
A STUDY ON HOW TRAINING INTERVENTION REDUCE STIGMA ATTACHED TO MENTAL ILLNESS AND SHAPE AN INCLUSIVE CLIMATE IN AN ORGANIZATION

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ABSTRACT:

Mental illness (or mental disorders) are clinically significant disturbances in cognition, emotional regulation, or behaviour, usually associated with distress or impairment in important areas of functioning such as work, relationships, or daily activities. Organizational factors play a major role in the development of mental illness, especially in workplace settings. Poor work environments, management practices, and job conditions can contribute to disorders like depression, anxiety disorders, and burnout. The impact of mental illness in the workplace are reduced productivity, absenteeism, presenteeism, poor decision-making, low employee morale, increased workplace conflicts, high employee turnover, health and safety risks, negative organizational culture, financial loss to organization. Stigma is attached to people with mental illness in the workplace. The impact of stigma on employees are increased stress and emotional pain, reduced job satisfaction, fear of disclosure, worsening of mental health condition. This study focuses on how training intervention can reduce stigma attached to mental illness and shape an inclusive climate in an organization. Secondary data were collected. The findings of the study are people with mental illness don't disclose the mental health issue due to fear of judgment and stigma, lack of psychological safety and awareness in organizations. Findings indicate that training interventions reduced stigmatizing attitudes, improvement in knowledge, attitudes, and behaviour, managers become more supportive toward employees with mental illness, promotes early intervention and empathy,

improve communication and supportive practices in workplaces, enhances inclusive organizational climate.

INTRODUCTION:

Mental illness refers to clinically significant disturbances in cognition, emotional regulation, and behaviour that impair functioning. The World Health Organization defines mental disorders as conditions associated with distress and impairment in personal, social, and occupational functioning.

According to the American Psychiatric Association, mental illness includes syndromes involving disturbances in thinking, mood, and behaviour. Goldberg states that mental illness interferes with normal functioning in everyday life. Kessler et al. highlight that common disorders such as depression and anxiety are highly prevalent among working-age populations.

Workplace factors significantly contribute to mental illness. Cooper and Cartwright emphasize that occupational stress is a major determinant of psychological disorders. Karasek's Job Demand-Control model explains how high job demands and low control lead to stress-related illnesses.

Siegrist's Effort-Reward Imbalance model suggests that mismatch between effort and rewards causes emotional strain. Research indicates that factors such as:

- work overload
- job insecurity
- poor leadership
- lack of support

Increase the risk of mental illness among employees.

Recent studies confirm that workplace stressors are strongly associated with mental health issues such as anxiety and depression.

Mental illness has serious consequences for both employees and organizations. Dewa et al. report that mental disorders lead to absenteeism, presenteeism, and reduced productivity. Lerner and Henke found that depression significantly reduces work performance.

A systematic review by Hanisch et al. demonstrates that mental illness results in reduced work efficiency and increased economic burden. Kessler et al. further highlight that mental disorders are among the leading causes of disability worldwide.

Stigma is one of the most critical barriers to mental health support. Erving Goffman defines stigma as a socially discrediting attribute that leads to discrimination. Corrigan explains stigma through stereotypes, prejudice, and discrimination, while Thornicroft conceptualizes it as ignorance, prejudice, and discrimination.

Research shows that stigma:

- prevents help-seeking
- increases social exclusion
- reduces workplace inclusion

Stigma is also a major barrier to treatment and disclosure. Meta-review evidence shows that stigma leads to social isolation and reduced access to care.

Training interventions are effective tools for reducing workplace stigma and promoting inclusion. A systematic review by Hanisch et al. found that workplace anti-stigma interventions improve knowledge and supportive behaviour toward individuals with mental illness. Similarly, recent systematic reviews confirm that training programs reduce stigma and improve attitudes among employees.

Common interventions include:

- Mental health awareness programs
- Psychoeducation
- Role-playing and workshops
- Contact-based interventions

Ramírez-Vielma et al. highlight that these interventions enhance understanding and empathy in workplace settings. Studies show that structured training improves knowledge, attitudes, and behaviour toward people with mental illness. Kassam et al. found that training significantly improves attitudes and reduces stigma among participants.

Training works by:

- improving mental health literacy
- reducing prejudice
- encouraging supportive behaviour

Contact-based education is particularly effective in reducing stigma.

Training interventions contribute to:

- psychological safety
- open communication
- supportive leadership
- inclusive organizational culture

Evidence suggests that reducing stigma increases help-seeking behaviour and workplace inclusion.

RESEARCH METHODOLOGY:

Problem of the Study:

Stigma is one of the most critical barriers to mental health support. Stigma prevents help-seeking, increases social exclusion, reduces workplace inclusion. It is also a major barrier to treatment and disclosure. It shows that stigma leads to social isolation and reduced access to care. This study seeks to understand how training intervention reduce stigma attached to mental illness and shape an inclusive climate in an organization.

Objectives of the study:

To analyse how training intervention reduce stigma attached to mental illness and shape an inclusive climate in an organization.

Scope of the study:

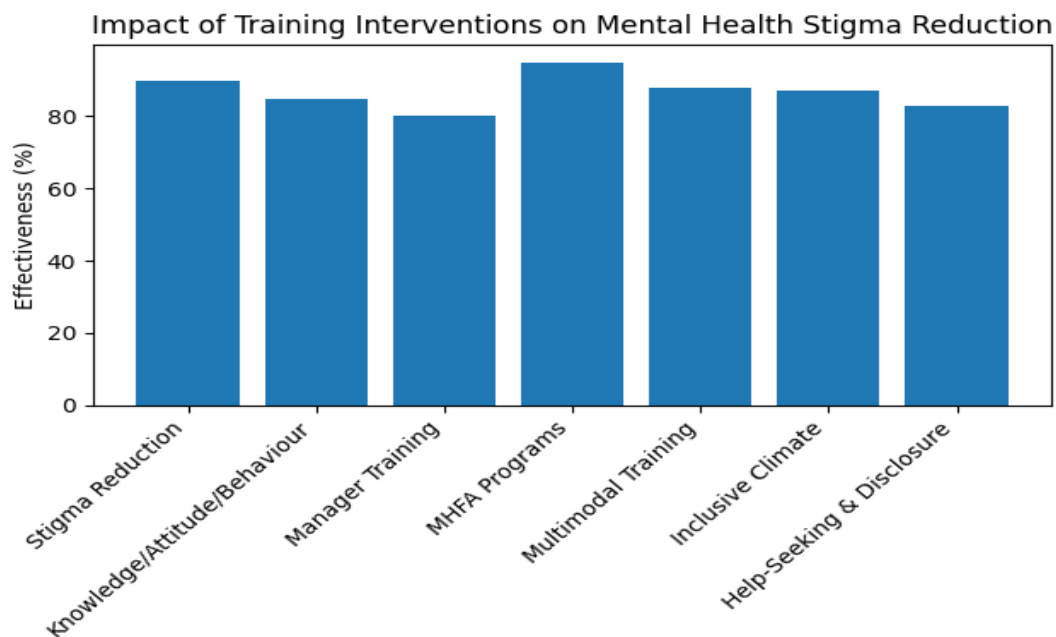
The present study examines the effectiveness of training interventions in reducing stigma associated with mental illness and fostering an inclusive organizational climate, drawing on empirical evidence from systematic reviews, experimental studies, and workplace-based research. It covers various forms of workplace training such as mental health awareness programs, workshops, online modules, and structured initiatives like Mental Health First Aid (MHFA), analyzing their applicability across different organizational settings.

Limitations of the study:

The study is limited to workplace-based interventions and focuses on short- to medium-term outcomes, excluding clinical aspects of mental illness.

RESULTS AND DISCUSSION:

S. No.	Key Findings (Results)	Evidence	Discussion / Insight
1	Training interventions significantly reduce stigmatizing attitudes	2023 systematic review of 22 studies; 20 showed positive results using awareness training, workshops, and online programs	Training is consistently effective across different organizations and industries in reducing stigma toward mental illness
2	Improvement in knowledge, attitudes, and behaviour	Review of 16 studies reported increased knowledge, supportive behaviour, and positive attitudinal changes	Training addresses stigma at three levels: cognitive (knowledge), emotional (attitudes), and behavioural (actions), ensuring holistic impact
3	Manager training reduces cognitive stigma	Randomized controlled trial showed one-day training improved awareness and reduced stigma among managers	Leadership training fosters a top-down inclusive culture, with managers playing a key role in supporting employees with mental illness
4	Mental health literacy programs are highly effective	Programs like Mental Health First Aid (MHFA) show 67–100% success in improving knowledge and behaviour	Skill-based training enhances early identification, empathy, and proactive support, reducing discrimination in workplaces
5	Multimodal training improves inclusivity	Interventions include psychoeducation, role plays, case studies, and lived-experience interaction	Interactive and experiential learning methods are more effective than theoretical approaches in promoting inclusive practices
6	Training enhances inclusive organizational climate	Evidence shows increased psychological safety, better team relationships, and reduced discrimination	Training breaks the stigma cycle (ignorance → prejudice → discrimination), fostering a supportive and inclusive work environment
7	Increased help-seeking and disclosure	Employees are more likely to seek help and disclose mental health issues after training	Reduced stigma encourages openness, early intervention, and utilization of organizational support systems



CONCLUSION:

The study concludes that training interventions are highly effective in reducing stigma associated with mental illness in the workplace and in fostering an inclusive organizational climate. Evidence from systematic reviews and empirical studies consistently demonstrates that such interventions significantly improve employees' knowledge, attitudes, and behaviors toward individuals with mental health conditions. By addressing stigma at cognitive, emotional, and behavioral levels, training promotes a more holistic transformation in workplace perceptions and interactions.

The findings also highlight the critical role of leadership and managerial training in driving cultural change within organizations. When managers are equipped with mental health awareness and sensitivity, they are better able to create supportive and psychologically safe environments. Additionally, structured programs such as Mental Health First Aid (MHFA) and multimodal training approaches have proven particularly effective in enhancing empathy, communication, and early intervention practices.

Overall, training interventions not only reduce stigma but also contribute to broader organizational outcomes such as improved team relationships, increased psychological safety, and greater willingness among employees to seek help and disclose mental health concerns. These results affirm that well-designed, interactive, and continuous training initiatives are essential for building inclusive, supportive, and mentally healthy workplaces.

SUGGESTIONS:

Organizations should conduct continuous mental health training programs, including awareness sessions, workshops, and online modules, to sustain stigma reduction efforts. Special emphasis should be placed on training managers and leaders, as they play a key role in shaping organizational culture and promoting inclusivity. Organizations are encouraged to implement structured programs such as Mental Health First Aid (MHFA) to improve mental health literacy and early intervention. Training should include role plays, case studies, and interactions with individuals with lived experience to enhance engagement, empathy, and practical understanding. HR policies and practices should align with training initiatives to ensure psychological safety, reduce discrimination, and encourage open communication. Organizations should create confidential and accessible support systems to motivate employees to seek help and disclose mental health concerns without fear of stigma. Regular assessment and feedback mechanisms should be implemented to measure the impact of training programs and ensure continuous improvement. Mental health and well-being should be incorporated into core organizational policies, diversity and inclusion strategies, and long-term planning.

REFERENCES:

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed., 2013.
2. Cooper, Cary L., and Sue Cartwright. "Healthy Mind; Healthy Organization." *Human Relations*, 1994.
3. Corrigan, Patrick W. "How Stigma Interferes with Mental Health Care." *American Psychologist*, 2004.
4. Dewa, Carolyn S., et al. "Examining the Relationship between Mental Health and Workplace Productivity." *Journal of Occupational Health*, 2014.
5. Goldberg, David. *Common Mental Disorders*. Routledge, 1992.
6. Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. 1963.
7. Hanisch, Sabine E., et al. "The Effectiveness of Interventions Targeting the Stigma of Mental Illness at the Workplace." *BMC Psychiatry*, 2016.
8. Janssens, K. M. E., et al. "Effectiveness of a Stigma Awareness Intervention." *Journal of Occupational Rehabilitation*, 2024.
9. Karasek, Robert. "Job Demands, Job Decision Latitude, and Mental Strain." *Administrative Science Quarterly*, 1979.

10. Kassam, Aliya, et al. "A Controlled Trial of Mental Illness Stigma Training." *BMC Medical Education*, 2011.
11. Kessler, Ronald C., et al. "Prevalence and Treatment of Mental Disorders." *Archives of General Psychiatry*, 2005.
12. Kessler, Ronald C., et al. "The Global Burden of Mental Disorders." *The Lancet*, 2008.
13. Lerner, Debra, and Rachel M. Henke. "What Does Research Tell Us about Depression and Work Performance?" *Journal of Occupational and Environmental Medicine*, 2008.
14. Ramírez-Vielma, Raúl, et al. "Interventions to Reduce the Stigma of Mental Health at Work." *Psicología: Reflexão e Crítica*, 2023.
15. Siegrist, Johannes. "Adverse Health Effects of High Effort/Low Reward Conditions." *Journal of Occupational Health Psychology*, 1996.
16. Thornicroft, Graham. *Shunned: Discrimination against People with Mental Illness*. 2006.
17. Tóth, Mónika D., et al. "Workplace Mental Health Interventions." *European Archives of Psychiatry*, 2023.
18. World Health Organization. *Mental Health Report*. WHO, 2022.
19. Wu, J. Z. Z., et al. "Conceptualizing Mental Health Stigma in Organizations." *BMC Psychology*, 2024.
20. Ramírez-Vielma, Raúl, et al. "Workplace Mental Health Interventions." *Systematic Review*, 2023.
21. Hanisch, Sabine E., et al. "Workplace Anti-Stigma Programs." *BMC Psychiatry*, 2016.
22. Meta-Review Study. "Effectiveness of Mental Illness Stigma Reduction Interventions." *Clinical Psychology Review*, 2023.