
WORKPLACE BURNOUT AND MENTAL HEALTH: THE SILENT GAP IN ESG'S SOCIAL PILLAR: A COMPARATIVE ANALYSIS

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ABSTRACT

Workplace burnout and mental health issues are the main causes that have been overlooked in the corporate social responsibility sphere in emerging markets. Out of this, the psychological well-being of employees at the workplace is the most affected, in the case of Indian corporate employees, who are at moderate to high mental health risk levels, and thus it requires immediate policy intervention. The paper uses doctrinal legal methodology and comparative policy analysis to study workplace burnout, mental health interventions, and integration of Environmental, Social, and Governance (ESG) frameworks across the Indian corporate sector. The paper discloses that workplace mental health has a great bearing on the organizational outcomes, and these outcomes include loss of productivity, employee retention, healthcare expenditures, and corporate reputation. Though an Employee Assistance Programs (EAPs) has been widely adopted, and digital mental health platforms are in use, effectiveness gaps still exist as a result of the following: the absence of impact evaluation mechanisms, the cultural stigma that is still very much prevalent, and the insufficient integration of the interventions into the organisational systems. India's legal framework comprises the Mental Healthcare Act 2017, the Occupational Safety, Health, and Working Conditions Code 2020, and the Rights of Persons with Disabilities Act 2016, which are somewhat disjointed. It does not address psychosocial hazards, nor does it clearly stipulate employer duties for mental health protection. On the other hand, the Business Responsibility and Sustainability Reporting framework does not have standardised metrics for mental health, and therefore disclosure is made at the discretion of the party rather than there being a sense of accountability.

The comparison of the international frameworks with the European Sustainability Reporting Standards and other such frameworks reveals that the latter have more rigorous mental health requirements and better occupational protections. The paper argues that bridging the social responsibility gap requires synchronized reforms at occupational safety legislation levels, ESG standards, workplace culture, and systemic

interventions dealing with structural psychosocial hazards. The organization's resilience and workforce sustainability in the scenario of the Indian corporate sector's evolution call for the implementation of the strategic integration agenda that includes multi-stakeholder governance, stigma reduction initiatives that are culturally sensitive, and mandatory mental health risk assessments.

Keywords: Workplace burnout; Mental health; ESG frameworks; Occupational safety; Psychosocial hazards; Corporate interventions; Legal framework; India; Employee well-being.

INTRODUCTION

Burnout and mental health problems at work are major issues that have a significant impact on organizations and require immediate attention in the Indian corporate sector.¹ Present data shows that more than half of the employees in the Indian corporate sector are exposed to a moderate to high risk of mental health problems and say that their workplace is harmful to their mental health.² Burnout as per the Maslach Burnout Inventory (MBI) model, is a condition that involves three highly interrelated dimensions: emotional exhaustion, depersonalization, and a low sense of professional accomplishment.³ According to the World Health Organization's ICD-11 (since 2022), burnout is the main cause of the reduction of the capacity of a worker due to a reaction to chronic stress at the workplace, and thereby the problem originates from organizational systems and not from an individual's weakness.⁴

The financial implications are highly significant. India is anticipated to experience economic losses over a span of eight years as a consequence of mental health inequities, out of which employers are going to have immediate annual costs as a direct consequence of these disparities.⁵ The crisis goes beyond productivity metrics and is visible in the form of employee turnover at an alarming rate, as around 50% of employees declare that they would look for another job if workplace stress continued.⁶ Most concerning are the increasing suicide risks

¹ Apurvakumar Pandya et al., *Workplace Mental Health Interventions in India: A Rapid Systematic Scoping Review*, 10 FRONTIERS PUB. HEALTH 800880 (2022).

² Aon, *Asia Mental Health Index: India 2024*, <https://www.aon.com/getmedia/7686800b-7e9a-4c8f-a036-35909b3f4a89/Asia-Mental-Health-Index-Report-India.pdf> (visited Nov 10, 2025).

³ Mind Garden, *Maslach Burnout Inventory (MBI)—Assessments, Tests* (2020), <https://www.mindgarden.com/117-maslach-burnout-inventory-mbi> (visited Oct 24, 2025).

⁴ World Health Org., *Burn-out an "Occupational Phenomenon": International Classification of Diseases* (May 28, 2019), <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases> (visited Nov 10, 2025).

⁵ Aon, *supra* note 2.

⁶ Pandya et al., *supra* note 1.

and the rising distress levels of the high-risk employees, thus transforming workplace mental health from a human resources problem into an urgent public health crisis.⁷

While numerous progressive corporate actions are being taken, such as Employee Assistance Programs (EAPs), digital mental health platforms (BetterLYF, YourDOST, and WYSA), and wellness initiatives, there is still a big gap in their overall effectiveness.⁸ About half of the organizations that have formal wellness programs do not have mechanisms for systematically evaluating their impact, and the stigma related to culture is still a very big obstacle, as workers are hesitant to use the services because they are afraid of being judged by the workplace and having their careers negatively affected.⁹ India's disjointed legal system further exacerbates these problems. The Mental Healthcare Act 2017 operates as a healthcare law rather than as a measure for occupational prevention; The Occupational Safety Code 2020 only deals with physical safety and does not acknowledge the existence of psychosocial dangers; and the Rights of Persons with Disabilities Act 2016 puts the focus on the inclusion of the disabled rather than on their prevention.¹⁰ Even though the Constitution under Article 21 mandates certain duties, these are still not being carried out through clear occupational health laws.¹¹ While organizations are increasingly focusing on mental health in the workplace, there are still very few studies that hinder the creation of policies and the design of interventions based on solid evidence. The Indian context studies are still scarce that follow burnout trajectories, show intervention durability, and explain the mechanisms of organizational culture change, while most of them rely on cross-sectional designs despite the better causal inference capabilities.¹² The mental health of the supply chain is still a mystery in large part, although ESG frameworks are more and more committing the value chain to be accountable; the contract workers and outsourced labor are the ones who suffer the most from psychological hazards and have hardly any support systems.¹³ The mental health experiences differentiated by gender and the differences in the effectiveness of the interventions between genders are very little explored

⁷ Id.

⁸ Sophia Bouzikos et al., *Contextualising the Effectiveness of an Employee Assistance Program Intervention on Psychological Health: The Role of Corporate Climate*, 19 INT'L J. ENV'T RES. PUB. HEALTH 5067 (2022).

⁹ Amanpreet Kaur et al., *Systematic Review of Interventions to Reduce Mental Health Stigma in India*, 55 ASIAN J. PSYCHIATRY 102466 (2021).

¹⁰ The Mental Healthcare Act, 2017, No. 10 of 2017, India Code (2017); The Occupational Safety, Health and Working Conditions Code, 2020, No. 37 of 2020, India Code (2020); The Rights of Persons with Disabilities Act, 2016, No. 49 of 2016, India Code (2016).

¹¹ India Const. art. 21.

¹² Pandya et al., *supra* note 1.

¹³ Pandya et al., *supra* note 1; Int'l Lab. Org., *Mental Health and Well-Being in Global Supply Chains* 112–34 (2022).

research topics, especially in the Indian organizational contexts, which hampers the capacity for the design of interventions that are fair.¹⁴ Most importantly, the mental health issues of the informal sector are totally overlooked although they constitute the majority of India's workforce, with the focus of the research being on the formal corporate environments that leave out large groups of people who face occupational stress without any regulatory protection.¹⁵¹⁶¹⁷ There is a need for a lot of work challenging the cultural appropriateness of Western mental health intervention models when they are carried out in Indian contexts, and this includes evidence about the requirements for modification and the approaches for local adaptation.¹⁸ The mechanisms of organizational culture change, ways of leadership getting involved, and systemic interventions that tackle the root causes of burnout are quite a few relative to individual clinical interventions, which is the main reason why organizations are still focusing on the treatment of individuals instead of the preventive structural change.¹⁹

This research employs doctrinal legal methodology along with comparative policy analysis to study the issues of burnout, mental health, and the integration of the ESG framework in Indian corporates. The study responds to three intimately linked research queries. As a first step, the research looks into how widespread mental health problems are among corporate employees. It also tries to figure out the main reasons and effects of these problems on productivity, retention, and job satisfaction. Secondly, the authors of the paper assess whether the current corporate mental health programs are successful enough in the promotion of employee well-being and the reduction of stigma. Besides that, they recognize the ways to enhance India's legal system to make it obligatory for workplace to provide complete mental health protections. Thirdly, the research through comparative scrutiny evaluates the manner in which the ESG frameworks and the occupational policies in different geographical areas take into

¹⁴ Kaur et al., *supra* note 9.

J. Priya et al., *Effects of Performance and Target Pressure on the Psychological Well-Being of Corporate Employees*, 11 Int'l J. Env'tl. Res. & Pub. Health 5891 (2023).

¹⁵ Govindan Raveendran & Joann Vanek, *Informal Workers in India: A Statistical Profile*, WIEGO STAT. BRIEF NO. 24, at 1 (2020), https://www.wiego.org/wp-content/uploads/2020/10/WIEGO_Statistical_Brief_N24_India.pdf (visited Nov 10, 2025).

¹⁶ Anjali Nag, *Occupational Health Scenario of Indian Informal Sector*, 54 INDUS. HEALTH 414, 415–17 (2016), <https://pmc.ncbi.nlm.nih.gov/articles/PMC4963551/> (visited Nov 10, 2025)

¹⁷ *Mental Health: The Hidden Toll of Informal Labor in India*, DRISHTI IAS (Oct. 11, 2023), <https://www.drishitias.com/daily-updates/daily-news-editorials/mental-health-the-hidden-toll-of-informal-labor-in-india> (visited Nov 10, 2025)

¹⁸ Soumitra Pathare et al., *Mental Health in India: Sociocultural Dimensions, Policies, and Challenges*, 5 Frontiers Psychiatry 1337662 (2024), <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2024.1337662/full> (visited Nov 10, 2025)

¹⁹E. Monteiro & J. Joseph, *A Review on the Impact of Workplace Culture on Employee Mental Health and Well-Being*, 8 J. ORG. CHANGE MGMT. 234–56 (2023).

consideration the workplace mental health. It further investigates the differences in the clarity of policies, the extent of the regulation, and the practical effects on employee well-being. By bringing together various studies on occupational burnout, corporate ESG implementation, organizational culture change, gender-differentiated experiences, and comparative occupational health governance, this paper argues that addressing workplace mental health as part of ESG commitments necessitates the overhaul of both the organizational and legal systems to tackle the issue of structural psychosocial hazards in the formal, informal, and supply chain contexts, rather than just the provision of isolated clinical interventions.

THEORETICAL FRAMEWORKS AND CONCEPTUALISATION OF BURNOUT

Burnout has been described in organizational psychology and occupational health research as a multidimensional concept made up of three separate but closely related aspects: emotional exhaustion, depersonalization (or cynicism), and reduced personal accomplishment or professional efficacy.²⁰ The three-component model, which was created and measured through the Maslach Burnout Inventory (MBI), is the main framework for the assessment of occupational health research worldwide.²¹

Emotional exhaustion refers to the central feeling of being emotionally drained, tired, and lacking the necessary energy to make valuable contributions to the work situation.²² Depersonalization indicates an impersonal, detached, and indifferent attitude towards work recipients or colleagues, which may show itself in the form of cynicism, irritability, and withdrawal from interpersonal engagement.²³ Reduced personal accomplishment includes negative self-evaluations of work value and contribution quality and is accompanied by low morale, reduced productivity, and diminished self-efficacy.²⁴

The World Health Organization's International Classification of Diseases (ICD-11) officially characterizes burnout as "a state of vital exhaustion" due to chronic workplace stress that has not been effectively managed.²⁵ The classification of the disease clearly indicates that burnout

²⁰ Christina Maslach, Susan E. Jackson & Michael P. Leiter, *Maslach Burnout Inventory Manual* (3d ed., Consulting Psychologists Press 1996).

²¹ *Id.*

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ World Health Org., *ICD-11: International Classification of Diseases* (11th ed. 2021), <https://icd.who.int>. (visited Nov 11, 2025)

is caused by the conditions at the workplace rather than the inadequacy of the person, thus implying that the prevention and mitigation of the problem are the shared responsibilities of the organization. Psychosocial risk assessment models that are more and more harmonized through ISO 45003 and occupational health regulations in developed areas point to the specific work-related factors that increase the risk of burnout. These include high job demands combined with low autonomy, lack of support from the supervisor, role ambiguity, workplace harassment, limited recognition and reward, poorly organized work, and lack of communication.²⁶ The perilous factors are interrelated and aggregated, and the increased risk of burnout is due to the combined exposure rather than the presence of isolated hazards.

PREVALENCE AND IMPACT OF MENTAL HEALTH ISSUES IN CORPORATE INDIA

Current Prevalence Statistics

The consequences of disturbed mental health of corporate employees in India are so serious that it is becoming a crisis that needs policy and organizational interventions without delay. The Asia Mental Health Index (2024) is the source of the most comprehensive and recent data that reflects the reality that 77% of Indian employees are at moderate to high risk of mental health conditions according to the classification that indicates a substantial increase from previous years, and at the same time, they constitute the majority of the corporate workforce.²⁷ More specifically, 53% of Indian corporate employees disclose that mental health conditions hamper them so much that they are able to work in a limited manner in their workplace thus setting a direct connection between psychological health and occupational productivity.²⁸

The demographic analysis shows that younger workers are more exposed to the risk. Figures from the employee assistance programs reveal that of the people looking for help, nine out of ten employees under 25 years of age report anxiety symptoms, as compared to only 67% of employees over 45 years of age.²⁹ This demographic pattern has far-reaching consequences for

²⁶ ISO 45003:2021, *Occupational Health & Safety Mgmt.-Psychological Health & Safety at Work-Guidelines for Managing Psychosocial Risks* (2021), <https://www.iso.org/standard/64283.html>. (visited Nov 11, 2025)

²⁷ Aon, *supra* note 2.

²⁸ *Id.*

²⁹ 1to1help, *State of Emotional Well-being Report 2024* (Jan. 2025), <https://1to1help.net/state-of-emotional-wellbeing-report-2024/> (visited Nov 11, 2025) (finding that 90% of employees under 25 seeking counseling reported anxiety symptoms, compared to 67% of those over 45).

organizational human capital as well as the national economy productivity because younger cohorts are crucial not only for workforce stability but also for innovation capacity. Women reveal higher rates of anxiety and depression of 33% in comparison with men, thus confirming that the inseparable vulnerabilities resulting from the workplace structural inequalities, caregiving responsibilities and gender role expectations lie at the intersection.³⁰ Also, these gender differences are becoming organizational issues that are the hardest to solve in the areas of talent acquisition and retention since female employees bear the brunt of the mental health problem disproportionately.

Self-harm and suicidality rates, in particular, are skyrocketing and this is very worrying. The research shows a 22% change in suicide risk between two consecutive assessment periods, and 17% change in distress levels among high-risk employees.³¹ Such figures suggest that employee mental health should not be viewed solely as a productivity issue by managers; rather, it has become a public health crisis of a kind that threatens the psychological well-being of employees and their lives.

Impact on Organizational Outcomes

Mental health issues at work have a significant impact on various parts of the organization's performance. The most prominent effect is that of productivity since more than half of Indian workers attest that mental health significantly affects productivity in the workplace.³² Anxiety and depression, two of the most common causes of mental health problems, are estimated to lead to about 12 billion lost working days worldwide each year, with the resulting losses in productivity exceeding \$1 trillion globally.³³

Employee retention and turnover become the main outcome variables that are most noticeably influenced by poor mental health support. Almost 50% of employees state that they would look for another job if they faced workplace-related stress, which shows a direct connection between

³⁰S. Goel et al., *Incidence of Depression and Anxiety Among Working Men and Women: Evidence from a Cross-Sectional Survey in Indian Call Centers*, 2 PLOS MENTAL HEALTH e0000460 (2025), <https://doi.org/10.1371/journal.pmen.0000460>. (visited Nov 11, 2025).

³¹ Pandya et al., *supra* note 1.

³² Aon, *supra* note 2.

³³ *Mental Health at Work*, World Health Org. (Sept. 2, 2024), <https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work> (stating that 12 billion working days are lost annually to depression and anxiety, costing the global economy US\$ 1 trillion) (visited Nov 11, 2025) .

the level of organizational mental health support and staff stability.³⁴ The departure of each employee symbolizes a great loss of recruitment, training, and knowledge that, in many occupational categories, can exceed the multiples of the annual salary.

Absenteeism and presenteeism reflect different effects on organizations. Studies show that more than half of the workforce feel moderate to severe exhaustion by the end of their workday, with presenteeism employees who are physically at work but are not showing their full capacity being the main factor behind cumulative organizational performance loss that, most of the time, is higher than the measurable impact of absenteeism.³⁵

Besides the escalation of healthcare costs, the situation of inadequate mental health support is accompanied by the generation of direct medical costs through increased healthcare utilization caused by mental health conditions and indirect costs resulting from physical comorbidities such as hypertension, diabetes, and cardiovascular disease.³⁶ The rise of insurance premiums and the increasing number of medical claims are the financial burdens that can be quantified and which weigh heavily on the budgets of organizations. There is a considerable increase in the risk to the organization's reputation as a result of the greater attention of the stakeholders to the well-being of the employees. More than half of the employee's state that the employer's commitment to mental health is a very important factor when making a decision about where to work, which has an impact on the talent market positioning and the employer brand positioning.³⁷

EFFECTIVENESS OF CORPORATE MENTAL HEALTH INTERVENTIONS AND INDIA'S LEGAL FRAMEWORK

Current Corporate Mental Health Resources and Interventions

The Indian corporate organizations are showing a trend of adopting mental health initiatives, which is a clear indication of their understanding of the importance of employee psychological well-being. The most common intervention mode by far is the Employee Assistance Program (EAP). A number of big companies, including ICICI Lombard, Capgemini India, Oyo, Uber

³⁴Pandya et al., *supra* note 1.

³⁵ *Id.*

³⁶ *Id.*

³⁷Enhesa, *Mental Health and Its Impact on ESG Reporting* (Feb. 12, 2024), <https://www.enhesa.com/resources/article/mental-health-and-its-impact-on-esg-reporting/> (visited Nov 13,2025)

India, Google India, Mondeléz India, American Express India, and Panasonic India, have made provisions for the same by offering the outsourced counselling services with 24/7 availability.³⁸

As compared to previous years, there is a great number of digital mental health platform services that organisations can now access, and some of the names are BetterLYF, Meehappy, Trueworth Wellness, YourDOST, WYSA, ePsyClinic, Trijog, Mindhouse, etc. These organisations provide transaction-based specialist services.³⁹ AI chatbots have substantially expanded scalable access and show promising, but still preliminary, evidence for effectiveness and positive user experience. However, the small number of studies that investigate the effectiveness and satisfaction of the users limits the statements about the utility of these services.⁴⁰ Besides these services, the organizations provide their employees with different wellness programs such as stress management workshops, mindfulness and yoga programs, mental health awareness campaigns, flexible work arrangements, mental health champion designation, etc.⁴¹ A lot of companies run the program of providing training for supervisors and creating support groups for employees, which is a clear indication of the company culture change towards mental health normality.

Effectiveness Assessment Challenges and Limitations

Substantial evidence-practice gaps significant enough to undermine the effectiveness of mental health interventions across the Indian corporate sector exist. Around 50 percent of the organizations that have formal well-being programs do not put any mechanisms for the systematic evaluation of the impact into practice, thus making evidence-based evaluation of the real effectiveness impossible.⁴² In the absence of stringent measurement, the capacity of the organization to pinpoint the best intervention designs and to be able to allocate resources in an efficient manner is still very limited.

The stigma around mental health and the cultural barriers substantially impede the participation in the programs as well as their effectiveness. Workers are reluctant to utilize mental health

³⁸Maninder Singh & P. S. James, *True Awareness of Mental Health Remains in the Shadow: An Exploratory Study on Implementing Mental Health Support in the Workplace*, 12 COGENT BUS. & MGMT. art. 2485739, at 1–2 (Apr. 3, 2025), <https://doi.org/10.1080/23311908.2025.2485739> (visited Oct 30, 2025).

³⁹ Pandya et al., supra note 1.

⁴⁰ Hanxue Li et al., *Systematic Review and Meta-Analysis of AI-Based Conversational Agents for Promoting Mental Health and Well-Being*, 6 NPJ DIGIT. MED. 236 (2023).

⁴¹ Zirui Song & Katherine Baicker, *Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes: A Randomized Clinical Trial*, 321 JAMA 1491 (2019).

⁴²Pandya et al., supra note 1.

services provided by the organization due to the fear of being judged by the workplace, of discrimination by colleagues, of bias of the supervisor, and of negative career consequences.⁴³ These psychosocial barriers exist even if there are programs; hence, they lower the efficacy of interventions, which is the reason why, despite the investment of the organization, there is no proportional increase in intervention effectiveness. Interventions that were created and are effective in high-income countries often show that their effectiveness is lowered when they are implemented in India without any cultural adaptation.⁴⁴ A lot of companies take the wellness route just to tick a box without tailoring their approach to the local cultural context, employee preferences, or stressors that are specific to organisation.

Studies reveal that organisational interventions with multiple components that deal with policy, culture, and employee support simultaneously are more effective than clinical interventions done in isolation.⁴⁵ Regrettably, the majority of Indian organisations have chosen the path of fragmentation; thus, their approaches are heavily inclined towards individual-level clinical support, thereby neglecting the issues of organisational culture and structural stressors that cause burnout. A crucial discovery of the research is that individual interventions, such as EAPs, are contingent on a positive organisational atmosphere, supervisor support, and an organisational culture that is in favour of mental health for them to be significantly effective.⁴⁶ This ascertains that the long-term improvement of mental health issues in the corporate sector calls for organizational transformation concomitant with clinical approaches rather than being in isolation.

Legal Framework Analysis

India's legal setup at the moment is somewhat confusing regarding the issue of mental health in the workplace. There are some recent pieces of progressive legislation, but the protections that are available are scattered and insufficient. The Mental Healthcare Act 2017 (MHA) is a go to framework that provides the rights of persons with mental illnesses to have access to affordable mental health services, to have their confidential information protected, and to be free from discrimination.⁴⁷ However, the MHA mainly functions as a healthcare treatment statute and does not serve as a form of occupational prevention legislation; thus, it sets only

⁴³Kaur et al., *supra* note 9.

⁴⁴ Id.

⁴⁵ Bouzikos et al., *supra* note 8.

⁴⁶ Id.

⁴⁷ The Mental Healthcare Act, 2017, No. 10 Of 2017, India Code (2017).

minimal employer obligations with regard to the protection of workplace psychological well-being.

The Occupational Safety, Health and Working Conditions Code 2020 (OSH Code) is a single comprehensive law that brings together 29 different labor laws that were separately regulated and creates a modernized framework for occupational safety.⁴⁸ However, the OSH Code continues to be a document that is concentrated only on physical safety at work and does not recognize psychological hazards or mental health problems in any way. These aspects are not only missing from the definitions of safety but also from the delineation of employer obligations.⁴⁹ Section 6(1)(d) of the document requires employers to ensure a safe working environment for their employees "without risk to health." However, the term "health" in the definitions only refers to physical well-being and does not include psychosocial hazards or mental health protection.⁵⁰

The Rights of Persons with Disabilities Act 2016 (RPwD Act) recognizes mental illness as a part of the definition of disability, and it also stipulates that reasonable accommodations should be provided, such as flexible work hours.⁵¹ Nevertheless, the RPwD Act is concentrated on post-disability inclusion, and, therefore, it does not account for the preventive workplace measures. The employer's obligation to respect the dignity and well-being of the employees as per the Indian Constitution, Article 21, confirmed by constitutional jurisprudence, can be seen as the basis for workplace mental health care. However, this responsibility is still not being carried out through the presence of explicit occupational health legislation.⁵²

The fragmented legal framework such as this puts Indian employees in a position where they are exposed to psychological hazards at work, while at the same time, employers are left with minimal obligations in terms of prevention, assessment, or mitigation. The comparative study shows that legal frameworks in Europe and Australia explicitly allow for the integration of

⁴⁸ Occupational Safety, Health & Working Conditions Code, 2020, No. 37, Acts of Parliament, 2020 (India), https://dglasli.gov.in/public/Admin/Cms/AllPdf/OSH_Gazette.pdf (visited Nov 1, 2025).

⁴⁹ Chaitanya Raj Garg, *Mental Health Workplace Laws*, 3 INDIAN J. LAB. & SOC. SERV. STUD. 176 (2025).

⁵⁰ Bar & Bench, *Employer's Duty to Protect Mental Health of Employees: What the Labour Laws Say* (Sept. 27, 2024), <https://www.barandbench.com/columns/employers-duty-to-protect-mental-health-of-employees-what-the-labour-laws-say> (visited Nov 15, 2025)

⁵¹ Rights of Persons with Disabilities Act, 2016, No. 49, Acts of Parliament, 2016 (India), https://www.indiacode.nic.in/bitstream/123456789/15939/1/the_rights_of_persons_with_disabilities_act_2016.pdf (visited Nov 15, 2025)

⁵² *India Const. art. 21.*

psychosocial risk assessment and mental health protection in the occupational safety legislation. They also clearly define employer duties and set up enforcement mechanisms, which are not present in India.⁵³

Policy Gaps and Recommendations for Legal Framework Enhancement

Reforms to create a clear and comprehensive framework for mental health in the workplace are needed, as legislative gaps in this area are still critical. Some of the most urgent priorities are:

(1) changing the Occupational Safety Code so that it clearly recognizes psychosocial hazards and mental health as part of the safety definitions;

(2) introduction of mandatory requirements for psychosocial risk assessments of employers, with documented assessment procedures and risk mitigation plans;

(3) development of mental health occupational disease categories in the Social Security Code 2020 that provide for the establishment of mechanisms for the compensation of mental health injuries related to the workplace;

(4) defining the employer's duty of care towards workplace mental health including prevention, early intervention, and support system obligations; and

(5) the creation of a regulatory inspection authority equipped with the power to impose penalties for non-compliance and to refer instances of serious violations to mechanisms for accountability.

ESG FRAMEWORKS, NATIONAL POLICIES, AND COMPARATIVE ANALYSIS

BRSR Framework and Mental Health Provisions

India's Business Responsibility and Sustainability Reporting (BRSR) framework is the main national ESG disclosure standard that is primary and mandatory for the top 1,000 listed companies by the Securities and Exchange Board of India.⁵⁴ The emission framework covers approximately 140 indicators that are distributed over nine ESG attributes. Out of these,

⁵³ Garg, *supra* note 11.

⁵⁴ Securities and Exchange Board of India, *Business Responsibility and Sustainability Reporting (BRSR) Guidelines* (2022), <https://www.sebi.gov.in/regulations/regulations.html> (visited Nov 18, 2025)

Principle 3 (Employee Well-Being) and Principle 5 (Human Rights) are the two with the highest number of mental health-related provisions.⁵⁵ However, the framework is not providing any explicitly required mental health metrics, standardized mental health indicators, or mandated mental health policy disclosures.⁵⁶ Mental health has been one of the main concerns of the Indian ESG disclosure framework besides being an implicit one. However, it is mostly still one of those issues that are covered under the broad category of employee well-being without much detail being given. BRSR Core makes it compulsory for companies to disclose the amount of money spent on employee well-being. This includes health and safety activities that provide access to mental health support. However, the framework allows issuers a lot of freedom in defining the extent, depth, and qualitative nature of their disclosures related to mental health.⁵⁷

The composition of this framework allows for a wide variation in the quality of mental health reporting, comprehensiveness, and outcome measurement at the organizational level, thereby making it impossible to compare different organizations and to evaluate them from the perspective of their commitment to organizational mental health.

International Best Practices and Comparative Standards

The EU Sustainability Reporting Standards (ESRS), part of the Corporate Sustainability Reporting Directive (CSRD), which is binding on major EU enterprises and non-EU entities with substantial operations in the EU, set out significantly more detailed requirements for the mental health aspect of care than the BRSR framework. ESRS S1 (Own workforce) standards.⁵⁸ They explicitly require the reporting of the physical and psychological health and safety of workers, including identification, assessment, control, and prevention of psychological hazards, provision of mental health support, and the occurrence rate of work-related mental health problems.⁵⁹ S2 (Value chain workers) also requires the identification of mental health issues and psychological risk factors in the supply chain and assessing their extent.⁶⁰

⁵⁵ Id.

⁵⁶ Id.

⁵⁷ Securities & Exchange Board of India, Circular No. SEBI/HO/CFD/CFD-SEC-2/P/CIR/2024/192 (Dec. 20, 2024) (Industry Standards on BRSR Core Disclosures).

⁵⁸ European Financial Reporting Advisory Group (EFRAG), *European Sustainability Reporting Standards (ESRS)*, <https://www.efrag.org/Activities/1629/ESRS> (Visited Nov 18, 2025).

⁵⁹ Id.

⁶⁰ Id.

The UK Sustainability Disclosure Requirements (SDR) mainly concentrate on the health and safety of the employees with the inclusion of the mental health aspect, though not as detailed as the EU standards.⁶¹ The Companies Act and Corporate Governance Code in the UK, together, set out the regulatory framework for health and safety, including mental health at the board level, thereby calling for supervision at the top tier of management.⁶²

Singapore's Tripartite Advisory on Mental Health and Well-Being at Work, however, is a voluntary initiative that defines a full range of expectations for the provision of an EAP, training of managers, workplace policies that support mental health, and initiatives for stigma reduction.⁶³ The tripartite approach of government, employers, and unions in this case shows a collaborative governance model that the partners in different localities can emulate.

France's groundbreaking legislation that provides for the "right to disconnect" is the first in line to give employees legal protection of the time when they are not at work and their right to be free from work-related communications outside the hours of the workday, directly targeting the aggravators of workplace stress, which, in turn, erode mental health and work-life balance.⁶⁴ In the same way, Spain, Belgium, Italy, and other European countries have implemented the right-to-disconnect laws that set the requirements for employers regarding the accessibility of employees and the protection of work boundaries.⁶⁵

Policy Gap Analysis and Strategic Integration Requirements

A comparative analysis discloses that there is a uniform global tendency to mention in a more detailed way the mental health aspect in ESG (Environmental, Social, and Governance) frameworks that are also referred to in laws related to occupational safety, with the considerable differences between the requirements of developed and the standards of the emerging markets such as India for the case of mental health. Major gaps in policies are identified as follows:

(1) the absence of commonly agreed mental health measures in ESG frameworks, which would

⁶¹ Fin. Conduct Auth., *Sustainability Disclosure Requirements (SDR) and Investment Labels*, PS23/16 (2023), <https://www.fca.org.uk/publication/policy/ps23-16.pdf> (visited Nov 18, 2025).

⁶² Companies Act 2006, c. 46, sched. 5 (UK), <https://www.legislation.gov.uk/ukpga/2006/46/schedule/5>. (visited Nov 19, 2025).

⁶³ Ministry of Manpower (Sing.), *Tripartite Advisory on Mental Health and Well-Being at Workplaces* (Nov. 20, 2023), <https://www.mom.gov.sg/employment-practices/tripartism-in-singapore/tripartite-guidelines-and-advisories/tripartite-advisory-on-mental-health-and-well-being-at-workplaces> (visited Nov 19, 2025)

⁶⁴ *Code du travail*, art. L2242-8 (Fr.).

⁶⁵ Carmen Lerouge & Francisco Trujillo Pons, Contribution to the Study on the "Right to Disconnect" from Work: Are France and Spain Examples for Other Countries and EU Law?, 13 *Eur. Lab. L.J.* 231 (2022).

enable inter-organizational comparison;

(2) non-existence of mandatory reporting of mental health results;

(3) lack of integration between occupational safety regulation and requirements for mental health protection;

(4) insufficient attention to mental health in the supply chain; and (5) a limited number of enforcing provisions or regulatory authorities.

Strategic integration of these issues entails the launch of several policy initiatives at the same time:

(1) BRSR framework enhancement to give clear, mandatory mental health metrics, including burnout measurement, mental health service utilization rates, and intervention effectiveness,

(2) revision of the Occupational Safety Code to set psychosocial risk assessment operations and employer obligations for mental health care,

(3) synchronization of occupational diseases classifications with work-related mental health conditions,

(4) creation of regulatory oversight body with the authority to carry out inspections and enforce the law,

(5) raising cultural sensitivity and ensuring contextual appropriateness so that mental health practices mirror Indian organizational and social settings, and

(6) Development of mental health policies through multi-stakeholder governance systems combining government, employers, workers' representatives, and civil society for mental health policy development and implementation.

CROSS-CUTTING ISSUES: GENDER, STIGMA, AND DIGITAL WORK

Gender Dimensions in Workplace Burnout and Mental Health

Gender differences in burnout and mental illnesses in the workplace have been noted in various studies. The differences have been observed even after researchers have taken into account the

job and individual characteristics.⁶⁶ The study authors imply that there may be underlying factors contributing to the disparities that cannot be solely explained by differences in basic occupational exposure. The anxiety and depression, in particular, show a very significant gender disparity.⁶⁷ The main factors behind these gender differences appear to be the expectations of the gender role, the unequal distribution of the caregiving responsibilities, especially after having children, getting more emotionally exhausted due to the emotional labor in workplace relationships, and the structural inequalities of the workplace, such as the discrimination in pay and promotion.⁶⁸

In a research study, it was revealed that the adoption of "traditional" gender roles was the main factor that could foresee the occurrence of burnout in females, even when males did not exhibit a similar weakness. This means that psychological mismatch between gender role expectations and paid work demands may be the main reason for the gender gap in burnout to a large extent.⁶⁹ The gender differences in burnout narrowed in line with the adoption of more progressive gender roles, which suggests that changing gender role attitudes may be an important factor in reducing burnout.⁷⁰ Working mothers, in particular, have been shown to be more vulnerable to burnout, as the likelihood of having burnouts is 23% higher in them as compared to working fathers.⁷¹ This is a reflection of the unequal distribution of domestic and caregiving labor responsibilities in the households of working parents.⁷² Female employees also have to shoulder more of the emotional labor than males.⁷³ For instance, they are more likely to be delegated "people-focused" tasks and informal mentoring roles, which, in turn, increase their work-related stress burden beyond the formal job responsibilities that they have.⁷⁴

⁶⁶ Benjamin Artz, Ilker Kaya & Ozgur Kaya, Gender Role Perspectives and Job Burnout, 20 Rev. Econ. Household 447 (2022).

⁶⁷ Mario Piccinelli & Greg Wilkinson, Gender Differences in Depression: Critical Review, 177 Brit. J. Psychiatry 486 (2000); Carmen P. McLean et al., Gender Differences in Anxiety Disorders: Prevalence, Course, Comorbidity, and Burden, 45 J. Psychiatric Res. 1027 (2011).

⁶⁸ Id.

⁶⁹ Artz et al., *supra* note 65.

⁷⁰ Id.

⁷¹ Josie Cox, Why Women Are More Burned Out Than Men, BBC Worklife (Sept. 28, 2021), <https://www.bbc.com/worklife/article/20210928-why-women-are-more-burned-out-than-men> (reporting that working mothers are 23% more likely to experience burnout than working fathers).

⁷² Mikyung Park et al., Association Between Unequal Division of Caregiving Work and Depressive Symptoms Among Married Working Women, 12 Frontiers in Pub. Health 739477 (2022).

⁷³ Andrea C. Vial & Chloe M. Cowgill, Heavier Lies Her Crown: Gendered Patterns of Leader Emotional Labor and Their Implications for the Prosocial Use of Power, 13 Frontiers in Psychol. 849566 (2022).

⁷⁴ Arlie Russell Hochschild, Emotional Labor: Paid and Unpaid, in The Routledge Handbook of Gender and Work 258 (1990).

The gender disparities in burnout and mental health that have been discussed so far have, thus, implications for organizational talent acquisition and retention and workforce stability, as well as the organization's commitment to equity principles within the ESG frameworks. Companies that claim to be socially responsible should not ignore the gender differences in the mental health of employees. They need to address these differences by implementing targeted interventions that tackle the structural inequalities and gender role expectations instead of just assuming that uniform interventions will be effective for all employee groups.

Mental Health Stigma as Barrier to Support

Mental health stigma is a major source of trouble for workplace mental health interventions in India. Studies show that stigmatisation and cultural barriers are so widespread that they significantly lower the likelihood of seeking help as well as the usage of support systems, even when programs are available.⁷⁵ Employees are reluctant to use corporate mental health resources, as they are afraid of being judged at work, facing career consequences, discrimination from colleagues, and the shame of the family, which is connected to acknowledging mental health.⁷⁶

The difference between the availability of mental health support and the rates of utilisation shows that stigma has an independent influence on the use of support without considering the provision of programs. The cultural contexts that focus on shame of the family, attributing mental health to the supernatural, and the social devaluation of mental health issues are the main reasons why people are disincentivised to seek support even when services are available.⁷⁷ This stigma-access gap demonstrates that just providing mental health services is not enough without at the same time carrying out stigma reduction initiatives. Stigma reduction efforts in India need to be different and recognise that the spiritual, religious, and family role aspects of the stigma are different from the Western stigma.⁷⁸ Educational campaigns, community engagement, leadership modeling of help-seeking, peer support normalization, and mental health awareness initiatives need to be culturally sensitive so that they are appropriate within the local value systems and belief structures.

⁷⁵ Kaur et al., *supra* note 9.

⁷⁶ *Id.*

⁷⁷ Rajagopal Raghavan et al., *Stigma and Mental Health Problems in an Indian Context: Need for an Integrated Agenda*, 12 *Indian J. Med. Ethics* 152 (2022).

⁷⁸ *Id.*

Remote Work, Digital Technology, and Contemporary Burnout

Post-pandemic remote and hybrid work arrangements have, to a large extent, altered the manifestations of burnout and the profiles of mental health risks. These changes come from new types of psychosocial hazards such as technostress, erosion of work-life boundaries, and even the expectation of being connected all the time.⁷⁹ The research suggests that remote work has positive effects, such as giving more autonomy and flexibility to some employees. Meanwhile, these advantages are balanced by issues like loneliness, decreased physical activity, imbalance of work and life, and the pressure of being always connected.⁸⁰

Technostress, a psychological stress caused by technology use or the inability to use technology, has different symptoms in remote work situations, and it can arise from several mechanisms: techno-overload (excessive technologically mediated work expectations), techno-invasion (work that comes to one's personal time through persistent digital communication), and techno-complexity (unnecessarily complicated technology system requirements).⁸¹ These technology-related stressors are specifically targeting those who work remotely and in a hybrid manner and are at risk of experiencing blurred work-personal boundaries and being perpetually connected.⁸²

The joint technical brief of the World Health Organization and International Labour Organization shows that telework can lead to burnout, depression, isolation, and even violence at home if there is no proper health and safety planning. It also indicates the most important factors for the solution, which are the right-to-disconnect policies, sufficient remote work infrastructure, and leadership development for distance management. Organizations putting into practice remote work should accompany it with the implementation of mental health support systems, work boundary protection policies, and manager training on distance leadership and psychosocial hazard management.⁸³

⁷⁹ Kanishka Mendiratta, The Interplay of Remote Work, Technostress, and Employee Well-being in the Post-Pandemic Corporate Landscape, 18 Int'l J. Indian Psychol., Nov. 2024, <https://ijip.in/articles/remote-work/> (visited Nov 26, 2025).

⁸⁰ Tomáš Klieštík et al., Editorial: Remote Work Burnout During the COVID-19 Pandemic, 15 Frontiers in Psychol. 1389984 (2024).

⁸¹ Mendiratta, *supra* note 79.

⁸² *Id.*

⁸³ World Health Org. & Int'l Labour Org., Healthy and Safe Telework: Technical Brief (2022), <https://www.who.int/publications/i/item/9789240040977> (visited Nov 26, 2025).

CONCLUSION

Burnout at workplace and other mental health issues are a major concern of the Indian corporate sector, which claims most of its employees to be under the risk of moderate to severe mental health problems. Apart from clogging productivity, employee retention, healthcare costs, and corporate reputation, this crisis reveals a huge hole in corporate social responsibility (CSR) under the ESG (Environmental, Social, Governance) framework. Corporate mental health programs nowadays are a patchwork of different schemes, lacking proper assessment, and being far from organizational culture and the systemic causes of burnout. Transforming intervention strategies to be fully integrated and evidence-based would mean that the support system is not only about the lone individual but also about policy, culture, and leadership in their interaction. The presence of mostly short-term, superficial interventions, although it is a small number, signals the desperate call for overhaul of the structural factors and, still at large, the root causes of symptoms instead of the latter.

Even though India has put in place liberal legislation such as the Mental Healthcare Act 2017 and the Occupational Safety Code 2020, the latter still being in its draft version, these laws do not offer sufficient safeguards against the risk of psychosocial factors at work. Indian legislation lacks clear and concise definitions of psychosocial hazards in the field of occupational safety as well as employer-employee relations, and as such, it is workers who bear the brunt of this ambiguity and are left unprotected. Unlike these, legal frameworks across European and Australian regions have specified and even gone to the extent of being explicit about the employer's responsibility concerning psychosocial risks, which have been a source of much guidance for other countries like India in the matter of reform.

The BRSR ESG framework in India is also deficient in that it lacks unambiguous and binding disclosure requirements for mental health, standardized metrics, or uniform outcome indicators. This presents a window for firms to willingly divulge their performance, thus avoiding real accountability and cross-organization comparisons. Global frameworks like ESRS in Europe compel the fulfillment of more explicit mental health commitments, hence serving as a benchmark for the same. There needs to be a wholesale overhaul of policies before laws can recognize psychosocial hazards and mandate risk assessments, besides requiring mental health-related compensation and provision for regulatory enforcement. ESG standards like the BRSR should take steps in the direction of mental health by introducing mandatory

and comparable measures. Real change requires the involvement and coordination of different actors, including government, employers, workers, and civil society, bringing along schemes aiming at the eradication of mental health stigma in culturally significant ways. To undertake the commitment of workplace mental health through ESG is not a matter of choice for present-day corporate governance it is the core of organizational resilience, talent retention, and business sustainability. Bridging the social responsibility gap would require, besides thorough policy measures and changes at the organizational level, the employee's psychological well-being being kept as a constant priority.