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# Silent Struggles: Addressing Mental Health Stigma in the Workplace through Interventions

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### ABSTRACT

India's Information Technology (IT) industry, with Bangalore as its hub, has grown exponentially in the last two decades to emerge as a software services, innovation, and digital transformation global hub. Situated within this economic boom is a hidden and under-explored crisis: the silent mental health battles of IT workers. Though efficiency and productivity are the hallmarks of IT operations. This study examines the rising issues of mental health in Bangalore's IT sector, one of the top global technology companies based in the city. From the perspective of Wipro's work culture, policies, and employee experiences, the research examines the ways in which organizational structures and social stigma affect the mental health of employees.

**KEY WORDS:** *Innovation, Burnout, Workload, Leadership, Intervention.*

### INTRODUCTION

In the recent past, mental health has been a serious issue in workplaces around the world. In highly fast-paced, performance-oriented industries such as the Information Technology (IT) sector, however, especially in urban cities such as Bangalore, this has been a highly under-addressed one. Fondly known as the "Silicon Valley of India," Bangalore houses some of the country's best tech firms and startups, attracting thousands of professionals who toil under great stress to deliver stringent deadlines, keep up with fast-paced technological advancements, and stay competitive on the world stage. Behind the shine of innovation and possibility, though, most employees are suffering with chronic stress, anxiety, burnout, and other mental health issues that remain unspoken and untreated.

Even as campaigns for greater awareness and wellness programs increase, a strong stigma continues to be attached to mental health in Indian business. Employees worry that they will be deemed "weak," passed over for advancement opportunities, or even lose their jobs if they voice their plight. This has created a culture of silence, where people struggle with mental health issues quietly instead of consulting professionals or seeking organizational assistance. The IT industry, plagued with long working hours, tight screen glare, and sometimes unhealthy competition, tends to increase such challenges, but many organizations fail to have systematic processes to handle them.

### RESEARCH QUESTIONS

- What are the most significant factors leading to mental health issues among IT workers in Bangalore?
- How does mental health stigma emerge in Bangalore's IT industry corporate culture?
- To what degree are IT sector employees aware of and willing to use mental health resources provided by their companies?

### RESEARCH OBJECTIVES

- To determine the key mental health issues encountered by IT professionals in Bangalore.
- To examine the existence and influence of mental health stigma in the work culture of the IT sector.
- To evaluate employee knowledge, perceptions, and utilization of mental health resources offered by IT firms.
- To study how Human Resource policies and organizational culture influence mental health openness and support-seeking behaviour.
- To investigate the leadership and management roles in the influence of mental health attitudes and care systems.

## LITERATURE REVIEW

- **Raul Ramizer Vielma, et.al 2023 – “Interventions to reduce the stigma of mental health at work: a narrative review”** Background While there are reviews of the literature on mental health stigma reduction programs, very few have focused on the workplace. Objective: We sought to identify, describe, and compare the main characteristics of the interventions to reduce the stigma towards mental health at work. Method The search of original articles (2007 to 2022) was carried out in the Web of Science Core Collection and Scopus databases, selecting 25 articles from the key terms: Stigma, Workplace, Anti-stigma intervention/program, Mental health.
- **FRANCO MASCAYANO, et.al – 2019 “Including culture in programs to reduce stigma toward people with mental disorders in low- and middle-income countries”** Stigma is one of the main barriers to the full implementation of mental health services in low-and-middle-income countries (LMICs). Many initiatives to reduce stigma have been launched in those settings recently, nevertheless, it remains largely unknown to what extent these interventions are effective and culturally sensitive. The present review addresses those two questions by conducting a comprehensive evaluation of any interventions to reduce stigma toward mental illness implemented in LMICs. We conducted a review of scientific papers in the following databases: PUBMED, GOOGLE Scholar, EBSCO, EMBASE, and SCIELO. Keywords in English, Spanish and Portuguese were included.
- **HIROAKI KUBO, et.al – 2018 “ [Development of MHFA-based 2-h educational program for early intervention in depression among office workers: A single-arm pilot trial](#)”** Objective In the workplace depression and suicide are serious mental health problems. A lack of knowledge and mental health skills along with the stigma toward mental health problems often results in delays in seeking professional help. Interventions targeting not only persons with mental health problems but also people around the individual are warranted in order to encourage supporting behaviour within entire workplace. In the present study, we investigated the efficacy of our newly developed educational training program in the management with depression and suicidal risk in the workplace as a single-arm pilot trial.
- **ROSS TYNAN, et.al – 2018 “[Feasibility and acceptability of strategies to address mental health and mental ill-health in the Australian coal mining industry](#)”** Background To evaluate the feasibility, acceptability and effectiveness of implementing a peer-based, multi-component mental health program in the Australian coal mining industry. Methods The multicomponent program included MATES in mining (a peer-based mental health and suicide prevention program) and supervisor training. Eight Australian coal mines participated in the research, with four mines receiving the mental health program.
- **NICOLA J REAVLEY, et.al - 2018 “[Effectiveness of eLearning and blended modes of delivery of Mental Health First Aid training in the workplace: randomised controlled trial](#)”** The aim of the Workplace Aid study was to compare the effects of eLearning or blended (eLearning plus face-to-face course delivery) Mental Health First Aid (MHFA) courses on public servants' knowledge, stigmatising attitudes, confidence in providing support and intentions to provide support to a person with depression or post-traumatic stress disorder (PTSD). Methods: A randomized controlled trial was carried out with 608 Australian public servants.
- **GRAHAM THORNICROFT, et.al - 2003 “[Shunned: Discrimination against people with mental illness](#)”** “Shunned presents clearly for a wide readership information about the nature and severity of discrimination against people with mental illness, what can be done to reduce this, and after showing, both from personal accounts and from a thorough review of the literature, the nature of discrimination, sets out a clear manifesto for change.
- **MARTA ALONSO, et.al - 2019 “[Interventions to Reduce Internalized Stigma in individuals with Mental Illness: A Systematic Review](#)”** Internalized stigma has a high prevalence in people with mental health problems and is associated with negative consequences in different areas: work, social, personal, etc. Therefore, it is relevant to systematically study the characteristics and effectiveness of the different psychological and psychosocial interventions aimed at reducing it. Through the databases MEDLINE and PsycINFO, among others, controlled studies on specific interventions to reduce internalized stigma in people with severe mental disorders published between 2008 and 2018 were selected and reviewed.
- **ANDREW C.H SZETO, et.al - 2019 “[The Road to Mental Readiness for First Responders: A Meta-Analysis of Program Outcomes](#)”** First-responder mental health, especially in Canada, has been a topic of increasing interest given the high incidence of poor mental health, mental illness, and suicide among this cohort. Although research generally suggests that resiliency and stigma reduction programs can directly and indirectly affect mental health, little research has examined this type of training in first responders. The current paper examines the efficacy of the Road to Mental Readiness for First Responders program (R2MR), a resiliency and anti-stigma program.
- **ALIYA KASSAM, et.al - 2017 “[Understanding Stigma: A Pooled Analysis of a National Program Aimed at Health Care Providers to Reduce Stigma towards Patients with a Mental Illness](#)”** Background and Objectives The problem of mental illness-related stigma within healthcare is an area of increasing attention and concern. Understanding Stigma is an anti-stigma workshop for healthcare providers that uses social contact as a core teaching element, along with educational and action-oriented components. The objective of our study was to determine the impact of this program on healthcare providers' attitudes and behavioural intentions towards patients with a mental illness, and also to ascertain whether various participant and program characteristics affected program outcomes.
- **FRANCISCO JOSE EIROA OROSA, et.al - 2021 “[Efficacy of an Intervention to Reduce Stigma Beliefs and Attitudes among Primary Care and Mental Health Professionals: Two Cluster Randomised-Controlled Trials](#)”** Although it may seem paradoxical,

primary care and mental health professionals develop prejudices and discriminatory attitudes towards people with mental health problems in a very similar way to the rest of the population. The main objective of this project was to design, implement and evaluate two awareness-raising interventions respectively tailored to reduce stigmatising beliefs and attitudes towards persons with a mental health diagnosis among primary care (PC) and mental health (MH) professionals.

- **ASHLEY CID, et.al - 2024** [“Adapting the Opening Minds Stigma Scale for Healthcare Providers to Measure Opioid-Related Stigma”](#) The opioid crisis in Canada continues to cause a devastating number of deaths. Community-based naloxone programs have been identified as one of the solutions for combatting this crisis; however, there are disparities in which pharmacies stock and offer naloxone. Opioid-related stigma is a major barrier for limited naloxone distribution through pharmacies.
- **JOANNE TAYLOR, et.al – 2025** [“An Evaluation of the Opening Minds Scale for Health Care Providers”](#) Health workers hold stigmatizing attitudes toward people with mental distress, and contact-based interventions have been developed to address these attitudes. However, measures used to evaluate interventions have mixed validity support, including measures developed with service user involvement. The present study intended to provide a psychometric examination of one such measure, the 15-item Opening Minds Scale for Health Care Providers (Kassam et al., 2012; Modgill et al., 2014).
- **MATTHEW FLOWERS, et.al - 2025** [“Evaluating the Safe Steps for De-escalation: A protocol for a mixed concurrent control study in acute mental health units”](#) There is a shared goal of organising reform efforts in mental health services to eliminate restrictive practices and improve therapeutic relationships. However, evidence on high-quality, culturally safe, co-produced, and strengths-based interventions and evaluations is limited, especially for complex interventions centred on therapeutic responding.
- **MARIE HUTCHISON, et.al - 2025** [“Outcomes of Restrictive Practice Review Meetings in an Acute Mental Health Unit: A Retrospective Before-and-After Study”](#) A structured process of reviewing incidents of seclusion and physical restraint supports nurses in managing the emotional and relational impact of restrictive practices. However, these reviews are not a routine feature of everyday acute care provision, and have historically been influenced by practices that reflect a managerial or disciplinary focus. A retrospective before-and-after study was conducted in an adult acute mental health inpatient unit in regional New South Wales, Australia.
- **Sanz Riahi, et.al – 2016** [“Implementation of the Six Core Strategies for Restraint Minimization in a Specialized Mental Health”](#) Implementation of the Six Core Strategies to Reduce the Use of Seclusion and Restraint (Six Core Strategies) at a recovery-oriented, tertiary level mental health care facility and the resultant changes in mechanical restraint and seclusion incidents are described. Strategies included increased executive participation; enhanced staff knowledge, skills, and attitudes; development of restraint orders and decision support in the electronic medical record to enable informed debriefing and tracking of events; and implementation of initiatives to include service users and their families in the plan of care.

## RESEARCH GAP

S. No.	Citation	Research Design	Objectives	Key Findings
1	Raul Ramizer Vielma et al., 2023	Narrative Review	To identify, describe, and compare interventions that reduce mental health stigma in the workplace.	Workplace-specific anti-stigma interventions are limited; need for comprehensive and tailored approaches.
2	Franco Mascayano et al., 2019	Systematic Review	To evaluate stigma reduction Intervention in their cultural	Culture adaptation is lacking in most intervention ,limiting their effect
3	Hiroaki Kubo et al., 2018	Single-arm Pilot Trial	To test the effectiveness of a 2-hour MHFA-based program for depression in office workers.	The program improved knowledge and support behavior but had limitations due to non-randomized design.
4	Ross Tynan et al., 2018	Mixed Methods (Field Study)	To evaluate feasibility and acceptability of a peer-based mental health program in the mining industry.	Peer-based programs were well-received; supervisors played a critical role in success.
5	Nicola J. Reavley et al., 2018	Randomized Controlled Trial	To assess the effectiveness of eLearning vs blended MHFA training in the workplace.	Both methods improved mental health literacy; blended delivery had slightly better outcomes.

6	Graham Thornicroft et al., 2003	Narrative Review	To describe nature and impact of discrimination against people with mental illness.	Stigma is widespread and deeply entrenched; change requires broad societal effort.
7	Marta Alonso et al., 2019	Systematic Review	To review interventions aimed at reducing internalized stigma in individuals with mental illness.	Psychosocial interventions show promise; more rigorous studies needed.
8	Andrew C.H. Szeto et al., 2019	Meta-analysis	To assess effectiveness of the R2MR program for first responders.	R2MR improved resilience and reduced stigma; results varied by delivery and population.
9	Aliya Kassam et al., 2017	Pooled Analysis	To evaluate “Understanding Stigma” program among healthcare providers.	Program effectively reduced stigma and improved intentions to help; variation seen across participant types.
10	Francisco José Eiroa Orosa et al., 2021	Cluster Randomized Controlled Trial	To evaluate anti-stigma training for primary care and mental health professionals.	Interventions significantly reduced stigma; tailored approaches more effective.
11	Ashley Cid et al., 2024	Scale Development & Validation	To adapt stigma scale for opioid-related stigma in healthcare providers.	New scale valid for measuring opioid-related stigma; highlights ongoing bias in service provision.
12	Joanne Taylor et al., 2025	Psychometric Evaluation	To validate the 15-item Opening Minds Scale for healthcare providers.	Scale shows reliability; mixed evidence on sensitivity to intervention-related change.
13	Matthew Flowers et al., 2025	Mixed Concurrent Control Study	To evaluate Safe Steps for De-escalation in acute mental health units.	Intervention improved staff safety and reduced restrictive practices.
14	Marie Hutchison et al., 2025	Retrospective Before-and-After Study	To assess outcomes of restrictive practice review meetings.	Structured reviews supported staff reflection; reduced use of restraint/seclusion.
15	Sanz Riahi et al., 2016	Implementation Study	To report on implementation of Six Core Strategies for restraint minimization.	Significant reduction in restraint incidents; emphasized leadership and user inclusion.

Table. No. 1 Research Gap

## RESEARCH MODEL



Fig. No. 1 Showing model of addressing mental health stigma in the workplace

## PROBLEM STATEMENT

Despite growing awareness of mental health issues in corporate India, a significant stigma continues to surround mental well-being in the workplace, particularly within the high-pressure environment of the Information Technology (IT) sector. In Bangalore, the nation's IT hub, employees often face demanding workloads, long hours, and high performance expectations, leading to increased mental health challenges, many employees continue to suffer in silence due to fear of judgment, job insecurity, or lack of adequate support systems. While Human Resources (HR) departments have begun implementing wellness initiatives, the persistent stigma around mental health limits their effectiveness. This research seeks to investigate the underlying factors contributing to mental health stigma with in Bangalore and assess the role and impact of HR interventions in mitigating these silent struggles.

## RESEARCH METHADODOLOGY

- **RESEARCH METHOD** The research employs a descriptive survey design alongside a quantitative research methodology. Its objective is to understand the ways in which Human Resource departments assist employees in the industrial sectors of Bengaluru in reskilling and upskilling. Primary data was collected through a structured survey using Google Forms.
- **Primary Data:** The primary data is obtained by the online survey (Google Forms) through which 62 respondents have provided their opinion.
- **Secondary Data:** According to research by Raul Ramizer Vielma et al. (2023) conducted a narrative review of 25 studies, identifying mixed approaches like peer support, educational programs, and policy interventions, but noted a lack of long-term impact evaluation. Further insights are derived by Franco Mascayano et al. (2019) emphasized the need for culturally adapted interventions in low- and middle-income countries, finding that most programs lacked cultural relevance and measurable outcomes.

**VARIABLE DESCRIPTION**

Variable Type	Variable Name	Description
Independent	HR Interventions	Initiatives, policies, and programs implemented by HR to support employee mental health
Dependent	Mental Health Stigma	The degree to which employees perceive or experience stigma around mental health in the workplace
Dependent	Perception of HR Support	Employee attitudes toward HR's effectiveness in addressing mental health concerns
Dependent	Willingness to Seek Help	Likelihood of employees seeking professional help or disclosing issues to HR

**SAMPLE TECHNIQUE**

A random sampling approach was employed during the research process. Participants, including HR professionals and individuals involved in reskilling or upskilling initiatives within Bengaluru's industrial sector, were selected based on their pertinence to the research topic.

**SAMPLE SIZE**

The total number of valid responses collected through google form were 62. These participants provide a diverse perspective on the role of HR in skill development, as they encompass a variety of designations within the manufacturing industry.

**ANALYSIS AND DISCUSSION****Mental health is still a taboo topic in your work place.**

Interpretation: The chart shows that mental health is still very much the office taboo, with 50% agreeing and 31% strongly agreeing. Only 11.9% disagree and 7.1% strongly disagree. It shows that despite all of the increasing awareness, a straight three-quarters (81%) feel uneasy or perceive stigma around talking about mental health at the workplace.

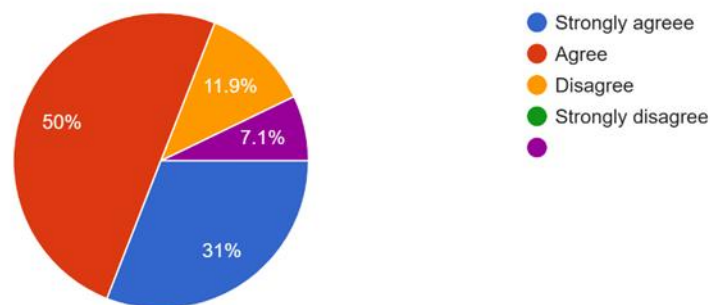


Fig 2: mental health still a taboo topic in your work place

**Organization in addressing employee mental health.**

Interpretation: The graph shows that while the highest number of employees (41.5%) feel that their organization is somewhat helpful in addressing mental health, only 26.8% find it very helpful. 22% is neutral, and fewer find the organization as not helpful (around 10%). This implies that while change might be planned, there is some space for improvement for organizations to be proactively helpful with respect to the mental health of the employees to go from "somewhat" to "very" helpful.

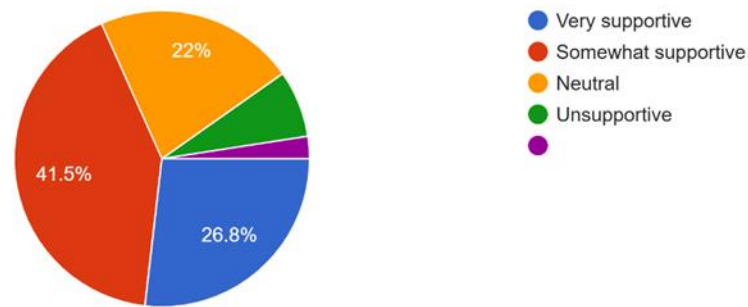


Fig 3: You believe your organization is in addressing employee mental health

#### Interventions such as awareness training can reduce Stigma in the workplace.

Interpretation: The chart shows that a large majority of respondents (58.5%) agree that interventions like awareness training can help reduce stigma in the workplace, while 24.4% strongly agree. Only 14.6% are neutral, and there is no visible representation of disagreement. This indicates strong overall confidence in the effectiveness of awareness training as a tool to combat mental health stigma in the workplace.

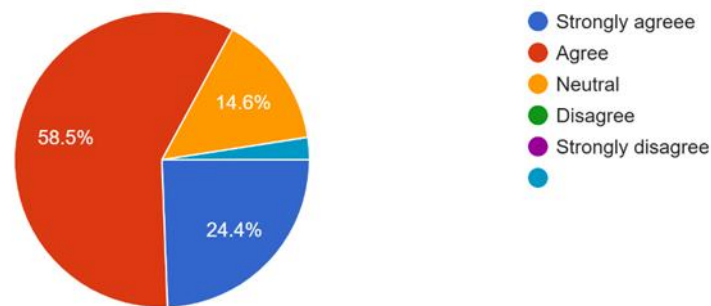


Fig 4: Interventions such as awareness training can reduce Stigma in the workplace

Fig 4: awareness training can reduce Stigma in the workplace

#### Participating in future mental health awareness programmes.

Interpretation: The chart indicates that 42.9% are interested in participating in future mental health awareness events, 35.7% are unsure and chose "Maybe," and 19% stated they would not participate. This indicates the overall positive picture of future attendance, but also indicates that organizations need to have a clear communication of the benefit and outcome of such events in order to bring the "maybe" group into participants.

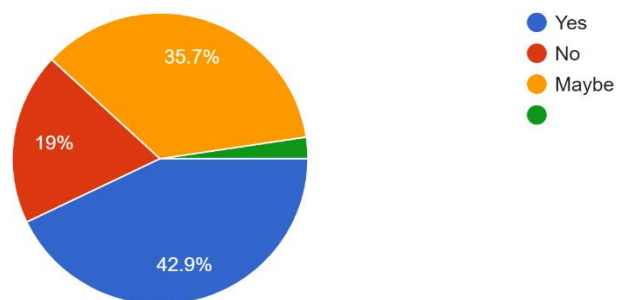


Fig 5: Participating in future mental health awareness programmes

Workplace emotional safety level(1=very unsafe,5=very safe).

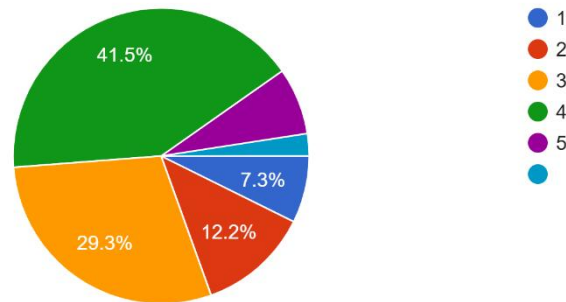


Fig 6: rating showing workplace emotional safety level

Interpretation: A significant portion of respondents, 41.5%, rated their emotional safety indicating that many employees feel reasonably secure in their work environment. 29.3% chose a neutral rating (On the other hand, 19.5% of the participants rated their workplace as either unsafe (12.2%) or very unsafe (7.3%), highlighting a concerning minority that perceives their environment as emotionally threatening. Notably, only 9.8% of respondents felt their workplace was very emotionally safe.

## CONCLUSION, LIMITATION, IMPLICATION, FUTURE RESEACH

### CONCLUSION

This research brings to focus a seemingly important but neglected problem—mental health stigma—in one of India's most challenging and vibrant industries: the IT sector in Bangalore. The findings strongly suggest that although most employees feel stressed, anxious, and burnt out, stigma and fear of judgment keep them from approaching professional help or organizational assistance. Although there have been some efforts, organizational interventions fall short, are poorly executed, or go unused due to unawareness, communication, and confidentiality.

The research proves that workplace stressors, organizational support, and stigma have a strong impact on the mental health and help-seeking behaviour of employees. There needs to be a cultural transition towards openness, empathy, and systematic support systems to develop a mentally healthy work environment in the IT industry.

### Limitations:

Limitations of the research include the study's use of self-reported data and potential social desirability bias given the stigma that still surrounds mental health. The study was also limited to particular sectors or areas of the economy, perhaps limiting the extent to which findings can not be generalised to other sectors or geographic regions. There was also a concern that the sample size was not large enough to reach the full range of workplace mental health experiences.

### Implications:

These findings point to a significant potential role for HR departments to eliminate mental health stigma with structured interventions such as awareness programs, training, or confidential support services. Making policy changes to ensure a mental health-friendly workplace is not just beneficial for employees, but can be beneficial for employers in many ways including employee well-being, productivity, absenteeism, and creating a better corporate culture.

### Future Recommendations:

Future studies should endeavour to consider diverse and larger numbers of representatives from across the sectors to enhance generalizability. Longitudinal studies should be carried out to shed on the long-term effectiveness of HR's interventions. Exploring the potential of technologies like digital mental health platforms or hybrid/ remote work models could also be interesting considering the changing landscape of workplaces.

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