



WELLNESS@WORKPLACE

Approach
Assessment
Intervention

Department of Psychiatry
2026



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Assessment
Intervention

Department of Psychiatry
National Institute of Mental Health and Neuro Sciences
(An Institute of National Importance)
Bangalore-560029, INDIA

2026

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This publication is based on observations, academic reviews, and experiential accounts of mental health professionals involved in promoting employee wellness in the transport sector, industrial sectors, and counseling services, as part of the community mental health program under the Community Psychiatry Unit, Department of Psychiatry, NIMHANS, Bengaluru.

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Foreword



28th March 2026



The well-being of employees is a cornerstone of a productive workforce. In today's fast-paced world, the significance of mental health in the workplace cannot be ignored. Organizations across various sectors increasingly recognize holistic wellness's profound impact on employee satisfaction, efficiency, and overall quality of life. The Employees Wellness Program (EWP) presented in this report is a commendable initiative to foster mental health awareness and promote well-being in diverse workforces.

At the National Institute of Mental Health and Neuro Sciences (NIMHANS), we have been at the forefront of advancing mental health care, education, and research. Our institute has been actively involved in training healthcare professionals, law enforcement officials, transport services, uniformed personnel, industrial workers, factory workers, government officials, NGOs, and other stakeholders. This extensive engagement underscores our commitment to integrating mental health services into the community, including occupational settings.

The findings and suggestions in this report align with NIMHANS' ongoing efforts to address workplace stressors and enhance mental well-being. By offering actionable strategies and practical guidelines, this report serves as a valuable resource for mental health professionals, organizational leaders, and policymakers striving to create healthier and more supportive work environments.

I commend the dedicated team behind this initiative for their expertise and commitment to promoting employee wellness. Their efforts reinforce the importance of prioritizing mental well-being in the workplace and fostering environments where employees can thrive both personally and professionally.

Dr Prabha S Chandra
Director, NIMHANS

Message



28th March 2026



I am pleased to present this report outlining the suggested guidelines for the Employees Wellness Program (EWP), a timely and strategic initiative with the potential to significantly enhance mental health support across workplaces.

This document has been meticulously crafted by the Forensic Psychiatry Unit, the Community Psychiatry Unit, and the TeleMANAS Apex Coordinating Centre. It synthesizes experiential knowledge derived from working with diverse occupational groups and explores the implementation of mental wellbeing initiatives across governmental, non-governmental, and private sector institutions. Importantly, it provides actionable frameworks for mental health professionals and organizational leaders to meaningfully support employee wellbeing.

This report also serves as a valuable resource for mental health professionals to proactively design, implement, and evaluate wellness strategies tailored to workplace settings. It facilitates structured planning for mental health promotion, early identification of distress, and integration of mental health care within organizational ecosystems.

Although numerous wellbeing programs are currently in operation, the field continues to lack robust, clearly defined parameters for assessing their effectiveness. This report addresses that gap by identifying systemic barriers, proposing context-sensitive solutions, and recommending practical strategies to empower employees and support mental health in the workplace. The guidelines included herein are pragmatic, scalable, and designed to be implemented across varied organizational contexts.

Dr Jagadisha Thirthalli
Professor & Head
Department of Psychiatry, NIMHANS

Editors

Mr Kiran Kumar CTL

Junior Consultant in Clinical Psychology/PhD scholar,
Tele MANAS Apex Coordinating Center

Dr G Balamurugan, PhD

Assistant Professor of Nursing
Tele MANAS Apex Coordinating Center

Dr Yathish D V

Medical Officer
Tele MANAS Apex Coordinating Center

Mr Raghavendra Kukkehalli

Psychiatric Social Worker
Tele MANAS Apex Coordinating Center

Ms. Nishchala Pearala

Clinical Psychologist

Ms Tanisha Shetty

Clinical Psychologist

Dr. Narayana Manjunatha

Additional professor of Psychiatry
Community Psychiatry Unit, Department of Psychiatry

Dr Naveen Kumar C

Professor of Psychiatry
Community Psychiatry Unit, Department of Psychiatry

Dr Suresh Bada Math

Professor of Psychiatry
Forensic Psychiatry Unit, Department of Psychiatry

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Executive Summary

The Employees Wellness Program (EWP) conducted by the Department of Community Psychiatry, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, focused on enhancing the well-being of employees across various sectors. The summary of the report for the year is as follows.

Key findings:

- Many employees reported poor well-being, with notable distress across sectors like uniform services, industrial workers, and railway employees.
- Factors such as long working hours, lack of rest, job pressure, and family-work conflicts contributed to employees' distress.

Sessions:

- Overall, 1263 employees were covered in this Employee Wellness Program
- Monthly well-being sessions were conducted with locopilots to address stress, sleep disturbances, and concentration difficulties.
- Supervisors in Diesel Shed Locomotives' sessions are aimed at stress management, decision-making, and peer support.
- A four-day program (WE RAISE) was focused on resilience-building and stress management for Jindal Steel Works.
- Hybrid training on mental health awareness and intervention strategies was carried out for the Field level workers & Tele MANAS counsellors.
- The Uniformed Services (Police & Military) sessions focused on stress management, mindfulness, and resilience.

Feedback and impact:

- The participants rated more than 4 out of 5, indicating a positive reception of the program
- Follow-ups showed improvements in well-being and stress management among participants.

Challenges:

- Workforce heterogeneity and time constraints affected attendance and engagement.
- Difficulty in follow-up participation due to job responsibilities.
- Lack of clear parameters for assessing program success.

Suggested Guidelines:

- Mental health professionals should design EWPs based on employee needs and proven evidence-based approaches
- Organizations should implement universal, selective, and indicated (USI) interventions across staff levels, aligned with current legal frameworks.
- Promotive measures for all employees, accommodations for high-risk individuals, and rehabilitation for persons with mental illness (PWMIs).

Background



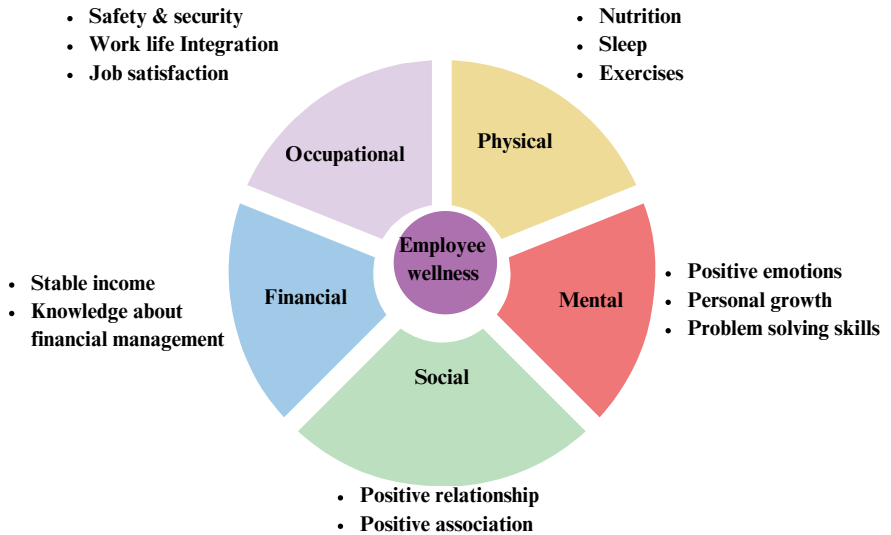
Background

Around 3.4 billion of the world's population are part of the global workforce, indicating functioning, a sense of achievement, and financial contribution to society^(1,2). However, work-life distress has increased predominantly during post-pandemic periods in comparison to the pre-pandemic period⁽³⁾. Globally, 15% of employees experience mental health disorders⁽⁴⁾. In 2024, 79% of employees reported moderate to severe stress, with an increase in depression to 11%, anxiety up to 8%, and suicidal ideations up to 13%. Thus, studies recognize the need to prevent mental health risks at the workplace and promote mental health wellness⁽⁵⁾.

Wellbeing or Wellness are used synonymously; the definition of wellness is complex and multifaceted as it covers several aspects. The World Health Organization (WHO) in 2021 defines “well-being as the quality of life, feeling good, having pleasant relationships, having positive emotions, and contributing to society with a purpose in life”⁽⁶⁾. McGroarty (2021) defines “wellness as growth, self-acceptance, actualization, and mastery of skills by balancing resources and challenges”⁽⁷⁾. Considering the above definition, wellness in the workplace includes several dimensions (Figure 1). Employee wellness is not the mere absence of illness; it encompasses healthy and well-functioning employees with happiness in physical, mental, occupational, social, and financial dimensions. Several employee wellness programs have been designed and implemented to enhance employees' wellness worldwide. Physical well-being includes proper nutrition, sufficient sleep, exercise, and healthcare. Mental well-being involves positive emotions, personal growth, and problem-solving abilities. Social well-being stems from strong personal relationships and active community involvement. Financial well-being reflects income stability and effective financial planning. Occupational well-being encompasses job safety, work-life balance, and satisfaction through meaningful engagement at work^(8,9).

Employees with Mental Distress (MD) or Mental Health concerns (MHC) typically require Low-Intensity Psychosocial Interventions (LIPIs) ranging from education, reassurance, counselling, and social support. To summarize, MD or MHC is a social construct arising from adverse social life situations that needs social interventions, unlike mental illness, which requires medical interventions⁽¹⁰⁾.

Figure 1: Dimensions of Employee Wellness Program



Therefore, it is crucial to understand that Mental Distress could be a precursor or an early warning sign of potential psychiatric disorders. If left unaddressed or if appropriate coping mechanisms are not implemented, Mental Distress can escalate and manifest as a diagnosable mental illness, such as depression, anxiety disorders, or bipolar disorder.

- Early identification of the Sign: Mental distress can be an early sign of mental illness and should be addressed quickly.
- Risk of worsening: If ignored, distress may lead to conditions like depression or anxiety.
- Affects Daily Life: It can reduce focus, harm relationships, and lower work performance.
- Need for Early Action: Timely support can prevent long-term mental health issues.
- Workplace Role: Supportive workplaces help employees cope better and stay healthy

Hence, addressing employee stress and burnout is essential for preserving both mental and physical health. Prolonged stress can lead to decreased productivity, increased absenteeism, and serious mental health conditions. Creating supportive workplace practices helps foster resilience and long-term well-being.



Need for Wellness @ Workplace

Need for Mental Health Wellness @Workplace

The Mental Healthcare Act (2017) aims to protect, promote, and uphold the rights of individuals in accessing mental health care and services. It ensures the right to community living with dignity, equality, and protection from discrimination and degrading treatment⁽¹¹⁾. Similarly, the Rights of Persons with Disabilities (RPWD) Act (2016) mandates skill development, vocational training, and equal employment opportunities for individuals with disabilities, including mental illness⁽¹²⁾. It also calls for developing inclusive workplace policies to accommodate and support them. As both laws emphasize mental health in the workplace, organizations have a legal and ethical responsibility to provide the necessary infrastructure, interventions, and support systems to promote employee well-being.

Further, in India, mental health issues contribute to 2,443 Disability-Adjusted Life Years (DALYs) per 10,000 people⁽¹³⁾, with a suicide rate of 12.4 per 100,000⁽¹²⁾. Between 2012-2030, economic losses due to mental health conditions are estimated at US\$1.03 trillion, yet less than 1% of India's total health budget is allocated to mental health^(14,15). Mental health-related productivity losses cost Indian employers INR 110,000 crore (~US\$14 billion) annually⁽¹⁶⁾. Globally, mental disorders are projected to cost US\$16 trillion by 2030, surpassing 1% of global GDP⁽¹⁷⁾. The lack of Employee Wellness Programs (EWPs) exacerbates workplace stress, burnout, and disengagement, further impacting productivity⁽¹⁸⁾. Investing in workplace mental health can reduce economic losses, enhance well-being, and boost efficiency and the economy. The implementation of the Mental Healthcare Act⁽¹⁰⁾ requires INR 94,073 crore annually but promises a 6.5 times return on investment⁽¹⁹⁾. Prioritizing structured mental health initiatives is crucial for workforce resilience and sustainable economic growth.

Evidence shows that poor mental health impacts both personal and professional life and adds to the global social and economic burden.

- Structured EWPs can enhance productivity and reduce absenteeism.
- EWPs also improve job satisfaction and promote a healthier workforce.
- Prioritizing holistic mental well-being is vital for organizations and government agencies.

Aim & Objectives

A photograph of two industrial workers in safety gear. The worker on the left is wearing a yellow hard hat and an orange high-visibility vest over a white shirt, pointing his right index finger towards the right. The worker on the right is wearing a white hard hat and a red high-visibility vest over a light blue shirt, looking towards the first worker. They are standing in front of large, dark, cylindrical industrial tanks with metal ladders. A large, semi-transparent blue circle is overlaid on the top right of the image, containing the text 'Aim & Objectives'.

Aim & Objectives of Employee Wellness Programs

Aim

To enhance and maintain employee wellness through a comprehensive approach that considers mental well-being as a holistic part of physical well-being and fosters a thriving environment for personal and professional growth.

Objectives

1 Raising awareness about wellness, mental distress, & mental illness and providing a self-evaluation of the same.

2 Identify barriers to wellness in the workplace.

3 Enhancing resilience, self-care, interpersonal relationships, and communication skills

The current Employees Wellness Program (EWP) report is the culmination of EWPs conducted by the Community Psychiatry Unit, Department of Psychiatry, NIMHANS, Bengaluru, in the year 2023-24. It provides a bird's view of the EWP implemented with 1263 employees working in transport, industrial sectors, uniform and counselling services.

1263
Employees

Experiential Account of Conducting EWPs

- a) Employees of Transport Service
- b) Employees Working in Uniform Service
- c) Employees of the Industrial Sector
- d) Field workers of Non-Governmental Agency
- f) Counsellors and Well-being Officers of Karnataka



Transport Service

a) Employees of Transport Service

Well-being Program for Loco pilot of Indian Railways



In collaboration with the Administrators of South Western Zone, Bengaluru Division, and Indian Railways, monthly 3-hour in-person well-being programs were conducted from July 2023 to September 2024. The railway authorities organized the monthly sessions in rotation at Krantivira Sangoli Rayanna (KSR), Krishnarajapuram, and Yeshwanthpur Railway Station, Bengaluru.

Barriers to well-being as shared by employees and their families

- Sleep disturbances
- Limited resting period
- Lack of adequate time for family
- Unhealthy food habits
- Difficulties in concentration during work

709

Participants attended the monthly sessions, which included loco pilots, assistant loco pilots, helpers, administrators, and their family members.

A loco pilot must safely and efficiently run the trains for more than 10 hours at a stretch. They must travel in challenging terrains and inclement weather while keeping a sharp vigil on everything, whether signaling, speed regulations, or emergencies. These challenges can result in considerable stress, ultimately impacting the overall well-being of loco pilots. Over time, this may lead to a range of negative outcomes affecting both their physical and mental health, potentially contributing to fatigue, burnout, and job dissatisfaction⁽¹⁹⁾.

Objectives:

- 1) Sensitize about wellness, distress, and disorder.
- 2) Enhance problem-solving skills through peer learning to deal with work stress.
- 3) Improve the quality of sleep and eating habits
- 4) Increase interpersonal communication to handle family issues



EWP sessions with loco pilots in Majestic and K R Puram, Bengaluru

Till September 2024, overall **15** sessions were conducted in a group format with loco pilots and their families. Sessions included exploration of concerns and validating the work distress among participants in front of the group, educating the effect of stress on health and signs of mental disorders, an interactive group brainstorming session on dealing with difficult scenarios in the workplace, sleep hygiene tips, and lastly brief Yoga and Mindfulness exercises for relaxation. These sessions have been instrumental in opening dialogue among family members, allowing them to share perspectives and gain insights into effective mental health practices.

In each session, feedback was collected from participants on a scale of 1-5. Around 283 participants provided feedback on the content, delivery, activities conducted during the program, reading materials, and feedback about the resource persons.

The overall feedback is 4.12 on a scale of 1-5, suggesting benefits and satisfaction of the employees.

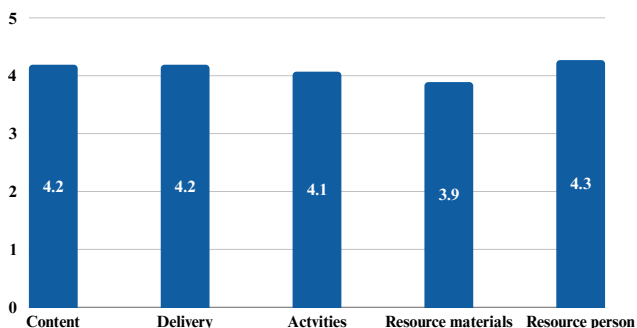


Figure 3: EWP Feedback by Locopilots

Loco pilot and their family members Feedback



“Always keep a program like that, it’s very useful for our lifestyle”.

“Learned how to keep mind and body good by following a certain lifestyle pattern”

“Try to solve your problem with the help of your family and friends by sharing and discussing with them and if not possible meet a doctor immediately as soon as possible without any hesitation”



Well-being Program for Diesel Shed Locomotive Supervisors

A two-hour session was conducted for supervisors working in Diesel Shed Locomotives at Krishnarajapuram station, Bengaluru. Need assessment was conducted with supervisors, around 14 participants who work as senior engineers and supervisors responded to the needs and challenges related to questions.

Barriers to the well-being of Supervisors

- Prolonged attentiveness and poor work-life - balance.
- Hypervigilance working in high-voltage sheds
- Difficulty in managing human resources
- Pressure of critical decision making
- Adaptability to dynamic work environment

42

supervisors
attended the program

Aim of the program

- 1) Explore the impact of stress on the physical, mental, social, financial, and spiritual aspects of life.
- 2) Equip effective coping strategies and encourage them to seek help whenever required.
- 3) Establish roles of Gatekeeper Well-being Officers by enhancing knowledge about mental health concerns and crises of their subordinates.
- 4) Equip supervisors with skills to promote well-being among their subordinates.

On WHO-5 Well-being index, 9 of them felt less than half-time cheerful in good spirits, 12 felt less than half-time calm and relaxed, 11 were less than half-time active and vigorous, 13 felt less than half-time worked up feeling fresh and rested, lastly, 15 felt less than half time daily life had been filled with things that interest in last two weeks. Follow-up after 4 months, the response rate of participants for assessment was poor, but out of 10, only one felt less than half-time active and vigorous.

**On the WHO-5 well-being index,
Baseline- 9 out of 42 scored <50 %
Indicating poor wellbeing
Follow up (after 4 months) None of
them score <50 %
suggesting all 10 participants have
good wellbeing**

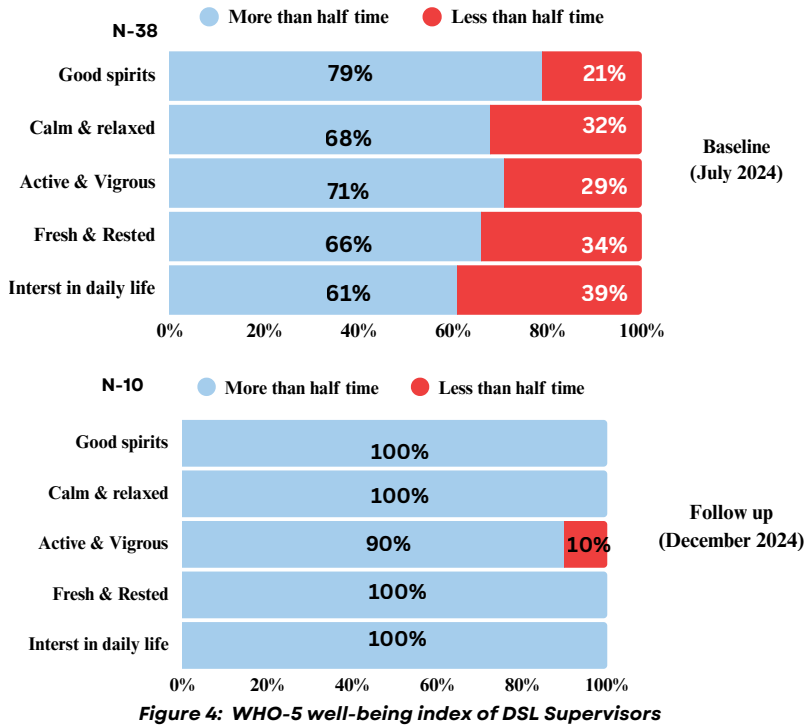


Figure 4: WHO-5 well-being index of DSL Supervisors

Furthermore, Figure 5 shows that around 38 participants replied to the perceived stress scale, where 13 reported a low perception of stress, 4 reported a high perception of stress, and 24 reported moderate stress perception in July 2024. Later in the month of December 2024, due to poor response rate, 4 reported low distress, 10 reported moderate distress, and there were no participants with high distress out of 14 participants.

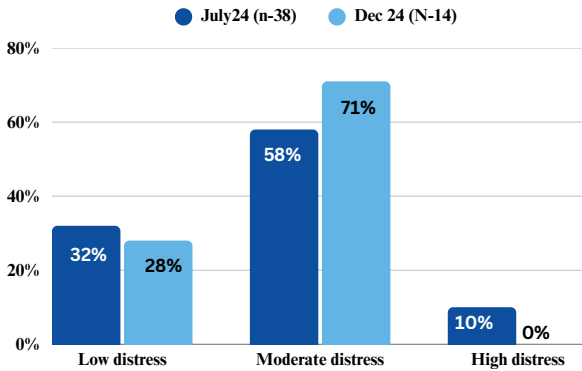


Figure 5: Stress level of DSL Supervisors

The session included building awareness regarding wellness and illness at the workplace. Tips and activities enhancing cognitive abilities, attention, problem-solving skills, and brief mindfulness relaxation exercises. Lastly, case discussions to identify signs of distress among subordinates. The method of delivery includes peer group discussions, brainstorming, quiz, and relaxation techniques.

Feed back from the supervisors,

Overall feedback for the program is 4.47 on a scale of 1-5, indicating high benefits and satisfied with an employee wellness program.

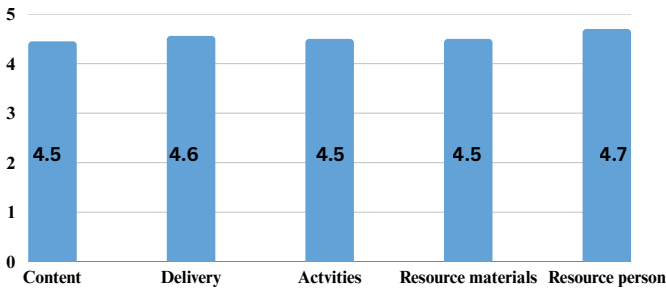


Figure 6: EWP feedback by DSL Supervisors

A man in a dark uniform is standing at the front of a room, speaking to a group of people. He is holding a small object in his hand. The room has red curtains and a laptop on a table. The text "Employees Working in Uniform Service" is overlaid on the image.

Employees Working in Uniform Service

b) Employees Working in Uniform Service

Employees working in protecting law in the society (police, army, jailers) are under significant stress.

418
uniform service
personnel.

Objectives:

To provide them with essential knowledge, guidance, and support, aiming to enhance their understanding of mental illness and suicide and to facilitate effective management.

The session included building awareness through reading materials, a brief intervention of mindfulness meditation, and a short video on yoga practices to deal with distress at the workplace. Furthermore, individual and family psychosocial counseling sessions were carried out to address their mental health concerns.

Out of 168 participants, 135 rated the well-being programs for uniformed service personnel as 'very relevant' on a 5-point scale, 33 rated them as 'fairly relevant', while the remaining participants found them 'non-relevant'.

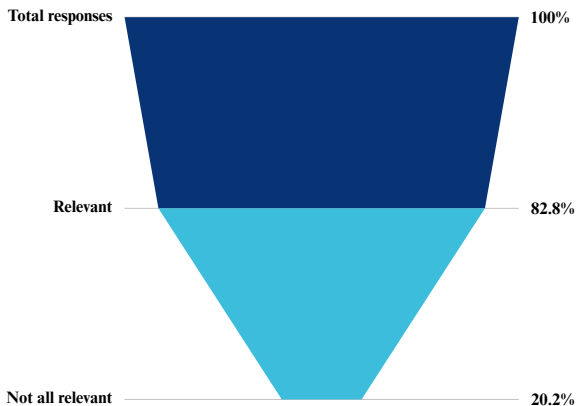


Figure 7: EWP relevance perceived by Uniform service personnel

Feedback of Uniform Service personnel

On 5 point rating scale, 165 participants responded to the feedback, where overall experience of attending was 3.2, indicating average benefit and satisfaction.

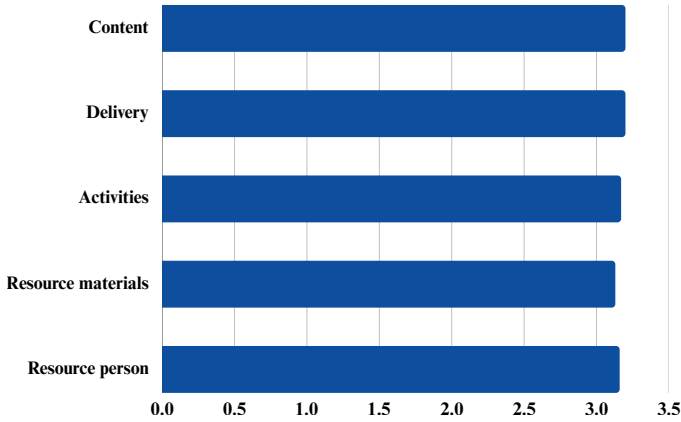


Figure 8: EWP feedback by Uniform service personnel



“Knowledgeable session, which I will take forward towards my career growth.”

“We learned how to care for others in a critical situation.”

“The programme had good overall learning, expertise of the facilitator, and interactional activities.”



A group of people in a meeting room. In the background, several men in blue striped shirts are sitting at a table, some with their hands raised. In the foreground, a woman in a yellow dress is smiling and looking towards another woman whose back is to the camera. The room has blue curtains and a metal shelving unit.

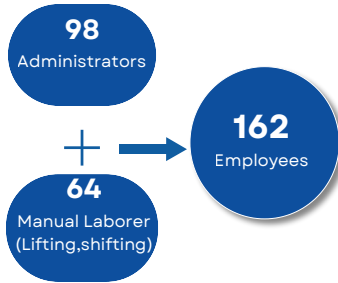
Employees of Industrial Sector

c) Employees of Industrial Sector



Through experiential interactive games, a four-day onsite program was conducted with the aim of enhancing mental health wellness among employees under the WE RAISE Program (Wellness of Employees with Resilience, Awareness, Interpersonal Communication, and Self Care) in January & October 2023 in the Jindal Steel Works(JSW) Energy plant Ltd, Torangallu, Bellary.

Wellness of
Employees with
Resilience
Awareness,
Interpersonal
Communication
Self Care



Objectives:

- To enhance mental health resilience in the workplace
- To promote a healthy work-life balance
- To develop compassion and gratitude towards self and others
- To improve interpersonal relationships with colleagues and family

Only 135 participants completed assessments of K10, and out of which 51% of employees reported psychological distress, either in the form of mild, moderate, or severe disorders level, and 49% are likely to do well (Figure 9). This program focuses on enhancing resilience, promoting healthy work-life balance, and improving compassion and gratitude towards self-check.

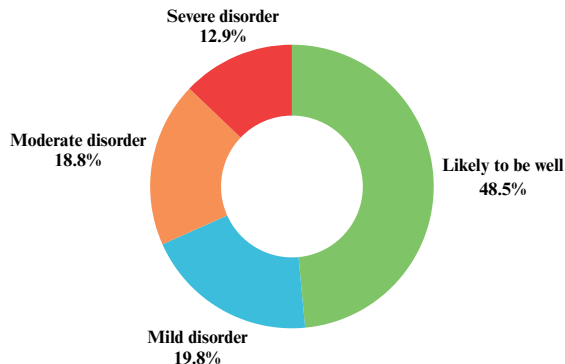


Figure 9: Psychological distress of employees of energy plant

Experiential interactive games were intended for fun, relaxation, and also to build awareness of mental wellness and illness. Mindfulness-based exercises such as mindful walking and brief meditation sessions were undertaken to promote relaxation and effectively handle stress at the workplace. Lastly, group games to brainstorm about role conflicts in the workplace and interpersonal communications were conducted. Overall, participants have rated 4.36 for the program, indicating excellent interactive sessions, which have benefited the participants (Figure 10)

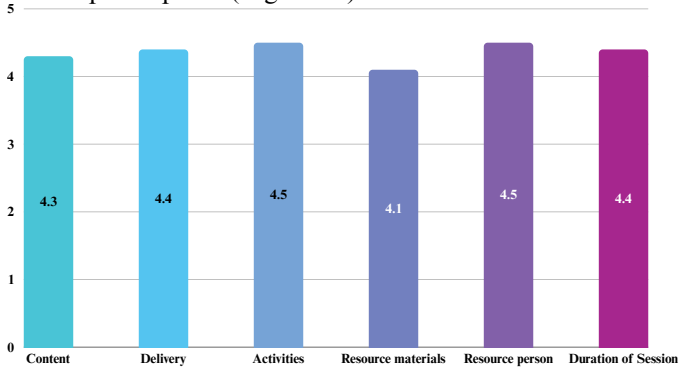


Figure 10: EWP feedback by employees of Energy plant



EWP Sessions with administrative and Laborers of JSW energy LTD, Torangalu

Feedback of employees of Industrial sector



“The session was given time for ventilating our stress and insight about the importance of our own wellness and stress management.”

“In the last 14 years of experience, one of the best wellness programs so far. Expect this event to be carried out by management to keep a healthy environment in the workplace”

“This program is very good for leaders to stop, introspect, and learn new things about mental health”



A group of people, including men and women of various ages, are walking on a red carpet in a hallway. The carpet has a gold border. The people are dressed in a mix of traditional Indian attire (like a white kurta and dhoti) and modern clothing (like a blue shirt and trousers). The background is a plain, light-colored wall with a ceiling light fixture.

Field Workers of Non-Governmental Agency

d) Field Workers of Non-Governmental Agency

In collaboration with “The Association of People with a Disability”, a hybrid training was conducted among Field workers (animators, counselors, and supervisors) working at the grassroots level on mental healthcare delivery in various districts of Karnataka.

The four-day program focused on enhancing the early identification of mental illness and delivering brief interventions referral and followup.

Barriers for wellness

- Long travel time causes tiredness
- Irritability due to noncooperative families

50
participants attended the
Onsite and Online
program for the years
2023 - 2024.

Aim of the program

- To reinforce own mental health wellness.
- Dedicated sessions on wellbeing included interactive games, mindfulness walk, and meditation, discussion on modes of relaxation techniques.

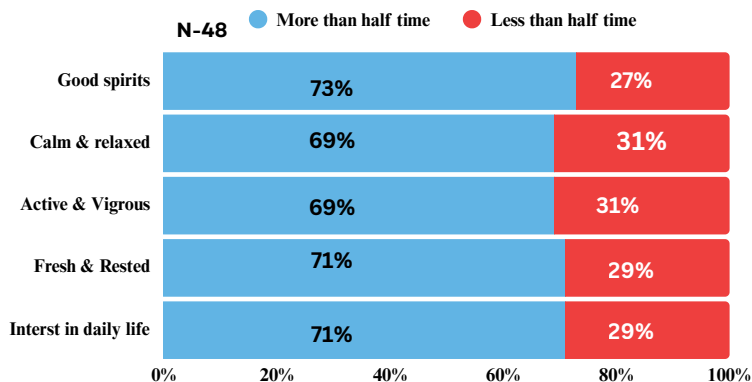
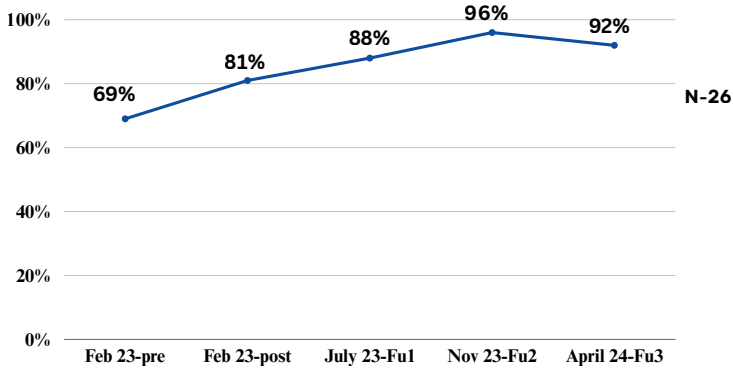


Figure 11: WHO-5 well-being index of

Figure 12: Participant scoring above 50th Percentile on WHO wellbeing index



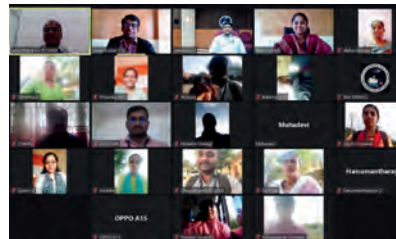
Note: FU- Follow up

The field workers were followed up across the years, an online follow-up session was conducted every 4 months. The follow-up assessment shows that there is an increasing trend of wellness among the field workers due to persistent support and wellness activities. The percentage well-being among field workers showed an upward trend from the beginning to the end of the year.

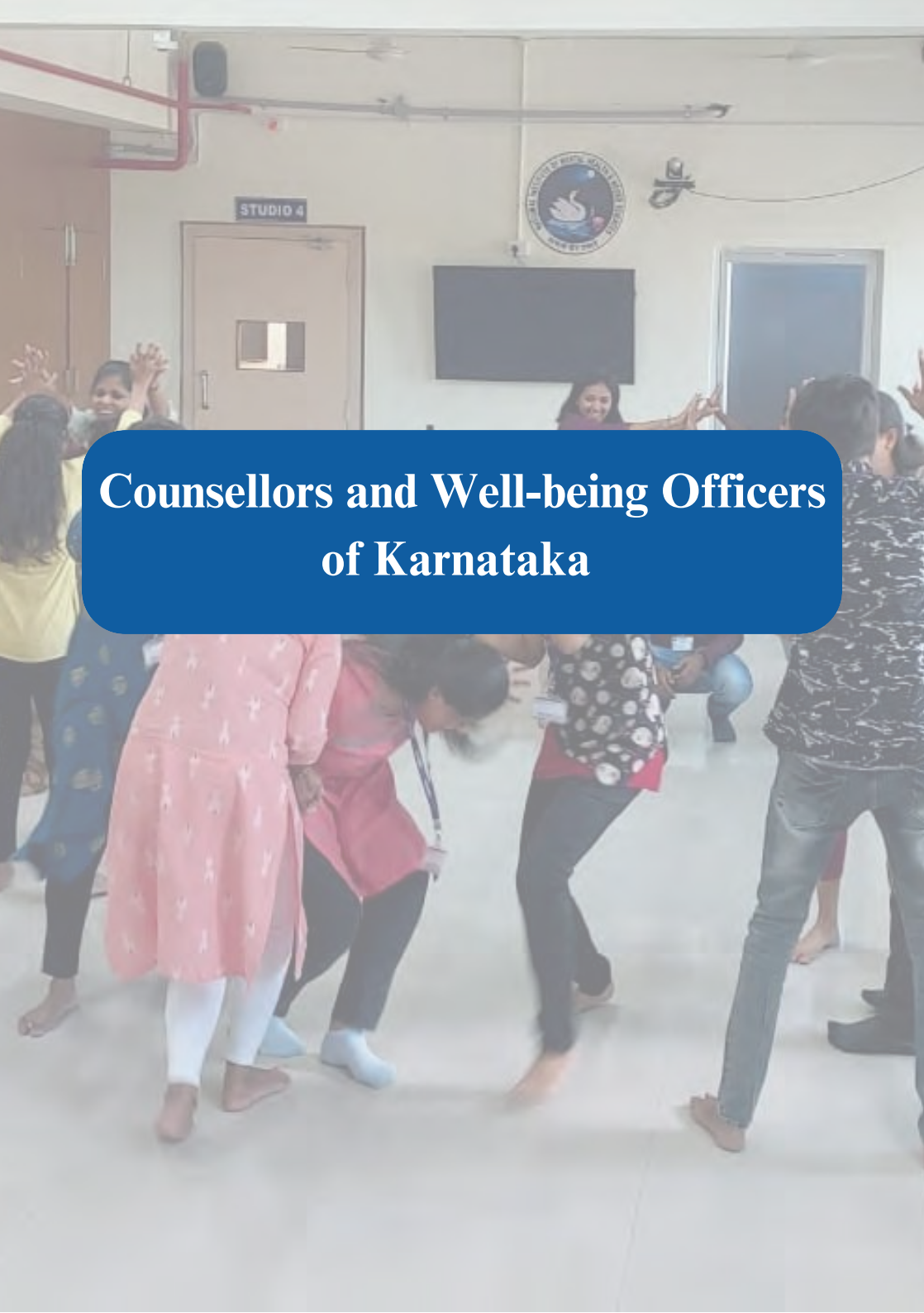
Feed back from the Fielder workers



“Overall learning experience and program content is good, lots of positive energy I have gained from this program”



EWP Sessions with Fielder workers of APD (onsite and Online sessions)



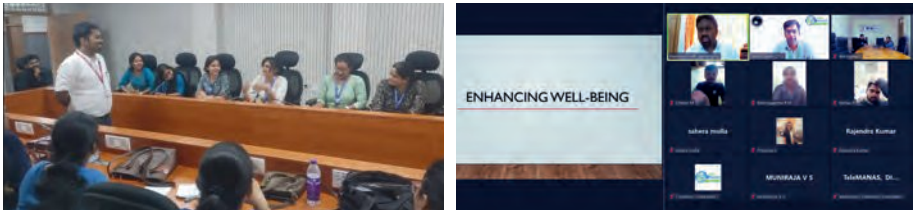
Counsellors and Well-being Officers of Karnataka

e) Counsellors and Well-being Officers of Karnataka

Wellbeing of Tele-MANAS Counsellors

An online pilot program of well-being sessions was done with Tele MANAS counsellors of Karnataka and Odisha (n-46) to enhance the well-being of counsellors and mental health professionals with an evidence-based intervention. The six sessions were based on positive psychology interventions. The program had pre- and post-assessment to gauge the knowledge, skills development, and perceived well-being improvement.

46
Number of Counselors



EWP Sessions with Tele MANAS counsellor (onsite and Online sessions)

Wellbeing of Police Wellbeing Officers of Karnataka

A blended learning training program has been initiated for Police wellbeing Officers of Karnataka in collaboration with Bengaluru city police since August 2024. The objectives of the training program are to upskill counselling skills and enhance self-care strategies for their well-being.

Based on positive psychology concepts, self-reflection tasks, yoga, mindfulness meditation, gratitude, and resilient skills are practiced in the online sessions with the participants.



Online EWP session with Police wellbeing Officers

Wellbeing Index Across Cadres

The WHO-5 Well-Being Index was used to assess employees' well-being across various sectors, including transport service, uniformed services, the industrial sector, and the health sector.

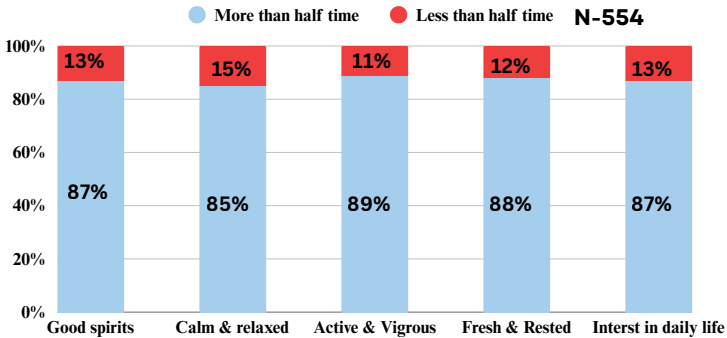


Figure 2: WHO-5 Wellbeing Index of Various sector employees

A significant number of participants reported distress, and worst quality of life, around 67 reported that they did not all feel good in spirits, 81 reported not all time felt calm and relaxed, 63 felt less than half of the time active and vigorous, 66 of them felt less than half of time fresh and rested and lastly 73 reported less than half of the time felt daily life activities disinterested on WHO-5 Well-Being Index.

Further analysis shows that
52 of 554
<50
employees scored indicating
Poor Well-being
percentile



Suggested Guidelines to Implement EWP



Workplace Wellbeing

Workplace mental health should be addressed through a balanced approach that integrates individual-level actions, supportive organizational policies, and structured training for both managers and employees. Mental well-being may be understood as a state in which individuals recognize their abilities, effectively cope with routine life stressors, and are able to work productively while contributing meaningfully to their organization. The following key domains for promoting mental health in the workplace:

1. Individual-Level Strategies: The “Five Ways to Wellbeing”

Evidence-based approaches highlight five simple, actionable practices that can be incorporated into daily routines to enhance resilience and overall well-being. These include:

- a) Building meaningful social connections with colleagues, friends, and family;
- b) Engaging in regular physical activity to reduce stress and improve mood;
- c) Practicing mindfulness by being attentive to the present moment and surroundings;
- d) Continuously learning and seeking new experiences to stimulate cognitive engagement; and
- e) Fostering a culture of acceptance, giving through small acts of kindness, appreciation, and peer support within the workplace.

2. Training and Capacity Building

Effective workplace mental health strategies require systematic training and skill development. Managers should be trained to identify early signs of psychological distress, respond with empathy, and guide employees toward appropriate support services—without assuming diagnostic or therapeutic roles. At the same time, improving mental health literacy among all employees is essential to normalize mental health challenges, reduce stigma, and enhance awareness of available resources such as Employee Assistance Programs. Additionally, organizations should provide access to resilience-building interventions, including mindfulness-based and cognitive-behavioral strategies, to support stress management and work effectiveness.

3. Organizational Guidelines for a Supportive Work Environment

Organizations play a critical role in shaping environments that function as “engines of well-being” by addressing structural and cultural factors.

This includes promoting work-life harmony by allowing autonomy and respecting boundaries between professional and personal life; ensuring protection from both physical and psychological harm by creating safe spaces where employees can express concerns without fear of retaliation; enabling adequate rest by discouraging excessive working hours and ensuring regular breaks; fostering a sense of mattering through recognition, gratitude, and employee involvement in decision-making; and designing jobs with clarity, reasonable demands, and employee control to reduce stress and burnout.

Organizations should actively normalize help-seeking behavior by fostering open dialogue around mental health and encouraging leadership to model supportive attitudes. All mental health-related interactions, including assessments and service utilization, must be handled with strict confidentiality and respect for privacy. Comprehensive support systems should include access to mental health services through insurance coverage, counseling provisions, and proactive promotion of available resources such as Employee Assistance Programs, ensuring that employees can seek timely and appropriate care without barriers.

Method of Review in Developing Suggested Guidelines

The multidisciplinary team comprises professors of psychiatry, senior residents, clinical psychologists, psychiatric social workers, and psychiatric nurses from the community Psychiatry Unit, Department of Psychiatry, NIMHANS. The team conducted multiple brainstorming sessions to design and implement the program. The proposed guidelines are based on an extensive literature review, the team's reflections, experiential insights, and stakeholders' (employees, middle-level managers, and administrators) feedback. The authors reviewed various guidelines and policies related to employee wellness programs. The literature included the World Health Organization (WHO) guidelines for mental health at work (2022), recent occupational safety measures by the International Labour Organization (ILO) (2001), and reports from Deloitte (2022), Champion Health (2024), and the World Economic Forum (2011) on mental health. Additionally, the authors examined relevant legal frameworks, including the Mental Healthcare Act (2017) and the Rights of Persons with Disabilities Act (2016). Meta-analyses on Universal, selective interventions (2022), systematic reviews on rehabilitation (2023), and global employee wellness programs were also considered to develop the proposed guidelines for training and organizational implementation of EWPs.

Furthermore, the report has been reviewed by stakeholders and experts from the Epidemiology, Psychiatric Nursing, Clinical Psychology, Psychiatric Social Work, and Mental Health Education departments at NIMHANS. Stakeholders acknowledged the depth of well-being initiatives the team undertook for their employees and emphasized the importance of continuing EWPs within their organizations. Reviewers commended the implementation of EWPs across various workforce levels and highlighted the significance of integrating the legal framework into the guidelines for mental health professionals and organizations.

In this section, suggested guidelines are given for the following:

- 1) Suggested guidelines for Mental Health professionals
- 2) Suggested guidelines for Organizations

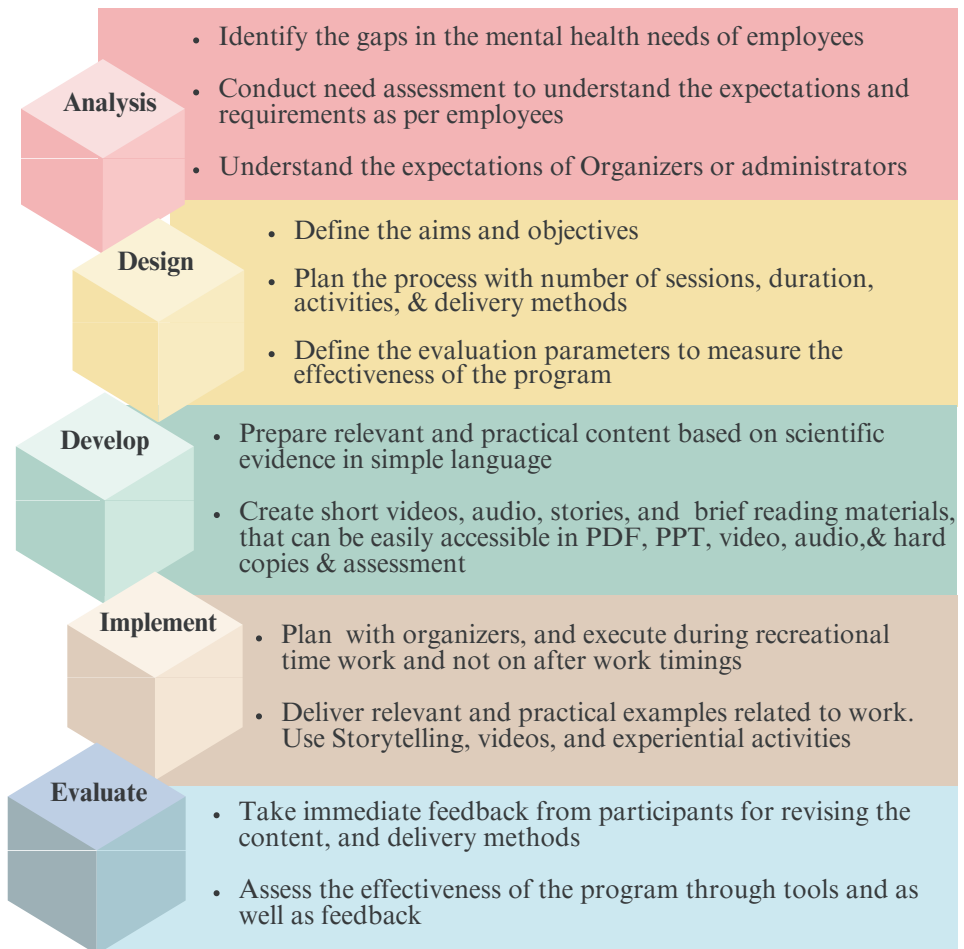
A man in a white shirt is standing at the front of a room, presenting to an audience. Behind him is a large whiteboard. To the right, a screen displays a diagram of a human body with various parts labeled. The audience is seated in rows of chairs, facing the presenter. The room has a polished floor and large windows with curtains.

Suggested Guidelines to Mental Health Professionals

1) For Mental Health Professionals

The design and development of employee wellness programs by mental health professionals have become essential, as it is the need of the hour. These professionals must be equipped with the necessary skills and tools to implement wellness programs across various sectors and workforces. Based on their experience in implementing such programs for employees in diverse industries, the authors propose the following EWP model.

The following guide helps in conducting both online and onsite programs. ADDIE model (1975) to develop the program ⁽²⁰⁾.



Step-by-Step Guidelines for Mental Health Professionals Implementing Workplace Mental Health Programs

These guidelines outline a structured, ethical, and evidence-informed approach for mental health professionals to enter, assess, plan, and implement mental health and well-being initiatives within organizations.

Step 1: Initial Assessment of the Organization

Before designing any intervention, it is essential to develop a thorough understanding of the organizational context. This includes assessing the nature of work, employment patterns, workforce size, and the complexity of the organizational structure. Available data such as anonymized health records, human resource metrics, and indicators of workplace stress should be systematically reviewed to identify trends, risks, and their impact on productivity and costs. To maintain professional integrity and avoid conflicts arising from dual obligations to both employer and employee, it is preferable that assessments are conducted independently, ideally by external professionals.

Step 2: Influencing Leadership and Decision-Makers

Successful implementation of workplace mental health initiatives requires active buy-in from organizational leaders and key decision-makers. Mental health professionals should adopt a strategic and evidence-informed approach to influence leadership. This includes presenting clear data on the impact of mental health on productivity, absenteeism, presenteeism, employee retention, cost-benefit analysis and overall organizational performance, thereby framing mental health as a business as well as a human priority.

Linking mental health initiatives to organizational goals—such as improved efficiency, reduced costs, enhanced employee engagement, and compliance with legal and regulatory frameworks can strengthen the investment case. Sharing best practices, case studies, and benchmarks from comparable organizations can further enhance credibility. Engaging leaders through sensitization workshops and structured dialogues helps build awareness, reduce stigma, and foster a culture of openness. Identifying and nurturing internal champions among senior leadership can also facilitate sustained commitment. Importantly, mental health initiatives should be positioned not as standalone welfare measures, but as integral to organizational excellence, risk management, and long-term sustainability.

Step 3: Strategic Planning of the Mental Health Program

Effective planning requires a participatory and transparent approach involving all key stakeholders, including management, employees, and worker representatives. Establishing a coordination committee with representation from these groups can facilitate ownership, oversight, availability of resources, time, human resources, referral mechanism, and accountability throughout the process. The wellness strategy should be structured with clearly defined objectives, phased implementation plans, timelines, and measurable outcomes. It is equally important to set realistic expectations by clearly communicating the scope and limitations of the intervention. A combination of quantitative and qualitative methods should be used to identify gaps in the existing system and prioritize areas requiring intervention.

Step 4: Implementation of Multi-Level Interventions

Workplace mental health interventions are most effective when implemented across multiple levels:

Organization-Level Interventions: Focus on addressing systemic and psychosocial risk factors such as excessive workload, inflexible schedules, and unhealthy workplace culture. Policies should promote both physical and psychological safety, ensuring employees can raise concerns without fear. Provision of reasonable work accommodations such as flexible hours, modified roles, or environmental adjustments—should be integrated for employees requiring support.

Manager-Level Interventions: Managers should receive structured training to recognize early signs of psychological distress, engage in empathetic communication, and facilitate access to support services. It must be clearly emphasized that their role is supportive and facilitative, not diagnostic or therapeutic. Mechanisms such as peer or “buddy” systems, gate-keeper training program for suicide prevention may also be introduced to support managerial well-being.

Employee-Level Interventions: Employees should have access to evidence-based interventions that enhance resilience and coping, including mindfulness-based approaches, cognitive-behavioral strategies, and stress management programs. Improving mental health literacy across the workforce is essential to reduce stigma, enhance awareness, and encourage timely help-seeking.

Step 5: Integration, Monitoring, and Continuous Evaluation

For sustained impact, mental health initiatives should be embedded within existing workplace health and human resource policies rather than implemented as standalone programs. Ensuring fidelity to the planned interventions is critical, requiring regular monitoring to confirm that programs are delivered as intended. Continuous feedback mechanisms should be established to gather employee perspectives and identify areas for improvement. A formal evaluation framework must be incorporated from the outset, with clearly defined indicators, timelines, and dedicated resources to assess effectiveness, inform refinements, and ensure long-term sustainability.

Principles of EWP

Peer learning

Fosters collaboration, shared knowledge, teamwork, continuous learning, and personal growth within organizations

Group Activities
Success stories
Skill- Sharing sessions

Open discussion

Fosters open communication, encouraging participants to share ideas freely without fear of judgment

Focused group discussion and feedback sessions

Experiential activity-based

Activities and games build rapport, engage participants, and provide insights through experiential learning and reflection.

Delivery methods	Facilitating skills
Open forum discussion	Flexible, Open to opinions, Listen to the concerns shared, Acknowledgment, Humble and honest use of affirmations
Experiential activities (games, and energizers)	Clear instructions, Conduct trials for better understanding, Provide time for reflections, Be patient, Be confident while delivering the message of the games, Accept the experiences without judgment, Use humor to break the awkward silences
Small group discussions (peers)	Encourage and motivate, Ensure to stick to the agenda, Connect everyone's point of view, Appreciate each one's effort
Educating through presentations	Brief and short content, Use images and visuals to enhance the information, Simple and easy-to-understand language, Use videos or audio to share stories., Case examples and Reading materials

Content of EWP

Based on the WHO recommendations and models implemented by the team, the below contents are proposed for conducting EWP



Conclusion

Employee Wellness Programs across various sectors emphasize the urgent need to address mental health challenges, especially in the post-pandemic era. Key issues such as poor work-life balance, high-stress levels, and ineffective coping strategies have been observed among loco pilots, industrial workers, supervisors, and uniformed personnel. By integrating strategies like mindfulness, peer learning, and resilience-building, these programs have significantly improved employee mental health and well-being, as evidenced by feedback and well-being indices.

However, participation and engagement remain challenging due to workforce diversity and time constraints. To improve effectiveness, future efforts should focus on customizing programs for specific employee groups, training in-house professionals, and strengthening collaboration with mental health experts. Establishing clear outcome metrics will enable better evaluation of program success and support long-term mental health improvements. Investing in structured mental health initiatives is essential for organizations to cultivate a healthier, more resilient workforce and drive positive societal change.

Challenges in Conducting Employee Wellness Programs

- Difficulties in tailoring well-being activities due to the heterogeneity of employees attending the session such as managers, manual laborers, field workers, etc.
- Limited time for conducting sessions to disseminate knowledge and well-being practice
- Sessions during working hours cause, employees to move out during the session or a lesser number of participants attending the program
- Higher attrition rates in follow-ups, due to working hours, and disinterest
- Organizations are reluctant to implement well-being programs due to the absence of defined success metrics, limited long-term organizational impact, and reliance on short-term outcomes.

Suggested Guidelines for Organizations



2) For Organizations

Employees from diverse sectors, roles, grades, and sociocultural backgrounds benefit from Universal, Selective, and Indicated (USI) interventions to foster resilience and enhance well-being. Employers and policymakers must customize these interventions based on employee groups, attributes, and career stages, leveraging evidence-based strategies to ensure effective workplace well-being initiatives^(21, 22).

Figure 13 depicts the general model of organizational structure, where a larger proportion of employees at the bottom of the workforce, and field-level workers, need universal interventions to maintain well-being. The middle-level employees who are managers, officers, and supervisors need to undergo training in identifying distress and disorder among the bottom-level employees. The managers also have to enhance workers' help-seeking behaviors, conduct programs to improve mental health literacy among workers, provide psychological support, and recommend policy changes to their higher authorities. Managers need to develop knowledge, positive attitudes, and skills in improving the mental health and well-being of employees by providing selective and indicative interventions. At the top of the ladder are higher authorities consisting of a board of directors and chief executive officers. They can develop policies that need to include workplace well-being by considering universal, selective, and indicative interventions for the workforce⁽²³⁾.

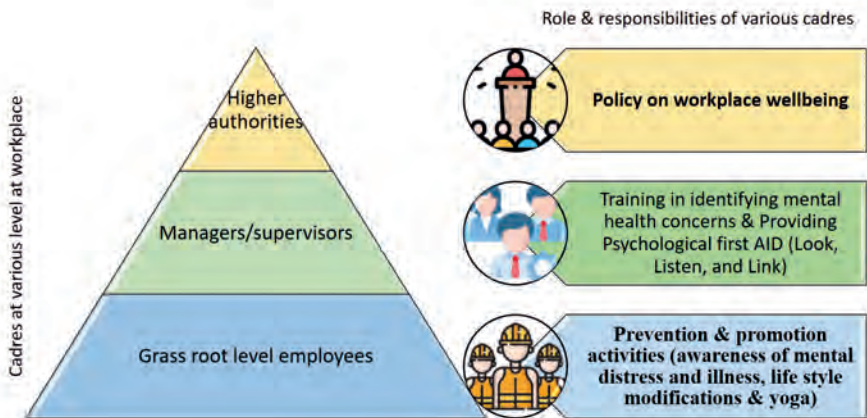


Figure 13: Roles of different cadres in implementing EWP

Based on the EWP conducted by the NIMHANS community mental health team, we provide guidelines for evidence-based interventions for employers and organizations (Figure 14) using the USI model. The stages include the entire workforce, from top-level to grass-level cadres, and also include intervention specific to individuals who are at risk of mental distress and persons with mental illness as per the Right of Persons with Disability (RPWD) Act 2016⁽¹¹⁾, Mental Health Care Act (MHCA) 2017⁽¹⁰⁾ and WHO guidelines 2022⁽²³⁾.



Figure 14: Stages of Interventions

Stage I: Entire workforce- includes all the cadres

Suggested interventions for the entire workforce- <u>Universal</u>	
1) Prevention i. Awareness program	a) Awareness activities: Signs and symptoms of mental health concerns. b) Educational programs: the celebration of World Mental Health Day, suicide prevention, disability days, etc.
ii. Regulations to support wellness	a) Basic amenities at the workplace- safety measures, nutritious food, and hygiene workplace. b) Access to mental health support- counselling services. c) Setting up clinic and Referrals. d) Screening to identify concerns. e) Gatekeeper training for suicide prevention.

2) Promotional activities	<ul style="list-style-type: none"> a) Sessions on Yoga, mindfulness meditations, and relaxation techniques. b) Conduct programs involving lifestyle modifications by Mental health experts. c) Feedback and improving communications. d) Training of managers and authorities to support wellness.
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Stage II: High-Risk workforce

Employees undergoing burnout and distress due to adjustment issues in the workplace and interpersonal/family conflicts are considered individuals who are at high risk of mental illness.

Suggested Intervention Targeting High-Risk Population- <u>Selective</u>	
1) Accommodation & support measures in the workplace	<ul style="list-style-type: none"> a) Time for leisure activities and relaxation. b) Reducing workload from the individual who shows signs of distress. c) Resilience training to overcome burnout, enabling coping skills-emotional coping, problem-solving techniques, deep breathing, encouraging to share their concerns. d) Graded exposure to learn the skill to complete tasks. e) Buddy systems to encourage healthy coping and lifestyles. f) Encouraging healthy interpersonal relationships among the teams and groups to reduce distress and support healthy coping. g) Training in mindfulness, cognitive restructuring, and other techniques for enhancing work.
2) Connecting to support services	<ul style="list-style-type: none"> a) Mental Health support- Tele MANAS services, online and in-person counselling. b) Options for mental health services within and outside the workplace. c) Connecting with therapeutic groups for the workforce as well as for their family members. d) Policy for covering Insurance for availing mental health services.

Stage III- Person With Mental Illness at Workplace (PWMI)

Individuals with pre-existing mental illness and persons with disability require continuous support and need judicious accommodation at the workplace^(10, 22, 24).

Routine Screening of Mental Illness in Employees

Routine mental health screening for prospective employees during recruitment, as well as periodic screening of existing staff, remains a highly controversial practice and should be undertaken with considerable caution, ensuring adherence to ethical principles, legal safeguards, and respect for individual rights and confidentiality. Literature review do not recommend mandatory or routine mental health assessments in the workplace, distinguishing them from standard physical fitness tests due to significant ethical, practical, and evidentiary concerns. While the World Health Organization (WHO) Guidelines specifically excluded pre-employment screening from their clinical scope, their findings on screening during employment highlight several reasons why such assessments are problematic.

Lack of Evidence for Benefits: The WHO Guideline Development Group (GDG) did not make a recommendation for or against screening because it is unclear whether the potential benefits outweigh the harms. Both the WHO guidelines state that routine screening for mental illness in the workplace is not recommended due to a lack of evidence regarding its effectiveness in improving health or work-related outcomes. Routine assessments can increase distress and exacerbate the stigma associated with mental health conditions. There is also a specific risk of false-positive results, which can lead to unnecessary anxiety for the individual.

Dual Agency and Job Security: A primary concern is "dual agency," where the assessing mental health professional is answerable to both the employer and the individual. Information shared in confidence could be used by an employer to deny employment, cut privileges, or eventually terminate a worker.

Reporting Bias and Coercion: Assessments are unlikely to yield an accurate picture of an individual's health if conducted under the coercion of an employer. Fear of confidentiality breaches leads many to under-report symptoms, making the assessment unreliable.

Legal and Ethical Considerations: Protection Against Discrimination: International and national laws, such as the Mental Healthcare Act (2017), Right to Persons with Disabilities Act, 2016 and the United Nations Convention on the Rights of Persons with Disabilities, protect individuals from discrimination based on mental illness. Mandatory assessments could potentially lead to discriminatory hiring practices.

Necessary Safeguards: While routine mental health assessment is generally discouraged, it may nevertheless be mandated by regulatory frameworks in certain high-risk occupations such as locomotive pilots, soldiers, policymakers, administrators, leadership in an organization, and similar roles where the nature of work carries significant responsibility and potential risk.

The available literature further indicates that, in high-risk jobs or following exposure to hazardous or extremely stressful situations, a mental health assessment may be warranted. These circumstances can have far-reaching implications, posing risks not only to the individual employee but also to their family members, colleagues, and the public at large. Accordingly, any such screening should be carefully designed, proportionate, and implemented with due regard to ethical standards, legal safeguards, and the protection of individual rights and confidentiality.

In such rare cases, strict safeguards must be in place such as Qualified Mental Health Impartial Providers must be hired for assessments. Any program that identifies a mental health need must guarantee access to evidence-based treatment, accommodation and support. Privacy and confidentiality must be absolute to prevent the misuse of health data.

Exclusionary clause for certain types of job: Before in-hand there should be disqualification for certain high-demanding job, which can seriously impair the mental health of the employee or the colleagues or public at large. Ultimately, rather than mandatory assessments, the available evidence emphasize organizational support, training for managers, and creating a psychologically safe culture as more effective ways to manage mental health in the workforce.

Suggested Intervention focusing PWMI at the workplace- _____

	<hr/> <ul style="list-style-type: none">• • • •

<p>2) Screening & Assessment</p>	<p>c) Probationary period or During the initial stage of work</p> <ul style="list-style-type: none"> • WHO (2022) highlights assessments to identify psychosocial risks and hazards in the workplace by including employee and their representatives to prevent associated psychosocial risks⁽²⁵⁾. <p>During work and promotions</p> <ul style="list-style-type: none"> • Health surveillance, as per the occupational safety and health laws, is not only limited to environmental risks but also includes provisions for psychosocial and mental health in parity with physical health^(24,28). As part of regular health surveillance, assessments may be conducted to identify psychosocial risks among individuals with pre-existing mental illnesses (PWMI) or those at risk of developing mental health conditions. Based on these assessments, appropriate measures should be taken to provide vocational rehabilitation tailored to the employee's competencies. Additionally, it is essential to safeguard employees from stigma and discrimination in the workplace. Ensure that PWMI employees and their representatives actively participate in the assessment process and collaborate in modifying work arrangements to support their protection and well-being. <ul style="list-style-type: none"> ◦ <i>Unfit for a temporary condition:</i> -Employees with PWMI can return to work after an absence due to mental health conditions upon presenting a fitness certification issued by qualified mental health professionals on a similar pay scale, and also, no promotions can be denied on the grounds of mental illness. Reasonable accommodations such as paid leave, insurance coverage, and supportive care should be provided. Work profiles can be redesigned, or vocational rehabilitation can be offered to facilitate recovery and fitness for duty. ◦ <i>Unfit for a permanent condition:</i> appropriate work rearrangements and ongoing supported care should be implemented to ensure the employee's well-being and productivity. Individuals will not be reduced in rank or dispensed from work due to developing mental illness during service. He or she will be shifted to less hazardous work with the same pay and benefits. Further, in case they are unable to shift, they may be kept on surplus post until suitable work is arranged or ensured to support them until they attain retirement age. ^(11, 24, 27).
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<p>2) Screening and Assessment</p>	<p>d) Voluntary retirement</p> <ul style="list-style-type: none"> • In the case of an individual who is permanently unfit for work and wishes to retire voluntarily, employers need to ensure that all the benefits, gratuity, and pensions are provided to uphold the rights of the PWMI. <p>e) Behavioural changes during work- absenteeism, delay in work, frequently falling sick, difficulties in completing tasks, etc</p> <p>Ethical Measures</p> <ul style="list-style-type: none"> • Assessments to be done by recognized & trained mental health professionals (Psychiatrist, RCI registered Clinical Psychologist) • Ensure confidentiality of assessment reports in the workplace. • Take Measures to reduce stigma and discrimination towards PWMI in the workplace by conducting awareness training among others^(24,28)
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Support for the Employees who Develop Mental Illness During Employment

Policies addressing employees who develop mental illness during their tenure should be firmly grounded in the principles of non-discrimination, job security, and proactive support, enabling continued participation in the workforce. The core components of such policies should be anchored in safeguarding employee rights, ensuring continuity of employment, and balancing these with considerations of public interest where relevant.

Protection of Rank and Pay: Legal frameworks, such as the Rights of Persons with Disabilities Act (2016), mandate that no establishment should dispense with or reduce the rank of an employee who acquires a disability during service. If an employee is no longer suitable for their current role due to mental illness, policies should ensure they are shifted to another post with the same pay scale and benefits. If no post is immediately available, they should be kept on a supernumerary post until a suitable one is found or voluntary retirement with full benefit to be put in place.

Mental Health Insurance: Under the provisions of the Mental Healthcare Act, 2017, all employees shall have equitable access to mental healthcare services, including financial protection through insurance coverage. In accordance with Section 21(4) of the Act, mental illness shall be treated on par with physical illness for the purposes of medical insurance, and no employee shall be denied coverage on the basis of a mental health condition. Employers shall take reasonable steps to ensure that group insurance policies comply with the directions of the Insurance Regulatory and Development Authority of India, including the inclusion of mental health treatment within the scope of benefits. This policy affirms a commitment to non-discrimination, confidentiality, and the reduction of barriers to care, thereby enabling timely access to appropriate treatment and supporting the overall well-being and productivity of the workforce.

Reasonable Work Accommodations: Organizations are strongly encouraged to implement reasonable work accommodations that are individualized, needs-based, and aligned with the employee's preferences. Such accommodations may include flexible work arrangements (e.g., flexible start and end times), provision for frequent breaks, allowing additional time for task completion, gradual reintroduction of duties, modification of job roles, and task-sharing where appropriate. Regular, supportive supervisory meetings and the provision of information in formats suited to the employee's needs should also be ensured. For employees returning to work following a period of illness, policies should incorporate work-directed interventions—such as reduced working hours or modified responsibilities—alongside access to evidence-based clinical care. Effective return-to-work (RTW) processes require coordinated engagement between the employee, treating health professional, and employer, with due emphasis on the employee's autonomy and preferences. Additionally, where feasible, reasonable accommodation may include placement or transfer to a workplace location closer to the employee's residence, healthcare facility, or family support system, in order to facilitate continuity of care and enhance overall well-being.

Employee Assistance Programs embedded in the framework of confidentiality: Organizations should establish, provide, and actively promote comprehensive Employee Assistance Programs (EAPs) that offer accessible counseling and support services for common mental health concerns such as stress, anxiety, and depression. These programs should be easily available, culturally sensitive, and responsive to the diverse needs of employees. Employees must be assured strict confidentiality and privacy with respect to their mental health status and utilization of such services.

Robust safeguards should be in place to prevent unauthorized disclosure of information, thereby reducing concerns related to stigma, discrimination, or potential adverse impact on career progression. Policies should include training for managers to recognize signs of distress and support workers effectively, while training for workers should focus on mental health literacy and self-care skills. Ultimately, these policies should aim to create a psychologically safe culture where workers feel empowered to voice concerns without fear of retaliation or job loss.

<p>3) Providing treatment facilities</p>	<ul style="list-style-type: none"> • Warrant treatment adherence of PWMI by ensuring leaves for consultation and follow-up visits to hospitals • Mental health services in-person as well as connected with local mental health institutes • Staying connected with family members and updated related to workplace behaviours • Involving family members in decision-making related to behavioural changes at the workplace
<p>4) Committees and support groups</p>	<ul style="list-style-type: none"> • Policies for high-risk scenarios- suicidal attempts, medical emergencies, and violence. • Ethical principles- maintaining confidentiality and reducing stigma • Enabling support groups or members to ensure the safety of PWMI at the workplace • Simplify steps to avail insurance, or leaves or administrative procedures at the workplace • Vocational training facilities for skill development as per RPWD Act 2016

Reference

- 1) Dyvik EH. Global employment figures 2023. Statista; 2023. Available from: <https://www.statista.com/statistics/1258612/global-employment-figures/>.
- 2) World Health Organization. Mental health at work: Policy brief. Geneva: World Health Organization and International Labour Organization; 2022.
- 3) Backhaus I, Siegrist J, Dupuis M, Wege N, Wahrendorf M. Changes in work-related stressors before and during the COVID-19 pandemic: Differences by gender and parental status. *Int Arch Occup Environ Health*. 2023;96(3):421–31
- 4) GBD. Global Health Data Exchange, Global Burden of Disease (GBD) [Internet]. 2019. Available from: <https://vizhub.healthdata.org/gbd-results/>
- 5) Champion Health. The Workplace Health Report [Internet]. 2024. Available from: <https://www.hrdconnect.com/wp-content/uploads/2024/01/workplace-health-report-2024.pdf>
- 6) World Health Organization (WHO). Health Promotion Glossary of Terms 2021. Geneva: WHO; 2021. p. 44.
- 7) McGroarty B. Industry research: Defining “mental wellness” vs. “mental health” [Internet]. Global Wellness Institute; 2021 Feb 24. Available from: <https://globalwellnessinstitute.org/global-wellness-institute-blog/2021/02/23/industry-research-defining-mental-wellness-vs-mental-health/>
- 8) Team Acko, (2022) Employee Wellness Programs: Benefits, examples, and best practices retrieved from <https://www.acko.com/group-health-insurance/employee-wellness-programs/> on 27th October 2023.
- 9) Peggy Swarbrick and Jay Yudof (2015), Wellness in Eight dimensions, Collaborative Support Programs of NJ, Inc
- 10) Manjunatha N. Trishul division of mental health: Conveying all sadness or stress of life is NOT a mental illness to people, the public, professionals, and policymakers. *Indian J Psychiatry*. 2023 Sep;65(9):983-984. doi: 10.4103/indianjpsychiatry.indianjpsychiatry_286_23. Epub 2023 Sep 5. PMID: 37841550; PMCID: PMC10569322.
- 10) Mental Healthcare Act, 2017 [Internet]. New Delhi: Ministry of Law and Justice; 2017 [cited 2018 Dec 18]. Available from: <https://www.indiacode.nic.in/handle/123456789/2249>
- 11) Ministry of Law and Justice. The Rights of Persons with Disabilities Act, 2016 [Internet]. Government of India; 2016 [cited 2024 Jan 13]. Available from: https://www.indiacode.nic.in/bitstream/123456789/1/5939/1/the_rights_of_persons_with_disabilities_act%2C_2016.pdf
- 12) World Health Organization. Mental Health Atlas 2020. Geneva: World Health Organization; 2021. Available from: <https://www.who.int/publications/i/item/9789240036703>
- 13) National Crime Records Bureau. Accidental Deaths & Suicides in India 2022. New Delhi: Ministry of Home Affairs; 2023. Available from: <https://ncrb.gov.in/sites/default/files/ADSI-2022.pdf>.
- 14) World Health Organization. Investing in treatment for depression and anxiety leads to fourfold return. Geneva: WHO; 2016. Available from: <https://www.who.int/news/item/13-04-2016-investing-in-treatment-for-depression-and-anxiety-leads-to-fourfold-return>.
- 15) Government of India. National Health Accounts Estimates for India 2017-18. Ministry of Health and Family Welfare; 2021. Available from: https://main.mohfw.gov.in/sites/default/files/NHA_Estimates_Report_2017-18_0.pdf.
- 16) Deloitte. Mental health and well-being in the workplace. Deloitte Insights; 2022. Available from: <https://www2.deloitte.com>.
- 17) World Economic Forum. The Global Economic Burden of Non-communicable Diseases. Geneva: World Economic Forum; 2018. Available from: <https://www.weforum.org>.
- 18) International Labour Organization. Mental health at work: Policy brief. Geneva: World Health Organization and International Labour Organization; 2021. Available from: <https://www.who.int/publications/i/item/9789240036703>.
- 19) Math SB, Gowda GS, Basavaraju V, Manjunatha N, Kumar CN, Enara A, Gowda M, Thirthalli J. Cost estimation for the implementation of the Mental Healthcare Act 2017. *Indian J Psychiatry*. 2019 Apr;61(Suppl 4):S650-S659. doi: 10.4103/psychiatry.IndianJPsychiatry_188_19. PMID: 31040453; PMCID: PMC6482705.
- 20) Ranjan R, Prasad B. Occupational stress and coping strategies among loco pilots. *Indian Journal of Occupational and Environmental Medicine*. 2013;17(3):108-116. doi:10.4103/0019-5278.130838.
- 21) Molenda M. In search of the elusive ADDIE model. *Perform Improv*. 2003;42(5):34-37. doi:10.1002/pfi.4930420508.
- 22) Miguel C, Amarnath A, Akhtar A, Malik A, Baranyi G, Barbui C, Karyotaki E, Cuijpers P. Universal, selective and indicated interventions for supporting mental health at the workplace: an umbrella review of meta-analyses. *Occup Environ Med*. 2023 Apr;80(4):225-236. doi: 10.1136/oemed-2022-108698. Epub 2023 Feb 24. PMID: 36828633; PMCID: PMC10086469.
- 23) National Medical Commission. The Report of the National Task Force on Mental Health and Well-being of Medical Students. Available from: <https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/document%20-%202024-08-14T161526.311.pdf>. [Retrieved on 2024 Dec 30].
- 24) WHO guidelines on mental health at work. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications/i/item/9789240053052> Retrieved on 30 th Dec 2024
- 25) United Nations, Department of Economic and Social Affairs Disability <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-27-work-and-employment.html> Retrieved on 13th January 2024
- 26) Technical and ethical guidelines for workers & health surveillance (OSH No. 72). Geneva, International Labour Office, 1998 (Occupational Safety and Health Series No. 72)
- 27) Thekkumkara, S., Rawat, V. S., Jagannathan, A., & Muliyala, K. P. (2023). Vocational rehabilitation in persons with mental illness in India: A scoping review. *International Journal of Social Psychiatry*. Advanced online publication. <https://doi.org/10.1177/00207640231183920>
- 28) ILO Guidelines on Occupational Safety and Health Management Systems, ILO-OSH 2001 Geneva, International Labour Office, 2001

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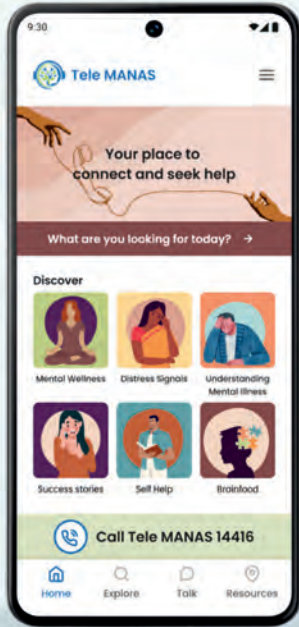
- Indian Railways, Bengaluru Division of South Western Railways
- Mr Janardhan A L, Director of Community Mental Health program & Life Cycle Approach, The Association of People with Disability, Bengaluru
- Mr Praveen, Human Resource Manager, Jindal Steelworks, thermal plant, Toranagalu,
- Dr Preeti, Medical Officer, Occupational Health Care, Jindal Steel Works, Thermal plant, Torangalu
- Dr Bibhu Kalyan, Consultant psychiatrist, Berahpuram Tele MANAS Cell, Odisha
- Ms Sri Gowri, Police Commissioner, Bengaluru city police, Bengaluru
- Mr Kamlesh senior police wellbeing officer, Bengaluru
- NDr Narendra Samantaray, Assistant Professor, Clinical Psychology
- Dr Rahul Patley, Assistant Professor, Psychiatry
- Dr Madhuri H N, Assistant Professor, Psychiatry
- Dr Vibha V, Assistant Professor, Psychiatry
- Dr Siddharth Dutt, Assistant Professor of Clinical Psychology
- Dr Meena Medikonda, Senior Resident Psychiatry
- Dr Shardha, Senior Resident Psychiatrist
- Dr Prakyath, Assistant Professor, Psychiatry
- Dr Kamini Verma, Assistant Professor of Psychiatry
- Dr Sourabh Joshi, Senior Resident Psychiatry
- Dr Shaktidevi G Rayaji, Senior Resident of Psychiatry
- Ms Marjyada Medhi, Clinical Psychologist
- Mr Nithesh Kulal, Psychiatric Social Worker
- Mr Raghavendra Kukkehalli, Psychiatric Social worker
- Mr Mallikarjuna A P, Psychiatric Social Worker
- Mr Mohit Shukla, Psychiatric Social Worker
- Ms. Deepa V, Psychiatrist Social Worker
- Ms Pedapalli Sahithya, Psychiatric Social Worker
- Ms. Gauri S Mullerpattan Psychologist
- Ms. Sahana Nujell, Psychologist
- Ms. Anukata Raj, Medical Social Worker
- Ms. Nishtha Bawa, Psychologist
- Ms. Sophia Anna Babuji, Medical Social Worker
- Ms. Sapna Singh, Nursing Officer
- Mr Adarsh, Technician
- Ms Mallika Rajeev, Admin Manager
- Mr Ravi Verma, Technician

REVIEWERS

- Dr Arvind B A, Additional Professor, Department of Epidemiology,
- Dr. Radhakrishnan Govindan, Additional Professor, Department of Nursing
- Dr. Latha K, Associate Professor, Department of Mental Health Education
- Dr Anish V. Cherian, Additional Professor, Department of Psychiatric Social Work
- Dr Narendra Nath Samantaray, Assistant Professor, Department of Clinical Psychology
- Dr Rahul Pateley, Assistant Professor, Tele MANAS Apex Coordinating Center

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