Occupational Mental Health and Organizational Development: A Global South Perspective

[1]Eric Kwasi Elliason and [2]Bushra S.P. Singh

[1]PhD Research Scholar, Department of Public Health, Desh Bhagat University, Punjab, India

[2]Faculty, Department of Management and Commerce, Gian Jyoti Institute of Management and Technology, Punjab, India

Abstract

Occupational mental health remains an underexplored aspect of organizational development in the Global South. In many workplaces, stigma, scarce resources, weak enforcement of labor standards, and the realities of informal employment continue to limit progress. This paper examines how employee wellbeing connects to organizational performance and long-term sustainability, and it argues that mental health should be treated as a form of organizational capital rather than a secondary concern. Evidence from Africa and Asia is compared with established models such as the United Kingdom's Health and Safety Executive standards and the World Health Organization's Healthy Workplace framework. The discussion identifies major gaps in policy, workplace culture, and human resource practices. It also suggests that proactive, culturally sensitive, and sector-specific approaches are needed to improve engagement, creativity, and retention among employees. Practical recommendations include integrating mental health into human resource systems, creating supportive workplace cultures, and promoting policy interventions at both organizational and government levels. The paper calls for a shift in how organizational psychology and management studies in the Global South treat occupational mental health, proposing a research and practice agenda that positions wellbeing as a foundation for sustainable organizational development.

Keywords: Occupational mental health, Global South, organizational development, employee wellbeing, human resource management, sustainable development

Introduction

Mental health at work has become one of the most important issues for organizations that want to balance productivity with employee wellbeing. For many people, the workplace is where they spend most of their waking hours,

which makes it a central context for psychological health and human capital development (Warr, 2017; Schaufeli & Bakker, 2010). In wealthier countries, occupational mental health has gained visibility through policies, Employee Assistance Programs, and frameworks for managing psychosocial risks (Harnois & Gabriel, 2000; LaMontagne et al., 2014). In much of the Global South, however, it is still regarded as less urgent than output targets or financial performance (Budhwar & Debrah, 2013; Adebayo, 2020).

This neglect is troubling. Employees across Africa, Asia, and Latin America report high levels of stress, burnout, and common mental health disorders (Salanova et al., 2010; Abiodun, 2017). Workplaces are often characterized by long hours, weak support systems, and limited access to care, all of which intensify psychological strain. Stigma and rigid hierarchies make matters worse by discouraging employees from raising concerns or seeking help (Adewuya et al., 2007; Rahman et al., 2019). The outcome is a workforce under heavy pressure but without adequate protections.

Addressing mental health in the workplace is not simply a matter of welfare. It is also a strategy for building organizations that are more productive, more resilient, and more sustainable.

Studies show that when organizations invest in wellbeing, they see lower absenteeism, higher engagement, and stronger performance (Harter et al., 2003; Bakker & Demerouti, 2017). Healthy workplace cultures allow employees to adapt more easily to rapid economic and technological change (Sonnentag, 2018). In regions where informal employment and economic insecurity are common, occupational mental health initiatives can also act as a form of social protection (World Health Organization, 2010).

Despite this evidence, the issue remains a low priority for many organizations in the Global South. Policies are either absent or poorly enforced, and leaders often lack the training to recognize mental health as a strategic concern (Budhwar & Mellahi, 2016; Adebayo, 2020). The consequences are reduced wellbeing, falling productivity, and high turnover.

This paper argues that occupational mental health should be treated as a core element of organizational development. It explores the theoretical foundations, empirical evidence, and contextual challenges of addressing wellbeing in the workplace, with a particular focus on the Global South. It also calls for culturally sensitive, resource-conscious, and policy-driven approaches that help

Corresponding email: dr.elliason@ericsolutions.in.

managers, researchers, and policymakers create organizations where human development and organizational goals work together rather than against each other.

Literature Review

Understanding Occupational Mental Health

Occupational mental health refers to the promotion of psychological wellbeing at work, the prevention of risks, and the management of mental disorders linked to job conditions (LaMontagne et al., 2014; World Health Organization, 2010). It is not limited to the absence of illness but also includes efforts to create positive states such as resilience, job satisfaction, and engagement (Warr, 2017). Healthy workplaces pay attention to stress management, work–life balance, and psychological safety, which reduces burnout, anxiety, and depression while encouraging motivation and creativity (Schaufeli & Bakker, 2010; Kelloway & Day, 2005).

Recent theoretical models show that employee wellbeing is deeply connected to organizational processes. The Job Demands–Resources model and the Conservation of Resources theory demonstrate that high demands combined with low support increase stress, while balanced workloads and supportive leadership strengthen engagement and productivity (Bakker & Demerouti, 2007; Hobfoll, 1989). These perspectives highlight the value of proactive approaches that build psychological capital rather than simply responding to crises.

Evidence from Psychology, Occupational Health, and Management

Studies across healthcare, education, and service sectors confirm the benefits of prioritizing mental health at work. Employees with higher wellbeing perform better, show more creativity, and solve problems more effectively (Harter et al., 2003; Sonnentag, 2018). Interventions such as Employee Assistance Programs, mindfulness training, and flexible work schedules have been shown to reduce absenteeism, stress, and turnover (Harnois & Gabriel, 2000; Joyce et al., 2016).

Leadership also plays a key role. Research indicates that transformational and servant leadership styles contribute to healthier and more engaged teams (Eva et al., 2019; Hoch et al., 2018). At the global level, the World Health Organization (2019) estimates that poor

Corresponding email: dr.elliason@ericsolutions.in.

mental health costs economies more than one trillion US dollars each year through lost productivity and healthcare expenses. This makes it clear that the case for addressing wellbeing is not only ethical but also economic.

Global North and Global South Compared

In the Global North, occupational mental health has received sustained attention through policies, regulations, and cultural awareness efforts. Countries such as the United Kingdom, Canada, and Australia have developed guidelines and institutionalized practices that link employee wellbeing to sustainable performance (LaMontagne et al., 2014; Canadian Centre for Occupational Health and Safety, 2020).

The Global South tells a different story. Employees in Africa, Asia, and Latin America face long working hours, informal contracts, low wages, and limited organizational support. Stigma surrounding mental illness further discourages help-seeking (Budhwar & Debrah, 2013; Adewuya et al., 2007; Rahman et al., 2019). Few organizations conduct risk assessments or provide mental health programs, which means interventions remain rare and inconsistent (Budhwar & Mellahi, 2016).

This contrast highlights structural inequality in organizational development. While the Global North has embedded wellbeing into policy and practice, the Global South continues to treat it as a peripheral issue, with serious consequences for productivity and retention (WHO, 2010; Salanova et al., 2010).

Gaps in Workplace Policies in the Global South

Several gaps are clear. Many countries lack enforceable laws or regulatory systems for psychosocial risks (Budhwar & Debrah, 2013). Leadership often has little training in mental health, which results in weak or inconsistent workplace strategies (Adebayo, 2020). Stigma remains a strong cultural barrier that prevents employees from using resources that do exist (Adewuya et al., 2007). Informal workers, who form a large share of the labor market, are largely excluded from workplace protections (ILO, 2019).

These challenges show why comprehensive and culturally appropriate frameworks are needed. Organizations that integrate mental health into policies and management practice are more likely to build resilient, productive, and sustainable workforces (LaMontagne et al., 2014; Sonnentag, 2018).

Corresponding email: dr.elliason@ericsolutions.in.

Critique of Existing Organizational Approaches

Productivity Over Wellbeing

In many organizations, especially across the Global South, productivity is often treated as the ultimate marker of success. Output, efficiency, and profit dominate the agenda, while the wellbeing of employees is pushed aside (Budhwar & Debrah, 2013; Sonnentag, 2018). In the short term, this approach can drive results. But over time it erodes employee resilience, fuels burnout, and weakens engagement (Schaufeli & Bakker, 2010; Harter et al., 2003).

In places like Sub-Saharan Africa and South Asia, this problem is made worse by economic pressures and limited resources, which push organizations to chase immediate gains while ignoring long-term consequences (Adebayo, 2020; Abiodun, 2017). The irony is that this narrow pursuit of productivity often undermines the very performance it seeks to protect, as stressed and disengaged workers become less effective over time.

Policies That Overlook Psychosocial Risks

Although psychosocial risks such as excessive workload, unclear job roles, harassment, or lack of support are well documented, many organizations in the Global South lack clear policies to deal with them (Budhwar & Mellahi, 2016; LaMontagne et al., 2014). Unlike firms in the Global North, which are increasingly using risk assessments, mental health audits, and wellbeing programs, most organizations in developing contexts respond reactively, only after problems have surfaced (ILO, 2019).

This gap in preventive action means stressors continue unchecked, leaving employees vulnerable and organizations less resilient. Without structured policies, mental health remains an afterthought, handled on a case-by-case basis rather than as part of a wider strategy.

Stigma in the Workplace

Cultural stigma is one of the most persistent barriers to addressing occupational mental health. Employees often worry about being judged, discriminated against, or even losing their jobs if they reveal psychological struggles (Adewuya et al., 2007; Rahman et al., 2019). These fears are reinforced by broader social beliefs that frame mental health problems as weakness or personal failure rather than legitimate health concerns (Adebayo, 2020).

In such environments, silence becomes the norm. Problems remain hidden,

Corresponding email: dr.elliason@ericsolutions.in.

support structures are rarely used, and organizational cultures continue to place productivity above wellbeing. This cycle keeps both employees and employers locked in a pattern where mental health challenges are minimized rather than addressed.

Weak Integration of Health and Organizational Development

Finally, there is a persistent gap between occupational health and broader organizational development strategies. Too often, mental health is viewed as a side issue, separate from human resource management, leadership, or strategic planning (Budhwar & Debrah, 2013; LaMontagne et al., 2014). This siloed view limits the impact of interventions.

By contrast, integrated approaches show that when mental health is part of the organizational DNA, it fosters psychological safety, strengthens motivation, and supports sustainable performance (Edmondson, 2019; Bakker & Demerouti, 2017). Without such integration, organizations in the Global South risk maintaining workplaces that are psychologically unsafe, culturally insensitive, and ultimately harmful to both employees and organizational goals.

Theoretical Positioning

Occupational mental health can be understood at the intersection of motivation theory, organizational culture, and sustainable development. Classic motivation theories such as Maslow's hierarchy of needs and Deci and Ryan's self-determination theory remind us that people are not only driven by financial rewards or promotions. They also seek autonomy, competence, and meaningful relationships in their work (Deci & Ryan, 2017; Maslow, 1943). When these needs are met, employees tend to be more engaged, more creative, and more committed to their organizations. When these needs are ignored, motivation weakens, and this often shows up in the form of burnout, absenteeism, or declining productivity (Schaufeli & Bakker, 2010; Warr, 2017).

Organizational culture plays an equally important role. Workplaces that value psychological safety, inclusivity, and participation encourage resilience and honest communication. By contrast, hierarchical or punitive cultures often intensify stress and discourage employees from seeking help (Edmondson, 2019; Hofstede, 2001). In the Global South, cultural traditions such as Ubuntu in Africa or Confucian ethics in parts of Asia strongly influence workplace norms. Depending on leadership practices, these traditions can

Corresponding email: dr.elliason@ericsolutions.in.

either reduce psychosocial risks or make them worse (Mbigi & Maree, 2005; Chen & Miller, 2011). Making mental health part of organizational culture helps to ensure that wellbeing is seen as a normal and necessary aspect of daily work.

The link between occupational mental health and sustainable development makes the case even stronger. Sustainable organizational growth requires balancing financial success with the care and development of human and social capital. This aligns directly with the United Nations Sustainable Development Goals, especially Goal 3 on Good Health and Wellbeing and Goal 8 on Decent Work and Economic Growth (United Nations, 2015). In this context, mental health is not simply a welfare issue. It becomes a strategic concern because organizations that neglect employee wellbeing risk losing their human capital and limiting their ability to adapt to changing conditions (Budhwar & Debrah, 2013).

To advance this discussion, the paper proposes the concept of **Occupational Mental Health as Organizational Capital.** This idea frames employee wellbeing as a resource that, like financial or technological capital, requires deliberate investment and careful management (Harter et al., 2003; Bakker & Demerouti, 2017). A workforce with strong psychological health is more likely to demonstrate creativity, resilience, and effective problem-solving. These qualities feed directly into organizational performance and sustainability.

Thinking of mental health as organizational capital pushes organizations in the Global South to move away from short-term or reactive responses. Instead, it calls for policies, leadership training, psychosocial risk assessments, and culturally sensitive wellbeing programs. This approach reflects broader management theories which emphasize that economic, social, and human capital cannot be separated if long-term success is the goal (Senge, 1990; LaMontagne et al., 2014).

Occupational Mental Health in the Global South: Key Challenges

Organizations in the Global South face a unique set of barriers when attempting to integrate occupational mental health into broader organizational development. These challenges are shaped by economic limitations, cultural beliefs, weak enforcement of workplace policies, and the dynamics of informal labor.

Corresponding email: dr.elliason@ericsolutions.in.

Resource Constraints

One of the most common obstacles is the shortage of financial and infrastructural resources. Many organizations operate with very limited budgets, which means that mental health initiatives are often sidelined in favor of more immediate operational concerns (Budhwar & Debrah, 2013; Adebayo, 2020). Even when leaders are aware of psychosocial risks, they may not have the means to fund training, counseling services, or wellness programs. Small and medium-sized enterprises, as well as public sector organizations, tend to feel these pressures most strongly (ILO, 2019). The result is that employees often work in environments where psychological support is either inadequate or entirely absent, which undermines both their wellbeing and the long-term resilience of their organizations.

Cultural Stigma

Another major challenge is the stigma that surrounds mental health in many societies across Africa, Asia, and Latin America. In these settings, mental illness is often viewed as a personal weakness, a family problem, or even a taboo subject. This discourages employees from seeking help when they experience distress (Adewuya et al., 2007; Rahman et al., 2019). Within workplaces, this stigma is

reinforced by strict hierarchies and cultural norms that prize endurance and obedience over self-care and open communication (Abiodun, 2017). The outcome is that many workers remain silent about their struggles, even when these struggles directly affect their performance and health.

Weak Enforcement of Policies

Although many countries in the Global South have labor laws or occupational safety regulations, these are often poorly enforced when it comes to psychosocial risks (Budhwar & Mellahi, 2016; LaMontagne et al., 2014). Workplace inspections typically focus on physical safety, such as machine hazards or accident prevention, while mental health risks are overlooked. Limited regulatory capacity and weak monitoring frameworks further reduce accountability. As a result, employees remain vulnerable to stress, harassment, and burnout without meaningful protection (ILO, 2019).

Informal Sector Dynamics

A large portion of the workforce in the Global South is employed in the informal economy. These workers usually lack contracts, job security, and access to health services, including mental health care (Chen, 2012; Budhwar & Debrah, 2013). Because informal jobs are often

Corresponding email: dr.elliason@ericsolutions.in.

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invisible to regulators, interventions are difficult to design and implement. Workers in this sector therefore remain especially exposed to stress and exploitation, with very few avenues for support. The informal economy is therefore a critical blind spot in occupational mental health policy.

Case Studies and Examples

Africa: Mining, Health, and Education

In Africa, some of the most serious mental health challenges at work are seen in sectors that are already high in stress. Mining is a clear example. Workers in South Africa and Ghana often spend long hours in hazardous environments where physical risks are obvious, but the psychological impact is less visible. Constant exposure to danger, long shifts, and pressure to meet production targets create high levels of stress, yet support systems for miners are either very limited or completely absent (Akintunde et al., 2019; Ncube & Moyo, 2020).

Healthcare is another sector under pressure. Doctors, nurses, and other professionals in countries such as Nigeria and Kenya often work with few resources and under constant strain. Burnout and moral distress are common because employees are caught between overwhelming demand and limited institutional support (Adebayo, 2020; Salanova et al., 2010). Research has shown high rates of depression and anxiety among medical staff, which demonstrates that the crisis is not only about physical infrastructure but also about the wellbeing of those who provide care.

The education sector also highlights the problem. Teachers in many African countries face large class sizes, poor resources, and uncertain job security. These conditions contribute to stress, low morale, and eventual burnout (Opoku-Asare et al., 2021). Policies tend to focus on student outcomes, while the wellbeing of teachers receives little attention. Without healthy educators, however, it becomes very difficult to sustain quality learning environments.

Asia: IT, Manufacturing, and Call Centers

In Asia, the IT sector has grown rapidly, but growth has come with new pressures. In India, for example, IT professionals often work long hours, remain connected after work, and deal with intense performance expectations. These demands have been linked to high levels of stress and burnout (Kumar & Gupta, 2018; Bhattacharya, 2020).

Corresponding email: dr.elliason@ericsolutions.in.

Manufacturing workers in China, Vietnam, and Bangladesh face a different but equally serious set of pressures. Their jobs are often repetitive, wages are low, and production targets are relentless. Over time, these conditions wear down mental health, but organizational responses remain weak (Chen et al., 2016).

Call centers in India and the Philippines reveal yet another side of the issue. Employees are required to manage demanding customer interactions, often in night shifts that disrupt their social and family lives. The emotional labor of these roles adds to stress, yet few organizations provide adequate counseling or wellness programs (Saldanha et al., 2017). These examples show how fast-growing industries can overlook the mental wellbeing of workers in pursuit of efficiency.

Comparative Lessons from the West

Countries in the Global North provide models that, while not directly transferable, offer valuable insights. The United Kingdom's Health and Safety Executive (HSE) has developed a framework for managing workplace stress that includes risk assessments, staff training, and regular monitoring (HSE, 2019). The World Health Organization's Healthy Workplace Model also takes a holistic approach, linking physical safety with psychosocial wellbeing and organizational culture (WHO, 2010).

What these models demonstrate is that prevention is more effective than reaction. When mental health is built into organizational policies, when support programs are accessible, and when cultures normalize wellbeing, both employees and organizations benefit (LaMontagne et al., 2014; Edmondson, 2019). While Global South contexts face different resource and cultural constraints, these lessons show that systematic, evidence-based approaches are possible and effective.

Implications for Organizational Development

Productivity, Innovation, and Retention

Employee mental health is closely tied to how organizations perform. Research shows that workers with good mental health are more engaged, more creative, and better at solving problems. These qualities directly improve productivity and support innovation (Harter et al., 2003; Bakker & Demerouti, 2017). By contrast, workplaces that neglect mental health often experience high absenteeism, frequent turnover, and

Corresponding email: dr.elliason@ericsolutions.in.

declining morale. These patterns come at a significant financial cost (WHO, 2019). Organizations that place wellbeing at the center of their strategies are better positioned to build resilient and motivated teams that can adapt to changing environments and sustain long-term growth (Sonnentag, 2018).

Talent Development in Emerging Economies

For emerging economies, investment in employee mental health is not just about welfare. It is also a strategy for retaining and nurturing talent. Workers who feel supported in their psychological wellbeing are more likely to stay, pursue professional growth, and commit to their careers within the organization (Budhwar & Debrah, 2013; Adebayo, 2020). This reduces brain drain and strengthens the stability of the workforce. By embedding mental health initiatives into talent management, organizations can create a pipeline of skilled professionals who contribute not only to organizational success but also to broader national development goals.

Integration into Human Resource Management Systems

Human resource management provides a natural entry point for embedding mental health in organizational life. Recruitment, onboarding, performance evaluations, and leadership training can all be aligned with wellbeing objectives. For example, new employees can be introduced to mental health resources during induction. Performance reviews can include discussions about workload and psychological wellbeing. Managers can be trained in supportive leadership and psychological literacy (LaMontagne et al., 2014; Edmondson, 2019). By weaving mental health into these systems, organizations ensure that it becomes a consistent and institutionalized priority rather than a temporary initiative (Hoch et al., 2018).

Policy Directions for Governments and Organizations

At the policy level, both governments and organizations have a role to play. Governments can create regulatory frameworks, enforce psychosocial risk assessments, and provide incentives for organizations that adopt comprehensive wellbeing programs (ILO, 2019; WHO, 2010). Organizations can implement practical interventions such as Employee Assistance Programs, awareness campaigns, and flexible work arrangements that acknowledge diverse employee needs (Joyce et al., 2016; Harnois & Gabriel, 2000). To be effective, these policies must be culturally sensitive and designed to work within the realities of limited resources.

Corresponding email: dr.elliason@ericsolutions.in.

They should also cover workers in both the formal and informal sectors. By aligning organizational and governmental strategies, stakeholders can improve workforce wellbeing while supporting economic and social development.

Conclusion

Occupational mental health is now recognized as an important factor in shaping both individual wellbeing and organizational performance. Yet in many parts of the Global South, it is still treated as a secondary issue. This paper has argued that employee psychological health should be seen not simply as a welfare concern but as a form of organizational capital that directly supports productivity, innovation, and retention (Bakker & Demerouti, 2017; Harter et al., 2003). Neglecting mental health undermines human capital, limits creativity, and weakens the sustainability of organizations, especially in high-stress fields such as mining, healthcare, information technology, and education.

What is needed is a shift in perspective. Organizational psychology and management studies in the Global South must move away from narrow models that emphasize output at the expense of people. Instead, they should adopt frameworks that place occupational mental health at the center of organizational strategy. Such a shift would encourage proactive interventions, stronger policies, and workplace cultures that normalize and support wellbeing (Edmondson, 2019; LaMontagne et al., 2014).

Achieving this change requires more than organizational commitment. It also calls for governments, professional bodies, and international organizations to develop regulations, guidelines, and capacity-building programs that support the integration of mental health into workplaces. Culturally sensitive approaches are essential, as are strategies that take into account limited resources and the realities of informal labor markets.

Finally, there is a need for a dual focus in both research and practice. Scholars should continue to study sector-specific risks, cultural attitudes toward mental health, and the measurable impact of wellbeing initiatives on organizational performance in the Global South. At the same time, organizations should take practical steps to embed mental health into leadership training, human resource management, and performance evaluation systems.

In conclusion, positioning occupational mental health as a central element of

Corresponding email: dr.elliason@ericsolutions.in.

organizational development is both an ethical obligation and a strategic opportunity. By adopting a proactive and contextually informed approach, organizations in the Global South can build workplaces that are resilient, innovative, and sustainable. In doing so, they not only strengthen their own performance but also contribute to broader economic and social development goals (WHO, 2010; Budhwar & Debrah, 2013).

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