

Mental Health and Emotional Well-Being among Employees in India

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Abstract

Work is a central context in which adults experience both psychological strain and positive growth. In India, rapid economic change, long working hours, and precarious employment have heightened concern about employees' mental health, yet structured evidence on workplace mental health and psychological well-being remains scattered. This narrative review synthesises research on depression, anxiety, stress and psychological well-being among employees in India, with a particular focus on studies using the Depression, Anxiety and Stress Scale (DASS-21) and Ryff's Psychological Well-Being (PWB) framework. Drawing on international and Indian literature, the paper first clarifies key concepts and outlines major theoretical lenses—transactional stress and coping, Job Demands–Resources (JD-R) theory, and Conservation of Resources (COR) theory. It then organises empirical findings into four domains: (1) prevalence and patterns of depression, anxiety and stress in Indian workplaces; (2) sector-specific and socio-demographic variations; (3) determinants and correlates of distress and well-being; and (4) emerging evidence on positive psychological functioning at work. Studies consistently report substantial levels of depression, anxiety and stress among Indian workers in sectors such as industry, healthcare and services, alongside evidence that resources like autonomy, social support and meaningful work foster psychological well-being. However, most studies are cross-sectional, urban, and limited to formal employment, with relatively little attention to informal workers, gig work, intersectionality and longitudinal change. Building on the reviewed evidence and theoretical frameworks, the paper proposes an integrative model linking job demands, resources, resource loss/gain cycles and dual continua



of mental ill-health and well-being in the Indian context. Implications are drawn for organisational policy, mental health promotion, and future research agendas.

Keywords: workplace mental health; psychological well-being; depression, anxiety and stress; DASS-21; Ryff PWB; Job Demands–Resources; India; employees

Introduction

Mental health problems are now recognised as a leading cause of disability and lost productivity worldwide. The World Health Organization estimates that common mental disorders such as depression and anxiety account for hundreds of millions of lost workdays annually and impose substantial economic costs through absenteeism and presenteeism. In India, national surveys and employer reports suggest that psychological distress, burnout and chronic illness are appearing earlier in the working life-course than in many high-income countries, with a sizeable proportion of employees seeking mental health support or considering quitting their jobs because of stress and exhaustion.

Alongside this focus on illness and dysfunction, contemporary scholarship emphasises that mental health is more than the absence of disorder and includes positive states such as purpose, autonomy, personal growth and self-acceptance. Ryff's model of psychological well-being conceptualises these as multidimensional, eudaimonic aspects of flourishing that can coexist with symptoms of depression or anxiety. This dual-continuum perspective is particularly relevant in workplaces, where employees may experience high demands and stress yet also report engagement, meaning and growth.

Against this backdrop, India's labour market is characterised by a mix of formal and informal employment, long working hours, and substantial gender and social inequalities. These structural features shape both exposure to stressors and access to resources and care, making it essential to synthesise what is known about employees' mental health and psychological well-being in this context.

The present paper therefore offers a narrative review of empirical and conceptual work on workplace mental health and psychological well-being among Indian employees, informed by a broader international literature. It is conceptually inspired by a doctoral project on depression, anxiety, stress and emotional well-being among Indian employees, but does not report primary data; instead, it uses that project's conceptual and theoretical framing as a springboard to structure a review suitable for a peer-reviewed journal.

Conceptualising Mental Health and Psychological Well-Being at Work

Mental health, distress and common mental disorders

Following the WHO, mental health is understood here as a state in which individuals realise their abilities, cope with normal stresses, work productively and contribute to their communities. In occupational research, common mental disorders (CMDs) typically refer to syndromes of depression, anxiety and related stress or somatic symptoms that, while often sub-clinical, can substantially impair functioning and productivity.

Measures such as the Depression, Anxiety and Stress Scale (DASS-21) have been widely used in Indian samples to quantify symptom severity across these domains. DASS-21 is a 21-item self-report instrument with three seven-item subscales, offering brief yet psychometrically sound assessment across a range of settings. In workplace studies, it allows researchers to estimate prevalence, compare subgroups and examine associations with job characteristics or health outcomes.

Psychological well-being and the dual-continuum view

In contrast to symptomatic measures, Ryff's Scales of Psychological Well-Being (PWB) capture positive functioning across six dimensions: autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance. Research with employee samples, including in India, indicates that these facets of well-being are moderately



correlated but distinct, and they show meaningful relationships with work engagement, job satisfaction and physical health.

Crucially, the PWB framework supports a dual-continuum view: mental ill-health (e.g., depression, anxiety) and psychological well-being are related but not opposite poles of a single dimension. Individuals may experience high distress and high well-being simultaneously (e.g., engaged yet overworked workers) or low distress and low well-being (e.g., disengaged but not clinically depressed employees). This implies that workplace interventions should target both the reduction of distress and the promotion of flourishing.

Theoretical Frameworks for Understanding Employee Mental Health

Several theoretical perspectives have guided research on workplace mental health and well-being.

Transactional stress and coping

Lazarus and Folkman's transactional model conceptualises stress as a dynamic process of appraisal and coping: individuals evaluate whether a situation threatens their well-being and whether they possess sufficient resources to manage it, and they deploy coping strategies accordingly. This model has informed studies linking workload, role conflict or work–family demands with psychological outcomes, emphasising cognitive appraisal and coping styles as mediators between job characteristics and distress.

Job Demands–Resources (JD-R) theory

JD-R theory posits that every job can be described in terms of job demands (e.g., workload, emotional demands, time pressure) and job resources (e.g., autonomy, social support, feedback, opportunities for development). Demands primarily drive a health impairment process leading to exhaustion and illness, whereas resources fuel a motivational process that fosters work engagement and well-being. In recent work, JD-R has been applied to diverse occupational

groups and employment contracts, including temporary and permanent workers, showing that resources can buffer the impact of high demands on health outcomes.

In the Indian context, JD-R is particularly useful for conceptualising how high workloads, job insecurity, long commutes and work–family conflict interact with resources such as supportive leadership, fair pay and career prospects to shape mental health.

Conservation of Resources (COR) theory

COR theory views stress as a reaction to threatened or actual loss of valued resources (e.g., time, energy, social support, status) or insufficient gain following resource investment. It emphasises that resource loss is more salient than gain and tends to spiral, leading to burnout and psychological distress, but that resource gain cycles can also occur, promoting resilience and recovery. COR has been widely used to understand burnout, work–family conflict and the effects of organisational change on well-being.

Combined, JD-R and COR theories offer a powerful lens for explaining how Indian employees' exposure to chronic job demands and limited access to resources can produce cycles of loss or gain, influencing both distress and psychological well-being.

Method of the Review

This paper adopts a narrative review approach, integrating evidence from peer-reviewed articles, reports and conceptual papers.

Targeted searches were conducted in databases such as Scopus, Web of Science, PubMed and Google Scholar using combinations of terms including workplace mental health, depression, anxiety, stress, DASS-21, psychological well-being, Ryff, employee, and India, focusing primarily on literature published from approximately 2010 to 2025.

Inclusion was guided by three criteria:

1. The study focused on adults in paid employment or systematically examined work-related mental health.
2. It reported empirical data on depression, anxiety, stress or psychological well-being, or engaged substantively with relevant theory.
3. For the Indian context, it sampled employees working in India or analysed Indian subsamples within cross-national datasets.

Given the narrative orientation, the review does not claim exhaustive coverage but aims to capture major patterns, representative findings and theoretically important contributions relevant to employees in India.

Workplace Depression, Anxiety and Stress among Indian Employees

Prevalence estimates and symptom patterns

Empirical studies across various Indian occupational groups consistently identify non-trivial levels of depression, anxiety and stress. For example, research among industrial workers in Bengaluru using DASS-21 reported that around one-third of workers had positive scores for anxiety and nearly one-fifth for stress, with stress associated (though not significantly) with increased leave-taking.

Among urban adults aged 30–45 years, DASS-21 assessments have revealed substantial proportions with elevated depression, anxiety and stress, highlighting the mental health burden even among apparently healthy populations. Studies in healthcare and service sectors likewise document high rates of distress, particularly in high-pressure environments such as emergency departments and call centres.

More recent work in night-shift healthcare workers in a private hospital in Chennai found elevated prevalence of depression, anxiety and stress, underscoring the psychological costs of circadian disruption, patient load and staffing shortages. Across these studies, anxiety often

emerges as particularly prevalent, followed by stress and depression, though exact distributions vary by sector, gender and age.

Sector-specific and job-level differences

Sector-specific analyses suggest that certain occupational groups are especially vulnerable. Industrial workers exposed to physical hazards and low control, healthcare workers facing emotional demands and rotating shifts, and IT professionals dealing with long hours and performance pressures all report high levels of distress.

Job level also matters: some studies report higher stress and burnout among middle managers, who must reconcile upper management demands with frontline realities, while others note elevated anxiety among junior employees facing job insecurity and career uncertainty. Research grounded in JD-R often shows that high demands (e.g., workload, time pressure, emotional labour) combined with low resources (e.g., autonomy, social support, fairness) are particularly toxic for mental health.

Socio-demographic correlates: gender, age and contract type

Evidence on gender differences is mixed but suggests some consistent trends. Studies using DASS-21 among Indian employees frequently find that women report higher stress and, in some cases, higher depression than men, though anxiety patterns are less consistent. These differences are often attributed to double burdens of paid work and unpaid care, workplace discrimination, and safety concerns during commuting or night shifts.

Age patterns vary: younger workers sometimes show higher anxiety, reflecting job instability and early career pressure, whereas mid-career employees may face stress linked to leadership roles and family responsibilities. Contract type also matters: international JD-R research indicates that temporary and permanent workers may experience job demands and resources differently, with implications for health and well-being. Similar dynamics are likely in India,

where fixed-term contracts, gig work and informal employment are common but under-researched.

Psychological Well-Being in the Workplace: Beyond symptomatology, a growing body of work examines psychological well-being among workers. Ryff's PWB scales have been widely used to assess autonomy, environmental mastery, purpose and related dimensions in organisational contexts.

Psychometric studies in Indian samples have evaluated the factorial validity and reliability of Ryff's scales, with generally acceptable internal consistency but some debate over dimensional structure. Research on Indian employees, including recent work on work ability and psychological well-being, shows that higher PWB is associated with better perceived health, higher work ability and greater organisational commitment.

Occupational stress and psychological well-being

International studies consistently link occupational stress with reduced psychological well-being and higher burnout, with JD-R and COR theories providing explanatory mechanisms. For example, high job demands and insufficient resources can erode environmental mastery and self-acceptance, while supportive relationships and meaningful work can enhance purpose and personal growth.

In low- and middle-income contexts, including India, the link between stress and PWB is often intensified by limited access to mental healthcare, stigma and constrained labour rights. However, some evidence suggests that strong family support, collectivist norms and spiritual or community engagement can buffer the impact of work stress on PWB, although empirical work on these culturally specific resources remains sparse.

Integrating Distress and Well-Being: A Framework for Indian Workplaces

Drawing together the conceptual and empirical strands, a useful way to organise the literature is to view employee mental health in India through four interacting layers:



1. Structural and labour-market conditions: Rapid economic change, high levels of informal employment, unequal access to secure jobs and weak enforcement of labour protections create a backdrop of chronic insecurity. These conditions elevate baseline demands (e.g., job insecurity, long hours) and constrain resources (e.g., benefits, health insurance, voice at work).
2. Job demands and resources (JD-R lens): Within organisations, employees face specific demands (workload, emotional labour, customer aggression, time pressure, shift work) and resources (autonomy, social support, recognition, career opportunities). Combinations of high demands and low resources drive a health impairment pathway leading to burnout, depression, anxiety and stress, while high resources foster motivational pathways promoting engagement and PWB.
3. Resource loss/gain cycles (COR lens): Over time, stressors such as organisational change, job loss or chronic understaffing can trigger resource loss spirals, in which employees expend energy and time without adequate replenishment, amplifying distress. Conversely, interventions that build resources—such as supportive leadership, skill development and peer networks—may trigger gain spirals, enhancing resilience and well-being.
4. Dual continua of distress and well-being: Finally, employees' mental health can be located on two partly independent continua: one capturing distress and CMD symptoms (e.g., DASS-21 scores), the other capturing psychological well-being (e.g., Ryff PWB). In Indian workplaces, it is plausible—and supported by scattered empirical findings—that many employees simultaneously report non-trivial depression, anxiety or stress while also endorsing moderate to high levels of autonomy, purpose or positive relations, particularly where work is meaningful or socially valued.

This integrated framework underscores that effective policy must address both sides of the mental health coin: lowering excessive demands and preventing resource losses and actively building resources and opportunities for flourishing.

Implications for Organisational Policy and Practice

Reviewing the literature suggests several practical implications for Indian employers, HR practitioners and policymakers:

1. Routine assessment and monitoring: Brief, validated tools such as DASS-21 and Ryff's PWB scales can be incorporated into periodic employee surveys to monitor distress and well-being, identify high-risk groups and evaluate interventions.
2. Demand management: Organisations should actively manage job demands: addressing chronic overtime, aligning staffing levels with workload, reducing unnecessary administrative burdens and carefully designing shift schedules—especially for night and rotating shifts in healthcare and service sectors.
3. Resource enhancement: Building job resources is equally critical: enhancing autonomy and participation in decision-making, fostering supportive supervision, recognising contributions, and providing opportunities for learning and career development. JD-R research shows that such resources not only buffer demands but also promote engagement and PWB.
4. Multi-level mental health programmes: Effective workplace mental health initiatives combine organisational-level changes with individual-level supports such as Employee Assistance Programmes (EAPs), counselling, stress-management training and digital mental health tools. In India, such programmes must be sensitive to stigma, language diversity and accessibility, including for contract and informal workers.
5. Equity and inclusion: Special attention is needed for women, younger employees, lower-paid workers, night-shift staff and other groups at higher risk of distress. Policies around flexible work, parental leave, safe commuting, and anti-harassment measures can have tangible mental health benefits.
6. Integration with broader health and safety agendas: Mental health should be integrated into occupational safety and health (OSH) frameworks, alongside ergonomic and physical safety issues, recognising that psychological harms (e.g., chronic stress, burnout) carry serious long-term consequences.

Gaps and Directions for Future Research

Despite a growing body of work, significant gaps remain:

- Under-representation of informal and gig workers: Most studies focus on formal sector employees; there is little systematic research on mental health and PWB among gig workers, self-employed individuals, or workers in informal enterprises, who constitute a large share of India's workforce.
- Limited longitudinal and intervention studies: The literature is dominated by cross-sectional designs, limiting causal inference. Longitudinal studies that track mental health, PWB and job characteristics over time, as well as robust evaluations of organisational interventions, are rare.
- Psychometric and cultural validation: While DASS-21 and Ryff's scales are widely used, more work is needed to validate these instruments across languages, regions, sectors and educational levels in India, including factorial invariance and sensitivity to change. Recent efforts to examine factorial validity in Indian organisational contexts are promising but still limited.
- Integration of digital work and hybrid arrangements: Emerging forms of digital labour, remote work and hybrid models intensified since the COVID-19 pandemic have substantial implications for both demands (e.g., technostress, constant connectivity) and resources (e.g., flexibility). Research on their impact on Indian employees' mental health and PWB is still in early stages.
- Qualitative and mixed-methods insights: Qualitative and mixed-methods studies that explore employees' lived experiences of stress, coping, meaning and flourishing can enrich quantitative findings and help design culturally resonant interventions.

Conclusion

Workplace mental health and psychological well-being among Indian employees are now firmly on the public and policy agenda, as evidenced by rising prevalence estimates of depression, anxiety and stress and growing concern about burnout and early onset of chronic



illnesses. At the same time, scholarship on positive psychological well-being highlights the potential for work to be a source of autonomy, purpose and growth, even in demanding environments.

This narrative review, inspired by a doctoral project on depression, anxiety, stress and emotional well-being among employees in India, synthesised international and Indian literature through the lenses of DASS-21, Ryff's psychological well-being framework, JD-R theory and COR theory. The evidence suggests that Indian employees often face high job demands and constrained resources, resulting in substantial distress, yet also possess significant strengths and capacities for flourishing.

To move the field forward, future research should extend beyond urban, formal employment; adopt longitudinal, intervention and intersectional designs; and continue refining culturally appropriate measurement tools. For practitioners and policymakers, the key message is that protecting mental health and promoting psychological well-being in Indian workplaces requires systemic changes in work design and culture, not only individual-level resilience efforts. A sustained, evidence-based focus on both reducing distress and enhancing well-being can yield benefits for employees, organisations and society at large.

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