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## **IMPROVING MENTAL HEALTH IN AN INDUSTRIAL WORKPLACE IN INDIA**

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### **ABSTRACT**

The psychological welfare of workers engaged in India's industrial establishments has, for the better part of the post-independence era, occupied a position of structural neglect within the national legal order. Concern for the worker's body — his physical safety amid dangerous machinery, his exposure to toxic substances, his entitlement to wages — has historically consumed the legislative and judicial imagination, while the injuries sustained by his mind have gone largely unacknowledged and unredressed. This research paper contends that such neglect is not merely a policy failure; it constitutes a deficit in constitutional fidelity.

The paper undertakes a systematic and critical examination of the legal frameworks governing mental health in Indian industrial workplaces which analyses the constitutional guarantees from which a right to psychological well-being may be derived, scrutinises the principal statutes — the Factories Act, 1948; the Mental Healthcare Act, 2017; and the Occupational Safety, Health and Working Conditions Code, 2020 — for their adequacy in protecting workers from psychosocial harm, and examines the developing judicial jurisprudence on employer liability for mental injury. The paper draws selectively upon comparative experience from the United Kingdom and Australia, and situates India's domestic framework within the architecture of its obligations under the International Labour Organization's conventions and the United Nations Convention on the Rights of Persons with Disabilities.

Existing legislation addresses mental health only incidentally, through provisions primarily designed to manage physical hazards and regulate working hours. There is no statute that imposes affirmative obligations on industrial employers to assess psychosocial risks, provide mental health support, or create psychologically safe working environments. The paper concludes with a programme of reform that is both normatively grounded and legislatively feasible, including the amendment of the OSH Code, the enactment of standalone anti-harassment legislation, the mandatory provision of employee assistance programmes, and the reform of the Employees' State Insurance scheme to bring occupational mental health injuries within its compensatory ambit.

## I. INTRODUCTION

There has always been a strong tendency in the history of Indian labor laws to see the worker only as a physical being. The laws that were made throughout the twentieth century controlling how long someone could work, the heat they had to deal with, the distance they had to travel using transport paid for by their employer were all created with a focus on physical well-being in mind. However, the mental side of working in industry, like the constant worry of losing a job, the long-term stress from being mistreated by bosses, the confusion from working shifts that mess up the body's natural rhythms, and the deep shame from being treated badly based on caste in daily work these mental challenges rarely caught the attention of the people who wrote the laws.

The lack of attention to this issue is now costing a lot, and that cost is finally being measured clearly. In 2022, the World Health Organization released data showing that depression and anxiety disorders cost the global economy about one trillion US dollars each year, based only on reduced productivity. India, which has one of the largest industrial workforces in the world, is contributing a large portion of this cost. A survey by the Indian Council of Medical Research in 2022, covering fourteen major industrial areas, found that 34% of workers reported severe or very severe work-related stress, and around 21% met the criteria for common mental health disorders. Among migrant workers, who make up between 40% and 50% of the industrial workforce in states like Maharashtra, Gujarat, and Tamil Nadu, the rates of these issues are even higher.

Against this backdrop, the adequacy of India's legal framework for the protection of workers' mental health becomes a matter of urgency rather than academic curiosity. This paper proceeds as follows.

## II. SITUATING THE PROBLEM: MENTAL HEALTH IN INDIAN INDUSTRY

### *2.1 The Epidemiological Landscape:*

Talking about mental health in Indian workplaces brings up a wide range of issues, from sudden mental health crises to the ongoing, subtle pain caused by long-term work stress. The latter is more common and, in many ways, more important from a legal point of view, because it comes from problems in the workplace system that could often be avoided, rather than from a person's

bad luck or personal weakness. Conditions like clinical depression, generalised anxiety disorder, adjustment disorder, and post-traumatic stress disorder have all been found to be more common in work environments than in the general population.

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In India, there isn't a complete record of work related suicides, mainly because it's hard to prove the link between work and suicide, and because there's a big social stigma around talking about it. However, studies done by non governmental groups and investigative journalists have found many cases of suicide connected to the workplace, especially in places like garment factories, auto parts businesses, and construction sites. These cases usually happen because of several immediate issues like financial stress, being humiliated by a boss, and not having a safe way to talk about feelings. These problems could, in theory, be addressed through legal rules.

## ***2.2 Structural Determinants of Occupational Psychological Harm***

To properly study any social issue from a legal perspective, you first need to clearly understand the situations that cause the harm you're trying to fix. In the case of mental health at work, this is well understood thanks to a lot of research in occupational psychology. There are six main factors that contribute to mental harm in work settings. The first of these is how hard and fast people have to work, when assembly lines run at speeds set by production targets instead of what the body can handle, and when working overtime becomes normal, it creates a lot of stress. Also, pay systems that reward more work can make workers feel they must work faster, which adds to the pressure. This leads to long-term physical and mental strain. The Factories Act of 1948 sets a maximum of 48 working hours a week and requires rest breaks.

However, these rules are often not followed, especially in places like Special Economic Zones

and in the informal sector. This means the protections these laws offer don't work as well in practice. The second factor is how managers lead and supervise. In many Indian workplaces, how managers use their authority often follows traditions that don't respect the dignity of workers they oversee. Workers are sometimes treated with harsh words, made to feel ashamed in front of others, given threats of losing their jobs, or unfairly given more work and less rest time. These actions have been seen in many different industries. When this kind of behavior happens regularly and for a long time, it leads to mental health problems like anxiety, depression, and physical illnesses that are known in medical studies as results of workplace harassment.

The third issue is job instability, more and more people are working on temporary contracts, for fixed periods, or under zero-hour agreements a trend that the Industrial Relations Code, 2020 has helped spread. These types of jobs create a sense of uncertainty and stress that is closely linked to higher levels of anxiety and depression. A worker who doesn't know if their job will continue, who fears that using their legal rights might lead to being let go, and who has little or no support from a group of workers, is at greater risk of mental harm. This kind of harm is less likely to happen in permanent jobs, even if those jobs have other downsides.

The fourth factor is the physical environment in which people work. Being exposed for a long time to loud noises, harmful chemicals, poor lighting, very hot or cold conditions, and physically tiring manual tasks can lead to serious effects on both the brain and mental health. These effects are well-known, but they are often not considered in legal discussions about workplace health. The Factories Act includes some important rules about the physical working conditions, but it mainly focuses on the physical harm rather than the mental health impacts. The fifth factor is social isolation and being forced to move away from home. Workers who travel far from their families and communities to find jobs in cities or nearby towns often experience loneliness and separation. This kind of social isolation is a known risk for depression and even suicidal thoughts. However, the legal system has very little to say about how this aspect of work affects people's well-being.

The sixth, and most legally complex, is the intersection of workplace conditions with pre-existing social inequalities of caste, gender, and ethnicity. The manner in which these inequalities are reproduced within the industrial workplace, and the distinctive forms of psychological harm they generate.

### III. CONSTITUTIONAL FOUNDATIONS OF THE RIGHT TO PSYCHOLOGICAL HEALTH

#### *3.1 Article 21 and the Expanding Conception of Life*

The concise wording of Article 21 of the Indian Constitution 'No person shall be deprived of his life or personal liberty except according to procedure established by law' hides a depth of meaning that the Supreme Court has gradually uncovered over five decades of purposive interpretation. The Court's shift of Article 21 from a strict procedural guarantee to a broad platform for various substantive rights marks one of the most important legal developments since India's independence. Among these rights, the right to health holds a firmly established place.

This right was first clearly recognized in the occupational context in the case of *Consumer Education and Research Centre v. Union of India*. In this case, the Court addressed the health risks posed by uncontrolled asbestos production and concluded that the right to health and medical care is a fundamental right under Article 21, when considered alongside the directive principles in Articles 39(e), 41, and 43. The Court's argument was based on the idea that life without the ability to act meaningfully something that depends on both mental and physical health is not the kind of life the Constitution protects. Though the case focused on physical health, the reasoning applies just as strongly, if not more so, to mental well-being, since cognitive and emotional health are essential to human agency.

More directly, in *Occupational Health and Safety Association v. Union of India*, the Court articulated a right to a safe working environment as a component of the Article 21 guarantee, observing that the state's obligation to regulate private employers in order to prevent conditions injurious to the health of workers is not discretionary but mandatory. The use of the phrase 'health of workers' without qualification to physical health alone opens the door to a reading that encompasses psychological harm, a reading that is supported by the plain meaning of 'health' as universally understood in contemporary medical science.

#### *3.2 Directive Principles and the Normative Architecture of Worker Welfare*

The Directive Principles of State Policy, even though they can't be enforced directly, are considered by the Supreme Court as important guidelines that governments must follow when

making laws and decisions. They also help in understanding the fundamental rights of citizens. Some of these principles specifically relate to mental health in the workplace. Article 39(e) says the state should make sure workers, both men and women, and children are not overworked or treated badly, and that people aren't forced into jobs that are too hard for their age or strength.

Article 41 requires the government to provide jobs, education, and support for people who are unemployed, old, sick, or disabled. Article 42 says the state should ensure fair and kind working conditions. Article 43 aims for a fair wage and working conditions that allow people to live a good life and enjoy their free time. When these articles are looked at together, and considering how the Supreme Court has used these principles to explain fundamental rights, they create a constitutional basis for the government to take active steps to improve working conditions. This includes protecting workers' mental and physical health. If the legislature doesn't create proper laws to fulfill this duty, it's not just a bad policy choice it's a failure to meet constitutional responsibilities.

#### **IV. STATUTORY FRAMEWORK: A CRITICAL ANALYSIS**

##### ***4.1 The Factories Act, 1948: A Framework Fashioned for a Different Age***

The Factories Act, 1948 was added to India's laws as part of the efforts after independence to end the unfair practices of colonial industrial capitalism and to create legal rules that support workers' well-being as promised in the constitution. From its start and through major changes over time, the Act focuses on three main areas that employers must follow: health, safety, and welfare. Chapter III, titled "Health," mainly deals with the physical conditions inside factories. It covers things like keeping floors and walls clean, properly disposing of waste and wastewater, controlling air quality, temperature, humidity, and lighting, and managing dust, fumes, and crowding. Chapter IV is about physical safety, including requiring machinery to be properly fenced, setting rules for working in small spaces, and protecting workers from harmful substances. Chapter V deals with welfare facilities such as washing areas, rest rooms, mess halls, and childcare centers.

The Act says nothing about mental health, which is surprising when we look at things today. There are no rules that require employers to check the mental effects of working conditions. There's no requirement to offer mental health support. Also, workers who suffer mental harm

because of poor working conditions that an employer should have prevented have no legal right to take action. This gap shows the ideas that were common at the time, which saw occupational health as only about the body and treated mental suffering as either a personal weakness or a family issue, not something that work laws should address.

It would be an error, however, to conclude that the Act has no psychological significance whatsoever. Section 51's maximum of 48 ordinary hours of work per week, Section 54's daily limit of nine hours, and Section 55's mandatory rest intervals serve to mitigate, at least in formally compliant establishments, the most extreme forms of work-induced fatigue that are known precipitants of psychological breakdown. The Act's prohibition on the employment of women and young persons during hours of darkness provides a limited form of protection against a category of risk that includes psychological as well as physical harm. But these are incidental benefits rather than provisions designed with psychological health in view, and their dependence on enforcement — which, as successive state reports confirm, is chronically inadequate — renders them unreliable as guarantors of worker well-being.

#### ***4.2 The Mental Healthcare Act, 2017: Rights Without Reach***

The Mental Healthcare Act, 2017 marks a major change in India's mental health laws. It is based on the United Nations Convention on the Rights of Persons with Disabilities, which India joined in 2007. The Act was developed with a long-term focus on mental health as a human right, building on ideas from disability rights activists and experts over the past thirty years. It replaces the Mental Health Act, 1987, which faced a lot of criticism for being too focused on control, not seeing mental health as a right, and treating people with mental illnesses as needing state supervision rather than having legal rights.

The 2017 Act includes several important rules that affect the workplace. Section 18 says everyone has the right to get mental health care and treatment from services that are managed or paid for by the right government. Section 21 stops employers from treating people with mental illness unfairly in their jobs. This gives workers a clear legal way to challenge bad decisions like being fired, moved down in rank, kept out of training, or not given a promotion because of their mental health. Section 23 also says that people with mental illness must be treated with respect and not subjected to harsh, cruel, or disrespectful treatment.

The Act has major limits when it comes to the workplace. At its core, it's a law about how

healthcare is provided and the rights of individuals, not about stopping problems before they happen. It gives rights to people who are already sick, but it doesn't require employers to stop illnesses from developing in the first place. The system set up to enforce the Act, like the Mental Health Review Boards in Section 73, focuses on mental health care facilities and treatments, not on employment relationships. For example, if a worker develops depression because of ongoing workplace harassment, they can use the Act's anti-discrimination rules, but they can't use it to hold their employer accountable for the harmful behavior that caused the depression. They also can't use the Act's structures to make their employer change the work conditions that led to their illness.

Additionally, the Act's definition of "mental illness" in Section 2(s) which includes a major problem with thinking, mood, perception, or memory that seriously affects judgment, behavior, or the ability to handle everyday life sets a high standard.

This leaves out a wide range of less severe but still harmful psychological issues, like stress, burnout, emotional exhaustion, and demoralization. These are actually the most common types of psychological injuries related to work. Because of this, the Act isn't very effective as a tool for managing mental health issues in the workplace.

#### ***4.3 The Occupational Safety, Health and Working Conditions Code, 2020: Consolidation Without Transformation***

The OSH Code, 2020 brings together thirteen laws, including the Factories Act, the Mines Act, 1952, the Contract Labour (Regulation and Abolition) Act, 1970, and the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996, into one single law. This process was presented as a way to modernize and simplify the legal system, and it has definitely made the law easier to manage after years of adding more and more rules. However, it is unclear whether this has actually improved the protection given to workers. When it comes to mental health, the Code hasn't made much difference compared to the old laws it replaced.

In Section 2(x) of the Code, the term 'occupational disease' is explained by referring to the First Schedule, which lists conditions like silicosis, byssinosis, and various types of poisoning. But there is no mention of mental health issues in this list. The term 'hazard' in Section 2(o) is broad enough in theory to include psychosocial hazards, like stress or work-related mental health

problems. However, the actual rules of the Code don't show that psychosocial hazards are considered in the way the law is applied. Section 23, which is a general duty clause, says employers must take care of workers' health, safety, and welfare as much as is reasonably possible. On the surface, this could be interpreted to include mental health. But no regulatory body has taken that view, and the detailed rules of the Code don't explain this duty in terms of psychological well-being

The Code also doesn't take into account the increasing amount of evidence from occupational health science about managing psychosocial risks. It doesn't require employers to do psychosocial risk assessments, put in place controls for these risks, or check if the measures they take are working. These things have been part of occupational health laws in Europe for more than twenty years, especially under the EU's Framework Directive on Safety and Health at Work. The fact that they're not included in the Code shows how far India's occupational health laws still need to go.

## **V. THE EMPLOYER'S DUTY OF CARE AND PSYCHOSOCIAL RISK**

### ***5.1 Foundations in Contract and Tort***

The idea that an employer has a responsibility to take reasonable care for the safety of their employees is deeply rooted in both contract law and tort law. By implication, employers are obligated to keep their workplace reasonably safe and to take reasonable steps to avoid harm to their workers. In tort law, there is a close relationship between employer and employee that creates a duty of care, similar to the one established in the case of *Donoghue v. Stevenson*. If this duty is broken and harm is a foreseeable result, the employee can take legal action for negligence.

The growth of a clear legal framework around this issue has been gradual. The Supreme Court's explanation of enterprise liability in the case *M.C. Mehta v. Union of India* sets a strong foundation. This principle states that companies involved in dangerous activities are fully responsible for any harm caused by those activities. In the field of occupational mental health, this could be a strong legal argument. Factories and other workplaces that use processes known to create serious psychosocial risks like constant loud noise, exposure to chemicals that harm the brain, or physically demanding work with little time to rest might be fully liable for the mental health problems these conditions cause, without the person needing to prove that the

company was at fault. Although the courts have not yet clearly decided how to apply this idea to mental health issues, the reasoning behind the principle suggests it could be a valuable basis for future legal cases.

## ***5.2 Harassment as a Psychosocial Hazard: Legal Implications***

Workplace harassment in different forms such as sexual harassment, caste-based humiliation, supervisory bullying, and mobbing by colleagues is not just a violation of dignity but also leads to serious and well-documented psychological issues. There is strong evidence from occupational psychology showing that ongoing harassment can cause anxiety disorders, clinical depression, and post-traumatic stress disorder.

This connection has started to be recognized, at least in theory, in some Indian court rulings. The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 is the most advanced legal response to one aspect of this issue. Its provisions, like requiring employers to set up Internal Complaints Committees, submit annual reports, and hold them accountable for not acting, provide a good example of what preventive measures employers should take. This model could be adapted to cover other types of workplace harassment with the right changes.

However, the Act has known limitations. It only covers sexual harassment, focuses mainly on women, and has faced challenges in enforcement, as noted in reports by the National Commission for Women. For the purpose of this analysis, the key point is that a legal system to deal with workplace harassment as a psychosocial problem already exists, but the need is to expand and improve it rather than start from scratch

## **VI. REFORM PROPOSALS**

### ***6.1 Enactment of Dedicated Workplace Mental Health Legislation***

The most fundamental and far-reaching reform would be the enactment of a standalone Workplace Mental Health (Prevention, Promotion and Redressal) Act. Such legislation should impose upon all industrial employers above a threshold size — the appropriate threshold might be set initially at 100 workers and reduced progressively — the following affirmative obligations.

- Conduct a comprehensive psychosocial risk assessment covering all significant occupational hazards to psychological health, including work design, workload, management style, workplace relationships, and the physical environment, at intervals of not more than three years and following any significant organisational change.
- Develop, implement, and publish a Workplace Mental Health Policy setting out the employer's commitment to psychological safety, the specific preventive and protective measures in place, and the arrangements for monitoring and review.
- Provide access to a confidential Employee Assistance Programme offering independent psychological counselling, referral to specialist mental healthcare services, and case management support.
- Provide accredited mental health awareness training to all persons exercising managerial or supervisory functions, at the commencement of their appointment and at regular intervals thereafter.
- Maintain a confidential internal mechanism through which workers may report psychosocial hazards and mental health concerns without fear of retaliation, and ensure that reports are investigated and addressed within defined time limits.
- Make reasonable adjustments to the work arrangements of any worker who discloses a mental health condition, to the extent that such adjustments are practicable and do not impose a disproportionate burden on the employer.

## ***6.2 Amendment of the OSH Code, 2020***

In anticipation of standalone legislation, or as a complement to it, the OSH Code should be amended to insert mental health explicitly within its protective ambit. The First Schedule should be amended to include specified occupational mental health conditions, including adjustment disorder and post-traumatic stress disorder attributable to identifiable occupational causes. The general duty clause in Section 23 should be supplemented by specific provisions requiring employers to identify and manage psychosocial hazards using a risk management approach consistent with international standards. The definition of 'health' in Section 2 should be amended to expressly encompass mental and psychological health.

### ***6.3 Reform of the Employees' State Insurance Scheme***

The ESIC should issue a formal clarification, backed if necessary by legislative amendment, that mental health conditions caused by the conditions or circumstances of employment constitute employment injuries within the meaning of the ESI Act, entitling affected workers to disablement benefit and medical benefit. The ESIC's medical services infrastructure should be the subject of a targeted investment programme with the specific aim of achieving a ratio of at least one psychiatrist per ESIC hospital, one clinical psychologist per three dispensaries, and one mental health social worker per major industrial cluster.

### ***6.4 Comprehensive Anti-Harassment and Anti-Bullying Legislation***

Existing provisions addressing workplace harassment are fragmented, gender-specific, and insufficiently preventive in their orientation. India should enact a comprehensive Workplace Anti-Harassment Act applicable to all forms of bullying, intimidation, and abusive conduct in employment that causes or is likely to cause psychological harm. The Act should impose positive preventive obligations on employers, provide for independent investigation of complaints, require the provision of support to affected workers, and create meaningful remedies including compensation for psychological harm, orders for reinstatement, and mandatory organisational change measures. It should extend to all workers regardless of the nature of their employment relationship, expressly including contract workers and migrant workers.

### ***6.5 Strengthening the Enforcement Architecture***

Legislative reform unaccompanied by effective enforcement is of limited value. The capacity of state labour inspectorates to assess compliance with occupational health obligations, including those relating to psychosocial risk, is severely constrained by the persistent underfunding and understaffing of inspection services. A dedicated programme of capacity-building for occupational health inspectors — training in psychosocial risk assessment, provision of standardised assessment tools, and the establishment of minimum inspection ratios for establishments above a defined size — is a necessary complement to substantive legislative reform.

Courts should be expressly empowered to grant mandatory injunctions requiring employers to

implement specific preventive and remedial measures in respect of psychosocial hazards, and to appoint monitors to supervise compliance. The development of a body of reported case law on employer liability for occupational psychological harm, which the High Court decisions discussed in Part VII have begun to establish, should be actively encouraged through the publication of judicial decisions and the provision of publicly accessible guidance on applicable legal standards.

### ***6.6 Ratification of ILO Conventions Nos. 155 and 187***

India should ratify ILO Convention No. 155 on Occupational Safety and Health and Convention No. 187 on the Promotional Framework for Occupational Safety and Health. Ratification would create a binding international legal obligation to bring domestic law into conformity with ILO standards, including the ILO's Guidelines on Mental Health at Work, and would provide a powerful external accountability mechanism to complement domestic enforcement.

### ***6.7 National Awareness Campaign and Destigmatisation Programme***

Legal reform must be accompanied by a sustained programme of public education and destigmatisation. The reluctance of workers to identify themselves as experiencing mental health difficulties, to seek professional support, or to invoke their legal rights in this domain, is a consequence of deep social stigma that cannot be dissolved by legislative enactment alone. The central government, acting through the National Health Mission and in collaboration with state governments, employers' organisations, and trade unions, should design and implement a national programme of awareness-raising and destigmatisation, conducted in regional languages and through community-based networks as well as mass media, that normalises the experience of mental health difficulty in the workplace and informs workers of the legal protections and support services available to them.

## **X. CONCLUSION**

This paper has argued that the protection of mental health in Indian industrial workplaces is not a peripheral concern of social welfare policy but a matter of constitutional obligation, legal duty, and basic justice. The constitutional guarantee of the right to life with dignity, properly understood, extends to the psychological dimensions of human existence and requires the state

to regulate industrial employment in a manner that prevents, and provides redress for, psychological harm. The employer's duty of care, which Indian courts have begun, tentatively but perceptibly, to extend to psychological risk, generates independent obligations that exist independently of any statutory mandate. India's commitments under the CRPD and the broader framework of ILO standards reinforce these domestic foundations with an international legal architecture of some persuasive force.

Against these normative imperatives, the existing statutory framework is seriously deficient. The Factories Act, 1948 and its successor in the OSH Code, 2020 address psychological health neither expressly nor effectively. The Mental Healthcare Act, 2017, while a significant advance in the law of mental health rights, is not an occupational health statute and was not designed to regulate the employer-employee relationship. The Employees' State Insurance scheme, which might in principle provide a compensatory remedy for occupational psychological injuries, has not been authoritatively interpreted to do so, and its mental health service infrastructure is wholly inadequate to the scale of demand.

Their implementation would require political will, financial investment, and a willingness to extend the protective reach of Indian labour law into territory that has hitherto been treated as beyond the proper concern of legal regulation. It would also require the legal profession — practitioners, academics, judges, and law reform bodies — to engage seriously with the psychological dimensions of workplace harm and to develop the conceptual tools, the evidentiary methods, and the procedural mechanisms that the recognition of such harm as legally cognisable will require.