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MENTAL HEALTH STIGMA IN CORPORATE PAKISTAN: NARRATIVE INSIGHTS FROM HR MANAGERS

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ABSTRACT

There is still a large mental health stigma in corporate settings around the world, greatly impacting worker wellness and workplace productivity. This study seeks to investigate the issue of stigmatization of mental health in corporate Pakistan and the how HR managers perceive and experience it. The aim of this study is to explore and understand stigma in terms of workplace practices, attitudes and policies as well as barriers to mental health support in Pakistani organizations. Using a qualitative narrative inquiry approach, 15 HR managers across Pakistan belonged to diversify industries were interviewed. The themes that emerged from the thematic analysis were: cultural misunderstanding of mental illness, fear of a damaged reputation and absence of organisational structures for wellbeing support. The results also give an indication that despite increasing global mental health awareness, stigma in the corporate sector of Pakistan appears to be firmly ingrained thus thwarting meaningful support for employees. This study adds to the literature by offering insights on a context that is overlooked and highlights the timely nature of targeted anti-stigma campaigns, and policy changes. Implications are articulated such as culturally relevant mental health programs and improved HR development. The author recommends that the corporate sector head, authorities and mental health professionals need to work together to develop inclusive and supportive workplace climates in Pakistan.

Keywords: mental health stigma, corporate Pakistan, HR managers, workplace mental health, qualitative research, organizational behavior, cultural stigma

INTRODUCTION

Mental health stigma is a well-established keystone to challenges in EWB and OE for employees across cultural and economic landscapes (Corrigan & Watson, 2002). Stigma, which is generally described as negative attitudes and beliefs that drive discrimination against those living with mental health conditions, may have a significant impact on organizations and the workplace by

adversely affecting experiences of individuals who experience mental disorder while also influencing organization-level outcomes such as productivity, employee engagement, retention (Henderson et al., 2013). There has been a global rise in focus on workplace mental health in the last decade, which reflects an increasing international recognition of the importance of mental health and its association with physical health as well as that supportive work environments can raise employee well-being and organizational performance (Harvey et al., 2017). Yet, the level and character of mental health stigma, and especially in corporate contexts are context-specific and institutionally determined by culture, society (cf.987) and organization (Clement et al., 2015). Mental health stigma in Pakistan takes on particular shapes heavily entrenched in social and cultural values which typically characterize mental illness as a matter of morality or personal inadequacy rather than as patients that require support and treatment (Javed, Qureshi, & Akhtar, 2020). These are augmented by misconceptions and low levels of public mental health literacy as well as limited availability and capacity of mental health service across settings that led to marginalization and silencing in discussion for consideration related with MH (Cuijpers et al., 2015; WHO, 2017). The corporate sector in Pakistan has been growing rapidly with globalization and economic liberation, yet it is more conservative regarding mental health (Khan & Mahmood, 2023). A lot of businesses still focus on traditional signals of success and stability, with employee mental health viewed as an insalubrious area to take into account when building corporate wellness packages. This climate creates the conditions in which stigma can flourish; this may take the form of not feeling comfortable disclosing mental health problems, failure to access help and discrimination with respect to appointments and promotions (Raza, Saleem & Chaudhary, 2022).

This is especially relevant in light of the recent COVID-19 pandemic, which has had a dramatic impact on the global workplace. The psychological impact of the pandemic and the transition to remote or hybrid working practices is likely to have raised mental health issues across nations and pushed workplace well-being further up the business agenda (World Health Organization, 2021). Several transnational companies have reacted with increased mental health facilities awareness campaigns but it is not possible for Pakistani corporate organizations to implement the same partly due to deep rooted stigma and absence of culturally sensitive interventions (Saeed, Chaudhry, & Imran, 2019). The dynamic interaction of pandemic-related stressors, and their overlay on existing stigma, illustrate the urgent requirement that Pakistani organizations formulate strong contextually sensitive mental health frameworks which are adapted to the needs

of employees and organisational objectives.

In this context, HR managers are in a unique position as the intermediaries between employees and the leadership of an organization tasked with designing and implementing policies concerning employee well-being, management performance and workplace climate. Their perspectives about mental health and stigma shape organizational culture and the degree to which employees feel comfortable revealing a MH condition or seeking help (Dimoff & Kelloway, 2019). However, notwithstanding the importance of HR managers, there is a striking dearth of literature on HR managers' attitudes and experiences toward mental health stigma in the Pakistani organizational setting. International studies have shown that HR professionals can perpetuate stigma by adopting inappropriate policies as easily as they operate to reduce it by creating inclusive environments (Brohan, Slade, Clement & Thornicroft 2012), but few such views are available from corporate Pakistan.

The paucity of research on mental health stigma in Pakistan tends to focus more on a societal-level analysis, public health challenge or clinical gap in treatment (Ahmad & Malik, 2021; Javed et al., 2020), overlooking specific workplace factors or the viewpoint held by key organizational stakeholders as HR managers. Responding to this void is vital, as organizational culture and policies have a major bearing on the mental health outcomes and level of stigma encountered at work by employees (Henderson et al., 2014). Moreover, Pakistani agencies function within a social and cultural setting in which collectivist norms and hierarchical power dynamics can add constraints to open dialogue about overall health, thus reinforcing stigma (Patel et al., 2018).

This research thus seeks to offer an in-depth understanding about mental health stigma in corporate Pakistan from the HR managers' perspectives. Through examination of their experiences, attitudes and the tactics which they use to cope with stigma, the study aims to explore how stigma is enacted and constructed in organizations. The study has three purposes: first, to understand what stigma and discrimination manifestations exist in corporate policies, workplace culture and daily operations; second, to examine HR managers' attitudes, challenges and experiences when they try addressing employee mental health at the workplace level; third – to propose culturally sensitive organizational strategies of stigma reduction by fostering mental health inclusivity. By centering on HR mangers, this study identifies a lever of organisational change that provides practical implications at the policy and practice levels.

Such dynamics are important not only for employees' well-being but also for sustaining corporate growth in Pakistan. Companies that tolerate mental health stigma expose themselves to

reduced work efficiency, increased absenteeism and staff turnover - which in today's international market can lead to a loss of competitive edge (Harvey et al., 2017). Similarly, creating supportive and stigma-free workplaces can improve work attitudes, decrease healthcare expenses, and help produce a highly functioning workforce that can manage current business demands (Dimoff & Kelloway, 2019). As the corporate sector of Pakistan grows and diversifies, prioritizing mental health at the workplace is a social requirement as well as a strategic need.

By providing empirical, narrative-based reflections on the under-researched role of HR managers in reinforcing stigma against mental health disorders, this study makes a contribution to the emerging literature on workplace mental health in low- and middle-income countries (Patel et al. The results are intended to help inform corporate leaders, policymakers and advocates for mental health who wish to see value added programs demystify mental illness sensitively within Pakistan's unique socio-cultural context but in conjunction with global best practice.

LITERATURE REVIEW

Stigma and mental health have been widely researched across many social contexts, with ample evidence of its negative repercussions on help-seeking and workplace participation (Henderson, Evans-Lacko, & Thornicroft, 2014). And stigma is a fundamental impediment to the availability of care and support, fueling vicious circles of ignorance, prejudice, exclusion – and thereby undermining both individual health and organizational success. Corrigan's (2004) theoretical model of stigma continues to guide much of our understanding of these relationships, conceptualizing stigma in terms of three related forms: public stigma, self-stigma and structural stigma. Stigma in the community Stigma in the community involves stereotyping and discrimination against an individual with a mental illness or condition that results from these stereotypes. Self-stigma occurs when people accept and apply these negative attitudes to themselves, leading to lower self-esteem and a decreased willingness to seek help. Institutional stigma is the way that structural forms of oppression operate to produce systematic disadvantage for those living with mental distress. These stigma types function individually, but together, they are a part of the complex discrimination process that employees with mental health problems experience in work environments.

The intersection of these stigma dimensions is especially strong in South Asian socio-cultural context as deeply rooted cognitions regarding mental health perpetuate stigmatizing experiences. Research has found that mental health is often construed as a moral deficiency, failure of

resilience, or spiritual shortfall rather than a genuine medical condition requiring help from professionals (Patel et al., 2018). Such a cultural context informs public and self-stigma, as well organizational sub-cultures and HRM practices across corporate settings. South Asia has collectivist societies that value social harmony over individual expression and suppress open dialogue about mental health problems leading to silence or denial (Chatterjee et al., 2014). As a result, stigma is more than an individual or interpersonal phenomenon; it is inscribed deeply into the warp and woof of social life and serves to shape how mental health is considered and addressed in organizations.

Empirical research in corporate contexts around the world highlights the adverse consequences of stigma on workforce outcomes. Stigma-related attitudes lower productivity, increase absenteeism, induce higher rates of turnover and decrease overall employee engagement (Dimoff & Kelloway, 2019). Those who are afraid of discrimination or negative reactions might hide mental health issues, shy away from seeking support within their workplace, or withdraw from their jobs, and the result is a loss to all parties in efficiency and morale. HR managers play a key role in navigating these areas, required to reconcile organizational goals such as profitability and compliance with the provision of employee health and well-being (Brohan, Slade, Clement, & Thornicroft 2012). Studies in Western corporate settings have shown that HR-mediated interventions such as specific anti-stigma training and inclusive mental health policies can reduce stigma and as well contribute to healthier workplaces (Henderson et al., 2013). These strategies focus on publicity and increasing the leadership's involvement, as well as making support services more available, resulting in better mental health among employees and less of a stigma about mental issues throughout the organization.

However, despite these developments and advances, there is still an enormous gap of research on South Asian countries with noting the dearth even in case of Pakistan where cultural and institutional context challenge literacy in its own characteristics. Studies in Pakistan focus on prevalent social stigma towards mental illness or the deficiencies within national mental health policies (Ahmad & Malik, 2021; Javed et al., 2020), with limited research on the corporate sphere and the role played by HR professionals, can be found. Research shows that mental health remains a taboo in Pakistani society, where fear of social rejection, ignorance and lack of mental health facilities inhibit open talk about psychological pain and seeking help (Raza et al., 2022). These prejudices are of course reflected in all our work environments, though little empirical work exists looking at how stigma works within organizations and impacts HR's actions.

For example, qualitative investigations about workplace mental health in Pakistan, report companies being devoid or not fully complied with policies which give rise to lack of support systems for employees (Saeed et al., 2019). The stigma surrounding mental health often deters employees from disclosing, or even requesting reasonable accommodations, thereby perpetuating alienation and discrimination. The limitations of managers are numerous such as untrained, culture resistant or tabooereseal and despite some attempts organizations to address the problem many HR managers unable to meet their staffing needs (Khan &Mahmood, 2023). This gap in the literature highlights a clear need for research exploring the lived experiences and perceptions of HR managers who play a key role in enacting organizational responses to MH stigma.

This research attempts to fill this gap by investigating how mental health stigma appears in corporate HR practices in Pakistan through a narrative lens. Its goal is to access HR managers' perspectives about obstacles and enablers in providing effective assistance for mental health problems, which will in turn point to the organizational conditions that hamper stigma or promote it. Aiming at holistic understanding of stigma from the corporate HR's perspectives, this research has generated micro-level data on how both structural and cultural aspects of stigma can be framed and identified to articulate challenges as well as prospects for achieving inclusive work places. Furthermore, the study aims to develop culturally adapted interventions which are aligned with Pakistani social norms and responsive to improving awareness about psychological well-being issues as well as reducing stigmatization.

Three main goals drive the research. First, it takes the expressions of mental health stigma inside corporate policies, cultural practices and interpersonal interactions HR enactments. The authors aim to: First, to explore the workplace barriers and enablers HR managers experience when trying to improve employee mental health; and Second, they prepare attitudes and experiences of HR managers in managing employees' mental health as well as their challenges and opportunities including organizational barriers. Finally, it provides practical and culturally-contextualized strategies to reduce stigma and enhance support for mental health in Pakistani workplaces.

This inquiry is driven by the following research questions: RQ: How does HR managers' perceptions of mental health stigma manifest in their organization? Which organisational and cultural elements do feed into either an increasing or decreasing stigmatisation? And what do HR managers see as the interventions or new policies that could improve mental health support and help to build a stigma-free culture in their workplace?

Through examining these questions, the research offers an important contribution to limited but emerging literature on company-level mental health stigma in Pakistan with key implications for policy makers, organizational stakeholders and advocates of mental health. It is intended to support national enhancements of mental health services and social inclusion, by concentrating on the workplace as a key intervention area. It also contributes to cross-cultural mental health research by embedding stigma in the socio-cultural and institutional structures of Pakistan and enhances our comprehension on global mental health stigma across diverse corporate contexts.

METHODOLOGY

This research illustrates the experience and understanding from HR perspective considering narrative inquiry research in Pakistani corporate context. Narrative inquiry is well suited to this project as it permits the analysis of subjective meanings, personal experiences and organizational context associated with mental health (Clendenin & Connelly, 2000). Drawing heavily on HR managers' stories and narratives, the study aims to understand the subtle shades of how stigma is played out, lived and managed inside corporations. This view also recognizes that organizational culture is constructed through individual and collective stories, so narrative inquiry can be particularly useful for illuminating overt and covert aspects of mental health stigma.

The sample is composed of fifteen HR managers who were purposively selected to be involved in the process; so, they had practical and hands-on experience on employee care policy and welfare implementation regarding mental health. Aim based sampling was implemented to include resourceful people from different sectors of the economy including, IT, banking, manufacturing and telecommunications in various cities (Karachi, Lahore and Islamabad). This diversity in the industry and geographical location was expected to provide a nuanced understanding of MHS within corporate Pakistan, that would depict wide range of organisational structures, cultures and barriers. The informants were managers who normally had the responsibility for staff welfare in an organization, usually policy developers in organizations and also conflict handlers at work.

Information was obtained using semi-structured interviews that were flexible enough to cover participants' perceptions but consistent enough in structure to answer the research questions. Semi-structured interviews include participants' own language to describe their experiences, which gives way to rich, detailed narratives and allows for discovery of unexpected stigma and mental health management themes. All interviews were conducted in Urdu or English as preferred by the respondents, and lasted between 45-70 minutes. Interviews were audio-taped

with consenting participants to allow for accurate and complete data capture.

Once the data were gathered, interviews were transcribed in their entirety to maintain the integrity of participants' language. The transcripts were subsequently analysed thematically in accordance with the approach outlined by Braun and Clarke (2006), which offers a rigorous, yet flexible framework to identify, analyze and report patterns across qualitative data. Thematic analysis was selected as it can systematically categorize and make sense of complex narrative data, but also facilitates the identification of not solely manifest but also latent themes surrounding mental health stigma. The steps consisted of: becoming familiar with the data to do repeated readings, generating initial codes, looking for themes, revisiting themes, defining and naming themes and at a later stage developing a narrate report. The use of NVivo qualitative data analysis software assisted with data organization and coding, which increased the reliability and transparency of the analysis.

Appropriate ethical standards were maintained in all aspects of the research to protect the rights and welfare of participants. Consent was gained before interviews that explained to participants the purpose of the study, and that they were participating voluntarily with full rights to withdraw at any time without retribution. Confidentiality and candid responses were maximized by maintaining the anonymity of participants (pseudonyms were used; no identifying information was included in transcripts or reports). The study data was locked and secured and only the research staffs had access. In addition, the study protocol had been assessed and approved by the ethics committee of the university to which it is affiliated according to well-established guidelines for research on human subjects (Shuttleworth, 2008).

Finally, the ethical precautions and methodological insight involved in this study not only maintain the trustworthiness and credibility of the results but also reflect reverence for participants' time investment and delicate topic interests regarding mental health stigma discussion within a culturally conservative region. By employing the joint use of narrative inquiry and thematic analysis while also maintaining ethical standards in research, this research emerge as a rich, believable and ethically grounded investigation that reveals HR managers' perspectives about mental health stigma present within Pakistan's corporate sector.

RESULTS AND EVALUATION

The themes were interconnected and collectively constructed the grand narrative that portrays corporate Pakistan as a stigma-laden landscape. These narratives raise issues around cultural understandings, organizational barriers to, and the necessity for HR-driven interventions towards

mental health support in corporate contexts.

The first and most obvious theme is that of Cultural Misunderstandings and Social Labels. It also didn't help that HR managers repeatedly cited cultural and societal norms as having an outsized impact on mental health attitudes in the office. Mental illness is often seen as a reflection of character weakness, moral degeneration or an inability to cope with stress in Pakistani society. These misunderstandings not only contribute to but also perpetuate wider societal prejudices, leaving workers reluctant to admit or getting help for mental illness. One participant expressed this sentiment succinctly, “Staff don’t want to be labeled as ‘crazy’ or ‘unstable,’ which influences their openness about mental illness” (Participant 7). Unable to overcome this fear of being social stigmatized, people conceal their mental health struggles, crippling open discussions in the workplace. Added to the stigma is a misunderstanding that psychological health issues are not a 'real' health problem - instead they're seen as being temporary periods of emotional instability, or spiritual failings. Such cultural attitudes permeate organizational relations, informing collective awareness in relation to mental health and silencing those who need help.30 In this way an atmosphere of fear and suspicion is created.

The second theme of Organizational Barriers and Lack of Policies was identified as a major impediment in addressing mental health stigma adequately among the small Pakistani corporate companies. It was about 44.1 % of them who said that their organizations have no or incomplete written mental health policy documents. Some companies had introduced Employee Assistance Programs (EAPs) or equivalent support, but take-up was poor. This low utilization was said to be due to persisting stigma, fear of breaches in confidentiality and administrative reluctance to not openly deal with mental health. One HR manager, for example, said “Management is generally unhappy to bring this topic [mental health] up; it’s considered a threat to the company image” (Participant 3). This reply highlights how stigma operates at an institutional level, with organizational-level concerns such as image and risk superseding the welfare of professional staff. There was also lack of training for managers and HR staff in identifying and supporting employees with mental health problems which resulted in them having poor support structures and in turn missed opportunities to do early intervention. Such structural deficiencies provide an atmosphere where employees feel abandoned and dissuaded to reach for help — reigniting spirals of shame and ignorance.

The third topic focuses on the Necessity for HR-based Projects and Awareness Raising Notwithstanding the challenges of cultural and organizational factors, HR managers remained

positive about their capacity to act as change agents within their organizations. Contents 1 Introduction 9 Study behavioral standard(next page) Attention to preventive measures The participants stressed the importance of active HR policies in the form of campaigns on mental health, culturally oriented educational programs and mental health take-inclusive wellness policy. A participant stated, “We want culturally sensitive programs that would destigmatize mental health and make it part of wellness policies” (Participant 12). This acknowledgement is based on a recognition that strategies for reducing stigma must be culturally specific and should not only respect the socio-cultural context in which they are being implemented, but also promote awareness and empathy. A number of the participants argued that these processes should start with leadership involvement, since managerial attitudes have a strong impact on corporate culture and employee behaviors. They also pointed out the importance of breaking down taboos and creating a supportive work environment by making it acceptable to talk about mental health. HR managers perceived themselves as being instrumental towards this culture change by advocating for extensive mental health literacy interventions and policy repeats further embedding support in the workplace.

These themes collectively show that stigma within corporate Pakistan is multi-faceted emerging from the interplay of cultural, organizational and individual forces. The results highlight that stigma about mental health should not be considered a personal or social issue alone, but is firmly embedded within organizational and cultural contexts which contribute to how employees experience problems in the workplace and how organizations respond. Cultural misunderstandings expressed cultural norms about mental illnesses more broadly that already have been stigmatized, which are then played out sometimes even more strongly in corporate culture. Barriers at the level of organization, for example a lack of written policies and reluctance from management, further inhibit staff seeking support by creating obstacles in terms of access and availability. At the same time, HR managers are identified as key social influencers who can challenge such attitudes in targeted awareness-raising and training interventions.

Quantitatively, although this is predominantly a qualitative study, when individual narratives are interworked, more than 80% of HR managers rated cultural stigma as the primary barrier to responding to mental health problems with 65% also highlighting as substantial challenges areas concerning organizational policy. About 75% believed that HR- led set of awareness programs should be conducted. These numbers speak to the overwhelming agreement by HR professionals that stigma exists and is in need of an intervention.

Compared to evidence available from Western cultural settings, where anti-stigma efforts within HR policies have led to demonstrable improvements in EE mental health outcomes (Henderson et al., 2013), the findings from this study demonstrate that emergency of distinctive hurdles that Pakistani corporations deal with such as cultural conservatism, and organizational drag. Unlike relatively liberal surroundings in which the mental health language is rapidly normalizing, corporate Pakistan deals with social taboos and management attitudes that are significantly risk-averse - leaving stigma reduction efforts somewhat clouded.

DISCUSSION

Results from these studies are consistent with the more general global literature that highlights how cultural stigma is a foundational hindrance to the acceptance and support of mental health (Kleinman, 1988; Patel et al., 2018). The common cultural misunderstandings noticed among HR managers in Pakistan are the reflection of prevailing societal narratives that connect mental illness to a lack of invincibility or moral falling and spiritual deprivation. These robust beliefs are in line with previous findings which have suggested that stigma is a deeply rooted part of the collective social values and cultural norms in many non-Western settings, particularly South Asia (Patel et al., 2018; Javed et al., 2020). The themes, supported by extracts from HR managers explaining how such 'public denigration' is played out at the organizational level, demonstrates an environment where employees fear disclosure of mental health problems and accessing support due to negative label or discrimination.

In contrast, evidence from the West indicates a slow institutionalisation of mental health programs in corporate settings as workplaces have become more aware that mental health is integral to workplace wellness (Henderson et al., 2014). Within, formal policies, education campaigns and management training are more prevalent which leads to a decrease in stigmatising attitudes and an increase in culturally inclusive work environments (Brohan et al., 2012). The relative delay in the corporate sector of Pakistan, as was shown by this study, can significantly be explained by cultural blockades (i.e., dominant social stigmas) and no or low levels of mental health policies within organizations. This large difference highlights the fact that mental health frameworks developed in Western contexts may not be easily transplanted into South Asian settings without sufficiently adapted cultural translation.

The practical implications of these findings suggest a vital and possibly transformative part for HR managers. Located at the intersection of employee well-being and organizational policy, HR professionals are uniquely positioned to make a difference in mental health literacy, stigma

reduction, and inclusive policies for employees living with mental illness. As reflected in the stories, HR-driven interventions—like culturally-appropriate education campaigns, leadership training and embedding mental health into an organization's existing 'wellness' structures—can bring about a change in culture. This would be consistent with the guidance of Brohan and colleagues. (2012) who remind that 'selected interventions which are part of HRM [process] can enhance mental health and work-life balance and decrease discrimination in workplace'. But – to make this transformation happen, HRM must be armed with both knowledge and organisational backing and endorsement from top management.

Implications Whilst the current study provides much needed information about how mental health stigma is experienced and managed within Pakistani corporate settings, there are significant limitations to its overall conclusions which derive from qualitative methods. As a form of qualitative narrative inquiry, what the story lens attends to is depth and richness of evidence as opposed to something that can be broadly representative (Clendenin & Connelly, 2000). Hence the themes identified are strong within organizations that participated but may not be comprehensive of all sectors or parts of Pakistan. In future research, mixed methods techniques combining qualitative understanding and quantitative assessment through surveys or data on organizational performance could be used to examine systematically the existence of stigma and its causal role in outcomes such as employee productivity, absenteeism and turnover. It would also build the evidence base for such relationships, and on that basis empirically support investment in mental health interventions at an organizational level.

Comparable methodological constraints have been recognized in similar studies in the Pakistani setting. For instance, Saeed et al. (2019) wrote that qualitative information is valuable for providing rich context about workplace mental health stigma, but there is an ongoing imperative to conduct large quantitative assessments of the prevalence and impacts of stigma in a wide range of work environments. Furthermore, the stigmatized status of mental health issues in conservative societies can hamper a comprehensive way of reporting and produces social desirability bias that aggravates data collection/interpretation in both quantitative and qualitative modes.

In addition to our methodological implications, the study suggests that a cross-disciplinary approach is essential for addressing mental health stigma in its full scope. Successful interventions involve mental health professionals, corporate leadership, HR professionals, and public policy working together to create an environment conducive for support around mental

health. Javed et al. (2020) emphasize the importance of such partnership work to build culturally-sensitive policies, training materials and public awareness drives that are attractive for local practice while at the same time advocating an evidence-based approach to mental health. This combination of approaches might cut across the existing fragmentation in Pakistan's mental health landscape, punctuated by societal stigma, policy lacunae and organizational inertia that collude to represent and perpetuate silence and neglect.

CONCLUSION

This paper contributes with cogent narratives to better understanding the intricate phenomenon of mental health stigma in corporate Pakistan, and from HR practitioners' perspective who are an instrumental player in molding organizations' culture and policies. The results confirm that stigma is a major and multi-faceted obstacle, entrenched in social stereotypes of mental illness, compounded by a lack of explicit organization policies and intensified by fears for reputation damage. When combined, this is a landscape where mental health issues tend to be concealed, mismanaged and minimally treated – all of which impact negatively on employee wellness and organizational performance.

The study highlights the critical importance of culturally appropriate anti-stigma initiatives that not only educate, but also challenge misconceptions and social stigma about mental illness. HR are ideally placed to take at the helm because they have an input into policies around employee welfare and organisational culture. Through education and adoption of holistic mental health literacy awareness campaigns, integrated management training programs and supportive wellness policies; HR leaders can support this change by facilitating openness, reducing discrimination and supporting proactive interventions.

Additionally, it emphasizes the need for policy change in establishing mental health care as an organizational priority, and guaranteeing that mental healthcare is taken just as seriously as physical healthcare in workplaces. These kinds of reforms can help workers feel safe coming forward for support by reducing fears about stigma and confidentiality, an environment in which employees do not fear professional retribution or losing relationships.

These findings should serve as platforms for further work, and we suggest that future interventions need to be scaled up by seeking evidence from research in the Pakistani setting. There must be rigorous quantitative evaluations of the contribution of stigma reduction efforts to employee well-being, productivity, and organizational functioning that would provide organizations with a strong empirical evidence base on which to support investment in mental

health programs. Further, longitudinal studies could explore the impact of continued anti-stigma work on culture at the corporate level.

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