From Silence to Signal

India Inc.'s Mental Wellness reckoning,

2023 – 2026 (YTD)

A workforce learning to name what hurts.

Mental wellness utilization across India Inc. has surged 44% since 2023. But the more telling story isn't the volume-it's who is engaging, what they're naming & the one in four employees who book a session & never show up.

+44%

Sessions,
2023 → 2026

+203%

Gen Z growth (20-25)
over the same window

+408%

BFSI sector growth
fastest of any industry

26.6%

Of users who book
never complete a session

The surge is real, but it's concentrated

India Inc.'s mental wellness utilization surged **44%** since 2023. The bigger story is who engages & the one in four who book & ghost.

Gen Z has crossed the threshold

Employees aged 20-25 grew **203%** in two years - **11X** the 31-35 rate. The first Indian generation for whom therapy is unremarkable.

BFSI is the breakout sector

Banking & financial services posted **+408%** session growth - pent-up dem& finally catching up to provision. Healthcare follows at **+122%.**

The articulation gap is real

Women name distress as "relationships" (25%). Men name it as "personal issue" (62% male). Men are more clinical (38% vs 32%) - yet describe it the vaguest.

One in three sessions is now clinical

35% of sessions cluster around anxiety, depression, mood & behavioural issues. EAPs are no longer wellness perks - they are primary mental healthcare.

Each life stage has a signature

Gen Z brings anxiety & self-doubt.
The 30s bring partners & parents. Past 35 turns most clinical - **44%** anxiety or mood.
Generic programmes miss all four.

The stigma tax is 26.6%

More than one in four who book never attend. They book under code-named reasons, then ghost. This is the industry's quiet failure.

Episodic care is insufficient

12% of users sustain 5+ sessions - clustered around grief, divorce, & mood disorders. Most EAPs still assume one conversation will do. It won't.

The corporate workforce is finally using what it pays for.

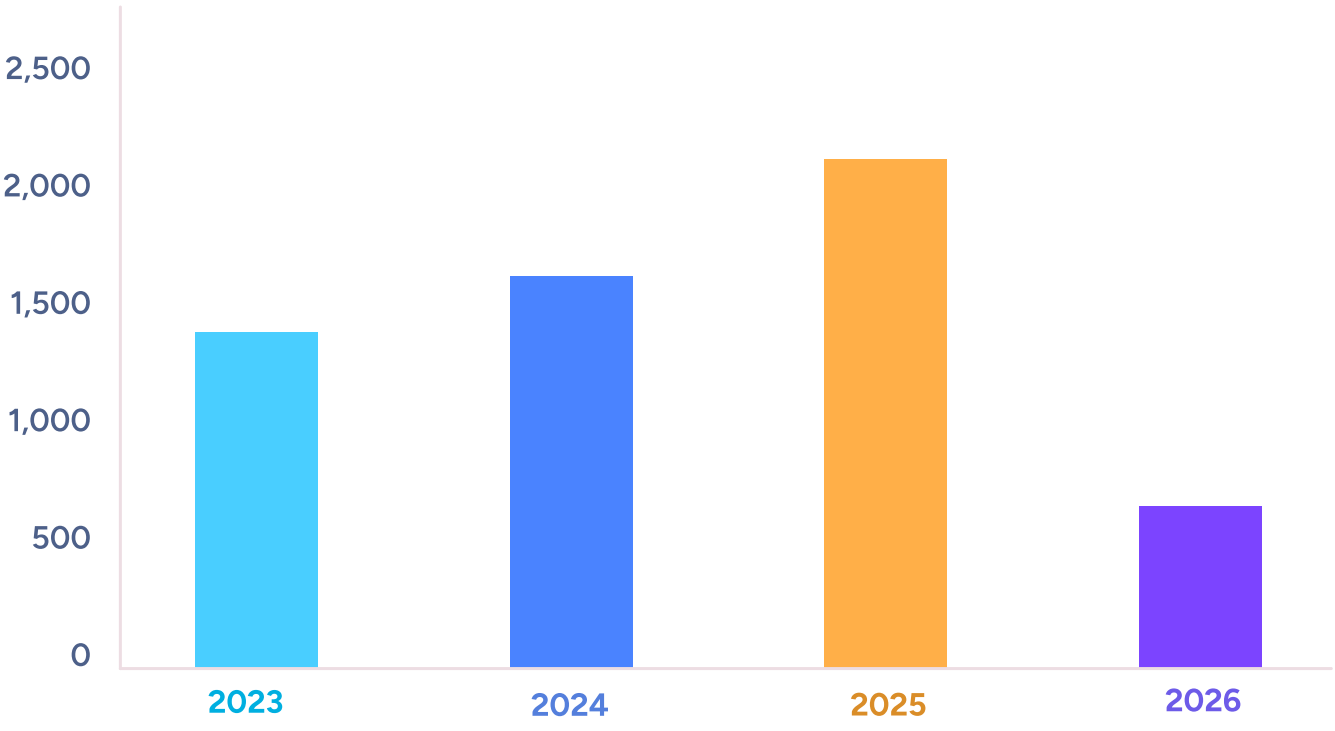
For more than a decade, employee assistance programmes in India have suffered the same problem: high enrolment, near-zero engagement. Companies bought them to tick a benefits box. Employees forgot they existed.

Mental wellness counselling sessions across ekincare's corporate base grew 44% between 2023 and 2025 - and the curve steepened sharply in 2025 alone (+34% YoY).

The first four months of 2026 are already on a run-rate to match or exceed 2025. The question for benefits leaders has flipped: from how do we get people to use this to how do we keep up with the demand we have created.

Annual mental wellness sessions

2023 - 2026, ekincare corporate base. 2026 reflects january - April only.



Source: ekincare counselling sessions ledger, 2023- 2026

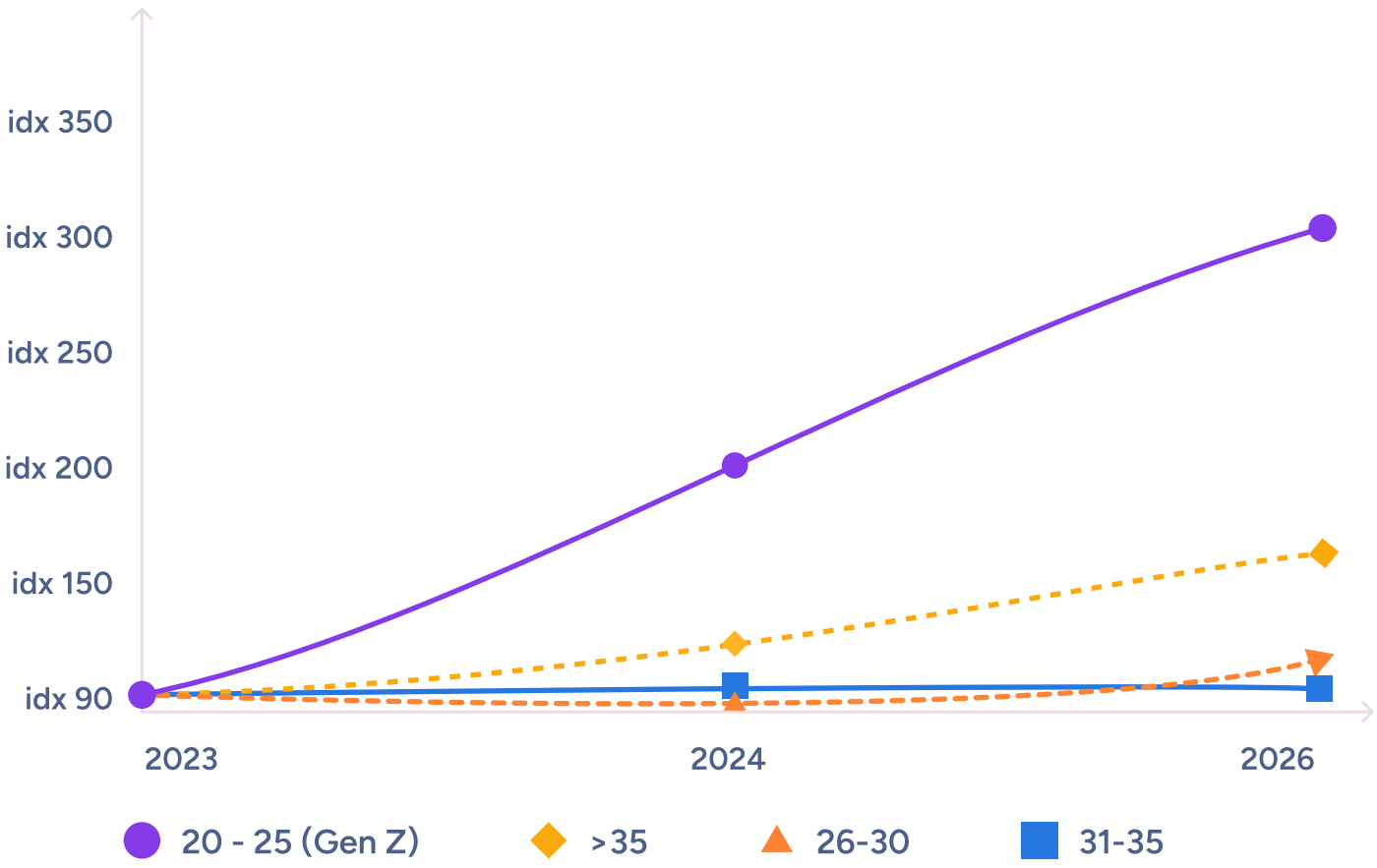
Gen Z is doing in two years what older cohorts still won't.

Among employees aged 20-25, mental wellness sessions grew +203% from 2023 to 2026. The 26-30 cohort grew 27%. The 31-35 cohort, the engine of most Indian corporates, grew just 18%.

This is not a small generational rebalancing. It is the first Indian workforce cohort for whom counselling is a tool, not a confession.

Two-year growth in mental wellness sessions, by age cohort

Indexed to 2023 = 100. Gen Z has tripled in two years; mid-career has barely moved.



The implication for benefits design is uncomfortable. Programmes built for the median 31-year-old employee are systematically under-serving the youngest & oldest ends of the workforce-the very cohorts where the velocity of demand is highest.

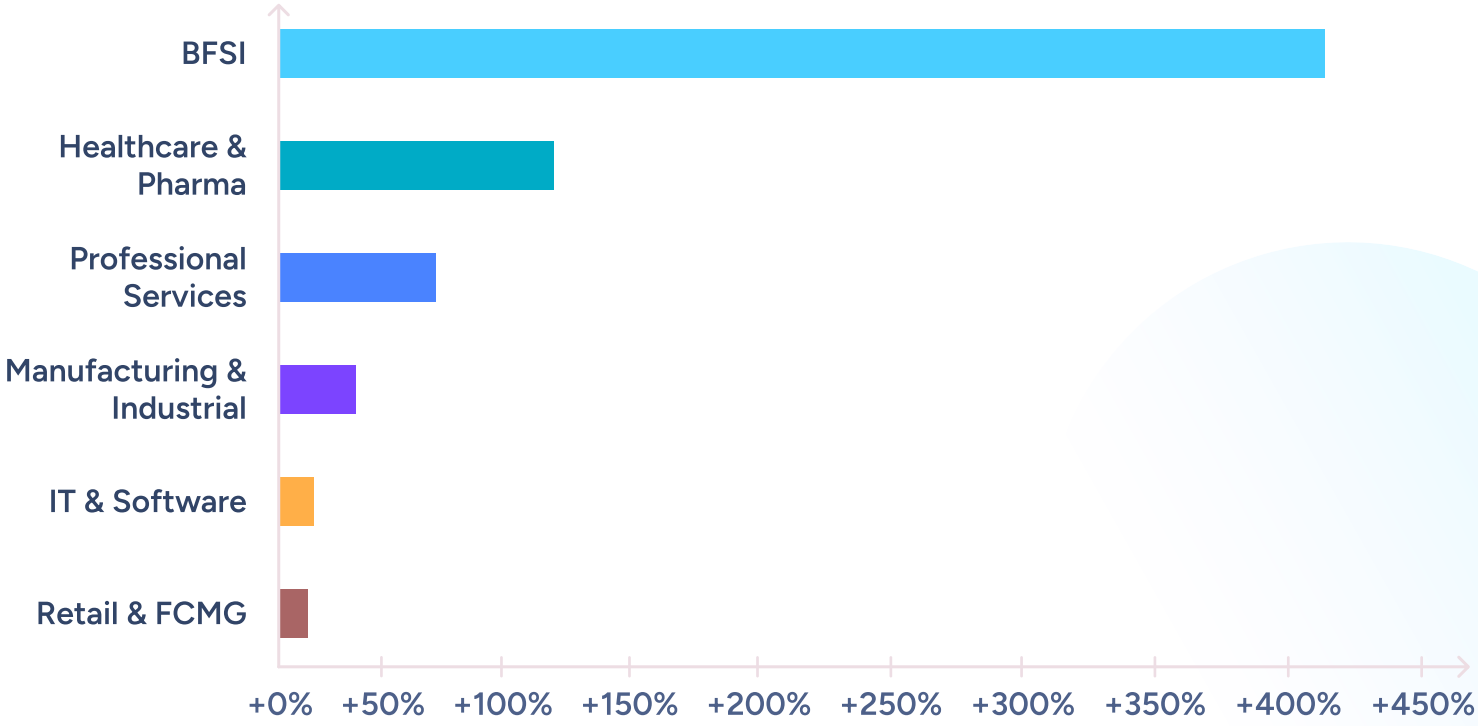
BFSI is the breakout sector. Healthcare is treating its own.

BFSI sector is having the most dramatic mental health awakening of any industry, +408% session growth from 2023 to 2025, driven by pent-up demand finally meeting provision.

Healthcare & pharma posted +122% growth & now account for 18% of all sessions. IT & software - the historical leader - managed only +11% & is being structurally overtaken.

Sector growth in mental wellness sessions, 2023 - 2025

Bar length is two-year percentage growth.



What BFSI is signalling. Pressure-driven sectors lead mental health utilization. Where targets, regulation & client intensity converge, demand follows.

What healthcare is signalling. Clinicians are the canaries. When those who treat mental illness start seeking it at twice the prior rate, structural burnout has set in.

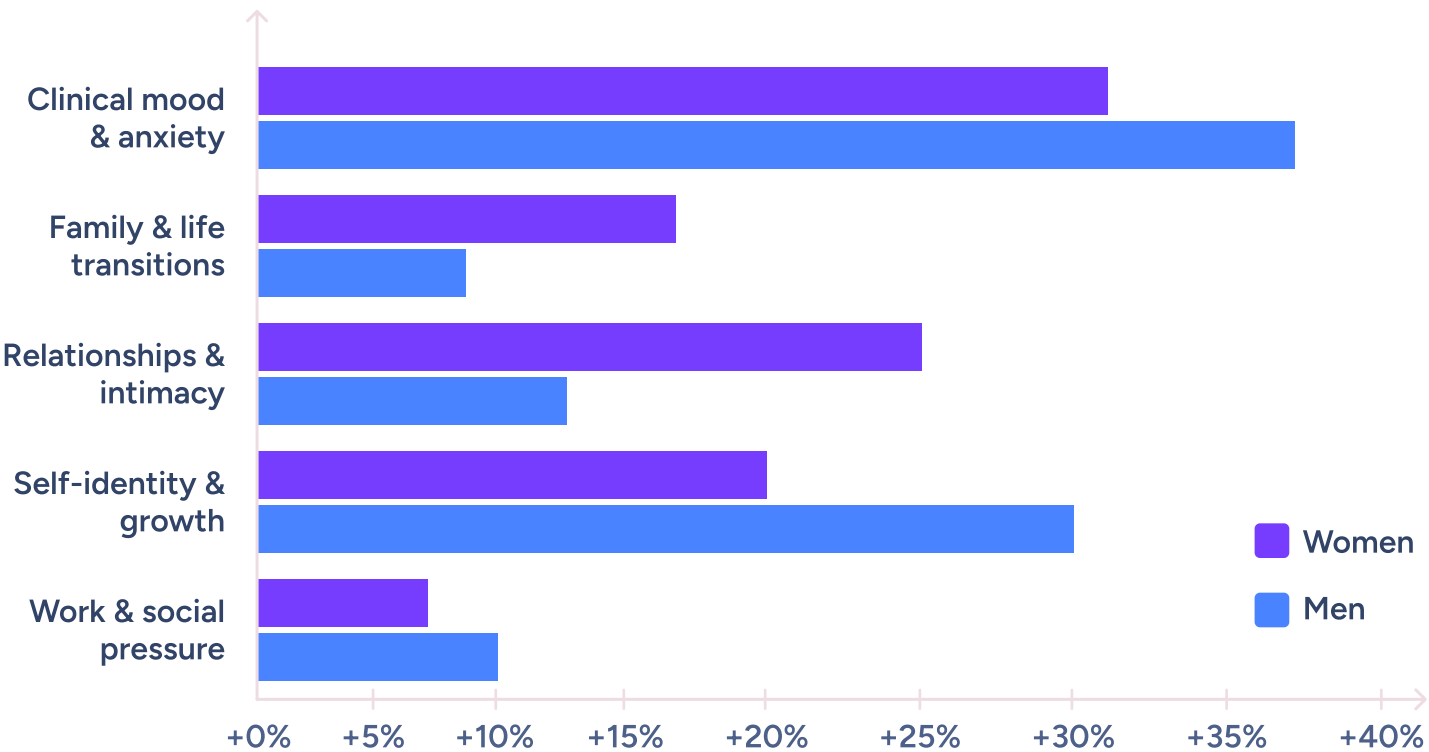
The same distress, worn by a man, becomes a "personal issue." Worn by a woman, a "relationship." Until benefits design accounts for that, half the workforce will be mis-served.

Men deflect. Women describe.

Men are more clinical than women on anxiety & depression (38% vs 32%) - yet on how they describe that distress, the two part company completely.

What employees describe their distress as, by gender

Share of completed counselling sessions within each gender



What women say.

25% of female sessions cluster around relationships & intimacy - nearly twice the male rate. Two-thirds of "Romantic Relationships" tags are filed by women.

What men hide behind.

Male sessions cluster around "self-identity & growth", dominated by "Personal Issue" - the dataset's largest sub-reason, filed 62% by men. It is what an Indian male says when he can't say anxiety, loneliness or I don't know.

The implication for EAP design. Intake forms underestimate male anxiety, female mood & everyone's loneliness. Only post-session re-classification reveals the real picture.

One in three sessions is now in clinical territory.

Bucketed into five clinical clusters, the picture changes how EAPs should be sold.

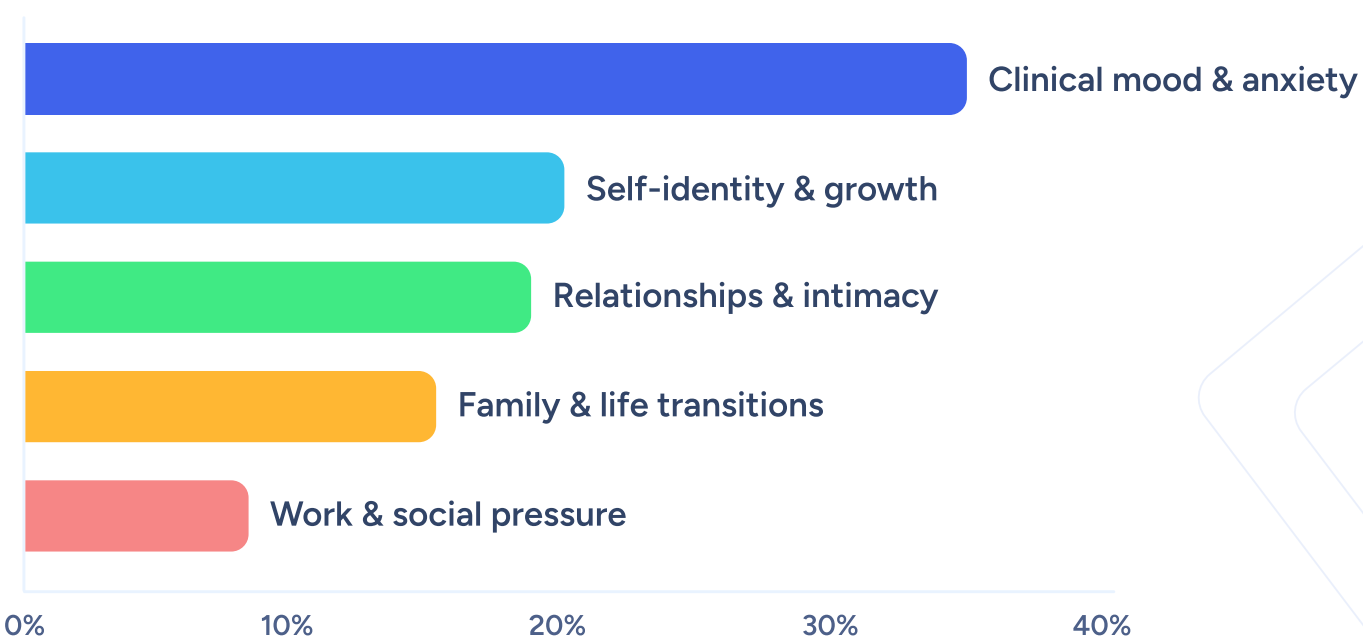
35% of sessions land in clinical mood & anxiety - anxiety, depression, mood disturbance, behavioural & personality issues. This is not the language of "wellness." It is primary mental healthcare delivered through an employer benefits channel.

For diagnostics, hospitals & TPAs, this matters. Corporate counselling is the front door to clinical pathways & the only door for many who would never self-refer.

Self-identity & growth (24%, the second-largest cluster) is dominated by "Personal Issue", used mostly by men. Corporate mental health's vocabulary is not yet clinical.

Five clusters of distress

Share of completed sessions by clinical cluster



The other four clusters show where corporate counselling is substituting for what Indian society quietly under-supports: relationships, self-development, family transitions, grief. Each is a market signal.

Each decade fights a different war.

Generic programmes treat all employees as variants of one generic adult. The data refuses that simplification - each cohort presents a sharply distinct dominant concern.

20-25

GEN Z - Early Career

Anxiety meets self - doubt

Clinical mood & anxiety	**43%**
Self-identity & growth	**35%**
Relationships & intimacy	**15%**

26-30

Career Consolidation

Anxiety, intimacy & identity

Clinical mood & anxiety	**31%**
Relationships & intimacy	**25%**
Self-identity & growth	**25%**

31-35

The Squeeze Decade

Anxiety, partners & parents

Clinical mood & anxiety	**35%**
Relationships & intimacy	**22%**
Family & transitions	**19%**

35+

Mid career & Senior

The most clinical cohort of all

Clinical mood & anxiety	**44%**
Self-identity & growth	**20%**
Family & transitions	**15%**

The pattern is too consistent to dismiss. Gen Z arrives with anxiety & self-doubt - identity work older cohorts do later, or never. By the late 20s, relationships & self-identity rise together. The 31–35 squeeze adds family pressure. Past 35 - counter to every assumption about ageing - the workforce turns most clinical: 44% anxiety, depression, mood.

A programme that offers the same webinars, nudges, & counsellor pool to all four cohorts is, in effect, supporting only the modal one.

The stigma tax is real & the industry won't name it.

For every four employees who walk up to the brink of asking for help, one never shows up. No counsellor sees them. No record of the moment they almost asked.

In our sample, more than one in four employees who book a counselling session - 26.6% - never attend one.

Phone consultations no-show more than video (28.9% vs 23.6%). First-time bookers ghost more than returners (35% vs 21%) - lower the investment, easier to walk away.

This is the stigma tax - shame, second-guessing, the maybe I'm overreacting reflex at 11pm. The gap between finding courage & watching it drain.

> *A **26.6%** ghost rate is not an operational problem. It is the **loudest signal** in the dataset: we have built systems employees **don't feel safe** using.*

EAP vendors report "completion" & "utilization rates" - rarely ghost rates. A programme can show 100% utilization while a quarter of its bravest users never get help. The fix isn't better reminders - it is recognising the most fragile minute in the employee's mental health journey, treated by the industry as logistics.

One session won't fix a divorce.

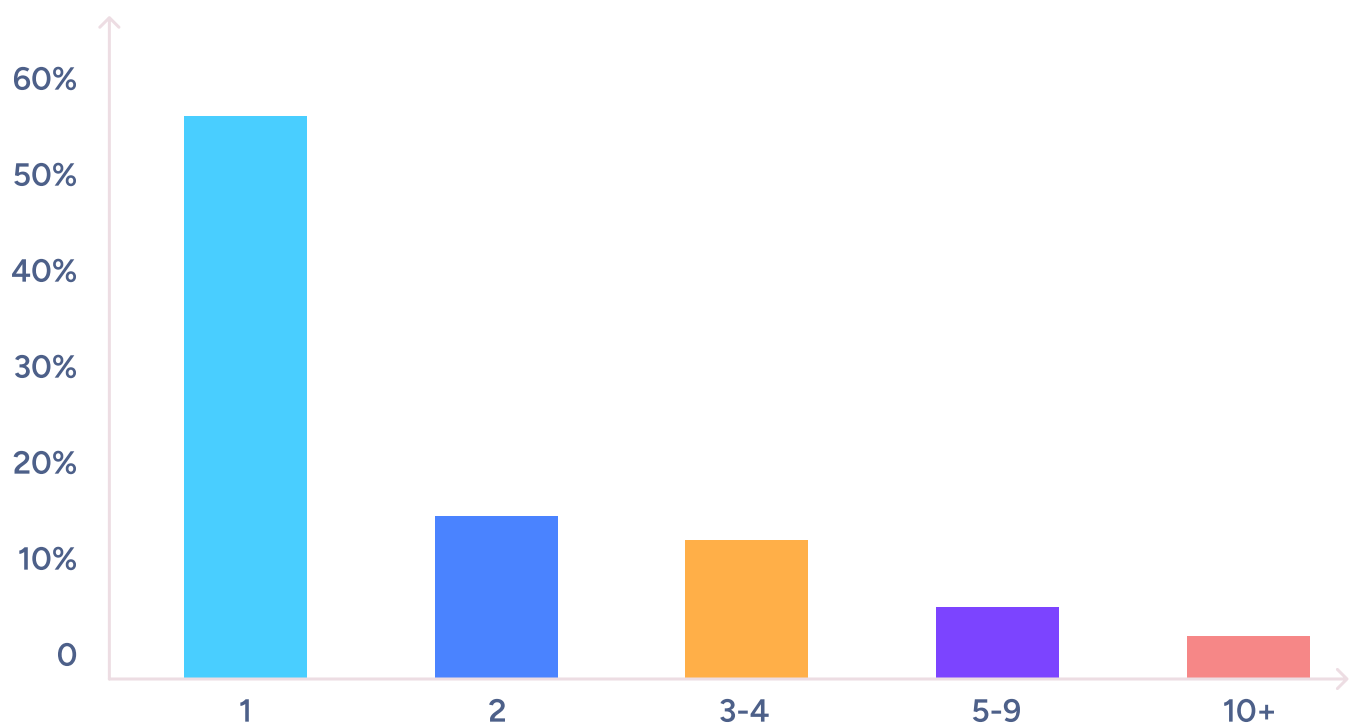
In our sample, of all employees who completed at least one counselling session:

58% completed only one session. They came once and didn't return. For low-acuity concerns a workplace conflict, a bout of self-doubt-this is fine. For higher-acuity ones, it isn't.

12% sustained five or more sessions - the deep engagers. The pattern in what they came for is unambiguous: divorce adjustment, grief, mood disturbance, personality issues, emotional abuse.

How often they came back

Share of users by no. of completed sessions



These are duration conditions - not resolvable in a single 50-minute slot. EAPs need a tiered offer: a low-touch front door for the 58% and a continuation pathway for the 12% who need more. Without it, the programme abandons the employees most likely to be off work next month.

What this means if you're building, buying or brokering the system.

Each of the four buyer profiles in India's preventive healthcare market has a distinct set of moves to make on the back of this data. None of them are about adding another webinar.

FOR CHROS & BENEFITS HEADS

Stop measuring utilization. Start measuring articulation.

- Track the booking-to-attendance ratio as a primary KPI, not session count.
- Replace category-based intake forms with counsellor-led classification post-session. The bucket the employee picks is rarely the real reason.
- Build differentiated offers for Gen Z, the squeeze decade (31-35), & the over-35 cohort. They are not the same audience.
- If your EAP shows 100% utilization but no ghost rate, ask the vendor why.

FOR TPAS & BENEFITS BROKERS

Mental health is no longer a rider. It is a primary line.

- One in three sessions is clinical-grade. Reflect that in network design-route sustained-engagement cases to clinical psychologists, not generalist counsellors.
- BFSI & Healthcare are growing 4-7× the rate of legacy IT. Prepare network capacity ahead of the demand.
- The 12% sustained-engagers are the cost concentration. Design plans that don't penalize them out of continuity.
- Build ghost-rate reporting into every quarterly review. It is the leading indicator of programme quality.

FOR DIAGNOSTICS & HOSPITALS

Corporate counselling is your biggest unbranded referral channel.

- Anxiety & depression are over 1 in 10 sessions (11.7%). The downstream pathway- psychiatry, sleep medicine, somatic workups-is yours to build, or someone else's to take.
- Partner with EAP networks on warm-handoff protocols. Cold referrals from a corporate counsellor to a hospital convert poorly.
- The 31-35 cohort presents with mood disturbance & family stress. This is the population most likely to convert into ongoing diagnostic & pharma pathways.
- The 35+ cohort is the most clinical of any age group - 44% of their sessions are anxiety, depression, or mood-related. This is where pharmacotherapy & structured clinical pathways have the highest conversion potential.

FOR INSURERS & INVESTORS

The mental health market in India just changed shape.

- Two-year session growth at +44% on a base of 1,400+ is no longer early-adopter behaviour-it is mainstream curve formation.
- BFSI-led sectoral expansion implies pressure-correlated demand: any sector with rising regulatory or client-facing intensity will follow the same trajectory within 24 months.
- Episodic-care models will be priced down. Continuity-care models will price up. The 12% sustained-engagers are where the unit economics live.
- The ghost rate is unmonetized risk. Vendors who solve it will own the premium tier of the market.

From wellness programmes to workforce resilience.

Three years ago, the most common question we got from a CHRO was: how do we get our employees to use this? The numbers in this report should retire that question. They are using it. They are using it more than the systems were built to handle, in vocabularies the systems weren't built to read, at life stages the systems weren't designed for.

The harder question & the one this report is meant to surface, is the one underneath: are we building mental health systems Indian employees actually feel safe inside? A 26.6% ghost rate suggests we are not yet there. An articulation gap that splits male & female distress into different vocabularies suggests our intake forms are part of the problem.

This is the third volume in ekincare's annual research series. The first looked at preventive health utilization. The second mapped India's silent health crisis at a population level. This one turns the lens onto the corporate workforce's mental health, because the corporate channel is now the largest single doorway through which Indian adults reach mental healthcare at all. What gets built here will define what the next decade of Indian mental health looks like.

We will publish this series every year. The numbers will change. The structural questions, we suspect, will not-until the industry decides to ask them.

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