

Work and Suicide: Towards Exploring Workplace Morbidities

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Abstract

In recent years, there has been a rise in the number of fatalities that occur in the workplace, which has raised issues over the mental health of employees as well as the accountability of businesses. As suicide rates can be seen as indicating mental health within the society, there is a rising awareness and acknowledgement of the significance of mental health in the workplace. Despite a substantial volume of contemporary organizational literature that attends to employees' well-being and occupational health, scholarly works particularly on suicide behaviours among employees, are abysmally poor. The dearth of scholarly as well as practitioner's attention to this issue is concerning, given that suicide deaths among Indian workers are only on the rise. In order to promote the examination of work and suicide with the goal of ultimately curbing mortality rates, we present a perspective that underscore an interdisciplinary approach, thereby providing insights for comprehending the prevailing trends associated with work and suicide in India. We emphasise power dynamics, politics and social relational elements around suicidal ideation and or behaviour in an organizational context, and highlight strategies for employers to construct a work environment that ensures psychological safety and is conducive to employee well-being. Taken together, we amalgamate various domains particularly through a biopsychosocial lens while tackling a critical mental health crisis that stems, in part, from employees' work and workplace experiences.

Keywords:

Self-harm, workplace suicide, stress, morbidities, biopsychosocial

Background

This work presents reflections and insights on the significant transformations experienced by businesses and organizations in recent decades owing to

technological advancements. It also recognizes the various crises that have impacted our societies, affecting the operational dynamics, sustainability, and viability of these entities. Several unprecedented phenomena, such as the Covid-19 pandemic, industry 4.0 and the emergence of advanced technologies such as the internet of things (IoT), generative artificial intelligence (AI), and machine learning (ML) have conquered business and organisational life in a way that few were prepared for.

The increasing incidents of humanitarian crises and global conflicts, such as those on the lines of devastation in Syria and Ukraine, have exacerbated the unsteady global economic landscape. While within an organizational context, change is seen as the only constant, creating both risks as well as opportunities, what is not clear is business and workplace drivers that escalate to a state of self-harm leading to public health and a humanitarian crises.

While researchers in organizational studies have historically prioritized the well-being and occupational health of employees, there has been comparatively less emphasis on the specific issues such as self-harm and suicidal behaviours within the workforce. Suicide in the workplace is a tragic phenomenon that has been more prevalent in India over the past few years. People of working age make up the majority of those who take their own lives. Despite this, many business entities are clueless on how to support and or assist employees who are at risk of committing suicide or to respond to a suicidal death. The scarcity of research in this area is particularly concerning given that people dedicate a substantial or whole of their waking hours and life building their careers via work and professional environments building their , alongside the alarming increase in suicide rates among Indian workers. While individuals often prioritize their life, health, and well-being, how must employers and organizations prioritize the work, workplace, or occupational health and well-being of their employees? Modern day workplace morbidities, hazards, threats to safety of workers continue to raise the question of what can we learn from these violations and extortions to translate them into prospective positive and sustainable change to initiate.

Despite many progressive organisations being cognizant about the fact that it actually makes good business sense to focus on people and potential preventative measures that can curb occupational hazards, more often than not they adopt a reactive approach to address these issues. Perhaps what is not clear at a ground level for organizations could be how do they have a 'duty of care' to ensure 'all' employees work in a safe and healthy working environment, and not harmed by they conducting their duties. Particularly, with respect to issues like workplace suicide, it becomes extremely pertinent to approach this with at most sensitivity, accuracy, and with a focus on preventing future tragedies. Workplace suicide is a serious issue that affects innumerable individuals, families, organizations and the nation. Perhaps what is not known could also be how do one go about drawing boundaries and define workplace suicide? Is suicide a work issue or workplace issue? Is it that self-cessation occurs directly owing to work itself, or is it risk factors in the workplace, or within the larger context of a person's employment i.e., either on-site, during work hours, or as a direct result of work-related stress or pressures? In recent years, the issue of corporate liability in cases of employee suicide has garnered increased scrutiny. With the rise in suicides and stressed employees, firms are urged to consider their responsibility of care towards their workforce.

This problem is intensified by many legal decisions that set precedents about employer liability for an employee's suicide. The Supreme Court recently dropped a criminal case against a prominent international firm concerning the suspected suicide of one of its employees. The degree to which firms can be held liable for an employee's suicide remains unclear. Prosecuting company officials for complicity in a suicide would represent an improper application of the court system, considering the ambiguous comprehension of suicidal fatalities. Workplace occurrences, such as coercing employees to resign or demoting them, do not demonstrate that the firm compelled employees to the point of suicide. Section 306 of the Indian Penal Code, presently known as the Bharatiya Nyaya Sanhita (2023), specifies that an employer can only be tried for abetting suicide if there is clear provocation that compels workers to resort to self-harm. The Supreme Court's decision to dismiss the complaint against the company executives highlights the requirement for significant evidence indicating an intent to provoke employee suicide, rather than mere claims of

workplace pressure or harassment. To determine an employer's obligation in cases of employee suicide, it is essential to clarify these critical facts, as they may influence organizations in the future. This is essential as it safeguards businesses and employers from wrongful prosecution for a crime due to unclear information, underscoring the necessity for the establishment of pertinent statutes, rules, policies, and regulations.

While suicide is a global phenomenon and is a significant public health issue wherein the World Health Organization (WHO) indicates that 700,000 people die by suicide each year worldwide, suicide rate has increased to 12.4 per 100,000 people compared to global average, the highest rate recorded in India. Specific data on workplace suicide globally is limited (Howard, 2022) as it is often challenging to accurately track suicides directly attributed to work pressure and other work-related factors. With India State-Level Disease Burden Initiative Suicide Collaborators (2018) and National Crime Records Bureau (NCRB, 2022) reporting over 1.71 lakh suicides in India, India seem to set a dubious distinction of having the highest number of suicides in the world. This is particularly concerning when suicide became the largest public health crisis facing people, both young and old in India. While some of these estimates are marred by incomplete reporting and inefficient civil registration systems (Arya et al., 2021; Snowden, 2019), NCRB pegs suicide as having far reaching socio-economic, emotional, and political consequences (NCRB, 2022). Also, some of the important considerations must be noted on the reporting of the incidents and other data limitations. This is so as often suicide statistics are underreported due to social stigma. In addition, more significantly, there is increasing evidence that points to a greater association between detailed media portrayals of suicide and imitative suicidal behaviour. Media reporting's of suicide in India is poorly adherent to international reporting guidelines, keen to sensationalizing with very little focus on its role in suicide prevention efforts and creating awareness or educating the public. Hence, readily linking a suicidal deaths to work and workplace factors can be complex, challenging and misleading.

Understanding Work and Suicide

Numerous firms continue to struggle with maintaining workplace well-being, which is critical for organizational sustainability (McKinsey, 2022). This is despite the fact that there has been significant advancement and growth in employment scenario across a variety of industries. Workplace suicidal and morbid feelings can set off by several workplace components (ILO, 2022; McKinsey, 2022).

Employee morbidities can be of multiple nature such as musculoskeletal vulnerabilities and disorders affecting nerves, tendons, spinal disc among others, respiratory conditions including, asthma, pulmonary disorders, allergens, and poor air quality among others, prior mental health conditions such as anxiety, depression, hyper tension, often interacting and exasperated by workplace factors such as poor ergonomics, crowded office setting, repetitive motions and exertions, workplace isolation, exclusion, bullying, lack of support, high work load can be seen as contributing to the incidents of workplace suicides (McKinsey, 2020). Likewise, workplaces all too often become breeding ground for infections, particularly affecting hygiene and health care activities of workers, sedentary works, eye injuries and disorders, poor diet and food service quality and care, all contributing to cardiovascular issues, infectious diseases, high stress, increasing auto immune concerns. Personal and family issues, alcohol and substance abuse concerns can get to the brink with increased stress and long hours spent at work or can get exasperated by workplace injuries sustained while carrying out duties or falls/trips/equipment related injuries. Some of the research evidence points out that workplace stress is the number one reason for incidents of employee committing suicide. However, it is important to conduct pertinent investigations and research to understand the work and working conditions, across industries and work environments to contain the triggers of such mental states of workers and suicidal tendencies. More importantly, it is pertinent to note that some occupations have been found to have higher suicide rates than others. Workers in service occupations with a higher risk of suicide may include caring and service sector workers such as police, and law enforcement personnel, construction workers, some health care personnel, veterinarians, and so forth (ILO, 2020).

We argue that the workplace stress can be seen as an individual's physical emotional and psychological response to the actual and expected job demands. The person capabilities and resources, are often to be aligned towards both internal need satiation as well as to match the expectations of the external environment propelling adaptation. Job or work related stress can be seen as one of the leading causes of individual's mal adjustment, stress, self-doubt and self-cessation thoughts. Far too often, with lack of direct or specific records and documents on workplace suicide (Office of the Registrar General of India, 2020), there is no way that one can readily correlate and or attribute work-related stress, job insecurity, and long working hours as independently and solely triggering mental health issues and employee suicide in India. However, in the recent past for instance, specifically in 2024, there emerged a significant outcry and extensive criticism, with social media serving as a catalyst for debates and discussions regarding how overwork and its intense pressures have exacerbated the decline of both physical and mental health among highly educated knowledge workers and technology professionals. The detrimental work culture was cited often within the prominent organizations and multinational companies in India. Some of the esteemed consulting firms known for their works, reports and publications on workplace mental health also have tragically lost their young professionals to suicide, with attributions pointing to excessive workload, toxic work culture and burnout. In such instances, firms do convey their sympathies and highlight their dedication to fostering a healthy workplace; however, they frequently refute the assertion that work-related stress directly contributes to instances of suicidal deaths. Hence, the effects of work on suicide are complex. While, work can be protective shield against suicide and several other human vulnerabilities, as a source of personal satisfaction and meaning, interpersonal contacts, and financial security, it is only when work is ill organized or when workplace risks are not managed or mismanaged, work can raise suicide risk in some workers. As correlation is not causation, although heavy workload, long work hours, uncertainty and job insecurity, harassment, bullying, discrimination, lack of support can all contribute to increase work related as well as workplace stress, it cannot be concluded that these have caused worker suicides.

It is social factors such as taboo and stigma around psychological problems and mental health issues at workplaces, which prevent many from seeking timely

help. Most businesses and organizations uphold productivity, competence, extraversion and business like persona with emotional stability as virtues at workplaces. Silence around issues pertaining to mental wellbeing at organizations contribute to workplace stress. Expressions of hopelessness or worthlessness, substance abuse, long periods of withdrawal, sickness, absenteeism, workplace errors and blunders, reduced activity and productivity, changes in the looks and appearance, could all serve as cues towards risk factors that may increase the likelihood of workplace suicide (McKinsey, 2022).

Risk factors such as a biological makeup and history of mental illness, previous suicide attempts, and or experiencing traumatic events often serve as contributory factors that augment the risks of workplace suicide. Beyond presence of some biological aberrations, present article highlights social relational factors at work that may carry a vulnerability to develop worker suicidal thoughts, feelings and action. Human frailties often get pronounced when driven to the brink. Substantial research evidences that bullying and in-group favoritism to adversely impact employees that may push the staff and employee base to the brink (Leach et al., 2017). Complaints and displeasure expressed owing to bad politics and cronyism behind the rise of various employees through the ranks marks the value organizations and business place on human rights and social governance. Power and pay disparities and consequent status inequalities, capitalistic greed, corporate corruption, managerial and executive narcissism; lip service to righteousness; obedience to the authority, norm of the compliance to loyalty; fraternity; seniority, leadership and supervisory bullying, all aid in elevating the levels uncertainty and the risks individual members often perceive and help explain the employee actions that either sub serve, or withdraw from such organizational context.

The discourse surrounding work and work culture in India has intensified recently, as senior leaders across various sectors emphasize the importance of prioritizing work over work-life balance. Despite the current trend of global companies implementing four-day work weeks, Indian workplaces continue to prioritize long work hours, often associating them with a strong sense of dedication and commitment. Besides, there exists a distorted view that employees extended working hours as signifying greater productivity. This perspective often measures

productivity solely by the amount of time spent working, rather than by the actual results accomplished. The glorification of long work hours and workaholism in India establishes a detrimental cycle, resulting in a situation where neither employees nor employers derive respective benefits. There are several such nuanced administrative, management, supervisory expectations and pressures that have been shown to adversely affect mental health at work, and directly or indirectly impacting suicidal thoughts, behaviors, and death. We reiterate that many of these workplace factors do often interact with non-workplace factors to further increase suicide risk.

Social-relational Lens to Work and Workplace suicides

Aforementioned is only a growing body of data that suggests that psychosocial variables, in addition to physiological and biological factors, play a role in the aetiology of a variety of mental and physical health stressors that are seen in modern workplaces. Back in 1977, George Engel, was the one who initially proposed the biopsychosocial model, was largely accurate in his predictions on what he believed was going to happen in the future. These workplace fatalities are the clear demonstrations of the roles that multiple factors take, including biological, psychosocial, and socio-political factors, which combine in complex ways to determine exposure, prevalence, an individual's quality of work life, and mortality. These fatalities are particularly relevant in the contemporary workplace context and corporate world.

Therefore, we contend that the biopsychosocial model is an appropriate lens for understanding certain non-communicable health conditions, such as suicide thoughts, attempts, and fatalities within work settings. In light of increasing employee suicidal deaths, we allude to the investigation of the significant bearing that particularly social relational and political context within the organizational settings may have on the employee experiences at work and the overall workforce well-being.

It is not surprising that researchers in the social sciences have shown a large amount of interest in investigating the factors that contribute to suicide, given that suicide is one of the leading causes of death on a global scale as well. Suicide is the most significant reality depicting poor biological and psycho-social

health. Nevertheless, there exists a notable deficiency in scholarly inquiry into the relationship between occupation, employment, work, and suicide, despite some academic curiosity and the recognized significance of work in our daily existence. Hence, we argue that this body of research has not yet gained momentum within Indian organizations and that it has to be thoroughly examined by combining the biopsychosocial model, in particular by weaving key social factors into the discourse surrounding work and work design literature at the same time. We assert that the qualities of work and work design, which include nature of the job, compensation and rewards of the job, autonomy and physical or cognitive demands of the job and more, are all constantly evaluated and contrasted in reference to societal and social standards which ascribe prestige, relative dignity and social status to the work and jobs. In light of this, consequently the societal norms and conceptions that surround the terms "occupation," "profession," "work," and "career" are inextricably connected and shape the employee experiences within the world of work. Depression, suicide ideation, and suicide attempts are all too often the lived experiences that employees have while navigating the weight of societal conceptualization of work, job and career.

A significant number of young employees in today's workplaces have a tendency to avoid socio-political engagements because they often believe them as negative, see exchanges and interactions as superfluous with hidden agendas, and as devoid of morals or integrity. Nevertheless, they do demonstrate a heightened vulnerability to its ill effects, which include unhappiness with their jobs, resignation, and a decrease in their overall well-being (Goel, A et al., 2024). Moreover, according to the works of Jaiswal and Dyaram (2019), the immediate work environment has a significant impact on employees. As a result, it is seen as crucial by employees to acquire the skills necessary to negotiate socio-political challenges within the realm of work environment in order to advance one's career and improve one's overall well-being.

The existence of extensive evidence suggests that a number of complex socio-political variables have an influence, both directly and indirectly, on job autonomy, possibilities for advancement, promotions, the type of projects, work-family conflict, and levels of job satisfaction. These factors are all also influenced significantly by the nature and status of the job as pegged within

the organizational hierarchy as well as by the societal yardstick. Social mobility allows individuals to keep their positions within the workforce, rather of relying entirely on their knowledge, skills, and work competences. This is because social mobility enables and allows individuals to go up within the organizational structures and work environment as well. Consequently, the perceptions and experiences that employees have within the complex social-relational power dynamics of the workplace and working environment have a significant impact on their sentiments of who they are, workplace inclusion or alienation, as well as their intentions about the continuation of their line of work. The result of this is that it has the potential to have a detrimental impact on their sense of self-worth and self-image, which may ultimately result in their withdrawing their participation. The intricate interplay of political and power dynamics, coupled the social relational features that continuously review and scrutinize employees on many dimensions of their professional and personal life, leads individuals to engage in self-evaluation filled with dread (Goel, A et al., 2024). It is usual for this to lead to feelings of self-doubt and a sense of disconnection from one's surroundings, which ultimately leads in effects that are more severe than those that are typically discussed in the existing body of research. While the biopsychosocial model is not a therapy but can be seen serving as both a care philosophy and a practice guide.

The biopsychosocial model is a perspective that explains health and illness as a result of the interplay between biological, psychological, and social factors suggesting that all three of these factors contribute to the development and maintenance of health or illness, and that none of these factors can be understood in isolation from the others. The biopsychosocial model can serve in prevention and intervention towards treatment of mental health conditions, as it emphasizes the importance of considering the whole person in their context and position, rather than just their physical symptoms.

Perspectives for Suicide Prevention Strategies

India's relative contribution to global suicide fatalities is substantial and rising. India has a higher than anticipated rate of suicide deaths, with significant regional differences in the number of victims and the proportion of men to

women. India has consequently formulated a suicide prevention strategy that considers these disparities to tackle this significant public health issue, while also establishing a new benchmark in mental health through the Tele Mental Health Assistance and Networking Across States (Tele-MANAS), an initiative by the Union Ministry of Health & Family Welfare. While India accounts approximately 28% of worldwide suicides, the occurrence of suicide arises from a complex interplay of societal, economic, and individual factors just as in many countries worldwide. In response to this increasing fatalities, India's national suicide prevention policy introduced in 2022 follows the concept advocated by the WHO, utilizing a multi-sectoral approach to suicide prevention. While it includes a combination of prevention strategies we emphasize on targeting entire worker communities such as workforce or community of working professionals, than mere 'high-risk,' individuals and tertiary preventive strategies that assist those affected by suicide (Vijayakumar et al., 2022)

Well-being, suicide, mental health issues have been traditionally underrepresented in the workplace health and safety efforts. However things are evolving and this is changing for good. In France as well as in some European countries, there are workplace standards that curb workplace psychosocial hazards that put workers at risk for suicide and employers have been made accountable for toxic workplaces and management practices that precipitates worker suicides. Promoting mental health and wellness in the workplace will not only support suicide prevention but also increase productivity and well-being among workers. Many workplaces already have resources in place that can be used to support suicide prevention.

While the Supreme Court's intervention safeguards against potential misuse of legal provisions and underscores the necessity of fairness in addressing sensitive matters such as mental health and workplace dynamics, employers may find it challenging to address such issues; therefore, it is prudent for firms to implement safety measures. Possible solutions include examining the company's internal regulations to ensure a safe and ethical workplace, initiating educational programs, providing managerial training on workplace issue resolution, establishing ethics hotlines, among others. Post higher incidents of worker suicides and greater identification of several workplace psychosocial

hazards that put workers down and/or at self-risk, seeking help and support from employee resource groups, buddies at work in terms of trusted colleagues, managers, or mental health professionals as well as support and resources via hotlines connecting to suicide prevention champions, organizations, and other assistance programs have gradually spruced up in contemporary organizations

Moreover, several modern day organizations are wanting to turnaround the image of toxic workplaces and management practices by assuming more responsibility and accountability to create healthy workspaces for everyone and creating a culture that prioritizes open communication as well as build employee resource groups (ERG), and other support/assistance programs including provisioning for mental health awareness and training with aid of mental health professionals. These generally aid in bringing down the taboo or stigma attached to speaking up issues pertaining to mental health at work. Besides these, practical strategies that reduce workload, increase workplace safety including psychological safety via curbing discrimination, harassment, bullying to uphold diversity, equity, inclusion, and belongingness that promotes employee work life integration.

A variety of physical and mental health disorders that are prevalent among the workforce, in addition to the increasing number of suicides that are occurring among working professionals, have contributed to an intensification of the discourse regarding stress in the workplace. There is a large amount of cause for concern over the dangers that are linked with professional stress, which appears in a variety of physical and psychological health problems. Increased workloads, stringent deadlines, and a lack of work-life harmony have been related to a variety of health problems, including hypertension, cardiovascular disease, and depression. If not causation, this linkage however has been shown through research. It is possible for employees to experience burnout or even significantly more severe consequences if they are subjected to significant stress and leadership does not provide adequate support or understanding for mental health. India's corporate landscape has undergone significant changes more recently with the introduction of hybrid work culture; however, traditional perceptions of work-life balance remain, leading to concerns regarding burnout and employee attrition. Several Indian companies may need to reassess their strategies in light of the significant number of work-related suicides. With some

of the Indian corporate stalwarts encouraging and emphasizing on long work hours and a hustle culture, it may be seen as posing significant risks to employee well-being and retention rates. Work design experts recommend a transition to goals centered on productivity, utilizing technology effectively, and fostering work-life balance to achieve sustainable success. Besides, establishing trust, selecting appropriate talent, and cultivating a balanced work culture are critical measures for disrupting the detrimental cycle of linking work with worker suicide. As high stress and burnout undermines both creativity and productivity over time, the emphasis ought to be on enhancing productivity—identifying methods to achieve greater output with an equivalent level of effort. Rather than prolonging workdays, a focus on improving processes, adopting advanced technologies, and fostering skill development can significantly boost efficiency. This approach ensures that employees are recognized for the value they generate, rather than merely the hours they contribute.

The complexities of occupational well-being are being increasingly investigated by regulatory bodies around the world. A number of nations, like Japan and South Korea, have enacted rules with the intention of reducing excessive overtime, while a number of European nations and Australia have maintained restrictions that permit workers to disconnect from their jobs beyond the usual working hours.

It is possible that India will rethink its labor regulations and implement ways to safeguard workers from overwhelming demands and the severe repercussions that come with them as a result of the inquiry that the government is now actively doing into untimely death of young professionals from top consulting firms and corporates of India. This is important as there is widespread underreporting of suicide deaths, which occurs because suicide is documented as a criminal offense. Likewise, the insufficiency of injury statistics in the National Crimes Record Bureau (NCRB) for suicide prevention planning, are well known (Arya et al., 2021; Dandona et al., 2017). These challenges need to be addressed in order for the data to be used to advise appropriate activities and track the impact of India's National Suicide Prevention Strategy (NSPS) over time. National Suicide Prevention Service can bring to the fore, the issue of the robustness of the number of deaths by suicide in the context of the larger inadequacy of the vital registration system in the country given that suicide accounts for 2% of all deaths in India and only 22.5%

having a medically certified cause of death (India State level Disease Burden Initiative, Office of Registrar General of India). The NSPS would be able to achieve its goal of reducing suicide fatalities by situating necessary strategy within a more nuanced use of the data on the biopsychosocial dimensions of suicide in India, as well as addressing the key data gaps associated with identifying workforce at high risk of attempting suicide. It would mean that for prevention of worker suicide in India, it is crucial for NSPS to identify lesser known risks of suicidal behaviors in the work settings. We need more nuanced studies to scan the varied work setups that up the risk of self-harm including work spaces with lack of surveillance and vigilance, availability and accessibility of heights, substances to self-harm, and so forth. Addressing some of the employee morbidities certainly require multi-domain expertise to design and implement comprehensive health and wellness initiatives and programs that promote human centric and humane work culture in contrast to lopsided economic and business centric work culture. Workplace interventions must integrate mental health care physicians, psychologists, psychiatrists and social sustainability champions to be able to effectively screen for depression, substance abuse disorders, and suicidal ideation which would also help prevent the stigma around the topic. In addition to focusing on vulnerable segments in the workforce, a multi-faceted approach would aid in carving more effective workplace suicide prevention strategies that promote more surveillance and awareness, anti-stigma, healthy work culture, psychological safety to seek help. More importantly, public awareness and training to improve sensitization on this issue, role of media and how to portray worker suicides appropriately and responsibly can help create problem solving approach than sensationalism. The NSPS must look at measures that can work at a large scale and are accessible to the wider workforce who do not wish to or in contact with mental health services. This way NSPS could develop and improve effective interventions within the work context.

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