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Legal Protection and Policy Gaps in Workplace Mental Health: A Comparative Analysis between Bangladesh, India, the UK, and Australia

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Abstract

Workplace mental health has become a critical issue worldwide, closely linked to employee well-being, organizational productivity, and labour rights. Despite growing awareness, legal frameworks addressing mental health in the workplace remain uneven and underdeveloped, especially in low and middle-income countries. This study presents a comparative analysis of legal protections and policy gaps related to workplace mental health in Bangladesh. This study employs a qualitative legal research methodology, with a primary focus on doctrinal analysis of statutory laws, international conventions, and relevant case law. This study also includes a comparative legal analysis of India, the United Kingdom, and Australia to identify key similarities and differences in their legal frameworks. It specifically examines how these countries address psychological safety and mental health in the workplace through legislation, institutional mechanisms, and judicial practices, with the aim of contrasting them with the current legal and policy landscape in Bangladesh. Key areas of focus include the employer's duty of care, anti-discrimination laws, mental health accommodations, and the integration of international labour standards such as ILO Convention No. 155 and the WHO Mental Health Action Plan into national policies. The analysis also highlights broader issues such as stigma, policy implementation gaps, and lack of awareness in workplace environments. The study concludes with practical recommendations for legal reform and policy development in Bangladesh, advocating for a

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rights-based, inclusive approach that embeds mental health protection within core labour and occupational safety laws. It calls for a human rights-based and inclusive approach that ensures both legal accountability and psychological resilience in the modern workplace.

Keywords: Mental Health, Legal Protection, Discrimination, Labour Right, Workplace.

1. Introduction

Workplace mental health is now widely acknowledged as essential for productivity, job satisfaction, and sustainable economic growth. Employee well-being significantly impacts efficiency, creativity, and workforce stability, making mental health not just a personal matter but a critical organizational and national concern. In Bangladesh a rapidly growing economy that relies heavily on labor-intensive industries such as garments, construction, and manufacturing employees are often exposed to long working hours, heavy workloads, precarious job security, and substandard working conditions. These circumstances fuel stress, anxiety, and burnout, yet the country's labour laws and policies have historically given little attention to mental health.

In contrast, many developed nations have increasingly integrated mental health into occupational safety and employment rights, treating it on par with physical health. For example, the United Kingdom imposes clear employer duties under the Health and Safety at Work Act 1974 and the Equality Act 2010, both of which extend to psychological well-being. Australia, through its Model Work Health and Safety Laws, also requires employers to identify and manage psychosocial risks in the workplace. India though still a developing country facing challenges similar to Bangladesh has recently taken progressive steps with the Occupational Safety, Health and Working Conditions Code 2020, thereby moving ahead in recognizing workplace mental health. Bangladesh, however, continues to lag in establishing a comprehensive framework.

This research undertakes an analytical approach along with a comparative study of workplace mental health regulations, enforcement mechanisms, and policy gaps in Bangladesh, India, the UK, and Australia up to 2025. It examines global best practices, highlights weaknesses in the South Asian context, and offers recommendations for strengthening Bangladesh's legal and policy framework to foster safer, healthier, and more equitable work environments.

2. Methodology

This research adopts a comparative doctrinal approach, centering on the detailed analysis and interpretation of primary legal sources, including statutes, regulations, and official policy guidance, in conjunction with authoritative secondary sources such as scholarly literature, judicial decisions, and expert commentary. The study maintains contemporaneity by incorporating legal and policy developments up to 16 August 2025, ensuring that the assessment reflects the most recent changes and emerging trends. To provide a structured and internationally informed evaluation, the analysis is benchmarked against globally recognized standards, specifically the WHO Guidelines on Mental Health at Work (2022) and the WHO/ILO Policy Brief (2022). These instruments serve as normative reference points, allowing the study to critically assess how national legal frameworks align with internationally recommended practices for workplace mental health and psychosocial risk management.

3. International Standards and Benchmarks of Mental Health at Workplace

The WHO Guidelines (2022) highlight the importance of organizational-level strategies for promoting mental health at work, such as regulating workloads, enhancing employee autonomy and job control, providing managerial and worker training, and implementing structured return-to-work programs, while cautioning that screening alone is insufficient. Complementing this, the WHO/ILO Policy Brief (2022) outlines the responsibilities of both governments and employers, emphasizing the integration of psychosocial risk prevention into occupational safety and health (OSH) systems. In June 2022, the ILO recognized Conventions C155 and C187 as fundamental, obliging member States to uphold and advance their principles. In particular, ILO Convention No. 155 mandates that employers, “so far as is reasonably practicable,” ensure workplaces and work processes are safe and free from health risks a requirement increasingly interpreted to include the management of psychosocial hazards.

4. Comparison among the Regulations about workplace mental health in Bangladesh, India, UK and Australia

The regulation of workplace mental health and psychosocial well-being varies significantly across jurisdictions, shaped by socio-economic contexts, labour markets, and policy priorities. While international instruments such as ILO conventions and WHO guidelines urge the

integration of mental health into occupational safety frameworks, national implementation remains uneven. Bangladesh and India, with labour-intensive economies, show gaps between recognition of mental health rights and enforceable employer obligations. By contrast, the United Kingdom and Australia have more developed regimes that embed psychosocial risks within occupational health and safety law, though enforcement and cultural uptake remain challenges.

4.1 Legal Framework and Gaps in Bangladesh

In Bangladesh, the Mental Health Act, 2018 (MHA 2018) establishes a foundational framework for the treatment of individuals with mental illness and the safeguarding of their rights. Its emphasis is primarily on clinical services, institutional oversight, and recognizing mental health as a component of public health. However, the statute imposes only minimal obligations on employers regarding workplace mental health. It does not directly address psychosocial risks in employment relations, thereby creating a gap between the recognition of mental health rights and their practical enforcement in the workplace.

The Labour Act, 2006, as revised in 2018, regulates occupational safety, health, and welfare standards in Bangladesh. While it provides for physical safety, working hours, and general welfare measures, it does not explicitly categorize psychosocial risks, such as stress, harassment, bullying, or burnout as workplace hazards. Nor does it require employers to provide specific accommodations for workers facing mental health difficulties. Recent scholarship (2024-2025) has increasingly criticized this omission, particularly in labor-intensive sectors like the Ready-Made Garments (RMG) industry, where long hours, low wages, and insecure employment conditions heighten psychological stress. Consequently, academics and policymakers have urged reforms to integrate mental health more clearly into occupational safety and health regulations.

The most pressing legislative gap is the absence of a clear employer duty to identify, prevent, and manage psychosocial hazards in the workplace. Additionally, there is little coordination between the MHA 2018 and the Labour Act 2006, meaning that the statutory recognition of mental health rights does not extend to enforceable labour protections. This disjunction weakens the incorporation of mental health into occupational safety frameworks, leaving employees exposed to unregulated risks and employers with minimal accountability.

4.2 Legal Landscape and challenges in India

In India, the Mental Healthcare Act, 2017 (MHCA) adopts a rights-based approach, ensuring equality, non-discrimination, confidentiality, and access to care. While primarily health-focused, it indirectly shapes workplace practices by requiring institutions, including employers, to prevent discrimination and provide appropriate support for employees with mental health conditions.

The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 (POSH Act) strengthens workplace mental well-being by mandating Internal Complaints Committees, preventive policies, training, and redressal mechanisms. By tackling harassment, it links employee dignity and psychological safety to organizational responsibility.

The Occupational Safety, Health and Working Conditions Code, 2020 (OSHC Code) merges 13 labour laws into a unified framework to modernize workplace safety. Yet, as of 2025, it remains only partially implemented, with states drafting rules while central enforcement is pending. Importantly, it omits explicit recognition of psychosocial risks such as stress or burnout, leaving non-physical hazards largely unaddressed.

India currently lacks a statutory “Right to Disconnect,” leaving employees unprotected from after-hours work demands. A 2018 bill proposed such safeguards but was never enacted, creating a persistent gap in regulating work-life balance. In today’s digital era of remote work and constant connectivity, this absence heightens risks of stress and burnout. Recent debates and scholarship (2024–2025) stress the urgency of legal reform, emphasizing that without clear obligations, employees remain vulnerable and employers lack accountability. A statutory Right to Disconnect is increasingly viewed as essential for safeguarding mental health, productivity, and sustainable workplace culture.

Overall, India’s framework remains fragmented. The MHCA 2017 and POSH Act 2013 advance rights-based protections that indirectly support workplace mental health, but without explicit employer duties under the still-pending OSHWC Code 2020, psychosocial risks remain largely unregulated. The absence of a legal boundary on work-life balance further reflects gaps in addressing modern mental health challenges.

4.3 Legal structure and Loopholes in United Kingdom

In the United Kingdom, employers carry a statutory obligation under health and safety law, overseen by the Health and Safety Executive (HSE), to identify and manage workplace stress. Psychological health is treated on equal footing with physical safety, requiring organizations to use structured tools such as the HSE Management Standards to address key stress factors like workload, support, role clarity, and change. Despite this legal duty, compliance remains inconsistent, with smaller employers often lacking capacity for thorough risk assessments.

The Employment Relations (Flexible Working) Act 2023, effective April 6, 2024, extends the right to request flexible working from the first day of employment. While this highlights the importance of flexible arrangements in supporting work-life balance and reducing stress, the right is not absolute, as employers may refuse requests on legitimate business grounds, creating uneven implementation.

The Worker Protection (Amendment of Equality Act 2010) Act 2023, in force from October 26, 2024, further strengthens employer duties to prevent workplace sexual harassment. It requires proactive “reasonable steps” to protect staff, with oversight by the Equality and Human Rights Commission (EHRC) and the possibility of enhanced compensation where failures occur. This reform underlines the direct link between harassment prevention, psychological safety, and employee well-being.

Despite these legal improvements, significant gaps remain. Stress risk assessments are inconsistently implemented, with enforcement uneven and many employers viewing them as procedural formalities rather than continuous obligations. Likewise, the “reasonable steps” requirement for preventing harassment is subject to interpretation, and evidence of proactive compliance is uneven. A key challenge is the limited capability of line managers, who often lack training in mental health, flexible working, and harassment prevention, which undermines the effective application of these protections.

4.4 Regulatory Regime and Shortfalls in Australia

In Australia, the Model Work Health and Safety (WHS) Laws require Persons Conducting a Business or Undertaking (PCBUs) to identify, assess, and manage psychosocial hazards such as excessive workload, bullying, harassment, role ambiguity, and poor support alongside physical risks. Approved Codes of Practice provide guidance on risk

management, including worker consultation, monitoring, and ongoing review, establishing psychological well-being as a statutory responsibility equivalent to physical safety.

The Right to Disconnect, set to apply from August 26, 2024 for non-small employers and from August 26, 2025 for small employers, marks a key development in protecting workers' mental health and work-life balance in Australia. This legal entitlement allows employees to refrain from engaging with work-related communications such as emails, calls, or messages outside their regular working hours, except in exceptional circumstances. To ensure enforceability, the Fair Work Commission has been given authority to handle disputes arising from its application. By limiting the expectation of constant availability, the reform directly tackles stress, fatigue, and burnout, fostering a healthier workplace culture where personal time is respected and sustainable productivity is prioritized.

Even with these measures, challenges persist. Awareness and compliance with psychosocial risk management vary across sectors and organizations, and balancing operational demands with employee well-being can result in inconsistent implementation. As the Right to Disconnect becomes better known, the number of disputes is expected to rise, highlighting the need for cultural and practical adjustments to fully realize these protections.

4.5 Differences and Similarities across the Countries

4.5.1 Preventive Duty on Psychosocial Risks

The regulation of psychosocial risks at work differs significantly across countries, reflecting varying levels of legal development. In Bangladesh, there is no statutory requirement for employers to identify, assess, or manage risks such as stress, burnout, bullying, or harassment, leaving workplace mental health outside the scope of labor protections. India has taken some steps through the Occupational Safety, Health and Working Conditions (OSH) Code 2020, which has the potential to cover psychosocial risks, but as its nationwide implementation remains pending, employer obligations are still fragmented and inconsistently applied. In contrast, the United Kingdom places a clear legal duty on employers under Health and Safety Executive (HSE) regulations to conduct stress risk assessments, requiring organizations to systematically address psychosocial hazards like workload, role clarity, and workplace culture. Australia provides one of the strongest models,

with its Model Work Health and Safety (WHS) Laws and supporting Codes of Practice explicitly mandating that Persons Conducting a Business or Undertaking (PCBUs) identify, prevent, and control psychosocial risks, thereby ensuring that psychological health is given the same statutory priority as physical safety.

4.5.2 Anti-Harassment Measures

Approaches to harassment prevention and psychological safety differ across jurisdictions. In Bangladesh, protections remain limited, with few enforceable obligations on employers to prevent harassment or safeguard mental well-being. India's POSH Act, 2013, by contrast, imposes robust duties on employers, including the establishment of Internal Committees, adoption of preventive policies, mandatory training, and accessible redressal mechanisms, thereby linking harassment prevention directly to workplace mental health. The United Kingdom's Worker Protection (Amendment of Equality Act 2010) 2023 introduces a proactive duty on employers to take "reasonable steps" to prevent sexual harassment, supported by EHRC oversight and compensation remedies. Meanwhile, Australia embeds anti-harassment responsibilities within its WHS framework and anti-discrimination laws, requiring employers to ensure psychologically safe workplaces through systemic risk management and legal accountability.

4.5.3 Flexible Work and Boundary Rights

Approaches to work-life balance and boundary rights vary considerably across jurisdictions, reflecting differing stages of legal development and workplace norms. In Bangladesh, there is still no statutory recognition of employees' right to disconnect; leaving after-hours demands largely unregulated and exposing workers to risks of overwork. India has seen extensive debate on the issue, particularly during 2024–2025, yet no binding law has emerged despite the growing urgency of managing digital-age pressures. The United Kingdom has moved further by enacting the Employment Relations (Flexible Working) Act 2023, which provides employees with a day-one right to request flexible working arrangements, promoting healthier work-life integration and supporting mental well-being. Australia represents the most advanced framework, with its Right to disconnect law taking effect in August 2024 for non-small employers and in August 2025 for small employers. The law entitles employees to disengage from work-

related communications beyond contracted hours, and empowers the Fair Work Commission to resolve disputes, making boundary rights both practical and enforceable. Collectively, these developments illustrate a global trend toward recognizing boundary rights as integral to occupational safety and mental health, albeit with significant variation in pace and scope across countries.

4.5.4 Accommodation and Return-to-Work (RTW) Supports

Strategies for accommodating employees with mental health conditions and supporting their return to work (RTW) differ across jurisdictions. In Bangladesh, no specific statutory provisions exist to provide accommodations or structured RTW support, leaving workplace mental health largely unaddressed. In India, the Mental Healthcare Act 2017 informs workplace practices indirectly by promoting non-discrimination, equality, and access to care, though it does not impose explicit obligations on employers. In the United Kingdom, the Equality Act 2010 requires employers to implement reasonable adjustments for employees with mental health conditions, fostering supportive and inclusive RTW processes. Australia addresses this issue more comprehensively, integrating mental health into occupational safety through WHS laws and workers' compensation schemes, and providing structured accommodation and RTW programs that embed psychological recovery as a central component of workplace health management.

4.6 Case Studies related to Workplace Mental Health and Psychosocial Risk Regulation across the Countries

Case Study 1: Bangladesh

Ready-Made Garments (RMG) Sector and Mental Health Gaps

Bangladesh's RMG sector, employing over 4 million workers, has historically been scrutinized for occupational safety following incidents such as the *Rana Plaza collapse (2013)*. While subsequent reforms strengthened structural and fire safety regulations, psychosocial risks such as long working hours, verbal abuse, and job insecurity remain largely unregulated. The absence of a statutory framework for psychosocial hazards under the Bangladesh Labour Act, 2006 highlights a regulatory gap. Comparative analysis shows that although the *Bangladesh Mental Health Act 2018* provides a rights framework, it is not embedded within labour legislation, leaving workplace mental health protection weak and fragmented.

Case Study 2: India

Judicial Recognition of Workplace Stress

India's courts have increasingly acknowledged workplace stress as a legal concern. In *K.P. Joseph v. Union of India* (1973) and later cases, the judiciary recognized the state's duty to ensure human working conditions under Article 21 of the Constitution. More recently, under the *Mental Healthcare Act 2017*, employees are entitled to protection against discrimination based on mental health status. However, the fragmented commencement of the OSH Code 2020, limits enforceability of psychosocial risk duties. This partial recognition demonstrates a transitional phase, where courts and policy initiatives recognize psychosocial harms but lack a unified statutory backbone.

Case Study 3: United Kingdom

HSE Stress Risk Assessment Framework

The UK provides one of the most developed examples of psychosocial risk regulation. Under the *Health and Safety at Work Act 1974* and subsequent regulations, employers are under a statutory duty to assess and control risks, which includes stress, bullying, and harassment. The Health and Safety Executive (HSE) has issued a *Management Standards Framework* that requires employers to conduct stress risk assessments and implement preventative measures. Cases such as *Walker v. Northumberland County Council* (1995) established employer liability for psychiatric injury caused by work-related stress, setting strong jurisprudential precedent.

Case Study 4: Australia

Psychosocial Hazards under WHS Laws Australia has recently become a global leader in integrating psychosocial hazards into workplace health and safety law. Under the *Model Work Health and Safety (WHS) Laws* and the *Code of Practice on Managing Psychosocial Hazards at Work* (2022), Persons Conducting a Business or Undertaking (PCBUs) are required to identify, assess, and control psychosocial risks such as high job demands, poor support, and workplace violence. Courts in Australia have reinforced that psychological safety is on equal statutory footing with physical safety, creating enforceable obligations with penalties for non-compliance.

These comparative case studies demonstrate how jurisdictions vary from one state to another. Bangladesh hardly has any regulatory

provisions, India has particular provisions but very few, India and Australia have structured statutory duties. They provide a spectrum that highlights the gaps and potential reforms needed for Bangladesh to align with WHO and ILO global standards.

5. Findings

5.1 International Guidance as OSH Core

Global standards, particularly those set by the ILO and WHO, increasingly affirm that managing psychosocial risks is a fundamental part of occupational safety and health (OSH), not an optional add-on. Hazards such as stress, burnout, bullying, and harassment are now widely acknowledged as threats capable of causing both psychological and physical harm. International guidance highlights that employers' responsibilities go beyond conventional safety measures like machine guarding or fire protection, extending to the proactive identification, assessment, and control of psychosocial hazards. This reflects a growing recognition that mental health is inseparable from worker well-being and organizational performance, and that unhealthy workplace cultures, excessive workloads, or unchecked harassment can be just as damaging as physical accidents. By integrating psychosocial risks into OSH obligations, international standards elevate mental health protection to the same level of importance as physical safety, calling on national systems to adopt enforceable laws, monitoring tools, and preventive strategies to ensure that psychological well-being is systematically safeguarded.

5.2 Bangladesh and India: Gaps and Fragmentation

In Bangladesh, the legal framework does not impose explicit statutory duties on employers to address psychosocial risks, leaving stress assessments, accommodations, and risk management for issues such as bullying and workload outside enforceable obligations, despite general labor protections. India presents a comparatively more advanced yet fragmented approach: while the Occupational Safety, Health and Working Conditions (OSH) Code 2020 contains provisions that could establish a foundation for psychosocial protection, its commencement and nationwide implementation remain pending, leaving employer responsibilities dispersed across sectoral laws and the Mental Healthcare Act, resulting in inconsistent enforcement.

5.3 UK and Australia: Operationalizing Prevention

In the United Kingdom, the Health and Safety Executive (HSE) places a statutory duty on employers to carry out stress risk assessments, requiring them to address issues such as workload, role clarity, and organizational culture, thereby embedding psychosocial risk management into law rather than leaving it as optional practice. This framework is further strengthened by the Employment Relations Act 2023, which grants employees day-one rights to request flexible working, alongside growing discussions on a Right to Disconnect that highlight the importance of setting boundaries in modern workplaces. Australia takes a similarly robust approach, with the Model Work Health and Safety (WHS) Laws mandating the control of psychosocial hazards, supported by a detailed Code of Practice, and complemented by the introduction of a statutory Right to Disconnect (phased in from 2024-2025), which legally empowers employees to disengage from work communications outside office hours. Together, these regulatory developments demonstrate how both countries have embedded prevention and boundary-setting as binding, enforceable obligations.

5.4 Harassment Prevention as Cultural Protection

Anti-harassment legislation strengthens occupational safety and health (OSH) frameworks by directly addressing harmful workplace cultures. In India, the POSH Act 2013 places clear obligations on employers to establish internal complaints committees, conduct training, and raise awareness, thereby ensuring protection of employees' psychological well-being. In the United Kingdom, the Worker Protection (Amendment of Equality Act) 2023 imposes a proactive duty on employers to take "reasonable steps" to prevent sexual harassment, with the Equality and Human Rights Commission (EHRC) overseeing compliance. These developments show that harassment prevention is not limited to equality law but forms an integral part of safeguarding mental health within workplace safety regimes.

5.5 Persistent Implementation Gaps

Although significant legal strides have been made, practical enforcement continues to face obstacles across jurisdictions. Many line managers and HR personnel lack sufficient training to effectively address psychosocial risks, and employers often treat risk assessments or anti-harassment measures as box-ticking exercises rather than continuous responsibilities. Regulatory bodies struggle with limited resources, while entrenched workplace cultures further hinder

meaningful application. As a result, the core purpose of these laws ensuring genuine protection of mental health remains only partially fulfilled, with a clear disconnect between legal provisions and everyday workplace realities.

6. Suggestions

The regulatory framework in Bangladesh regarding workplace mental health remains underdeveloped compared to jurisdictions such as the UK, Australia, and India. To bridge this gap, Bangladesh can learn from the strengths of these countries and integrate best practices into its own labour governance system.

First, like the UK and Australia, where psychosocial risk assessments are a statutory requirement, Bangladesh should amend the Labour Act to explicitly mandate employers to conduct psychosocial risk assessments and implement preventive control measures. This would move beyond the current emphasis on physical hazards and align workplace safety standards with the holistic concept of “health” as recognized by the International Labour Organization (ILO) and the World Health Organization (WHO). Labour inspectors should be trained to audit these assessments during inspections, ensuring accountability and consistency in implementation.

Second, drawing on India’s evolving legal framework under the Occupational Safety, Health and Working Conditions (OSH) Code, Bangladesh should introduce a standalone Code of Practice on Workplace Mental Health. This code could provide practical guidance on managing stress, harassment, bullying, and fatigue, similar to how Australia issues model Codes of Practice under its work health and safety laws. Such a code would also ensure uniformity across industries and give employers actionable steps rather than leaving the matter to discretionary goodwill.

Third, the Mental Healthcare Act of India (MHCA) offers a valuable precedent for integrating workplace mental health obligations with broader public health policy. Bangladesh could adopt similar provisions requiring employers to provide reasonable accommodations for employees with mental health conditions, including flexible hours, workload adjustments, or phased return-to-work (RTW) arrangements. This would ensure that individuals are not marginalized in the workplace due to mental health challenges.

Fourth, following the growing momentum in India around the Right to Disconnect and the UK's recognition of work-life balance as part of employer responsibilities, Bangladesh should consider enacting a policy framework that allows employees to disengage from work communications outside of designated working hours. In high-pressure sectors such as the ready-made garment (RMG) industry, transport, and healthcare, such provisions could mitigate burnout and fatigue while improving productivity and job satisfaction.

Fifth, to address workplace harassment and bullying, Bangladesh can borrow lessons from the POSH Act in India and the UK's emphasis on employer duties to take "reasonable steps" to prevent harassment. Labour law reform should require the constitution of internal complaints committees in medium and large organizations, alongside mandatory awareness training for employees and managers. Regular compliance audits, similar to those mandated under POSH, would help ensure that anti-harassment frameworks are not merely symbolic but actively enforced.

Sixth, organizational practices in the UK and Australia highlight the importance of integrating mental health into corporate governance and procurement policies. Bangladesh could adopt a similar model by requiring large employers, particularly those in export-oriented industries, to demonstrate compliance with workplace mental health standards as part of their eligibility for government incentives, trade licenses, or participation in procurement bids. This would embed mental health safeguards into the economic structure of industry regulation.

Finally, Bangladesh should pilot Employee Assistance Programs (EAPs), confidential tele-counselling services, and peer-support networks, following practices already institutionalized in many Australian and UK workplaces. These interventions would provide accessible, stigma-free support mechanisms, particularly valuable in industries where mental health remains a sensitive subject. To track progress, the government could establish national indicators for psychosocial risk management, modeled on WHO guidance, enabling data-driven benchmarking across industries.

In sum, by learning from India's legislative innovations, the UK's enforceable governance models, and Australia's practical Codes of Practice, Bangladesh can progressively build a comprehensive and enforceable legal framework for workplace mental health. Such a

framework would not only close existing regulatory gaps but also elevate mental health to the same priority level as physical safety, promoting a culture of prevention, resilience, and dignity at work.

7. Conclusion

This study set out to examine how workplace mental health is protected or left vulnerable within Bangladesh's legal framework, using India, the United Kingdom, and Australia as comparative reference points. The analysis shows a persistent gap between Bangladesh's predominantly physical-safety-oriented regime and the more holistic approaches elsewhere that expressly recognize psychosocial hazards as part of occupational health and safety. While awareness of mental health is growing across Bangladeshi workplaces, the absence of clear statutory duties, detailed guidance, and robust enforcement mechanisms continues to limit meaningful progress.

Comparative insights are instructive. The UK's twin pillars—the Health and Safety at Work Act 1974 and the Equality Act 2010, operationalize a duty of care that explicitly extends to psychological well-being and is reinforced by guidance, risk assessment duties, and anti-discrimination protections. Australia's model work health and safety laws go further by naming "psychosocial hazards," requiring systematic risk management, and supporting duty-holders with practical Codes of Practice. India, though still consolidating reforms, has made important strides through the Occupational Safety, Health and Working Conditions Code and the Mental Healthcare Act, complemented by targeted sectoral obligations (e.g., POSH) and an emerging policy discourse on work–life boundaries. Together, these systems demonstrate that legal clarity, practical guidance, and enforceable duties can shift employer behavior from ad hoc responsiveness to proactive prevention.

For Bangladesh, the principal finding is that incremental adjustments will not suffice; the core legal architecture must be recalibrated to recognize mental health as integral to occupational safety. This begins with amending the Labour Act and attendant rules to mandate psychosocial risk assessments, control measures, and record-keeping obligations, supported by inspectorate training and standardized audit tools. A dedicated Code of Practice on workplace stress, bullying, harassment, and fatigue modeled on Australian and UK practice would translate legal duties into actionable steps scaled for different industries, especially high-risk sectors such as RMG, transport, and

healthcare. Parallel reforms should embed reasonable accommodations, structured return-to-work pathways, and confidential support services (e.g., EAPs and tele-counselling) into organizational practice, informed by India's MHCA experience and the UK's disability accommodation jurisprudence.

The study also highlights that governance levers beyond primary legislation matter. Embedding psychosocial risk management into procurement rules, licensing regimes, and export compliance will align employer incentives with national priorities and international buyer expectations. Incorporating mental health indicators into labour inspections, social compliance audits, and sectoral reporting will make progress measurable and comparable. These steps align Bangladesh with international standards, including ILO Convention No. 155 and the WHO Mental Health Action Plan, and support a data-driven policy cycle capable of course-correcting as evidence evolves.

Implementation will hinge on capability and culture. Inspectorates require resources, tools, and training to evaluate psychosocial controls with the same rigor applied to physical hazards. Employers particularly SMEs will need clear templates, checklists, and sector-specific exemplars to operationalize compliance at reasonable cost. Worker voice is critical: internal committees, grievance mechanisms, and social dialogue must be empowered to surface risks early and resolve them without retaliation. Sustained awareness campaigns, manager training, and leadership accountability can normalize help-seeking and reduce stigma, turning legal compliance into everyday practice.

There are, inevitably, limits. Bangladesh's diverse industrial base, informality in segments of the economy, and varying organizational capacities will complicate uniform application. The comparative models reviewed are embedded in distinct socio-legal contexts and cannot be imported wholesale. The recommendations therefore emphasize functional equivalence: clear duties, practical guidance, enforceable oversight, and supportive services rather than verbatim transplantation. Future research should test implementation models in specific sectors (e.g., RMG, healthcare), evaluate cost-benefit profiles of psychosocial interventions, and study the interaction between mental health policies and productivity, retention, and export competitiveness.

Notwithstanding these constraints, the direction of travel is clear. When mental health is treated as a core element of occupational safety, organizations become safer, fairer, and more productive. By drawing

on the proven strengths of the UK and Australia and the pragmatic advances underway in India, Bangladesh can move from aspirational statements to enforceable standards and practical supports. Doing so will align the country with international obligations, meet rising expectations in global value chains, and most importantly affirm the dignity and well-being of its workers.

In sum, embedding a rights-based, prevention-oriented approach to mental health within Bangladesh's labour framework is both necessary and achievable. With targeted legal reform, robust guidance, credible enforcement, and employer support systems, mental well-being can be elevated to parity with physical safety. The result is a modernized regime that fosters psychological resilience, strengthens labour rights, and underwrites sustainable economic growth in the contemporary workplace.

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