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Mental Health at the Workplace: A Comparative Study of India and the United Kingdom with Special Reference to Women Employees

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Abstract

Rapid technological advancements, changes in flexible work arrangements post-pandemic, and changes in India's work culture, driven by major reforms in labour law, have profoundly impacted the well-being of employees and the contours of industrial relations. The consolidation of labour law through the Safety, Health and Working Conditions Code of 2020 marks a significant moment for the recognition of the rights of all workers, including mental well-being, as an integral part of workplace safety. Despite these progressive advancements, mental health in the workplace continues to receive insufficient political and institutional attention, especially when it comes to female employees, who often navigate the difficult intersection between professional responsibilities and societal expectations. This article provides a critical review of the legislative and regulatory framework governing mental health in the workplace in India, along with the approach adopted in the United Kingdom. Through this comparative perspective, it seeks to assess the effectiveness of the statutory and ethical obligations imposed on employers, the degree of judicial response to mental health issues, and the extent to which international best practices can be harmonized with India's evolving labour law. The study also promotes normative and institutional recommendations to strengthen mental health care in the Indian workplace based on empathy, inclusivity, and sustainable work management.

Keywords: Occupational Safety, Mental Health, Labour Law, Comparative Study, Women Employees, India, United Kingdom

Introduction

1.1 Background and Context

The nature of work and the workplace in India has undergone a major transformation over the past two decades. Rapid technological advances, the rise of the digital economy, the growth of platforms and the post-war normalisation of hybrid and remote working arrangements have fundamentally changed the contours of labour relations and labour dynamics[1]. This transformation has been accompanied by significant reforms of labour law, including the consolidation of labour law into four codes: the Wage Code, 2019; Labour Relations Code 2020; Social Security Code of 2020; and the 2020 Occupational Safety, Health and Working Conditions Code (OSHWC Code)[2]. The OSHWC Code of Practice 2020 represents a turning point in labour law jurisprudence in India. It replaces more than a century of fragmented legislation and unifies safety, health and working conditions under one global framework[3]. The preamble and provisions of the Code reflect a broader concept of occupational safety and health that goes beyond traditional risks (mechanical, chemical, biological) and encompasses broader aspects of workers' well-being. Significantly, the Code's definition of "health" includes not only the absence of disease, but also "a state of complete physical, mental, and social well-being" [4] — a formulation that reflects the WHO's holistic definition of health. However, despite this normative expansion, the practice of mental health care in Indian workplaces remains fragmented, underfunded, and often subordinated to more visible and traditionally recognized occupational risks. The World Health Organization estimates that depression and anxiety disorders cause the global economy to lose productivity every year[5], yet mental health in the workplace remains conspicuously absent from occupational safety policies and traditional institutional practices in India. This neglect is particularly pronounced when considering the gender dimensions of mental health in the workplace. Female employees in India navigate complicated and often contradictory societal expectations: they are expected to be professional agents, while at the same time taking on disproportionate responsibilities for unpaid childcare, childcare, and housekeeping[6]. Intersecting vulnerabilities —based on caste, class, marital status, and sexuality— exacerbate these challenges. Sexual harassment, discriminatory treatment, pregnancy-related discrimination and unequal domestic expectations create psychosocial

stressors that significantly affect women's mental health at work, and there is little policy or institutional mechanisms explicitly address these gendered dimensions[7].

1.2 Problem Statement

India's labour law codification presents a significant opportunity to embed mental health protection as a central concern of occupational safety jurisprudence. OSHWC Code's broad definition of health, combined with concurrent legislative developments (the Mental Healthcare Act, 2017; the Rights of Persons with Disabilities Act, 2016; the Protection of Women from Sexual Harassment at Workplace Act, 2013), suggests the possibility of a coherent, integrated approach to workplace mental health.

However, despite these statutory openings, practice reveals persistent gaps:

1. Normative as specific: The OSHWC Code does not explicitly define mental health, nor does it require a risk assessment related to workplace stress, harassment, harassment, or work-related mental health.

2. Organizational role: Workplace psychology is a center of occupational health (according to the OSHWC Code and occupational services), mental health care (according to the Health and Mental Health Administration Act), and equality/non-discrimination (under specific laws and statutes such as the POSH Act).

3. Proper procedures: Functional assessments lack clear training, resources, and guidelines for identifying and managing mental health. Charges related to mental health are rare.

4. Gender Blindness: Existing policies have little impact on how gender stereotypes, harassment, and discrimination pose psychological risks, especially for working women.

5. Judicial limitations: While Indian courts sometimes recognize the psychological effects of labour laws, data remains fragmented and inconsistent, lacking a consistent framework.

1.3 Research Questions

This paper is structured around the following core research questions:

1. How do India's legal and regulatory frameworks – in particular the 2020 OSHWC Code of Conduct and related laws – conceive and apply mental health treatment in the workplace?

2. How does the UK's legal and regulatory process treat mental health as part of occupational safety and employer responsibility?

3. What are the main similarities, differences, and doctrines that can be drawn from a comparative analysis of the Indian and British frameworks?

4. To what extent do applicable Indian laws, policies, and judicial interpretations adequately address the employee's specific mental health issues?

5. What are the standards, legal and institutional reforms that are needed to strengthen mental health care in the Indian workplace, based on the principles of empathy, empathy and sustainable workforce management?

2. Conceptual and Normative Foundations

2.1 Defining Mental Health in the Workplace

The World Health Organization states mental health as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"[8]. This definition is notably inclusive—it is not merely the lack of mental disorder but rather a positive state of psychological working, resilience, and societal contribution.

In the occupational framework, "workplace mental health" covers multiple, overlapping dimensions:

Psychological well-being: The employee's individual sense of satisfaction, purpose, and psychological safety at work. This includes resilience to occupational stressors, sense of belonging, and confidence in the employer-employee relationship.

Mental disorders and conditions: Clinical mental health conditions—depression, anxiety disorders, trauma-related disorders (including workplace-triggered PTSD), substance use disorders, and other diagnosable psychiatric conditions—that may emerge or be exacerbated by workplace conditions.

Psychosocial hazards and risks: Work-related pressure and hazardous exposures that threaten mental health. These contain extreme workload and time pressures; lack of control and autonomy; role ambiguity and job uncertainty; interpersonal disputes, bullying, and harassment; discrimination and unfair treatment; poor work-life balance; and organizational changes and reformation[9].

Burnout and pressure: While distinct from diagnosable mental disorders, burnout—characterized by emotional fatigue, cynicism, and reduced efficiency—and work-related stress constitute significant mental health risks, particularly in high-demand professions and in contexts of job precarity[10].

2.2 Mental Health as a Human Right and Labour Right

Constitutional foundations in India: The Indian Constitution provides various doctrinal anchors for identifying mental health as a fundamental right:

Article 21: Indian courts have progressively interpreted Article 21 as encompassing beyond bare survival to encompass dignity, health, and well-being. In 'Kharak Singh v. State of U.P.' (1963), the Supreme Court recognized that Article 21 encompasses a right to a healthy and dignified existence[11]. Subsequently, in cases such as 'Maneka Gandhi v. Union of India' (1978) and 'Sunil Batra v. Delhi Administration' (1978), the Court expanded this understanding to include psychological and emotional well-being[12].

Articles 14 and 15 (Equality and Non-discrimination): These provisions form the foundation for anti-discrimination protections, including protection from discriminatory treatment based on (actual or perceived) mental disability or mental health status.

Articles 39 and 43: These Directive Principles mandate that the State shall secure just and humane conditions of work and ensure living wages and dignified working conditions.

International law foundations: India's international law obligations reinforce the protection of workplace mental health:

ILO Convention No. 155 on Occupational Safety and Health (ratified by India in 1992): Article 4(2) requires States to establish and maintain a national policy on occupational safety and health, ensuring that all aspects of occupational health and safety are safeguarded. The concept of "health" under ILO instruments encompasses mental health[13].

ILO Recommendation No. 194 on the List of Occupational Diseases (2002): ILO Recommendation No. 194 concerning the List of Occupational Diseases (2002) and the 2010 revised ILO List taken covers it clearly recognise work-related mental health conditions as occupational diseases, by including a category of 'mental and behavioural disorders' (such as post-traumatic stress disorder and other mental or behavioural disorders, including depressive disorders, where a scientifically established link exists between work-related risk factors and the condition). [14].

WHO Guidelines on Mental Health and Well-being at Work: The WHO has increasingly emphasized that occupational health frameworks must integrate mental health, recognizing that good mental health is integral to overall health and functioning[15].

The right to decent work: The ILO's concept of "decent work"—work that is productive, delivers a fair income, provides security and social protection, and permits personal development and social integration—inherently encompasses mental health. Work that is undignified, insecure, excessively demanding, or conducted in a hostile environment cannot be "decent work"[16].

2.3 Employer Obligations: Legal and Ethical

The imposition of duties upon employers to protect employee mental health flows from various legal doctrines:

Duty of care: At common law, employers owe a duty of care to their employees. In the negligence context, this duty extends to protecting against reasonably foreseeable psychiatric injury. An employer who breaches this duty through negligent acts or omissions may be held accountable[17].

Duty of trust and confidence: The implied contractual duty of common trust and confidence imposes on employers an obligation to maintain a relationship of respect and psychological safety. Breach of this duty—through acts such as humiliation, arbitrary action, or deliberate undermining of an employee—may constitute wrongful treatment and a breach of contract[18].

Statutory duties: Occupational safety statutes impose express duties on employers to ensure the health and safety of employees. As discussed below, modern interpretations of "health" increasingly encompass mental health.

Constitutional duties: In India, the Constitution executes obligations on the State (which extend, through statutory regulation, to private employers) to ensure that work is dignified and just.

Duty to accommodate: Where an employee has a mental health condition that constitutes a disability, the employer has a duty to make reasonable accommodations to enable the employee to perform their role. This duty is recognized under disability rights legislation in both India and the UK.

Mental health due diligence: An developing norm in corporate governance and human rights accountability is the concept of "mental health due diligence"—proactive identification, assessment, and mitigation of workplace risks to mental health. This idea, drawn from human rights due diligence frameworks, emphasizes employer responsibility for understanding and addressing psychosocial hazards[19].

3. The Indian Legal and Regulatory Framework

3.1 The Occupational Safety, Health and Working Conditions Code, 2020

The OSHWC Code, 2020 signifies the culmination of decades of conversation regarding labour law codification in India[20]. It consolidates and replaces the Factories Act, 1948; the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996; The Occupational Safety, Health and Working Conditions Code, 2020; and portions of various state-level Shops and Establishments Acts.

3.1.1 Definition of Health and Safety

Section 2(32) of The OSHWC Code defines "health" as follows:

"Health" means a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

This definition, shaped on the WHO's foundational definition, is potentially transformative. It explicitly recognizes that health includes mental well-being and social functioning, not only the absence of disease. This signifies a departure from earlier Indian occupational safety legislation, which focused narrowly on physical and chemical threats[21].

However, the Code does not further express what establishes mental well-being in the occupational framework, nor does it specify which workplace conditions threaten mental health or how employers should assess and succeed psychosocial risks.

3.1.2 Key Substantive Provisions

Working hours and rest: Chapter III of the Code (Rules relating to Hours of Work, Rest Intervals, Holidays, and Leave) imposes restrictions on excessive working hours. Section 25 provides that no adult employee shall be required or permitted to work for more than eight hours in a day or forty-eight hours in a week. This provision further mandates rest intervals of at least 30 minutes after every five hours of continuous work[22].

These provisions indirectly protect mental health by preventing excessive fatigue and enabling time for recovery. However, the Code provides various exceptions and the rules allows flexible understanding, particularly in sectors such as information technology and business services where long working hours are normative[23].

Workplace safety and health committees: Section 22 of this Code mandates the establsihment of Building and factory consisting 500 and more employess and where in mines that is of 100 and more employess are engaged than that establisment should hire Safety officers.

Notably, the committee's mandate does not explicitly extend to mental health or psychosocial hazards. The rules (to be framed by the Ministry of Labour and Employment) will determine whether mental health falls within the committee's purview[24].

Rehabilitation and welfare: Chapter VI of the Code addresses rehabilitation and welfare measures. Section 24 empowers the Appropriate Government to settle rules and regulation as required for the welfare measures, including medical facilities, creches, rest houses, canteens, and drinking water facilities. While these are important, they are largely reactive (provision of welfare after a harm has occurred) rather than proactive (prevention of mental health hazards). The Code does not mandate employer-provided mental health services, counselling, or screening.

Protection of women workers: Chapter X of the Code addresses women-specific protections, including ensuring the safety, transport, food and other safety measures of the women who engaged in the Night shifts 7PM-6AM. But this part of the Code do not contain stand-alone protections for women's mental health or specific recognition of psychosocial harms arising from discrimination and harassment; the language is framed in terms of "safety" and "health" without unpacking mental health. Issues of sexual harassment and gender-based violence at work continue to be governed principally by the Protection of Women from Sexual Harassment at Workplace Act, 2013 (POSH Act), which operates in parallel and is the main statute addressing those concerns.

3.1.3 Gaps and Limitations

Despite the progressive definition of health, significant gaps limit The OSHWC Code's utility in protecting workplace mental health:

1. No explicit recognition of psychosocial hazards: The Code does not enumerate or define psychosocial hazards. Workplace stress, bullying, harassment, discrimination, and other psychosocial stressors are not clearly brought within the Code.

2. No obligatory mental health risk assessment: Unlike the UK's Management of Health and Safety at Work Regulations, The OSHWC Code does not need employers to conduct assessments of workplace dangers to mental health.

3. Weak enforcement architecture: The Code's enforcement relies on labour inspectorates, which in most Indian states are under-resourced, inadequately trained, and lack capability in mental health matters[26]. The punishment for violations is often inadequate to deter breaches.

4. Silence on employer obligations regarding mental health services: The Code does not require employers to provide mental health support services, occupational health professionals with mental health expertise, or counselling services.

5. Limited specification in the context of women workers: While the Code includes women-specific provisions, mental health impacts of pregnancy discrimination, sexual harassment, and uneven domestic responsibilities are not clearly addressed.

3.2 The Mental Healthcare Act of 2017

The Mental Healthcare Act, 2017 ("MHA") is a big change in India's mental health law. It replaces the Mental Health Act, 1987 (which had replaced the Indian Lunacy Act, 1912) and sets up a rights-based, CRPD-aligned framework that sees mental health as a matter of public concern and individual dignity. Section 18 says that people have a legal right to get mental health care and treatment from services run or paid for by the right government. These services must be affordable, high-quality, and not discriminate against anyone.

Chapters III and IV, along with Chapter V on the rights of people with mental illness, move away from a plenary guardianship model and toward autonomy and supported decision-making through capacity-based consent rules, advance directives, and the system of nominated representatives. Section 21 guarantees that people with mental illness will be treated the same as people with physical illness when they get mental health services. It also says that there can be no discrimination in access, quality, or type of care. When read with constitutional equality guarantees and disability rights norms, this provision can be used to criticize hiring practices that are based on access to or reimbursement of mental health care. Sections 23–27 establish strong rights to privacy and control over mental health information. Professionals must keep

this information private, except in a few specific cases required by law. These protections also apply when mental health information is shared with HR, in-house doctors, employee assistance providers, or counselors at work.

3.2.2 Application to mental health in the workplace

The MHA's promises of equality, freedom, and privacy are important moral support for mental health rights at work, but they don't work directly in the workplace. Employers who refuse to hire, promote, fire, or harass someone because they have a diagnosed mental health condition can be sued under equality and disability rights laws. The MHA also says that people with mental illness have the right to equal respect, non-discriminatory care, and privacy. However, the MHA has some big problems when it comes to occupational health: (a) it doesn't require employers to make workplaces mentally healthy or to stop psychosocial risks; instead, it focuses on State obligations and mental health services; (b) it overlaps with, but doesn't replace, the Rights of Persons with Disabilities Act, 2016, which more directly deals with workplace discrimination and reasonable accommodation; and (c) its enforcement mechanisms (Mental Health Review Boards and Authorities) are set up to handle health system complaints, not workplace complaints, so employment disputes usually go through labour and disability law forums, with the MHA being used as a guide rather than as the main cause of action.

3.3 The 2016 Rights of Persons with Disabilities Act

The Rights of Persons with Disabilities Act, 2016 ("RPwD Act") is the main law that gives people with psychosocial disabilities direct, enforceable protections at work. This is because "mental illness" is specifically listed as one of the disabilities that the law covers. The Act uses a social model of disability that is in line with the CRPD. This means that it focuses on barriers that make it harder for people to fully participate in community and work life instead of on individual impairments.

3.3.1 Important protections for the workplace

Section 3 establishes a universal right to equality and non-discrimination, forbidding any differentiation, exclusion, or limitation based on disability that aims to or results in the impairment or negation of the recognition, enjoyment, or exercise of rights and fundamental freedoms, and asserts that the refusal of reasonable accommodation constitutes discrimination. In the workplace, Chapter IV sets clear rules for the State and employers. Section 19 requires the State to provide vocational training and self-employment opportunities for people with disabilities. Section 20 prohibits discrimination in hiring, promotion, and working conditions by government agencies and requires reasonable accommodations. Section 21 requires every agency to have an equal opportunity policy and keep records of it.

Section 2(y) defines "reasonable accommodation" as necessary and appropriate changes and adjustments that don't put an unfair or disproportionate burden on people with disabilities so they can enjoy and exercise their rights on an equal basis with everyone else. This idea easily supports workplace measures like accessible premises and services, job redesign and redistribution of non-essential tasks, assistive technologies, flexible or modified work arrangements, and extra breaks or leave when needed. When read together, the RPwD Act and the MHA make a dual framework in which mental health conditions are seen as both a reason to get rights-based mental health care and a disability that makes employers responsible for not discriminating, making accommodations, and hiring people with disabilities.

3.3.2 Application to Mental Health Conditions

The RPwD Act's rights for reasonable accommodation are very important for workers with mental health issues. If an employee has depression, anxiety, bipolar disorder, or a psychotic disorder that is recognized as a handicap, they have the right to:

- Flexible work hours or the option to work from home so that treatment appointments or times when symptoms are worst can be accommodated.

- Changed tasks or workload to lower stress.

- Easy and private ways for employees to tell HR about their disabilities.

- Protection from discrimination or stigma because of the handicap.

However, there are important limitations and ambiguities:

1. Disability threshold: The RPwD Act does not consider all mental health issues to be a "disability." The Act says that the impairment must cause "substantial" limits on important daily tasks. The Act may not safeguard people with mild or moderate mental health problems that don't significantly affect their ability to perform.

2. Disclosure and confidentiality: The Act protects people from discrimination, but employees often have to choose between telling their employer about a mental health problem in order to get accommodations or keeping it a secret and not getting accommodations. The Act does not make it obvious how to keep mental health information private at work.

3. Burden of proof and enforcement: Under the RPwD Act, workers who say they were discriminated against must show that they are disabled and that they were treated unfairly. Labour courts and other places where disputes are settled typically don't know much about mental health, and the burden of proof can be heavy.

4. Limited focus on prevention: The RPwD Act, like the MHA, is mostly reactive. It gives people who already have impairments a way to fight discrimination, but it doesn't require companies to make workplaces safe for everyone.

3.4 The Protection of Women from Sexual Harassment at Workplace Act, 2013

India's major law against sexual harassment at work is the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, sometimes known as the "POSH Act." It is a well-known cause of worry, melancholy, trauma, and other harmful mental health repercussions, especially for women.

4. The United Kingdom Legal and Regulatory Framework

The United Kingdom provides a valuable comparative reference point, particularly given its more explicit and developed approach to workplace mental health as part of occupational safety.

4.1 Core Legislative Instruments

4.1.1 Health and Safety at Work etc. Act, 1974

The Health and Safety at Work etc. Act, 1974 (HSWA) is the main statute that protects workers in the UK[41]. Section 2(1) of the HSWA says that all employers must make sure, as much as is reasonable possible, the health, safety, and well-being of all of their workers. This duty includes mental health, which is highly vital. The HSWA's definition of "health" is not limited to physical health; courts and regulators have regularly defined "health" to include psychological and mental well-being[42].

Judicial interpretation: In "Walker v. Northumberland County Council" (1995), the High Court said that employers had a duty of care to protect their workers from mental suffering induced by their jobs. The court said that an employer who should have known that an employee may be harmed mentally because of the way he was being made to work had a duty to take reasonable steps to stop such harm from happening.

4.1.2 Management of Health and Safety at Work Regulations, 1999

The Management of Health and Safety at Work Regulations 1999 ("MHSWR") put the general responsibility in the HSWA into action by making it mandatory for companies to do risk assessments. Regulation 3(1) says that every employer must do a "suitable and sufficient" assessment of:

(a) the risks to the health and safety of employees while they are at work, and

(b) the risks to the health and safety of people who are not employees that come from or are related to the work being done.

The Health and Safety Executive (HSE) has made it clear in its official guidance that this duty includes work-related stress and other psychosocial risks, even though the Regulations don't specifically mention psychosocial hazards. Employers must find, evaluate, and manage mental health risks using the same risk-assessment process as physical risks.

4.1.3 Equality Act, 2010: The Equality Act 2010 (EA) combines and expands UK discrimination law. It also protects people with disabilities.

Mental impairment is protected as long as it fits the legal definition of "disability" in section 6, which says it has to have a significant, long-term negative effect on routine daily activities.

It is true that depression, anxiety, bipolar illness, and psychotic disorders can be considered impairments if they have a big effect on a person's life for a long time.

Duties of employers under the EA: Sections 13–15 and 39 say that it is against the law to discriminate against someone because of their disability (directly, indirectly, or through harassment or victimisation). Section 20 says that it is against the law to make reasonable adjustments, which could include flexible working, modified duties, extra breaks or equipment, if a provision, practise, or physical feature puts a disabled person at a significant disadvantage.

An implied word of mutual trust and confidence: The UK common law does recognise an implied contractual provision of mutual trust and confidence in employment contracts. If an employee quits because of a breach, they can file a constructive dismissal claim under the Employment Rights Act 1996.

This phrase comes from common law, not the EA, although in practice it works with EA duties in mental health-related conflicts.

4.1.4 Employment Rights Act 1996

The Employment Rights Act 1996 ("ERA") has a lot of rights that are highly important for mental health at work.

Section 94: Firing someone without a good reason Section 94 says that workers can't be fired without a solid reason. If an employee is fired because of bad health, especially mental health, the employer usually has to establish that they had a good reason (like capacity) and a fair process. This usually entails checking into the employee's medical history, talking to them about it, thinking about alternate possibilities, and providing them a chance to appeal if they want to. You could be seen as acting unfairly if you fire someone because of a mental health issue without looking into support or acceptable changes. You could also be infringing the Equality Act 2010 if the condition constitutes a disability.

Constructive dismissal (section 95(1)(c)): If an employee quits because their boss broke the contract in a substantial way, which is typically dubbed "breach of the implied term of mutual trust and confidence," they are judged to have been fired under section 95(1)(c). You may have broken the law if you create or enable a work atmosphere that is overly stressful, don't deal with bullying or harassment, or otherwise significantly hurt an employee's dignity and mental health. If an employee quits due of these conditions, it could be seen as constructive dismissal.

Family-friendly and flexible work rights: The ERA and other legislation provide workers the right to take time off for maternity, paternity, or parental leave, and they can also ask for flexible work hours. These rights help people find a balance between their career and caregiving duties. These rights can improve your mental health in a roundabout way by making it easier to adjust your work hours when you're feeling pressured and by reducing conflict between work and family.

4.2 Regulatory Bodies and Guidance

4.2.1 Health and Safety Executive (HSE)

HSE set up the Management Standards for Work-Related Stress in 2007. They explain how businesses should handle the main sources of stress at work. There are six areas in the Standards that could be very dangerous to health and safety if they aren't handled correctly:

1. Demands: the work that needs to be done, how it should be done, and where it should be done.
2. Control is how much people can say about how they do their work.
3. Support is the aid, encouragement, and resources that coworkers, the organisation, and line management give.
4. Relationships: promoting good behaviour to keep things from getting out of hand and dealing with poor behaviour, such bullying and harassment.
5. function: If people know what their job is and how it fits into the organisation.
6. Change: how changes in the organisation are managed and talked about.

The Management requirements spell out what the desired condition is, what employers should be looking for, and how to manage the risk if requirements aren't met in any area.

HSE has given employers a lot of material about stress and mental health, such as risk assessment tools, sample surveys, policy templates, and checklists to help firms detect and deal with psychosocial issues. It has also operated initiatives all around the country, like the Working Minds campaign, to get people talking about mental health and stress at work and to urge employers to consider them as normal health and safety chores instead than optional extras for employee well-being.

4.2.2 ACAS (Advisory, Conciliation and Arbitration Service)

ACAS, a UK public body, provides guidance to employers and employees on best practices in employment relations[56]. ACAS's guidance on managing mental health at work covers:

- Managers' roles in supporting employee mental health.

- Handling mental health issues in disciplinary and grievance procedures with sensitivity.

- Providing reasonable adjustments and support.

- Creating psychologically safe workplaces.

4.2.3 Tribunal Jurisprudence and Guidance

The UK Employment Tribunals have created a lot of case law about mental health at work. According to tribunal decisions, some significant rules are: - Employers must take reasonable steps to protect their workers' mental health from stress at work[57].

- When firing someone for mental illness, you must follow fair procedures and make appropriate changes[58].

- Not making changes for people with disabilities, like mental health problems, could be seen as discrimination[59].

- Making or letting a hostile work environment happen (via bullying, harassment, or too much work) may breach the unspoken rule of trust and confidence[60].

5. Comparative Analysis: India and the United Kingdom

5.1 Conceptual Framework and Legal Approach

UK approach: The UK's legalative framework is considered by:

Obvious recognition of mental health: Legislation explicitly includes mental health within the explanation of "health" and "safety."

Defensive framework: The MHSWR require proactive risk assessment and management of psychosocial hazards before mental health harm occurs.

Integration of equality and occupational safety: The both of the Equality Act and Employ Rights Act accomplishes each other and provide a fit legal framework for preventive and stablised relif towards employees.

The OSHWC Code and other laws that make up India's framework show how India thinks about things:

Implicit acknowledgement: The OSHWC Code's definition of health (complete physical, mental, and social well-being) is forward-thinking, but it doesn't give any specific examples of how to put it into practice.

Framework for reacting: The laws that protect people with mental health conditions (MHA, RPwD Act) mostly do so in response to discrimination against them, not to stop harmful conditions at work.

Fragmented responsibility: Mental health at work is governed by several separate laws (labour, mental health, disability, equality, safety) that don't work together or fit together very well.

Assessment: The UK approach is substantially more proactive and comprehensive. The explicit legal framework, regulatory guidance, and established jurisprudence create a clearer pathway for enforcement and employer compliance.

India's framework, while containing progressive elements, requires significant development to achieve comparable coherence[65].

5.2 Regulatory Architecture and Enforcement

UK Approach: The HSE is a specialised, well-funded regulator in the UK that knows a lot about occupational health. The HSE gives detailed advice, looks into complaints, and makes sure people follow the rules by doing inspections and prosecutions. Employees can easily get help for mental health problems at work through Employment Tribunals[66].

Indian approach: The labour departments in India have limited resources and don't have a lot of specialised knowledge about occupational health. Most states do not have separate occupational health inspectorates. Generalist labour inspectors who don't always know much about mental health issues are in charge of enforcing the OSHWC Code. Dispute resolution takes place in labour courts and tribunals, which usually deal with individual disputes instead of enforcing occupational safety standards in a proactive way[67].

Assessment: The UK's specialised regulatory framework significantly enhances the ability to identify and mitigate workplace mental health risks. India's fragmented and under-resourced labour administration limits the impact of even progressive laws.

5.3 Gender-Specific Dimensions

UK Approach: The EA's safeguards against sex or gender discrimination and the ERA's family-oriented rights provide women workers in the UK with certain protections. However, the connection between a gender-specific perspective and mental health in the workplace remains ambiguous. The UK's initiatives for gender equality and workplace mental health are mostly aligned; yet, a definitive connection between the two remains ambiguous.

Indian Approach: Chapter IX of the OSHWC Code in India addresses female workers. It encompasses regulations regarding maternity leave, childcare facilities, and restrictions on nighttime employment. The POSH Act addresses sexual harassment explicitly, which significantly contributes to women's mental health issues. We discussed the limitations of the POSH Act, particularly its failure to address the impact of gender-based harassment and discrimination on mental health.

No comprehensive paradigm exists that analyses the interaction of gender with caste, religion, handicap, and sexuality. This increases the likelihood of women sustaining injuries and jeopardises their mental health.

Both domains must enhance the integration of gender analysis with workplace mental health. India's foremost issue is its insufficient support for women from underprivileged groups who face discrimination. This exacerbates their mental health.

6. Trends in the Courts and Practices in Institutions

6.1 Indian Law About Mental Health at Work

Indian courts have occasionally acknowledged the mental health aspects of workplace rights; however, the jurisprudence is fragmented and lacks a cohesive doctrinal framework.
Different ways to read Article 21 (Right to Life and Personal Liberty): Indian courts have broadly construed Article 21 to include dignity, health, and psychological well-being.

- In Sunil Batra v. Delhi Administration (1978), the Supreme Court acknowledged that Article 21 includes rights to mental and physical health and dignity.

- In Gobind v. State of M.P. (1975), the Court acknowledged a right to privacy derived from Article 21, which was subsequently expanded to encompass informational privacy and bodily autonomy.
These interpretations offer doctrinal foundations for acknowledging workplace mental health as constitutionally safeguarded, despite the limited jurisprudence specifically addressing this issue.
Specific mental health claims at work: There aren't many reported cases of mental health harm in the workplace:

- In Hanwant Singh v. Union of India (AIR 1992 SC 1126), the Supreme Court acknowledged that a government employee may seek compensation for mental distress and harassment resulting from unjust or capricious actions. Although not primarily a mental health case, it set the precedent that emotional and psychological harm are compensable injuries[82].

- In High Court decisions (though not systematically reported), courts have occasionally addressed harassment, stress, and mental health impacts in specific cases, but without developing coherent doctrine.

6.2 Case Law and Reasoning in the UK

The UK has created a stronger body of case law on mental health in the workplace, which has made the rules clearer:

Psychiatric injury and foreseeability: The High Court ruled in 'Walker v. Northumberland County Council (1995)' that an employer has a duty to protect workers from mental harm caused by stress at work. The court determined that:

- An employer has a duty to protect the health and safety of their employees. This includes protecting them from mental harm.

- If the way work is set up or done makes an injury likely to happen, the employer is responsible.
- Evidence that the employee had shown signs of stress before or that the workload was clearly too much for them to handle is what makes foreseeability possible.

This decision set important rules, but it also made things a little unclear (requiring proof of previous stress before liability arises) and put limits on the employee (making them prove that harm was foreseeable).

Constructive dismissal and hostile work environments: The House of Lords ruled in 'Malik v. British Home Stores PLC(1998)' that there is an implied term of trust and confidence between an employer and an employee. Breach of this term through actions that harm the employment relationship may serve as grounds for constructive dismissal.

This principle has been used in later cases of harassment and bullying to show that employers who allow hostile work environments may be responsible for constructive dismissal.

Discrimination and reasonable adjustments: The EA has dealt with a lot of cases about what employers have to do to make reasonable adjustments for employees with mental health issues (disabilities).

In Archibald v. Fife Council (2004), the House of Lords determined that the obligation to implement reasonable adjustments may necessitate substantial modifications to job responsibilities or deployment, rather than merely superficial alterations.

7. Conclusion:

Transformations in the work environment in India are facilitating and complicating the maintenance of psychological well-being in the workplace. For example, individuals are utilising advanced technology, increasingly working remotely, and labour regulations are now more comprehensive following the conclusion of the pandemic. The updated definition of health in the OSHWC Code, encompassing mental, physical, and social well-being, indicates a shift in ideas towards occupational health. Despite being a common issue, Indian workplaces inadequately safeguard mental health. This is due to insufficient accountability, the incapacity of institutions to perform their duties, and the protracted duration of court proceedings.

The laws and regulations of the UK are more comprehensible, contemporary, and coherent. The HSWA's clear recognition of mental health in workplace safety, the MHSWR's requirement for mental health risk assessments, the EA's safeguards for those with disabilities, and the HSE's explicit regulations collectively establish a comprehensive framework. UK courts have made significant determinations regarding employer liability for mental injuries and the conditions under which employees may request reasonable accommodations. The UK system exhibits certain deficiencies, notably its inequity and the prevalence of individuals working without contracts. India may derive significant insights from it.

You should really think about how gender influences mental health at work. Women who work face a number of challenges at their jobs. For instance, they have to complete their work while also dealing with unfair family chores, harassment, and discrimination. In India, their caste, religion, or handicap makes them considerably more likely to be harmed. These problems only happen to women, and the regulations we have presently don't work very well to fix them. Institutions' answers are still not robust enough and are still all over the place. To make sure that people in India are safe at work mentally, we need the following:

1. Clear and unified legislation: The OSHWC Code should clearly describe psychosocial risks, mental health risk assessments should be mandated, and the MHA, RPwD Act, and POSH Act should all be merged into one set of rules.

2. Regulatory guidelines and capacity: There should be clear national standards about mental health at work, and occupational health services should have mental health professionals on staff.

3. What companies can do: create mental health policies for the workplace, offer support services, make workplaces more friendly, and pay specific attention to gender concerns.

4. Institutional accountability: specialized labor court benches, simple access to dispute resolution, and powerful methods to enforce the law.

5. Getting workers and the public involved: Giving trade unions more authority to negotiate mental health rights, supporting NGOs that give legal help and counseling, and letting workers have a role in how mental health is handled at work.

These changes are based on the ideas of empathy (understanding how stressful and mentally taxing work can be for people), inclusivity (making sure that protections apply to all workers, even the most vulnerable), and sustainable labour governance (making sure that workplaces are productive, respectful, and good for people's health and happiness).

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[18] Malik v. British Home Stores PLC, [1998] 1 WLR 1211. This UK case establishes the contractual term of trust and confidence; similar principles have been recognized in Indian law.

[19] UN Guiding Principles on Business and Human Rights. (2011). These principles establish that corporations have responsibility to identify, prevent, and mitigate adverse human rights impacts, including those related to worker health and safety.

[20] The labour codes codification project was initiated in the 1990s and finally concluded with the passage of the codes in 2019-2020.