

## Development Of Employee Well-Being Through Positive Work Relationships: Exploring The Effect Of Leader-Member Exchange On Mental Health

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### ABSTRACT

*In today's workplace, the level of stress on diverse positions is increasing, negatively impacting employees' mental health. Developing countries, such as India, confront enormous hurdles in coping with the world's second biggest population's mental health issues. A job is a significant aspect in a person's quality of life and psychological wellbeing. With one of the world's largest workforce populations, it is vital for India to prioritize employee mental health. A study was undertaken in an Indian telecommunications business to determine the quality of leader-member exchange as viewed by followers and its impact on employees' mental health. This study's findings imply that socio-demographic parameters such as age, gender, educational qualifications, and personal economic status have little effect on the quality of leader-member exchange and employees' mental health. It was discovered that the employees' years of experience and mental health vary significantly. As hypothesized, there was a favorable association between the level of leader-member interaction and the respondents' mental health. Suggestions for further research, as well as the ramifications of the findings, are explored and presented.*

**Key Words:** *Mental Health at workplace, Leader-Member Exchange, Productivity, Employee well being.*

### INTRODUCTION

Multinational corporations are required to think ahead of the competition and get the best performance possible from their employees to meet the growing demands of emerging businesses in a marketplace that is competitive. The accomplishment of a business rest on the degree to which its employees are engaged along every stage of the value chain as it introduces new goods and services to customers. In today's cutthroat business environment, leaders are required place high demand<sup>1</sup>s on employees to guarantee they will produce high-quality results on time. Human capital is an essential component of company resources. Unlike during the early industrialization period, a higher focus has been placed on employee productivity and well-being in recent decades. The success of every business depends on the leadership of its executives. The success of any team depends on several factors, one of the most important of which is the quality of the interpersonal connections between team members at all levels among

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the hierarchy. An effective supervisor-subordinate relationship is a key factor in creating a high-performing workplace. A wide range of organizational studies have proven that leadership makes a favorable influence in the functioning of both the business and its employees.

Aside from the interpersonal relationships of people at work, the frequent changes in companies, both from technology and matrix organizational structure, place persistent strain on the employees' mental health. High-performing global corporations continually invest in people to keep their staff motivated. Employee engagement is influenced by a variety of elements, including teamwork, organizational strategy, organizational culture, leadership, job satisfaction, employees' relationships with managers and peers, and so on. While each of these elements can have a favorable or bad influence on employees' mental health at work, interpersonal relationships with managers and peers play a critical role in employees' mental health. According to studies, the demand on employees to perform and offer their best has an influence on their physical and mental health, as well as other aspects such as stress, depression, anxiety, behavior control, and positive affect. Organizations that overlook the influence of mental health on their employees lose financially as a result of lower employee productivity. As firms' corporate social obligations rise, it is critical that employees' mental health be effectively cared for at work. The purpose of this study is to determine the perceived followers' reported quality of leader-member exchange and its impact on employee mental health.

#### **LEADER-MEMBER EXCHANGE (LMX)**

A study conducted in China discovered the moderating effect of leader-member interaction including the beneficial value of authentic leadership on staff engagement in the hotel industry (Du, J. et al, 2022), while Lee, J (2005) found that there are favorable correlations amid transformational leadership, LMX and commitment to the organization, with the quality of leader-member interaction serving as a mediator between these two concepts.

Employees' innovative service behavior takes a positive relationship to LMX via how they engage in their jobs. The results also showed that the link amid LMX and innovative service behavior among employees remained increasing due to job autonomy as a moderator (Garg, S., & Dhar, R., 2017). When leaders demonstrated transformational leadership activities, like inspiring motivation and intellectual stimulation, the positive effects of LMX were larger than when leaders exhibited transactional leadership behaviors (Erdogan, B. et al. 2006).

Work engagement moderated the association among LMX quality and social leader member exchange, but not the relationship between economic leader member exchanges and welfare, as predicted. The findings demonstrate the way in which leader member exchange quality affects followers' well-being, which fluctuates daily and is impacted by leaders' actions (Martin, R., Ono, M. et al., 2023).

Employees' intention to quit the organization is vastly associated with perceived organizational support, which facilitates the relationship amid LMX and intention to leave. Furthermore, employee presenteeism is affected by perceived LMX (Huang, I. C., et al., 2021). Research on leader-member interchange reveals that subordinates have used impressing and other upward influence activities to improve their relationships with leaders (Wayne & Green 1993).

Supervisors' expectations of subordinates' future performance are proven to be more essential in influencing the quality of LMX than subordinates' actual performance (Liden, Wayne, & Stillwell, 1993). Despite working in a formal organizational setting, leaders and their

subordinates can build personal relationships outside of work (Graen and Cashman, 1975). Studies have demonstrated that workplace features may produce interactions that trigger emotions in employees, that may affect job attitudes and performance. Therefore, a good work environment requires good interpersonal relationships, (Brief & Weiss, 2002). Perceived supervisor support is associated with positive emotions and negatively with negative emotions (Michael S. Cole et al. 2006), which drives either a positive or negative attitude at work. Higher job contentment, performance, empowerment, and creativity result from better leader-member interchange (Gerstner and Day, 1997).

The quality of LMX reflects social and psychological need at work. There is a larger propensity to display signs of affection; worries for voice, support personal difficulties, and socializing outside of the workplace are observed in good LMX (Liden and Maslyn 1998; Liden et al., 1997). According to Hasib, F. F. et al., (2020), transformational leadership has a bigger influence on employee performance when leader-member interchange is high.

### **MENTAL HEALTH**

Employees have stronger psychological empowerment, more employee engagement, and lower psychological disengagement when their quality of relationship with leaders is higher, based on a study done in the pharmaceutical and information technology industries in India, (Aggarwal, A. et al., 2020). According to the World Health Organization (WHO), "mental health comprises subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependency, and self-actualization of one's intellectual and emotional capacity, among other things" (The World Health Report, 2001). Mental health is defined as "a state of well-being that occurs when each individual fulfils his or her own abilities and is able to cope with the stresses of life, can work efficiently and effectively, and can contribute to his community" (Cattan, M., & Tilford, S. 2006 and WHO, 2014).

Bill Wilkerson's (2013) a Great West Life survey conducted in US-Canadian workplaces revealed that 18-25% of the population experiences depression each year. Employee well-being at work does not always imply job satisfaction; it also involves mental well-being, health, safety, and job satisfaction. "Managerial practices are frequently aimed at improving performance by increasing employees' well-being; however, it creates tradeoffs in the different aspects of well-being; while one aspect of well-being is well taken care of, the other aspect decreases," (Adam M. Grant et al., 2007).

WHO (April 2014), "Mental health is a state of well-being in which an individual recognizes his or her own abilities, can cope with the normal stresses of life, can work productively, and can contribute to his or her community." According to several studies, the bulk of a working person's time in a day is spent at work or on job-related activities. Poor interpersonal interactions, poor leadership and communication, a lack of job recognition, and poor working circumstances are some of the primary variables that contribute to workplace mental health disorders, according to WHO (2005). These characteristics are part of the present worldwide corporate mental health challenges. Because mental health is linked to physical health (Jersey Liang et al., 1992), companies work hard to enhance the working environment by launching different employee wellbeing programs. Employees' optimism or pessimism about the support they'll receive from their managers, as well as their resilience or pessimism in times of organizational crisis, are directly related to these factors (Michael S. Cole et al., 2006).

Based on the synthesis of data from five hundred studies, there is a direct correlation between an individual's degree of job satisfaction and psychological and physiological well-being. Specifically, it is linked to issues with the psychological well-being of employees, such as stress, anxiety, despair, and feelings of worthlessness and worthiness (E. B. Faragher et al., 2005). Cognitive and emotional outcomes at work appear to be more strongly correlated with decreased productivity due to mental-health declines than to productivity declines due to physical-health declines (Grawitch, M.J, 2017).

T. Foy, et al., (2019) suggest an organizational strategy whereby business leaders could facilitate workplace change through the creation and implementation of social support and work-life strategies, as well as potential avenues for lowering stress in the workplace, boosting employee well-being, and boosting productivity and therefore leaders unintentionally influence employee welfare (Adam M. Grant et al. 2007). Psychological well-being, which affects employee turnover and performance, is one of the three basic components of organizational welfare (Kathryn M. Page Dianne A. Vella-Brodrick, 2009). 30% of Canadians believe mentally ill people are able to maintain themselves but lack the will (Canadian Manager, 1995). Mental disease, unlike physical sickness, is misunderstood and stigmatized, especially with respect to the origin and treatment of hopelessness (Joseph Kline, Jr. and Lyle Sussman, 2000).

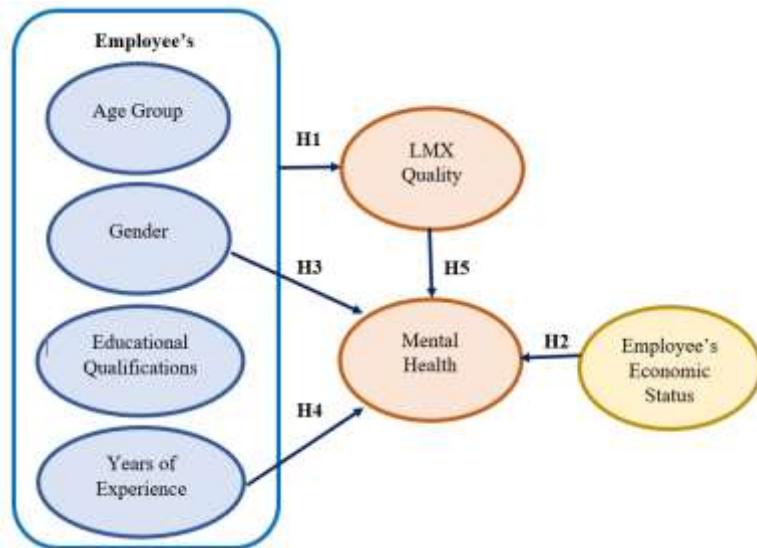
### **IMPORTANCE OF THE STUDY**

Though corporations started paying attention to the well-being of employees at work, much more must be done on mental health. Workplace stress is induced by business competitiveness, technological development, diverse workforce, organizational restructuring, employee empowerment, teamwork, and work-life balance (Richard S. DeFrank and John M. Ivancevich, 1998). Mental health is a social issue because depression is the seventh leading cause of death in adults (Stuart, 1992) and businesses lose \$11.7 billion due to depression-related absenteeism (Greenberg, Finkelstein & Berndt 1995). Thus, occupational mental health is vital. This research studies the link between employee mental health and perceptions of leader-member interaction among followers. Future academics and organizations may apply the study's findings to improve workplace mental health and leader-member exchange.

### **OBJECTIVES**

The purpose of this research is to observe the relationship between the employee's perceived quality of LMX and the mental health. Employees' demographics, the quality of LMX, and mental health were investigated via a descriptive research approach.

### **HYPOTHESES**



**Figure 1 Hypothesized model**

H1. There are significant association between employees' age group, gender, educational qualifications, years of experience and the quality of LMX as perceived by the employees.

H2. The level of personal economic status of respondents will have significant differences with the overall mental health

H3. There are significant differences between gender and the mental health of the respondents

H4. Significant differences exist between the employees' years of experience and the mental health of the employees.

H5. Higher quality LMX as perceived by employees will have significant positive correlations with the overall mental health of the employees

### **UNIVERSE & SAMPLE**

The study was done in a telecommunication company in India, with 104 employees invited to participate.

### **RESEARCH DESIGN**

Random sampling method was used by the researcher. The respondents were randomly selected and out of 104 employees, 67% of the employees responded to the survey, which led to the total number of respondents to 70. The preceding hypotheses were examined using statistical methods that involve the chi-square test, t-test, correlations test, and ANOVA.

### **DATA COLLECTION TOOLS**

The employees' perception of LMX and mental health were measured using the Leader-Member Exchange (LMX-7) and the Mental Health Inventory (MHI-18). The socio-demographic queries were included in the survey. The website surveymonkey.com was used to administer the survey and compile the data.

### **LEADER-MEMBER EXCHANGE (LMX-7)**

Leader-member exchange approach was called as Vertical Dyad Linkage (VDL) theory (Dansereau et al., 1973), but later retitled as Leader-member exchange theory (Graen, et al.,

1982). LMX measures have evolved since 1975 in different forms with 2,4,5,7,10,12-item instruments. Since 1984, the 7-item instrument (Scandura & Graen, 1984) has been the most often used measure. This scale consists of a five-point multiple-choice response design. Scandura and Graen's (1984) LMX-7 was utilised to assess subordinates' insights of LMX quality. Using the Cronbach's alpha test, the reliability of the LMX-7 scale in this study is 0.847.

#### **MENTAL HEALTH INVENTORY (MHI-18)**

During the Rand National Health Insurance investigation, the Mental Health Inventory was established as the primary mental health scale to measure the general population (Veit and Ware, 1983). The MHI-18 instrument is the condensed form of the original Mental Health Inventor 38-item scale. Reliability for the MHI-18 with Chronbach's alpha and spilt half method was 0.93 (Fatem et al., 2011). The MHI-18 instrument has four subscales that include Anxiety, Depression, Behavior Control and Positive Affect. The scores and subscales vary from 0-100. The higher the scores, the higher the mental health is. Reliability of the MHI-18 with cronbach's alpha and split half method was 0.775.

#### **LIMITATIONS**

This study was done in one telecom company; hence the results may not reflect the whole Indian telecom sector. This study collected data utilizing the online survey tool. Weblink was used to collect the data and protect respondents' anonymity during data gathering. This delayed data collection since the researcher could not follow up with non-responders.

#### **RESULTS AND DISCUSSIONS**

The observations of the work are recorded on a sequence of tables. Table 1 shows the distribution based on gender, age group and marital status of the respondents. Table 2 shows the distribution of educational qualification and years of experience of the respondents. Table 3 displays the distribution of respondents by their level of quality of leader-member exchange as perceived by the followers. Table 4 displays the distribution of respondents by their level of mental health.

#### **TABLE 1 GENDER, AGE GROUP, AND MARITAL STATUS OF THE RESPONDENTS**

Sl. No	Variables	Frequency	Percent
<b>1. Gender</b>			
	Male	57	81.4
	Female	13	18.6
	Total	70	100.0
<b>2. Age group</b>			
	below 25 years	6	8.6
	26 - 34 years	44	62.9
	35 - 49 years	17	24.3
	50 - 64 years	3	4.3
	Total	70	100.0
<b>3. Marital status</b>			
	Single	21	30.0
	Married	49	70.0
	Total	70	100.0

**TABLE 2 DISTRIBUTION OF EDUCATIONAL QUALIFICATION AND YEARS OF EXPERIENCE OF THE RESPONDENTS**

Sl. No	Variables	Frequency	Percent
<b>1. Educational Qualification</b>			
	Diploma	5	7.1
	Graduation	30	42.9
	Post graduation	35	50.0
	Total	70	100.0
<b>2. Years of experience</b>			
	Less than 3 years	3	4.3
	4 to 6 years	16	22.9
	7 to 10 years	25	35.7
	11 to 15 years	14	20.0
	More than 15 years	12	17.1
	Total	70	100.0

**TABLE 3 DISTRIBUTION OF RESPONDENTS BY THEIR LEVEL OF QUALITY OF LMX**

Sl. No.	Level of quality of LMX	Frequency	Percent
1	VERY HIGH	21	30
2	HIGH	28	40
3	MODERATE	16	22.9
4	LOW	4	5.7
5	VERY LOW	1	1.4
	Total	70	100

Less than half (40%) of responders had good LMX, while less than 30% of respondents had very high LMX. More than one fifth (22.9%) of respondents had moderate LMX.

**TABLE 4 DISTRIBUTION OF RESPONDENTS BY THEIR LEVEL OF MENTAL HEALTH**

Sl. No	Level of Mental Health	Frequency	Percentage
1	VERY HIGH	8	11.4
2	HIGH	18	25.7
3	MODERATE	23	32.9
4	LOW	18	25.7
5	VERY LOW	3	4.3
	Total	70	100

From Table 4 a mere third (32.9%) among the respondents had mental health that is moderate. A little over one-fourth (25.7%) among the respondent's report having high levels of mental health, while the same percentage report having low levels.

**TABLE 5 DISTRIBUTION OF RESPONDENTS BY RELATION BETWEEN THE LEVELS OF QUALITY OF LMX AND AGE GROUP, GENDER, EXPERIENCE AND EDUCATIONAL QUALIFICATION**

Sl. No	Variables	Levels of quality of leader-member exchange					Statistical inference
		Very High (n=21)	High (n=28)	Moderate (n=16)	Low (n=4)	Very Low (n=1)	
1.	<b>Age group</b>						$\chi^2 = 8.896$ df = 12 P > 0.05
	a) below 25 years	0	4	1	1	0	
	b) 26 - 34 years	16	15	11	1	1	
	c) 35 - 49 years	4	8	3	2	0	
	d) 50 - 64 years	1	1	1	0	0	



2.	<b>Gender</b>						
	a) Male	17	24	12	3	1	$\chi^2 = 1.118$ df = 4 P > 0.05
	b) Female	4	4	4	1	0	
3	<b>Educational Qualification</b>						
	a) Diploma	1	1	2	1	0	$\chi^2 = 5.726$ df = 8 P > 0.05
	b) Graduation	9	11	8	2	0	
	c) Post-Graduation	11	16	6	1	1	
4	<b>Years of Experience</b>						
	a) Less than 3 years	0	2	0	1	0	$\chi^2 = 16.854$ df = 16 P > 0.05
	b) 4 to 6 years	6	6	4	0	0	
	c) 7 to 10 years	7	7	9	1	1	
	d) 11 to 15 years	5	8	0	1	0	
	e) More than 15 years	3	5	3	1	0	

In Table 5 Chi-square tests were used to determine the association between employee perceptions of quality of LMX and age, gender, education, and experience. Since  $p > 0.05$ , age, gender, education, and experience do not affect employee perceptions of LMX. The null hypothesis is accepted.

**TABLE 6 ONE WAY ANALYSIS OF VARIANCE BETWEEN THE LEVEL OF PERSONAL ECONOMIC STATUS AND THE MENTAL HEALTH OF THE RESPONDENTS**

Economic Status	N	Mean	Std. Deviation	Sum of Squares	df	Mean Square	Statistical inference
Between Groups				3.374	2	1.687	F = 1.503
Highly satisfying	9	2.67	1.118				df = 2/67
Moderately satisfying	49	2.78	1.006				.230 > .005
Not satisfying	12	3.33	1.231				Not Significant
Within Groups				75.197	67	1.122	

The difference between mental health and economic status was determined using a one-way analysis of variance which is shown in Table 6. Because the estimated value is lower than the provided value, there are no significant disparities between respondents' economic position and mental health. Hence the null hypothesis is accepted.

**TABLE 7 ONE WAY ANALYSIS OF VARIANCE BETWEEN GENDER AND THE MENTAL HEALTH**

Gender	N	Mean	Std. Deviation	Sum of Squares	df	Mean Square	Statistical inference
Between Groups				0.771	1	0.771	F = .674
Male	57	2.81	1.076				df = 1/68
Female	13	3.08	1.038				.415 > .005
Within Groups				77.8	68	1.144	Not Significant

In Table 7 gender and mental health were compared using one-way analysis of variance. Since the calculated value is lower than the provided value, there are no significant variations in gender and the mental health of the respondents. Hence the null hypothesis is accepted.

**TABLE 8 ONE WAY ANALYSIS OF VARIANCE BETWEEN YEARS OF EXPERIENCE AND THE MENTAL HEALTH**

Experience	N	Mean	Std. Deviation	Sum of Squares	Df	Mean Square	Statistical inference
Between Groups				2637.196	4	659.299	F = 4.024
Less than 3 years	3	53.33	8.819				df = 4/65
4 to 6 years	16	72.36	10.999				.006 < .05
7 to 10 years	25	62.80	14.925				
11 to 15 years	14	76.51	12.979				
More than 15 years	12	68.70	10.193				Significant
Within Groups				10648.606	65	163.825	

One way analysis of variance test between years of experience and the mental health of the respondents shows significant difference at 0.05 level in Table 8. Since the calculated value (4.024) is greater than the provided value, it is concluded that there is a significant variation between mental health and the years of experience of the respondents.

**TABLE 9 TUKEY'S POST HOC TESTS TO FIND THE DIFFERENCE BETWEEN THE GROUPS IN YEARS OF EXPERIENCE**

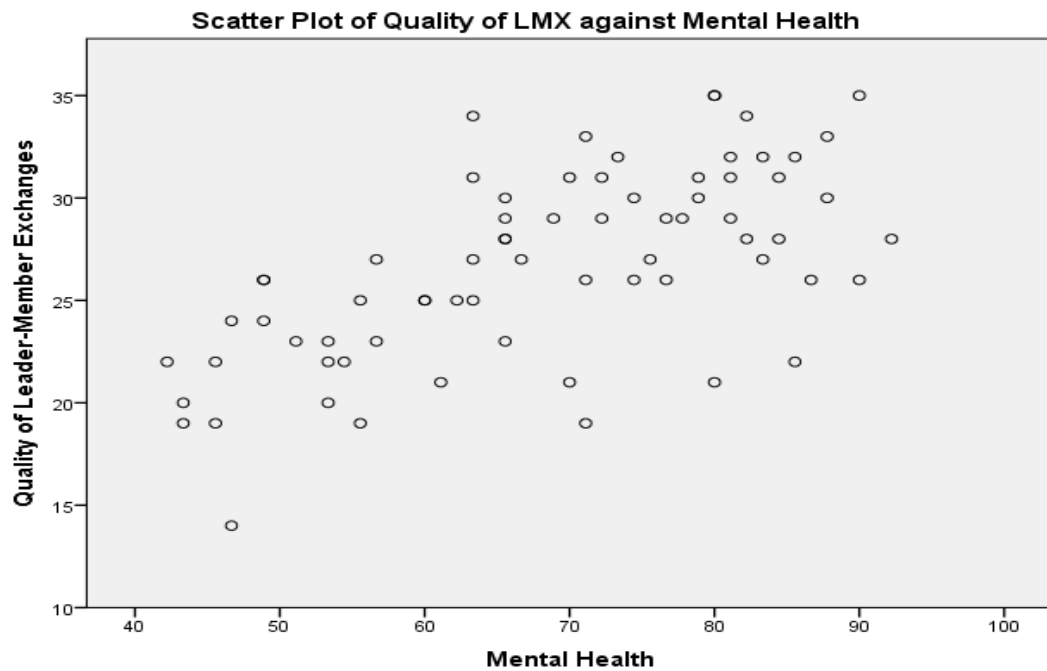
**Dependent Variable: Mental Health, Tukey HSD**

(I) Experience	_(J) Experience	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Less than 3 years	4 to 6 years	-19.028	8.053	.139	-41.62	3.57
	7 to 10 years	-9.467	7.821	.745	-31.41	12.48
	11 to 15 years	-23.175*	8.143	.045	-46.02	-3.33
	More than 15 years	-15.370	8.262	.349	-38.55	7.81
4 to 6 years	Less than 3 years	19.028	8.053	.139	-3.57	41.62
	7 to 10 years	9.561	4.098	.148	-1.94	21.06
	11 to 15 years	-4.147	4.684	.901	-17.29	9.00
	More than 15 years	3.657	4.888	.944	-10.06	17.37
7 to 10 years	Less than 3 years	9.467	7.821	.745	-12.48	31.41
	4 to 6 years	-9.561	4.098	.148	-21.06	1.94
	11 to 15 years	-13.708*	4.273	.017	-25.70	-1.72
	More than 15 years	-5.904	4.495	.684	-18.52	6.71
11 to 15 years	Less than 3 years	23.175*	8.143	.045	.33	46.02
	4 to 6 years	4.147	4.684	.901	-9.00	17.29
	7 to 10 years	13.708*	4.273	.017	1.72	25.70
	More than 15 years	7.804	5.035	.534	-6.32	21.93
More than 15 years	Less than 3 years	15.370	8.262	.349	-7.81	38.55
	4 to 6 years	-3.657	4.888	.944	-17.37	10.06
	7 to 10 years	5.904	4.495	.684	-6.71	18.52
	11 to 15 years	-7.804	5.035	.534	-21.93	6.32

\*. The mean difference is significant at the 0.05 level.

From Table number 7, significant variation is observed between the years of experience and the mental health of the respondents. To further understand which are the groups that specifically differed, the Tukey's post hoc test was applied. From the result above (Table 9), it is found that less than 3 years, 7 to 10 years, and 11 to 15 years are the groups those statistically differed significantly. There was no statistically important variation among 4 to 6 years and more than 15 years groups.

**FIGURE 2 CORRELATIONS BETWEEN THE QUALITY OF LMX AND MENTAL HEALTH**



**TABLE 10 CORRELATIONS BETWEEN THE QUALITY OF LMX AND MENTAL HEALTH**

		Quality of LMX	Mental Health	Statistical inference
Quality of LMX	Pearson Correlation	1	0.640	P>0.05 Not Significant
	Sig. (2-tailed)		0	
	N	70	70	
** Correlation is significant at the 0.01 level (2-tailed)				

A Pearson product-moment correlation coefficient was utilised to analyse the association between LMX quality as reported by employees and employee mental health (Table 10). There was a positive correlation between the quality of LMX as perceived by the followers and the mental health of the respondents (Figure 2). There was no significant difference amid quality of LMX and mental health of the respondents, as  $p > 0.05$ .

### MAJOR FINDINGS

The study included 70 participants, 81% of whom were males, and 19% of whom were female. More than half of the respondents (63%) were between the ages of 26 and 34, with only 4% being over the age of 50. In the remaining 33% of respondents, 24% were between the ages of 35 and 49, and 9% were under the age of 25. 36% of the respondents were having a work experience of 7 to 10 years, followed by 23% respondents having 4 to 6 years of experience. In relation to the age group, 20% of the respondents had 11-15 years of work experience, while 17% had more than 15 years of experience. Only 4% of the respondents were having a work experience of less than 3 years.

While 50% of the respondents were postgraduates, 43% had completed their graduation. 7% of the respondents were diploma holders. 70% of respondents said that their individual economic status was moderately satisfying. While 13% were highly satisfied with their personal economic status, 17% of the respondents were not satisfied with their personal economic status.

### **FINDINGS RELATED TO THE HYPOTHESES**

1. According to the study, there are no significant associations amongst age, gender, educational qualifications, experience, and the perceived quality of LMX by followers.
2. The finding reveals that there are no significant differences between the level of personal economic status and the mental health of the respondents.
3. There are no significant differences among gender and respondents' mental health.
4. Significant difference exists between the respondents' years of experience and the mental health. In particular, less than 3 years, 7-10 years and 11-15 years are the groups that differed significantly.
5. There is a positive correlation between the quality of LMX as perceived by the followers and the overall mental health of the respondents. However, there are no significant differences between the quality of LMX and the mental health of the respondents.

### **SOCIAL WORK INTERVENTION AND SUGGESTIONS**

Mental health of employees is no longer an individual problem, it is becoming a social problem. This study emphasizes the importance of quality associated with LMX and the mental health of the employees. The workplace is still not very conscious about mental health issues. When mental health issues in the workplace are not treated at an early stage, it affects not just the individual, but also the organization's productivity and, eventually, the global economy. The common problems associated with mental health at the workplace include the poor awareness of managers who supervises the affected employees, stigma barriers and discrimination of the affected employees.

Organizations have a wider role to contribute to raising mental health awareness among leaders, employees, and the society in which they operate. It starts from the strong employee friendly organizational culture that should look at employees as human beings instead of physical asset. Human resource functions in organizations can provide necessary trainings to both supervisors and employees to ensure an effective LMX. With the support of various government policies, family members, professional social workers and the employers, mental health at the workplace can be further promoted. It is suggested that organizations can include the agenda of promoting mental health as part of their corporate social responsibilities. In this way, it can protect the interest of the organization in improving the productivity and business competitiveness. Trade unions, as the representative of the employees are responsible for raising the awareness and significance associated with mental health at the workplace.

### **CONCLUSION**

Employee mental health is no longer only an individual concern; it has turned into a society issue. This study emphasizes relevance of the quality associated with LMX in relation to employee mental health. Currently, there is a lack of knowledge about mental health issues at the workplace. When these difficulties, however, go neglected, they have an influence not just on the employee, but also on organizational productivity and, eventually, the global economy. Common challenges linked with mental health in the workplace include leaders' lack of understanding of afflicted employees, stigma, and discrimination.

Organizations have a critical role in improving mental health awareness among leaders, workers, and the surrounding community. It all starts with cultivating a strong, employee-friendly business culture that appreciates people as human beings rather than as assets. Human Resource functions inside firms may give critical training to managers as well as employees to guarantee an effective LMX. Mental health in the workplace may be fostered even further with the help of government programs, family members, professional social workers, and employers. It is proposed that corporations include mental health promotion as part of their corporate social responsibility, therefore protecting the organization's interests in increasing productivity and commercial competitiveness. As employee advocates, trade unions are also responsible for raising awareness and highlighting the importance of mental health in the workplace.

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