduce stigma and create entry points. But they do not, on their own, change the conditions under which distress is experienced or expressed.

Another limitation lies in what formal systems cannot detect. Participants point to individuals who do not recognize their own distress, or who are unlikely to seek help proactively. In such cases, systems that rely on self-initiation remain out of reach. What is required instead is relational awareness, the ability of managers or peers to notice and respond. No portal or program can substitute for this.



Interpretive insight

The policy–practice gap is not a failure of design; it is a limitation of approach. Formal systems operate at the level of structure. Psychological safety is experienced at the level of relationship.

Where relational conditions are weak:

- Policies are under-used
- Support is distrusted
- Intervention comes too late

Where relational conditions are strong, the same policies become accessible and meaningful. This produces a second layer of silent cost. Employees navigate not only whether support exists, but whether it is safe to use. When that safety is uncertain, support remains unused, and distress continues to be managed privately. Formal systems do not fall short because they are absent. They fall short because they are expected to do what only relationships can.

5.4

Theme 04

The policy–practice gap: Formal structures and their relational limits

Across the data, hierarchy is not experienced simply as an organizational feature. It is experienced as a condition that shapes behavior, constrains responses, and, in many instances, produces distress. This is not limited to individual managers. It is embedded in how work is organized, how authority is exercised, and how expectations travel through the system. For many participants, hierarchy is not something they navigate occasionally; it is something they anticipate.

Participants describe a learned understanding of what hierarchy permits, and what it does not.

> *If a senior asks you to do something, you do not really have the option to say no…it affects your future.*
> – anonymous participant

This is not tied to a single incident, but to how the system is understood. Acting within it often means Agreeing, even when unprepared or overwhelmed. In one instance, this led a participant to take on work she did not have the skills to execute, resulting in panic. Relief came not from the system, but from the intervention of a supportive individual. The safety was situational, not structural.

Another participant described being unable to have her perspective acknowledged by a senior colleague. Over time, this translated into a broader conclusion:

> *Some things just cannot be addressed.*
> – anonymous participant

What emerges here is the formation of learned limits, an understanding of where voice is possible, and where it is not.

Hierarchy also shapes how pressure moves through the organization. Participants describe a cascading effect, where expectations from clients or senior leadership travel downward with little modification. In the absence of a managerial "filter," this pressure accumulates at the level of execution.

> *If that filter is not there, the pressure just comes down as it is.*
> – anonymous participant

For those lower in the hierarchy, this creates a dual constraint: lofty expectations with limited ability to negotiate or push back. Routine interactions can also become sites of heightened scrutiny. Group meetings, for instance, are described less as spaces for problem-solving and more as spaces where accountability is publicly enforced. This amplifies stress rather than diffusing it.

Fear operates as a consistent undercurrent. Participants, particularly those earlier in their careers or from less privileged backgrounds, describe hesitation in approaching managers or speaking openly.

> *Some people are very scared of hierarchy…they do not feel comfortable talking to their managers.*
> – anonymous participant

This fear is often anticipatory, shaping what is said, what is withheld, and how individuals position themselves in interactions. The effects of hierarchy are also visible in expectations around time and availability.

Participants describe work extending into weekends, leave treated as flexible rather than protected, and responsiveness taken as a marker of commitment.

> *Whatever comes from the top has to be done…even over the weekend.*
> – anonymous participant

Even where formal policies allow flexibility, these expectations often override them, creating a gap between what is permitted and what is practiced. Participants having exposure to different organizational contexts note the contrast. In flatter environments, there is greater room for negotiation. For instance, declining a meeting while on leave without fear of repercussions. These comparisons make visible what is otherwise normalized: that the constraints of hierarchical settings are not inevitable but constructed.



Interpretive insight

Hierarchy, in this context, functions not just as a reporting structure, but as a psychological condition.

It shapes:

- Who can speak?
- What can be questioned?
- How much of oneself can be expressed?

The result is a pattern of anticipatory self-regulation, where individuals adjust behavior in advance of possible consequences. This produces another dimension of silent costs.

Employees carry the weight of decisions they cannot fully influence and learn to operate within limits that are rarely stated but widely understood. Over time, this leads not only to suppression of distress, but to a narrowing of voice. Importantly, this cost remains largely invisible because it is normalized not as a breakdown of the system, but as the way the system works.

5.5

Theme 05

Trust as the architecture of disclosure

The decision to speak about mental health is rarely straightforward. It is shaped by relationships, context and consequences, not simply by awareness or willingness.

Disclosure is not an individual act. It is a trust-contingent one. Whether someone speaks, what they share, and when they do so, depends on how safe the relationship feels, how the response is anticipated and what is at stake.

Participants describe instances where disclosure led to meaningful support through flexibility, understanding, even growth. In one case, a participant who shared personal struggles with a senior received not only accommodation but a promotion.

> *I feel privileged for the support shown to me.*
> – anonymous participant

Support in such cases is not experienced as expected; it is experienced as exceptional. Disclosure tends to occur within relationships built over time. Participants describe observing behavior, testing boundaries, and gradually developing confidence in how someone might respond.

Trust is not assumed, it is accumulated. Where trust is absent or uncertain, silence becomes the default. Participants describe hesitation that is specific and reasoned: concern about being judged, perceived as weak or having information circulate beyond the intended conversation.

> *There is always a fear of being judged or being made fun of.*
> – anonymous participant

> *You do not know where it will go.*
> – anonymous participant

In some cases, the barrier is not the manager, but peers, particularly where confidentiality is uncertain. Even where systems exist and relationships are functional, the absence of assured trust limits what can be shared. Experience plays a critical role. Where individuals have spoken up and seen no meaningful response, or have felt dismissed, the effect is cumulative.

> *People feel like they speak, they are heard, but nothing happens...so they stop wanting to discuss it.*
> – anonymous participant

Silence in these cases is learned. It is the outcome of repeated calculations that the cost of speaking outweighs the likely benefit. Participants also describe a threshold for disclosure. Day-to-day struggles remain unspoken. Sharing tends to occur only when distress becomes difficult to manage privately, at the point of burnout, breakdown, or crisis.

> *They only share when it becomes too much...not before.*
> – anonymous participant

This creates a structural delay in support: by the time distress becomes visible, it has often already escalated. At the same time, participants point to conditions that make disclosure easier. When leaders speak openly about their own challenges, or when conversations around mental health are normalized, the perceived risk reduces.

> *If your leader understands, it gives you all the courage in the world.*
> – anonymous participant

These moments do not eliminate difficulty, but they shift the threshold of expression.

Interpretive insight

Trust functions as the underlying architecture of disclosure. It is built over time through consistency, response and observed behavior, and is easily weakened by inaction, inconsistency, or breach of confidence. In its absence, silence becomes a rational choice. This produces a critical dimension of silent cost: employees carry not only distress, but the ongoing calculation of whether it is safe to reveal it. Where trust is uncertain, that calculation resolves in favor of silence.

As a result, support is delayed, underutilized, or never accessed, not because it is unavailable, but because it does not feel safe to engage. Disclosure, in this sense, is shaped less by awareness or resources than by the relational conditions that make speaking possible.



5.6

Theme 06

The paradox of universal struggle and individual isolation

A clear paradox emerges. Distress is widely experienced yet felt as deeply individual. Participants describe workplaces where many people are struggling, yet few are aware of how widely this is true. The result is a persistent sense of isolation within collective environments. In settings where individuals can listen to each other without interruption or evaluation, this paradox becomes visible. Participants reflected on how, as stories were shared, a pattern emerged, not through analysis, but through recognition.

> *The universality of our experiences... despite the different work we do.*
> – anonymous participant

This realization was often unexpected. It emerged from hearing others articulate experiences that had felt privately held. Another participant connected this directly to what is missing in everyday work:

> *If we had spaces like this with people we work with...we would be more sensitive, more mindful.*
> – anonymous participant

The implication is clear: isolation is not due to a lack of shared experience, but a lack of space where that experience becomes visible. This invisibility is reinforced by everyday practices. Participants describe coping strategies that are remarkably similar, such as talking to someone they trust, listening to music, stepping away briefly, exercising, using humor. These responses are widely shared, yet largely private.

What is absent is not coping, but the visibility of coping. As a result, the workplace becomes a space where distress is experienced individually, coping is managed privately and shared understanding remains limited. The shift to hybrid and remote work has intensified this pattern. In more co-located environments, informal interactions like conversations over coffee, small check-ins, passing observations, created opportunities to notice and respond to one another. With teams dispersed, these signals are harder to detect.

The result is not only physical distance but reduced relational visibility. Participants also reflect on this paradox retrospectively. During the COVID period, many managed significant stressors like illness, isolation, family responsibilities, without sharing these experiences at the time. Only later did they recognize that others had been navigating similar challenges. What was collectively experienced was individually carried. At a broader level, participants articulate an understanding that distress is not exceptional.

> *Everyone is going through something or the other.*
> – anonymous participant

The concern is not that people struggle. It is that the workplace, rather than buffering that struggle, can intensify it through pressure, expectations and lack of recognition.



Interpretive insight

This paradox reveals a gap between experience and awareness. Distress is widespread but not collectively acknowledged. As a result, individuals interpret their struggles as personal rather than patterned.

This produces another layer of silent costs. Employees carry not only their own distress but the belief that they are alone in it. This amplifies the burden, reduces help-seeking and reinforces silence. The absence of shared spaces sustains this isolation. Where such spaces exist, even briefly, they make visible what is otherwise hidden: that struggle is not the exception, but the condition.

5.7

Theme 07

Informal networks as the primary mental health system

The data reveals that in practice, the primary support system for mental health at work is not formal, it is informal. Employees rely on colleagues, mentors, peers and trusted seniors - relationships built over time and activated in moments of need. These networks are not formally designed, yet they perform many of the functions that formal systems are intended to provide.

In this sense, informal networks function as the operating mental health system within the workplace. Participants consistently describe moments of support that are relational rather than institutional: A colleague who notices and checks in. A senior who steps in without being asked. A mentor who takes the time to guide or listen. These acts are often small in form, but significant in impact.

> *Unless he was there, I would not have come this far…I must do the same for someone else.*
> – anonymous participant

What makes these moments meaningful is not only the support itself, but the fact that it occurs within relationships that feel safe, familiar and responsive. At the same time, access to such support is uneven. Some participants describe having trusted colleagues on whom they can rely. Others describe peer environments where such trust does not exist.

> *You need relationships beyond your reporting manager…but not everyone has that.*
> – anonymous participant

This variability means that support is not consistently distributed. It depends on proximity, tenure, personality, and, often, chance. Two employees in similar roles may have very different experiences of support based on the quality of their relationships. Participants also describe the effort required to build and sustain these networks, particularly in more dispersed work environments. In post-COVID settings, where teams are geographically spread, informal connections do not emerge as easily. Team-bonding activities and informal interactions are often attempts to recreate what in-person environments once enabled more naturally. What is being rebuilt, implicitly, is not just connection but capacity for care.

At the same time, informal support has limits. It depends on individuals, their willingness to engage, their ability to hold others' distress and their own emotional bandwidth. Without guidance, even well-intentioned colleagues may not know how to respond effectively. There is also a risk of over-reliance on individuals who are themselves under strain.

Some participants describe efforts to strengthen these networks through structured interventions. For example, programs that train employees as well-being allies aim to build basic mental health literacy, support conversations without judgement, and guide individuals toward formal resources when needed. The intent is not to replace informal support, but to make it more dependable.

Interpretive insight

Informal networks reveal both the strength and the fragility of current workplace mental health systems. They are effective because they are:

- Relational
- Immediate
- Grounded in trust

But they are fragile because they are:

- Unevenly distributed
- Dependent on individual capacity
- Not structurally guaranteed

This produces another dimension of silent cost. Employees rely on support that may or may not be available. Where such networks are absent or weak, distress is more likely to be managed alone. In this way, organizations are often sustained by systems they have not fully designed, and are most vulnerable where those systems do not exist.

5.8

Theme 08

Uneven ground: Gendered, generational and intersectional dimensions of unsafety

The data tells us that psychological safety is not experienced uniformly. It is shaped by gender, seniority, life stage, cultural background and generational positioning. These differences are not always explicitly named, but they are evident in how situations unfold, how responses are calibrated, and how safety is accessed or withheld.

Some of these differences surface in specific moments. A young woman manager described being asked to vacate a workspace by a senior male colleague, in front of a junior. She chose not to respond. The incident stayed with her not only because of what happened, but because of what felt possible in that moment. Her response cannot be explained by hierarchy alone. It reflects the intersection of gender, seniority and newness in the role.

Similarly, another participant described apologizing in a situation where she was not at fault, recognizing it as the only way to de-escalate the interaction. These are not isolated incidents. They point to patterns in which some individuals carry a greater burden of adjustment.

Participants also named certain dynamics more directly. Gender shapes help-seeking. Some noted that men may be less likely to seek support or may avoid approaching women due to discomfort or ego. Cultural background also matters. For those from more hierarchical or traditional contexts, speaking openly to seniors about personal difficulties can feel inappropriate or risky.

These differences may not be visible in formal structures, but they shape how those structures are accessed. Life stage emerges as another axis. Participants describe how employees without family responsibilities are often assumed to have greater availability, affecting workload distribution and expectations.

As a result, certain forms of strain remain less recognized, not because they are absent, but because they do not fit expected narratives of responsibility. Generational differences also surface in how behavior is interpreted. Some participants describe younger employees as less willing to take on pressure, while others see this as a shift in expectations around boundaries and work. What is interpreted as reluctance in one frame may be an attempt to renegotiate norms in another. These interpretations shape how individuals are responded to and therefore how safe they feel expressing difficulty.

Across these dimensions, participants also point to subtler signals, like small cues that communicate judgement or expectation: a look when someone works from home an extra day, a comment after a mistake, an assumption about availability. Individually minor, these moments accumulate, particularly for those already navigating unequal footing.

At a broader level, participants note a gap between global frameworks and local realities. While some organizations normalize conversations around mental health in many Indian corporate contexts, stigma, hierarchy, and expectations of composure continue to shape experience. The result is a gap between formal messaging and lived reality.

Interpretive insight

Psychological safety is not only relational and structural but also differentially distributed.

Access to safety depends not only on organizational systems but on how individuals are positioned within them. This creates a further dimension of silent costs. Some participants must do more work, emotional, behavioral and relational, to navigate the same environment. They adjust more, anticipate more and remain more guarded. Because these differences are rarely named, they remain difficult to address. What is experienced as individual difficulty is often patterned along lines of identity and context. In this sense, what is ‘unsafe’ is not only produced by systems but also unevenly carried within them.

5.9

Theme 09

Cross-industry perspectives: Senior leader insights

Insights from interviews with senior HR leaders across industries offer a complementary view of the patterns identified in this study. While these conversations are situated at the level of organizational design and leadership intent, they echo several of the dynamics observed in employee experience, particularly the gap between provision and use, the persistence of silence and the centrality of relational conditions.

A consistent point of convergence across sectors is the expansion of mental health discourse in the post-pandemic period. Leaders describe a visible shift from wellness being understood primarily in physical terms to a broader recognition of psychological well-being. Formal provisions such as employee assistance programs, counseling access, wellness initiatives, are now widely present across organizations. Yet, this expansion in provision does not translate evenly into engagement. Leaders repeatedly point to hesitation among employees in disclosing distress, even where support structures exist. Concerns around career impact, perceived reliability and confidentiality shape these decisions. As one leader reflected,

> *People have a lot of fear - if I disclose what I am struggling with, what will it mean for my career?*
> – anonymous participant

In this sense, the disclosure barrier described by employees is also recognized at the level of leadership, suggesting that the challenge is not one of awareness alone, but of trust and perceived consequence. This is closely tied to what leaders describe as an implementation gap. Policies and programs are often in place, but their depth of adoption varies. In some contexts, initiatives are actively used and embedded; in others, they remain peripheral: present but not fully engaged with. What emerges is a distinction between provision and experience, where the existence of support does not ensure its accessibility in practice.

Across interviews, the role of the immediate manager emerges as central. Leaders emphasize that employees' willingness to seek support is shaped less by formal policy and more by how their manager responds, whether pressure is mediated, whether conversations



feel safe and whether follow-through is consistent. Psychological safety, in this sense, is understood not as an organizational attribute but as a relational condition, produced within teams and managerial interactions.

At the same time, leaders recognize that experience is not uniform across the workforce. Differences emerge across sectors, roles and employment types. In more formal corporate environments, the challenge lies in trust, stigma and uneven uptake of existing resources. In labor-intensive and platform-based contexts, the constraints are more structural. For gig and ground-level workers operating under high-intensity conditions, the very organization of work limits the feasibility of conventional well-being interventions. In such settings, the possibility of accessing support is constrained not only by culture, but by the design of the work itself.

A generational shift is also noted, with younger employees entering the workforce with greater awareness of mental health and different expectations of support. This introduces additional complexity, as organizations navigate multiple frames of reference simultaneously. What is considered legitimate or necessary in one cohort may not be recognized in another, reinforcing the need for context-specific approaches rather than uniform solutions.

Together, these perspectives reinforce the central argument of this study. The presence of policies and programs, while important, do not by themselves shape how mental health is experienced at work. That experience is mediated through trust, managerial behavior, organizational culture, and, in some cases, the structural conditions of work. The patterns identified in the employee data such as ongoing strain, uneven safety, and the regulation of silence, are visible here as well, but from a different vantage point.

What these cross-industry insights make clear is that the silent cost is not only an individual or team level phenomenon. It is embedded within how organizations are designed, how work is structured, and how support is made available or remains out of reach in practice.



6. Discussion: Towards a synthesis of the silent cost

Across the analysis, what emerges is not a set of isolated findings, but a patterned experience of workplace mental health as relational, structural, and cumulative. Each theme reveals a different dimension of this pattern:

- How distress is managed
- Where support is located
- How systems function
- How power operates
- Who can access safety

Taken together, they describe a condition in which distress is rarely absent but often unseen, unspoken, and privately managed.

6.1 From experience to pattern

Employees describe actively managing distress to meet expectations of composure and competence.

This suppression is not incidental, it is shaped by role, hierarchy, and the anticipation of how one will be perceived. At the same time, support is uneven. It depends less on organizational systems and more on managers, informal networks and specific relationships. Formal structures exist, but their effectiveness is mediated by trust, culture and response. Where these are weak, support remains underused or inaccessible. Hierarchy shapes what can be said. Trust determines whether speaking feels safe. Isolation ensures that even shared struggles are experienced individually. Across all of this, access to safety is not uniform; it varies by role, identity and context.

6.2 The emergence of silent cost

Within this environment, silence is not the absence of experience. It is the outcome of ongoing evaluation. Employees are constantly weighing:

- Whether it is safe to speak
- What the consequences might be
- Whether the response will justify the risk

Where these conditions are uncertain, silence becomes a rational choice. But it is not without consequence. It produces what can be understood as silent cost.

What is silent cost?

Silent cost refers to the accumulated, often invisible labor of managing distress in conditions where it cannot be safely expressed or supported. It includes:

- Maintaining composure under strain
- Adjusting behavior in response to hierarchy and power
- Continually calibrating whether and how to disclose
- Relying on uneven and informal support systems
- Carrying shared struggles in isolation

This cost does not appear in formal metrics or policy documentation. Yet it shapes how people experience their work, their relationships, and themselves within the organization.

How silent cost is produced?

Silent cost is not generated by any single factor. It emerges at the intersection of multiple conditions:

- Relational: where trust is inconsistent and support depends on individuals
- Structural: where policies exist but do not translate into lived safety
- Hierarchical: where power shapes expression
- Cultural: where norms around strength and composure influence behavior
- Differential: where access to safety varies across identity and context

These conditions reinforce one another. Hierarchy shapes trust. Trust influences disclosure. Disclosure determines access to support. The absence of support reinforces suppression. Over time, this creates a system in which silence is sustained, not by a lack of awareness, but by the conditions within which people operate.

6.3 From individual experience to organizational conditions

What is often framed as individual resilience or reluctance to speak is, in this context, a response to organizational conditions.

Employees are not simply choosing silence. They are navigating environments where speaking carries risk and support is uncertain. This shifts the locus of responsibility. The question is not only: Why do not employees speak? But also: What conditions make speaking possible or difficult?

Implications

Recognizing silent cost changes how workplace mental health is understood.

It suggests that:

- Absence of visible distress does not indicate the absence of strain
- Presence of formal systems does not guarantee safety
- Individual coping should not be mistaken for organizational effectiveness

Instead, attention must shift to:

- Relational conditions of work
- Consistency of response
- Distribution of safety across the organization

6.4 The key message for organizations

All themes suggest that proactive efforts by organizations and leaders at positions of visibility and influence, are required to bring about systemic change. Consistent reinforcement of organizational values around creating safe and trusting workspaces (in micro and macro settings) is non-negotiable. Periodic listening exercises and a visibly effective grievance redressal mechanism can help embolden voices and break the silence.



7. Implications for practice

The findings suggest that improving workplace mental health is not only about introducing resources, but about shaping the conditions under which distress is experienced, expressed and responded to. The following recommendations focus on reducing silent costs by strengthening relational, structural, and cultural conditions within organizations.

1 Build manager capability as core infrastructure

Managers are central to how mental health is experienced at work. They shape whether distress is noticed, whether it can be expressed and how it is responded to. Yet this role is often under-supported.

Recommendation

Move beyond awareness to building specific managerial capabilities:

- Recognizing early signs of strain
- Responding without judgement
- Acting as a "filter" that absorbs and translates pressure
- Modeling boundaries and openness

Where managerial response is inconsistent, employees manage distress privately. Strengthening this capability makes support more predictable and reduces reliance on individual goodwill.

2 Create structured spaces for shared experience

Distress is widely experienced, but rarely visible. Where structured spaces for sharing exist, this change.

Recommendation

Introduce facilitated spaces within teams (e.g., story circles, guided conversations):

- Small group formats
- Psychologically safe facilitation
- No performance or evaluation attached

Making shared experience visible reduces isolation and enables earlier, more open expression.



3 Close the policy–practice gap through visible action

Employees judge mental health systems not by their presence, but by their outcomes.

Recommendation

Strengthen the link between employee voice and organizational response:

- Ensure visible follow-up to concerns
- Embed accountability for action
- Align workload and timelines with well-being commitments

Listen without action discourages disclosure. Visible response builds trust and credibility.

4 Address hierarchical pressure as a systemic factor

Hierarchy shapes both pressure and voice. Expectations often move downward without modification, while the ability to push back remains limited.

Recommendation

Introduce mechanisms that reduce unfiltered pressure and increase agency:

- Strengthen the managerial "filter" function
- Create safe channels for upward feedback
- Normalize boundary-setting around time, availability and leave

Unexamined hierarchy drives silence and over-compliance, increasing emotional strain and limiting expression.

5 Strengthen trust as a precondition for disclosure

Disclosure depends on trust, not just the presence of support.

Recommendation

Build trust through:

- Consistent, non-judgmental responses
- Leadership role-modeling of openness
- Clear norms around confidentiality and respect

Without trust, support systems remain underused and distress is managed privately until it escalates

6 Invest in informal support networks

Informal relationships already function as the primary support system, but they are uneven and fragile.

Recommendation

Strengthen informal networks without over-formalizing them:

- Develop wellbeing ally or peer-support programmes
- Provide basic training in listening and signposting
- Encourage cross-team relationships and mentorship

Strengthening informal support reduces reliance on chance and expands access to care.

7 Recognize and address uneven access to safety

Psychological safety is not evenly distributed. It is shaped by identity, roles and context.

Recommendation

Explicitly address these differences:

- Sensitize leaders to identity-based dynamics
- Review workload and expectation patterns
- Address micro-behaviors and assumptions

When differences remain unacknowledged, some employees carry a disproportionate share of the silent cost.

8 Shift from crisis response to early recognition

Disclosure often occurs only at the crisis point, indicating missed opportunities for earlier intervention.

Recommendation

Build capacity for early identification:

- Train managers and peers to notice behavioral shifts
- Introduce low-threshold check-ins
- Reduce stigma around early-stage struggle

Reducing silent cost requires intervening before distress escalates, not only responding once it is visible.

8. Mental health and psychological safety at workplace

Insights from the 2025 BCWI and MICI studies

To elucidate on what organizations have done so far to address mental health and psychological safety, and guide further thought on what organizations can do, this section draws upon the 2025 Avtar & Seramount Best Companies for Women in India (BCWI) and Most Inclusive Companies Index (MICI) findings[1]. These findings demonstrate that workplace mental health and psychological safety have evolved from peripheral well-being initiatives into core indicators of inclusive leadership, organizational trust, and sustainable workplace culture. Below are some of the programs and policies in place that reflect this evolution.

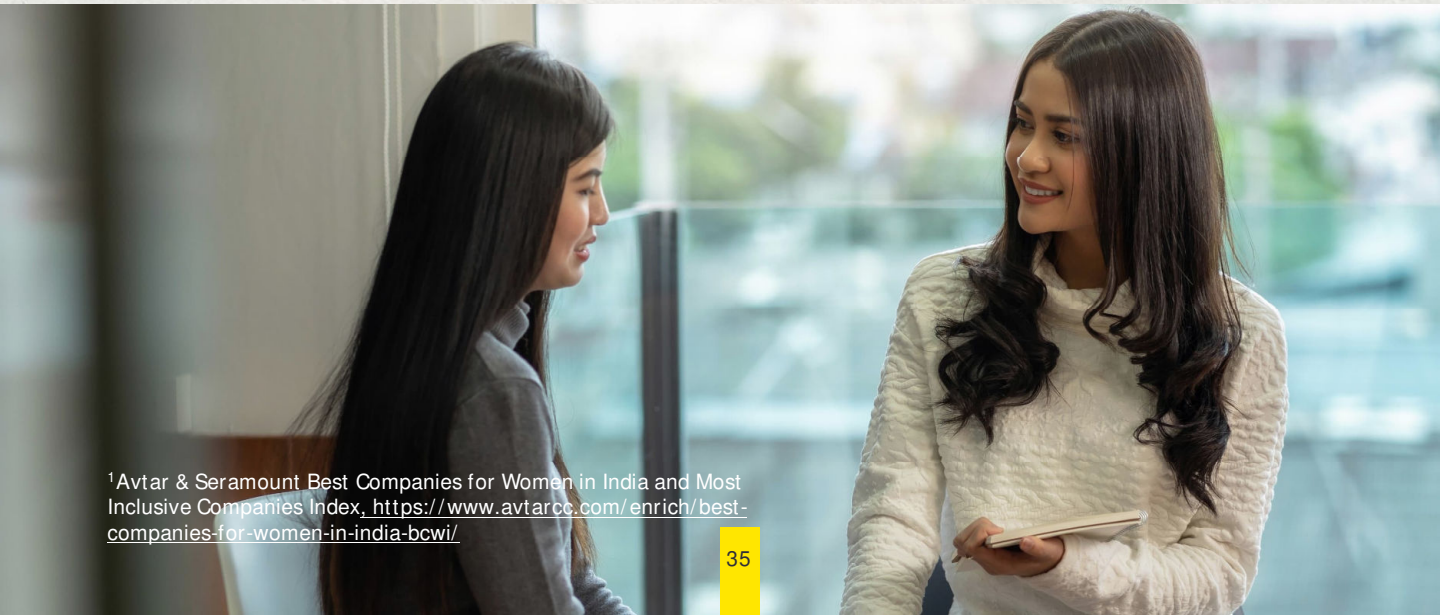
1. Holistic well-being programs

The findings reveal strong institutional commitment to mental health support systems. Among the Top 10 companies, 100%reported the existence of formal mental health and well-being policies. Mental health consultation support has become nearly universal, with 96% of leading organizations offering access to professional consultation services. Emotional support counseling and stress management programs are provided by 90%of leading organizations, indicating a growing recognition that accessible and confidential support systems are essential to employee well-being.

Awareness and sensitization initiatives have also become widespread. Approximately 87% of leading organizations conduct awareness programs focused on mental health, while 84%provide employees with mental health resources and educational information. Additionally, 91%train managers on handling work-life concerns, and 69%provide specialized manager training to support employees experiencing mental health challenges. Some of the companies lead through comprehensive health and lifestyle programs, while few run sessions on emotional resilience and body image.

2. Confidential counseling and peer support networks

Employee Resource Groups (ERGs) and peer-support communities have emerged as significant contributors to the inclusive workplace culture. Health and wellness-focused ERGs exist in 70%of leading organizations. Around 61%of leading organizations actively involve ERGs in mental health outreach and employee engagement initiatives. Organizations use peer-support networks, mentorship platforms and allyship communities to strengthen belonging, reduce isolation and create psychologically safe spaces for dialogue.



[1]Avtar & Seramount Best Companies for Women in India and Most Inclusive Companies Index, https://www.avtarcc.com/enrich/best-companies-for-women-in-india-bcwi/

3 Flexible work and life-stage inclusion

Flexibility and life-stage support continue to be central to well-being strategies. Nearly 94%of leading organizations offer hybrid work models, while 79%provide flexible working arrangements for parents and caregivers. Furthermore, 70%support maternity returnees through phased return-to-work programs. Some of the organizations have implemented childcare sabbaticals, flexible work arrangements, childcare reimbursements, and baby care allowances to reduce stress associated with caregiving responsibilities and career transitions. Notably, 70%of Top 10 companies provide paid childcare leave, compared to only 46%of leading companies, highlighting this as a differentiating factor.

The study also highlights increasing organizational attention toward reproductive and emotional health. Among the leading organizations, 87%provide counseling support for women who experience miscarriage, while 85%of leading organizations support employees experiencing postpartum depression. Parental health and wellness programs are available in 80%of leading organizations, reflecting a broader understanding of employee well-being that includes reproductive health, caregiving realities and emotional recovery.

Leadership engagement has emerged as a defining factor influencing psychological safety. Around 74%of leading organizations report active senior leadership involvement in supporting employee mental health initiatives. Open-house forums, leadership listening sessions and

mentoring interactions are increasingly being used to strengthen employee voice and trust. Some of the leading organizations have embedded ‘Visible Felt Leadership’ practices into their inclusion and well-being approach, reinforcing leadership accountability and empathetic management behaviors.

4. Inclusive infrastructure and safe physical spaces

Inclusive infrastructure also contributes significantly to employee comfort and belonging. Leading organizations have introduced all-gender restrooms, wellness rooms, accessible workspaces, and adaptive infrastructure to support employees across identities and abilities. Such visible measures reinforce the organizational commitment to dignity, inclusion and psychological safety.



5. Awareness, sensitization and mental health literacy

Normalizing conversations around mental health requires sustained effort in education and awareness. Among the leading companies, 98%offer e-learning modules on workplace safety and POSH-related topics, and 87%conduct mental health awareness programs. Manager sensitization is particularly critical: 100%of Top 10 companies train managers on supporting mental health concerns, compared to 69%of leading companies —a significant gap that underscores the role of frontline leadership in psychological safety.

The findings further demonstrate the importance of continuous listening and accountability. Employee surveys on women-related issues are conducted by 92%of leading organizations, while 85%have improved policies and programs based on employee feedback. In addition, 68%include mental health-related questions in employee surveys to better understand well-being experiences and identify intervention areas. Some of the leading organizations use pulse surveys, well-being dashboards, inclusion analytics, and action tracking mechanisms to close the loop between employee feedback and institutional change. These practices illustrate how data-driven decision-making and employee voice are becoming central to organizational well-being strategies..

6. Returnship, allyship and community building

Psychological well-being is strongly connected to career continuity and a sense of belonging. Structured returnship programs offer mentorship, reskilling, and confidence-building for women returning after career breaks. At the cultural level, leading organizations recognize male allies through formal inclusion awards, use storytelling campaigns to normalize mental health conversations and build organizational empathy across genders and roles.



[1]Avtar & Seramount Best Companies for Women in India and Most Inclusive Companies Index, https://www.avtarcc.com/enrich/best-companies-for-women-in-india-bcwi/

9. Limitations

This study is situated within corporate workplace contexts in India, and the findings should be read within this scope. While the sample spans roles, functions and levels of seniority, it does not capture experiences beyond formal organizational settings or across the full range of cultural and sectoral contexts.

The study draws on self-reported data across both survey and qualitative methods. As with all such approaches, responses are shaped by recall, interpretation, and the conditions under which participants chose to disclose or withhold aspects of their experience.

The research adopts a non-clinical framing of mental health. It does not seek to diagnose or measure the prevalence of specific conditions, but to examine how psychological distress is experienced and managed within workplace contexts.



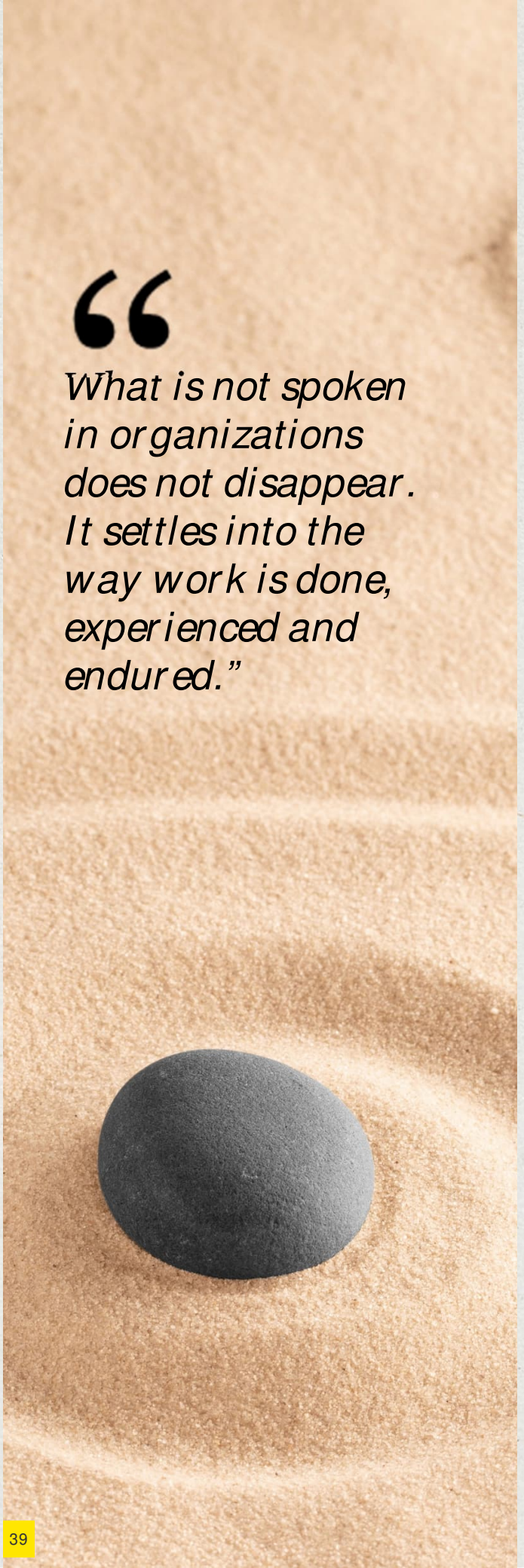
10. Conclusion:
What remains

This study began with a simple question: what remains unspoken in the workplace? The findings suggest that what is not expressed is not incidental but patterned. Experiences of strain, uneven safety and regulated silence are not isolated occurrences but part of how work is lived and sustained.

The concept of the silent cost brings this into view. It draws attention to the psychological burden that does not register in formal metrics, yet shapes how employees function, relate and endure within organizational life. By focusing on what is contained rather than only what is expressed, it offers a unique way of understanding workplace mental health —one that is situated within everyday interactions, expectations and constraints. This is reinforced numerically through a glaring finding of the study —while more than 77%of professionals report that their managers are approachable, over 55% felt that they didn't feel safe discussing mental health related concerns at work reinforcing an accessibility-utilization gap.

What emerges is not an absence of support or intent, but a gap between what is available and what is experienced. In this gap, distress is carried, managed and often individualized, even when its conditions are shared. The silent cost is not fixed. It is the distance between what organizations provide and what employees feel safe enough to use. That distance is one organizations can choose to close, intentionally, systemically and empathetically.

> *"What is not spoken in organizations does not disappear. It settles into the way work is done, experienced and endured."*



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