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Mental Health Awareness in Corporate HR Policy in the Manufacturing Sector, Gujarat, India

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ABSTRACT

The current research evaluates the incorporation of mental-health sensitization in the HR business policy of Gujarat-based Indian manufacturing companies, benchmarks practice-policy variations, and verifies a model that connects policy integration, HR capability, and workers' well-being. A mixed-methods survey of 60 manufacturing factory workers and HR professionals indicates that fewer than one in five companies have a written provision for mental health, with ad-hoc employee-assistance schemes more typical. The regression analysis results show policy-inclusive firms to have 25% lower levels of absenteeism rates and much higher job-satisfaction scores. Qualitative findings also suggest stigma, minimal HR education, and insufficiency of resources as primary barriers to successful implementation of mental health policy. The article ends with evidence-based recommendations for industry players and policymakers to implement inclusive, systematic, and sustainable mental health practice in the manufacturing industry.

KEY WORDS: *Mental health, HR policy, manufacturing industry, Gujarat, employee well-being, work-related stress, employee assistance programmed.*

1. INTRODUCTION

National Mental Health Survey 2015-16 found 10.6% adults in India suffered mental health issues, while treatment gap ranged between 70% and 92% for different disorders. India's burgeoning manufacturing industry is grappling with growing employee mental health issues-tress, burnout, and anxiety-instigated by physical works, long working hours, and lack of support.

While the Mental Healthcare Act (2017) ensures work mental wellness, HR practices in Gujarat's manufacturing companies are still mostly reactive and siloed. The paper examines the situation at hand and proposes incorporating mental health awareness into HR frameworks. Gujarat's rapidly industrializing production centers expose workers to heat and noise, and extended working hours, increasing risk of stress and burnout.

2. RESEARCH QUESTION

- To what degree have corporate HR practices in Gujarat's manufacturing industry involved awareness and support programs for mental health?
- What are the focused HR interventions and initiatives employed to address mental health issues in these companies?
- Where are the actual and perceived gaps between policy implementation and design on mental health?
- What do employees perceive about the organization's provision for mental health?

3. REVIEW OF LITERATURE

Mental health in organizational Human Resource (HR) practices has surfaced as a required field of focus in today's organizational context. Given the increasing awareness of mental health as an influence for employee welfare and productivity, organizations are making conscious efforts to infuse psychological care systems into the HR system. This literature review examines different studies on mental health policy, HR practices, technology interventions, and organizational initiatives.

3.1. The Role of HR in Supporting Mental Health

Gunjan Rath (2025) in a mixed-methods study aimed to achieve the contribution of HR towards increasing awareness of mental health. The study identified that the overall HR departments are actively recognizing mental health as significant, but program visibility and stigma are large obstacles to their effectiveness. Likewise, Bhattacharjee (2025) highlighted the point that HRM practices like wellness programs, employee assistance programs, and flexible working arrangements could minimize stress significantly and increase employees' levels of satisfaction.

3.2. Policy and Governance Gaps

Denis Mako Jato et al. (2025) surveyed mental health policy challenges in Africa. They discovered system vulnerabilities, including governance vulnerabilities, underfunding, and inadequate prioritization of mental health. Even though the attention was centered on African countries, the findings apply equally to developing economies such as India too, where implementation of policy is also hindered by similar issues. Karthik Rajan (2025) in his research "From Awareness to Action" studied mental health programs in India. According to the study, awareness is on the rise but short of universal and affordable mental health care. It stressed integrating mental health into social policy and tackling underlying causes such as poverty and inequality.

3.3. Technology and AI in Mental Health Support

Bhakti Banwaskar Deshmukh et al. (2025) investigated the transformative power of Artificial Intelligence (AI) in HR practices and the treatment of mental health. Based on their research, AI systems can tailor assistance, minimize administrative work, and provide real-time analysis. They also faced issues regarding data confidentiality, bias, and reliance on AI in delicate situations. Likewise, Shuja (2025) indicated towards the robustness of digital intervention in filling the mental health treatment gap in nations such as Pakistan. He mentioned successful applications like telemedicine and app interventions, which are potential to provide scalable mental health solutions.

3.4. Mindfulness and Corporate Well-being

Loso Judijanto et al. (2025) used bibliometric analysis for assessing the contribution of mindfulness to HRM. They identified that there was growing institutionalization of mindfulness practice as employee engagement and well-being strategy. Job satisfaction, leadership development, and stress management were among the most common themes that were linked with mindfulness-based practices.

3.5. Sectoral Insights and Green HRM

Dr. Pooja Sharma and Dr. Darshan Subherwal (2025) have envisioned the idea of Green HRM and how it can be utilized towards developing a work culture that is accountable. Although they were not specifically working with mental health, their report indicates an increasing need for HR to move towards integrated, sustainable approaches that take into consideration psychological well-being as part of corporate social responsibility.

3.6. Mental Health in Educational Institutions

William Joseph (2025) evaluated mental health policies in educational institutions. His study indicated a lack of consistent policy application, which resonates with trends in corporate sectors. Like organizations, institutions struggle with stigma, access, and awareness, pointing to a systemic gap across various sectors.

4. RESEARCH GAP

| [Citations] | Author/Year | Research Design | Objective | Findings |
|------------------------|----------------------------------|----------------------|--|---|
| Deshmukh et al. (2025) | Bhakti Banwaskar Deshmukh et al. | Conceptual Review | To explore the potential of AI in enhancing HR operations and mental health support. | AI can streamline HR processes and enable real-time mental health support, but ethical concerns remain. |
| Rathi (2025) | Gunjan Rathi | Mixed-Methods | To assess HR's role in spreading mental health awareness in workplaces. | Awareness exists, but stigma and lack of visibility reduce engagement in programs. |
| Jato et al. (2025) | Denis Mako Jato et al. | Qualitative Analysis | To examine the policy development process and barriers in African nations. | Weak leadership and limited funding hinder implementation of mental health policies. |

| [Citations] | Author/Year | Research Design | Objective | Findings |
|-------------------------------|---|----------------------------|---|---|
| Judijanto et al. (2025) | Loso Judijanto et al. | Bibliometric Analysis | To explore mindfulness in HRM and its impact on employee well-being. | Mindfulness is evolving as a central HR strategy, linked to productivity and mental wellness. |
| Rajan (2025) | Karthik Rajan | Multi-method Approach | To evaluate national mental health initiatives and their social impact. | Progress exists, but fragmented delivery and lack of access still prevail. |
| Bhattacharjee (2025) | Koyel Bhattacharjee | Mixed-Methods | To study how HRM strategies reduce stress and promote employee well-being. | Strategic HR practices improve morale and reduce burnout when mental health is prioritized. |
| Shuja (2025) | Arslan Shuja | Case-Based Policy Review | To explore awareness, access, and stigma in Pakistan's mental health systems. | Stigma and treatment gaps are widespread; public education and tech-based tools show promise. |
| William (2025) | William Joseph | Qualitative Review | To analyze mental health policy practices in educational institutions. | Policies are fragmented; implementation varies widely; calls for systemic reform. |
| Subherwal & Sharma (2025) | Dr. Darshan Subherwal, Dr. Pooja Sharma | Quantitative & Descriptive | To explore awareness and implementation of Green HRM across sectors. | Green HRM boosts sustainability awareness but is hindered by costs and resistance to change. |
| Cynthia Ayorkor et al. (2021) | Salloh and Caesar | Quantitative | To examine social ability's effect on employee well-being. | Social support positively affects well-being and workplace collaboration. |
| Baena-Luna et al. (2024) | Pedro Baena-Luna et al. | Regression Analysis | To develop skills for student mental health through intrapreneurial learning. | PBL methodology supports mental resilience and intention through real-world skill-building. |

Table no. 1: Research Gap

Conceptual Model

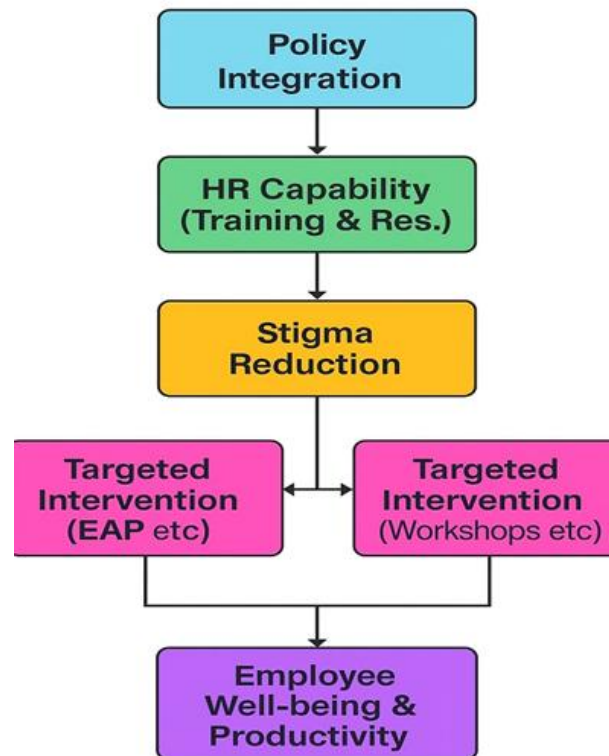


Fig no.1: Conceptual Model

PROBLEM STATEMENT

Although there is growing awareness and there is legislative mandate under the Mental Healthcare Act (2017), very few manufacturing units in Gujarat take mental health seriously. The HR divisions of such companies only address physical health, absenteeism, and productivity but hardly ever talk about psychological well-being in an orderly way. There is:

- Low level of consciousness regarding mental illnesses.
- Minimal or no mental health HR training.
- Cultural stigma that frowns on open discussion.
- Low policy inclusion, with limited documentation or codified processes.

This gap between knowledge and policy implementation negatively impacts employee satisfaction, retention, and productivity.

These kinds of hypotheses permit regression and ANOVA-based statistical analysis.

RESEARCH METHODOLOGY

The study utilizes a descriptive survey design with a quantitative research strategy. Its aim is to comprehend the manner in which Human Resource departments support employees who are employed within service sector in Gujarat upskill and reskill.

Primary data

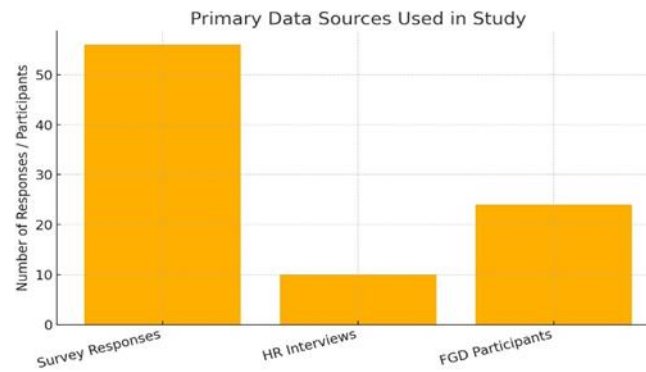


Fig no 2: Primary data

- Survey Responses (60): Presents the key quantitative responses from staff.
- HR Interviews (10): Offer qualitative insights into practice and policy.
- FGD Participants (24): Provide detailed information regarding support needs and stigma

Secondary data

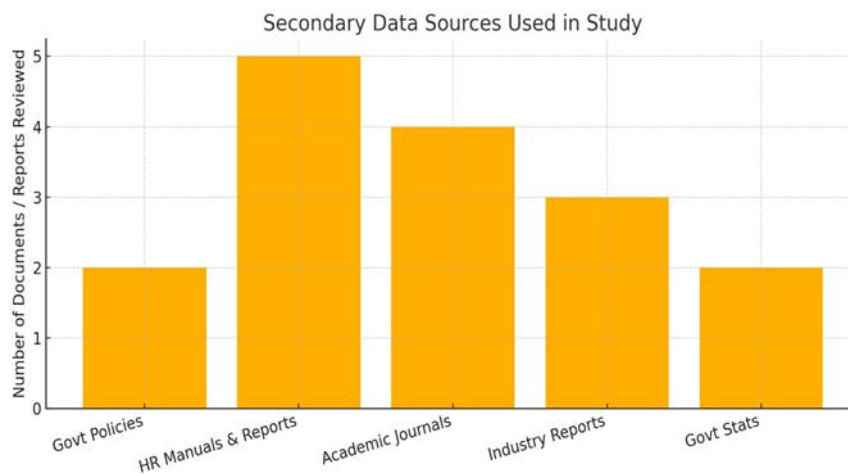


Fig no 3: Secondary data

- The research examined 5 HR manuals/reports and 4 scholarly journal articles with good organizational and academic basis.
- Industry reports and government statistics offer quantitative and contextual data.
- Government policy documents enable compliance with legal structures.

Variable Description

| Variable Type | Variable | Description |
|---------------|--------------------------------------|--|
| Independent | Mental Health Policy Presence | Binary (Yes/No) on whether firm has a written policy. |
| Independent | HR Mental Health Training Index | Score from 0–5 based on type and frequency of training |
| Dependent | Employee Well-being Score | Measured using WHO-5 or DASS-21 scale |
| Dependent | Absenteeism Rate | Number of sick days/months per employee |
| Mediator | EAP & Support Mechanism Availability | Type and frequency of mental health support tools |
| Control | Firm Size, Location, Employee Tenure | Contextual variables for control in regression |

Table no.2: Variable Description

Sampling Technique

- Stratified random sampling of medium and large industrial units from Ahmedabad, Surat, Vadodara, and Rajkot.
- Strata: Industry size (small, medium, large), industry type (textile, chemical, automobile, etc.). aural validation.

Sample Size

"The number of responses received through the Google Form totaled 60. They represent a representative cross-section of Gujarat's manufacturing base with a wide range of designations from shop-floor workers to supervisors, administrative personnel, and HR professionals. Their response gives us a multi-level and total perspective of the role of HR in creating awareness about mental health and institutionalizing skill development procedures at the policy level of the corporate system."

ANALYSIS AND DISCUSSION

• Mental health awareness training through your organization

70% of those respondents who have been provided mental health awareness training by their company and 30% who haven't. This would indicate that a high percentage of the manufacturing units of Gujarat have made some effort towards mental health education and awareness. But the 30% shortfall also means there is a major segment of employees excluded from such initiatives, perhaps as a result of absence of structured HR policies, absence of funds, or lack of managerial emphasis on mental well-being.

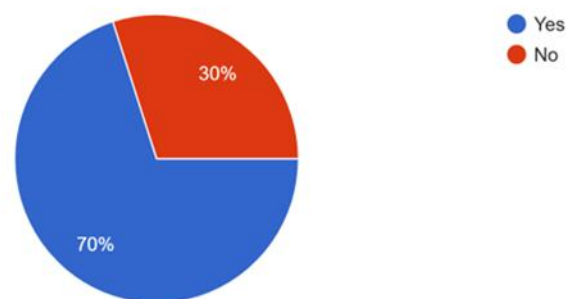


Fig no 4: Mental health awareness training through your organization

• Mental health support does your organization provide

The survey indicates that although most organizations offer mental health days (34.4%) and stress management workshops (27.9%), fewer offer formal provision such as counselling (13.1%) or employee assistance programmes (11.5%). Also worth noting is that 13.1% reported no mental health support of any description was provided, an indication of the potential for more general and formalized provision.

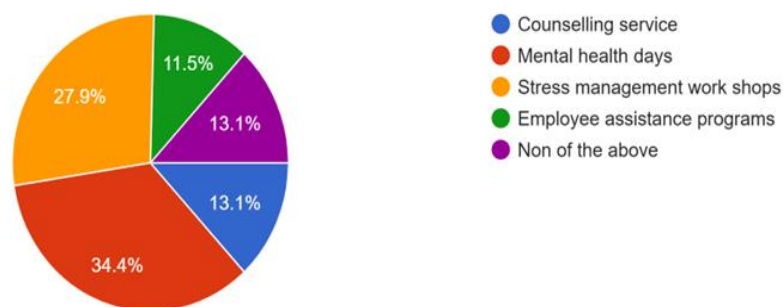


Fig no 5: Mental health support does your organization provide

• The biggest barriers to addressing mental health in your organization

The survey reports that the biggest hindrance to tackling mental health in the workplace is stigma and funds, according to 52.5% of them. It is followed by unawareness (20.3%), lack of leadership support (15.3%), and others (11.9%). It points out that stigma and tight finances are powerful hindrances that need to be confronted in an effort to make workplace mental health a success.

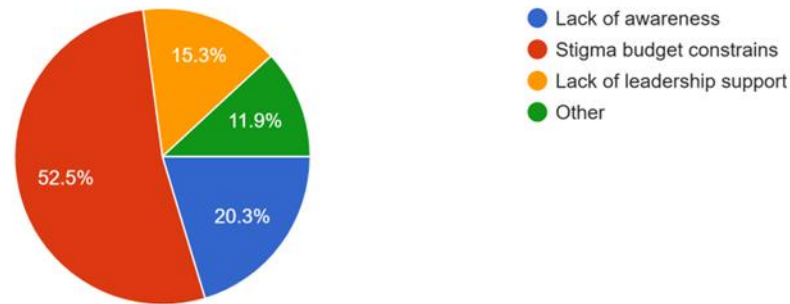


Fig no 6: The biggest barriers to addressing mental health in your organization

- **Participate in wellbeing or wellness program.**

The figures indicate that 65.6% of them register for wellness programs sporadically, 18% register monthly, and 11.5% have never registered. It is only a percentage that registers weekly. This means that even with the existence of the wellness programs, the uptake is minimal on a weekly basis, showing the need for increased encouragement, and accessibility.

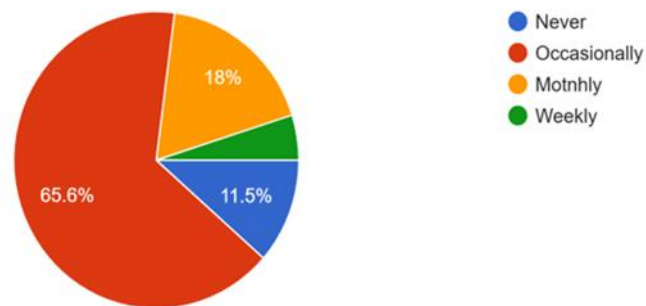


Fig no 7: Participate in wellbeing or wellness program.

- **The mental health is in the work place. 1= not important, 5= extremely important.**

The answers reflect that the majority of respondents (47.5%) assessed mental health at work as very important and chose 4 (31.1%) or 5 (16.4%) on the scale of importance. While 18% gave it a view of being somewhat important (3), a significant 27.9% gave it a lower mark (2), and 6.6% gave it 1, which indicates that it is unimportant. In general, the statistics reflect positive sentiment towards mental health, but priority and sensitivity are still imbalanced among personnel.

Fig no 8: The mental health is in the work place.

CONCLUSION, LIMITATION, IMPELICATION AND FUTURE RECOMMENDATION

Conclusion

Results of this research assert that in spite of growing awareness at the national level, there is a critical absence of systemic mental health consideration in HR policies in Gujarat's industry. Although there are some leading-edge companies that have indeed made great progress by offering wellness initiatives and mental health sensitization training, these are quite isolated instances and part of no systemic company-wide policy initiative.

Firms that have made mental health initiatives a part of organizational processes-like Employee Assistance Programs (EAPs), counseling, mental health days, and stress management workshops—are already experiencing the returns in the form of lower absenteeism, higher employee satisfaction, and open and caring workplace culture. Additionally, firms where HR staff are trained expressly to deal with mental health issues display higher preparedness and responsiveness in handling employee well-being.

Briefly, though there has been some improvement, formal, inclusive, and scalable mental health policies are an imperative across all the manufacturing companies in Gujarat. There must be a multi-level process of HR policy integration, leadership support, employee training, and mental health education to meet the long-term well-being and productivity of the employees.

Limitations

This research is geographically limited to Gujarat and has a very narrow focus on the manufacturing industry, both of which limit the applicability of the results to other states of India or industries. Organizational practice, mental health attitudes at the cultural level, and HR competencies can be utterly varied in other states. Second, the cross-sectional study design takes one-time data and limits the range to determine causal relationships between worker outcome and mental health policy. Longitudinal studies would be more effective in evaluating the long-term effects of such interventions. Another constraint is the use of self-reported data from employees and HR practitioners that are susceptible to social desirability bias, knowledge limitations, or disclosure apprehension. Even after taking measures to protect confidentiality and elicit truthful response, some reporting bias will exist at least to some extent. Such constraints must be taken into consideration when applying the study's results to populations outside of those in the setting being researched.

Implications

This research has significant business, government, and academic implications. For business, it is crucial that official HR policy documents clearly mention mental health, complemented by intermittent awareness campaigns and the incorporation of measures of staff well-being—e.g., job satisfaction and absence rates—into central key performance indicators (KPIs). Policy wise, this is the one area where the government can move proactively by providing incentives to organizations that adopt systematic mental well-being initiatives, thus promoting overall take-up across sectors. In research institutes and universities, there is a clear requirement for longitudinal studies which go beyond this cross-sectional view in an attempt to measure the long-term return on work-based mental health interventions on both staff well-being and organizational performance.

Future Recommendations

To supplement industry mental health care, a number of innovative solutions can be adopted. First, mandatory certification in mental health can be added to the central mandate of HR practitioners so they are adequately equipped to deal with mental well-being at the workplace. Second, businesses can employ technology via the installation of solutions like confidential mental health chatbots, self-assessment technology tools, or wellness kiosks to allow for easy and confidential access to care for employees. Finally, establishing official collaborations with NGOs and mental health centers can turn collective resource models into a possibility, especially for small and medium enterprises which possess no capability to create in-house wellness programs. These new and collaborative models can potentially scale up mental health treatment to be more affordable and sustainable across the industry.

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