

The Other Side of the Prescription

CASE STUDY

A Case Study on Mental Wellbeing Among Blue-Collar Workers in India's Pharmaceutical Manufacturing Plants

Summary

India's pharmaceutical manufacturing industry is built to deliver medicine at scale, without error and without pause. Across thousands of plants, blue-collar workers keep complex processes running through shift work, strict compliance, and physically demanding conditions that leave little room for recovery.

This case study follows their everyday reality on the shop floor and the mental strain that rarely finds its way into production reports. It examines how organisations reshaped support to fit plant life, language, and supervision, and what shifted when care became part of making medicine, not something separate from it.

Inside India's Pharmaceutical Manufacturing Industry

India's pharmaceutical industry is one of the largest in the world, anchored by thousands of manufacturing units spread across industrial clusters and semi-urban regions. These plants produce everything from essential generics to complex formulations, operating under strict global quality and compliance standards. Production runs around the clock, driven by demand from both domestic and international markets.

At the centre of this system is a large blue-collar workforce. Operators, technicians, helpers, and contract workers form the backbone of manufacturing operations, ensuring continuity across shifts and maintaining adherence to tightly controlled processes. Their roles are physically demanding, closely supervised, and deeply embedded in the rhythms of plant life.

While the industry is known for its technical rigour and regulatory discipline, its workforce is diverse in language, education, and socio-economic background. Many blue-collar employees balance shift-based work with financial responsibility, family caregiving, and limited access to healthcare and support outside the workplace.

Over time, the demands of scale, compliance, and continuous production have intensified. Plants have become more efficient, audits more frequent, and performance expectations more exacting.



What has not always evolved at the same pace is the way organisations support the mental and emotional wellbeing of those working on the shop floor.

A Workforce Under Constant Operational Load

Within the pharma and healthcare industry, blue-collar employees form one of the 3 primary workforce cohorts, alongside field officers and R&D scientists.

The average employee age falls between **30 and 40 years**, a phase marked by financial responsibility and family dependence. Manufacturing units also reflect low gender diversity, with women comprising only 12% of the manufacturing workforce. On the shop floor, daily realities include:

- **Long and irregular working hours** driven by shift-based operations
- **Health hazards** associated with chemical handling and plant environments
- **Verbal abuse and high supervisory pressure**, impacting psychological safety
- **Physically demanding roles** with limited recovery time between shifts

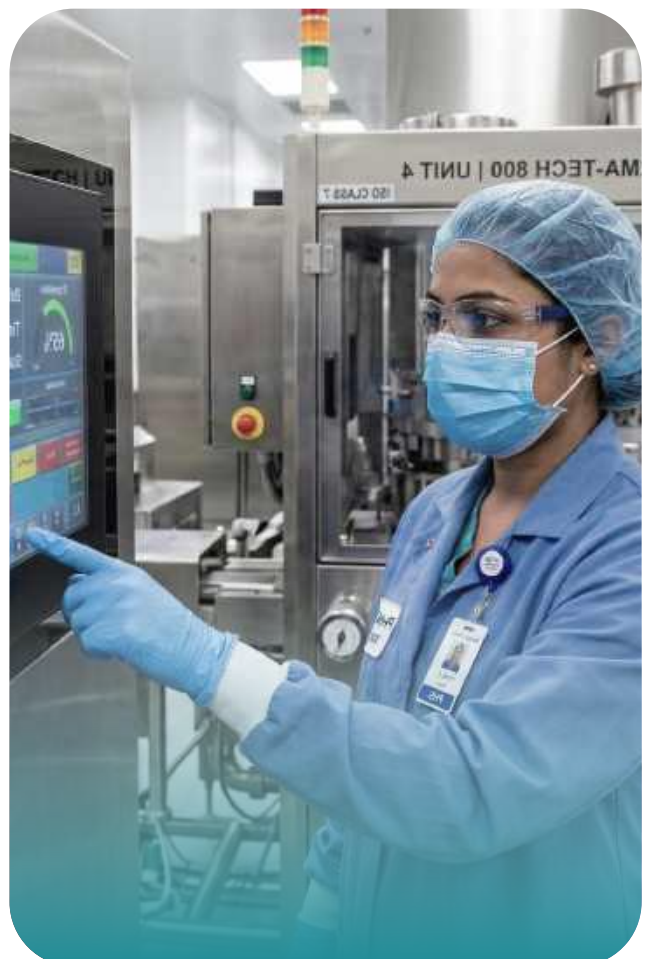
While physical safety protocols are embedded into operations, **emotional fatigue** often goes unmeasured.

Stress that follows workers beyond the factory gate

Our research highlights that many blue-collar workers belong to low-income groups, compounding workplace stress with personal strain. Living conditions and social realities often include:

- Unhygienic housing and limited access to preventive healthcare
- Large family responsibilities, increasing financial pressure
- Poor nutrition and unhealthy eating habits due to shift timings
- Substance use as a coping response rather than recreation
- Exposure to domestic violence in some cases

By the time workers report for their next shift, recovery is incomplete. Fatigue becomes cumulative.



Mental health needs are present, but addressed late

Utilisation data from the pharma and healthcare sector reveals a clear gap between need and access:

Before the pandemic, counselling utilisation remained between 1.5% and 2.5%. During and after the pandemic, utilisation increased 2 to 5 times, indicating suppressed demand rather than new distress

When employees do seek support, the dominant concerns recorded are:

- Emotional and psychological distress
- Work-related stress and job uncertainty
- Relationship and family challenges

This pattern points to a workforce that reaches out only at breaking points.

Barriers that keep help out of reach

We identified persistent structural challenges, particularly for blue-collar employees:

- Low awareness of counselling services
- Deep stigma around mental health support
- Difficulty earning trust in formal systems
- Language and communication barriers

As a result, standard wellness models often fail to resonate within plant environments.

The operational risk of an invisible problem

Globally, depression and anxiety cost an estimated **US\$1 trillion annually in lost productivity**, and industrial workers consistently report higher stress levels than other occupational groups. In manufacturing settings where focus, safety, and consistency are critical, untreated mental strain increases the risk of errors, absenteeism, disengagement, and attrition.

The core challenge

Pharma manufacturers are not unaware of mental health. The challenge lies in building manufacturing-relevant, accessible, and trusted support systems for blue-collar employees.

Until mental wellbeing is addressed with the same seriousness as quality and safety, the production line will continue to run efficiently, while the human cost quietly accumulates in the background.

Designing Support That Fits Plant Reality

The challenge was never about introducing mental health support. It was about making it work in environments defined by shifts, supervision, language diversity, and limited margin for downtime.

The approach focused on adapting support to the realities of pharma manufacturing rather than expecting employees to adapt to standard wellness models.

1. Building awareness where stigma was highest

One of the earliest barriers identified was low awareness and strong stigma around counselling, particularly among blue-collar employees. Addressing this required repeated, visible, and familiar communication. Interventions included:

- Multiple awareness sessions explaining counselling in simple, non-clinical terms
- Clear communication from HR leadership encouraging employees to prioritise mental wellbeing
- Onboarding support to introduce services as part of everyday employment, not as an exception

2. Reaching blue-collar workers in their language and space

Standard corporate communication formats did not translate well to plant environments. To bridge this gap, engagement was redesigned for accessibility. This included:

- Regional language counselling support for both sessions and webinars
- On-site promotional material such as posters, standees, and danglers placed within plant premises

These changes made support feel familiar rather than external.



3. Making access simple and non-intimidating

Ease of access played a critical role in adoption. Employees were able to:

- Register for counselling using their company code
- Directly call and book sessions without complex approval processes

4. Creating spaces for conversation, not just counselling

Beyond one-on-one sessions, the solution focused on creating multiple entry points into mental wellbeing. This included:

- ✔ **Interactive “Ask the Expert” sessions** conducted with leadership involvement
- ✔ **Webinars** on topics such as mindfulness, stress management, self-care, work-life balance, and managing uncertainty
- ✔ **Sessions conducted** at the plant level to signal organisational commitment

These formats allowed employees to engage without immediately disclosing personal concerns.

5. Supporting managers as first responders

Recognising that managers are often the first to notice changes in behaviour, specific interventions were designed for leadership. These included:

- ✔ **Manager referral sessions** to help leaders identify early signs of distress
- ✔ **Training sessions** to build empathetic responses and basic counselling skills
- ✔ **Dedicated programmes** to help managers support teams during crisis situations

This reduced reliance on escalation and improved early intervention.

6. Sustaining engagement beyond one-time initiatives

To keep wellbeing visible over time, ongoing engagement was built into organisational rhythms. This included:

- Weekly HR newsletters featuring mental health topics
- Campaigns such as “1to1Conversations” to encourage open dialogue
- Multi-lingual mailers circulated regularly across pharma and healthcare employees

Support remained present, not episodic.



7. A solution grounded in consistency

Rather than isolated programmes, the solution functioned as an integrated system combining



It worked because it respected how pharma manufacturing operates and how its people engage.

What Changed for Blue-Collar Employees

Once mental wellbeing support was put in place, the first changes were practical. They showed up in how employees used the system and how consistently they stayed engaged.

On the ground, this meant:

- Blue-collar employees accessing counselling for the first time
- Fewer drop-offs after initial sessions
- Workers reaching out through company-linked access points rather than informal routes

Support stopped feeling distant or reserved for “serious cases”.

1. Engagement widened beyond counselling

Employees did not limit themselves to one-on-one sessions. Usage expanded to self-help resources, assessments, and recorded webinars, showing a broader engagement with mental wellbeing tools

This was particularly relevant in manufacturing settings where:

- Time away from the floor is limited
- Shift patterns restrict long interventions
- Short, accessible formats work better

Mental wellbeing began to fit into existing work rhythms rather than interrupt them.

2. Health and attendance stabilised

Organisations observed improvements that directly affected day-to-day operations:

- Reduced absenteeism
- Fewer stress-related health complaints
- Lower frequency of medical visits
- Improved overall workforce risk indicators

For teams managing tight schedules and compliance-driven targets, these changes reduced last-minute disruptions and eased supervisory pressure

Organisations also reported stronger positioning in recognised workplace benchmarks such as **“Great Place to Work”**, reinforcing the link between wellbeing initiatives and employer credibility

The most telling outcome

What mattered most was who participated.

Blue-collar workers attended sessions when communication was in regional languages. Managers referred team members instead of avoiding difficult conversations. Employees who had stayed disengaged earlier began to show up.

The support worked because it matched how people actually live and work inside pharma manufacturing units.

That alignment is what made the difference.

Let's explore how we can support your workforce with a customised solution. Connect with us today.

www.ltohelp.com