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## Article Title

### **The Urgency of Legal Protection Reform for Workers' Mental Health: A Comparative Study of Indonesia and Singapore**

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## ABSTRACT

*The current global paradigm shift in the employment sector no longer focuses exclusively on physical safety. Instead, this focus has expanded to the urgency of protecting workers' psychological well-being. Unfortunately, the issue of worker mental health in Indonesia remains marginalized within the labor law framework. This research aims to critically analyze the technical normative vacuum within national regulation. Furthermore, this study aims to formulate an ideal regulatory model by adopting best practices from Singapore. This research employs a doctrinal legal research method, drawing on statutory, conceptual, and comparative approaches. This study examines in depth the legal architectural gaps between the two countries. The results reveal crucial facts regarding Article 35 section (3) of Law Number 13 of 2003. Although the article mandates protection of mental health, the absence of specific implementing regulations renders the norm unenforceable. This condition differs from Singapore, which possesses the WSHA 2006 and integrated Tripartite Advisory technical guidelines. This disparity creates structural vulnerability for Indonesian workers against psychosocial hazards. These hazards include extreme work stress and intimidation, exacerbated by the lack of standardized early-detection instruments. As a prescriptive solution, this research recommends the issuance of a specific Ministerial Regulation on Mental Health Protection at the Workplace. This regulation must mandate psychosocial risk assessment and require access to EAP. This reform is urgently needed to shift the protection paradigm from a voluntary, reactive approach to a mandatory, preventive one. This is necessary to guarantee workers' fundamental rights to a healthy and dignified working environment.*

**Keywords:** Comparative Law; Employment Law; Mental Health; Psychosocial Hazards; Worker Protection.

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## INTRODUCTION

The global paradigm shift in the employment sector no longer focuses exclusively on physical safety. Instead, this focus has expanded to the urgency of protecting workers' psychological well-being. Workplace mental health is a fundamental right that determines the sustainability of national productivity and the quality of life of individuals. The World Health Organization (WHO) and the International Labour Organization (ILO) assert that poor working environments are primary determinants of global mental health decline. These poor environments—characterized by excessive workloads and job insecurity—result in economic losses amounting to billions of working days annually ([WHO & ILO, 2022](#)). In the Southeast Asian regional context, this issue is becoming increasingly crucial given limited access to standardized Employee Assistance Programs (EAP) ([Fadzlina & Ong, 2025](#)). In fact, worker well-being correlates positively with the region's economic stability. Consequently, the neglect of mental health aspects can no longer be viewed merely as an individual problem; it constitutes a systemic issue necessitating state policy intervention.

In Indonesia, the reality of public mental health, including that of the workforce, demonstrates a concerning trend. [Ayuningtyas et al. \(2018\)](#) highlight the high prevalence of mental disorders that often go undetected due to minimal literacy and comprehensive mitigation strategies. This condition is exacerbated by

the stigma attached to mental health issues, which frequently impedes workers from seeking professional help or reporting their conditions to employers. [Mustamin et al. \(2022\)](#) emphasize that the legal protection of workers' mental health in Indonesia has reached a point of urgency that cannot be delayed, given its massive impact on social and economic stability. However, data from the National Occupational Safety and Health (OSH) Profile reveal a contrasting fact. Surveillance and reporting efforts in Indonesia remain predominantly focused on physical work accident indicators, while mental health indicators are marginalized in national OSH implementation priorities ([Adiratna et al., 2022](#)). This disparity in focus creates a structural vulnerability for the Indonesian workforce.

This vulnerability manifests in various psychosocial hazards in the workplace that are often invisible yet lethal. [Kennedy \(2018\)](#) identifies that psychosocial hazards, such as intimidation, harassment, and extreme work stress, represent real threats that degrade work motivation and capacity. The impact of these hazards is not solely psychological; they also trigger workplace stigma and discrimination that worsen the victim's condition ([Hampson et al., 2020](#)). In crises such as the COVID-19 pandemic, [Felicia et al. \(2023\)](#) empirically demonstrated the direct and significant impact of psychosocial risks on increased burnout and workers' intention to leave. This impact is particularly prevalent in vital sectors such as healthcare. This phenomenon confirms that without appropriate managerial intervention and regulation, psychosocial risks will significantly erode workforce retention and productivity.

Normatively, Indonesian labor law is not entirely neglectful of mental aspects. Article 35 section (3) of Law Number 13 of 2003 explicitly regulates the employer's obligation to provide protection covering "*welfare, safety, and health, both mental and physical, of the workforce.*" However, [Wiryawan et al. \(2024\)](#) critique this condition, noting that although the basic norm exists, its implementation is weak due to the absence of technical and operational derivative regulations. Unlike physical safety, which possesses rigid standards—such as noise thresholds or personal protective equipment standards—mental health protection lacks clear measurement parameters in Indonesian regulation. Consequently, the article becomes a dormant norm that is difficult for labor inspectors to enforce. It is noteworthy that although Law Number 17 of 2023 utilizes specific statutory terminology regarding "*kesehatan jiwa*", this manuscript will consistently employ the term "mental health" (*kesehatan mental*) to align with the global discourse used in ILO and WHO instruments. While the definition of mental health in Law Number 17 of 2023 is comprehensive, its integration into OSH sanctions and obligations within the employment sector still leaves a significant juridical gap.

The condition in Indonesia stands in stark contrast to the legal framework and policy in Singapore. This neighboring country has deeply integrated mental health

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aspects into its OSH architecture. Under the WSHA 2006, Singapore establishes not only general duties but also highly detailed technical guidelines, such as the Tripartite Advisory on Mental Well-being at Workplaces ([MOM et al., 2023](#)). This instrument provides practical guidance for employers regarding psychosocial risk assessment, return-to-work procedures, and the provision of structured counseling access. Singapore's tripartite approach—Involving the government, employers, and labor unions in formulating technical standards—creates a comprehensive protection ecosystem that is not only punitive but also promotive and preventive. A model such as this has not yet been observed within the Indonesian regulatory scheme.

In the landscape of prior research (state of the art), numerous studies have attempted to dissect this issue from various perspectives. [Fridayanti et al. \(2019\)](#) examined the role of workplace well-being on mental health in specific groups of employees with disabilities. Meanwhile, [Firdhayanti and Djoekardi \(2022\)](#) evaluated the effectiveness of EAP implementation by private consultants in handling worker issues. More recently, [Basrowi et al. \(2024\)](#) used a qualitative expert consensus to map priority mental health issues in Indonesia requiring immediate attention. These studies provide valuable insights into psychological and managerial aspects. However, there is a scarcity of legal research specifically dissecting the regulatory architecture vacuum in Indonesia. This vacuum is the root cause of the ineffectiveness of mental protection in Indonesia, particularly when juxtaposed with Singapore's progressive standards.

Based on the gap analysis above, this research aims to fill a gap in the labor law literature. This study offers a novel structural comparative analysis of the legal regimes of Indonesia and Singapore. The primary focus of this research is no longer to debate "why" mental health is important—a matter already settled by [Basrowi et al. \(2024\)](#) and [Fadzrina and Ong \(2025\)](#)—but rather to focus on "how" to construct an enforceable legal framework, compelling employers to implement measurable mental protection standards as practiced in Singapore. This study argues for the importance of technical regulation; without a regulation at the level of a Government Regulation or Ministerial Regulation mandating psychosocial risk assessment, the mandate of Article 35 section (3) of Law Number 13 of 2003 will remain a normative promise without real impact.

In line with this, the research has specific objectives. The first objective is to critically analyze the weaknesses of worker mental health protection regulations in Indonesia's current positive law. The second objective is to formulate an ideal regulatory model concept by adopting best practices from Singapore and adapting them to the characteristics of Indonesian law. In practice, this research is expected to contribute to the Ministry of Manpower and related policymakers in compiling an OSH roadmap that is more inclusive and responsive to the challenges posed by psychosocial

hazards in the modern era. Additionally, academically, this research enriches the field of comparative law by offering a new perspective on the integration of mandatory mental health standards into labor norms.

## **METHOD**

This study constitutes doctrinal legal research focusing on the analysis of written legal norms. This methodological choice is grounded in the research's primary objective: to examine the normative vacuum in Indonesian labor regulation regarding workers' mental health protection. Furthermore, this research aims to formulate an ideal legal prescription. It does not intend to empirically test the law's sociological effectiveness; rather, it evaluates the coherence and adequacy of the positive legal structure in responding to the dynamics of psychosocial hazards in the workplace.

To achieve these objectives, this study simultaneously applies three approaches ([Qamar & Rezah, 2020](#)). *First*, the statute approach is utilized to examine the hierarchy and substance of national legislation, specifically analyzing Law Number 13 of 2003<sup>1</sup> and Law Number 17 of 2023. *Second*, the conceptual approach is applied to clarify key terminology, including psychosocial hazards and mental well-being within the context of labor law. *Third*, the comparative approach is employed prescriptively to juxtapose Indonesia's legal architecture with Singapore's. The ultimate goal is to adopt best practices relevant to national legal reform.

The legal materials utilized in this research are classified hierarchically ([Sampara & Husen, 2016](#)). Primary legal materials in the national context encompass the 1945 Constitution, Law Number 13 of 2003, and Law Number 17 of 2023. Additionally, the WSHA 2006 from Singapore is positioned as a foreign primary legal material serving as a benchmark, rather than as binding positive law in Indonesia. Secondary legal materials include authoritative academic literature, including international and national journal articles on workplace mental health. Furthermore, secondary sources include reports from international organizations such as the [WHO and ILO \(2022\)](#), as well as government technical documents, such as the National OSH Profile and Singapore's tripartite guidelines. Tertiary legal materials, such as legal dictionaries and encyclopedias, are used to clarify operational definitions.

Data collection was conducted through comprehensive library research and documentary analysis of legal texts and related literature. The collected data were then analyzed qualitatively using grammatical, systematic, and comparative interpretation methods ([Irwansyah, 2020](#)). The data analysis extends beyond the descriptive stage to a prescriptive-comparative level. It means the research does not merely expound upon

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<sup>1</sup>Law Number 13 of 2003, as amended by Article 81 of Government Regulation in Lieu of Law Number 2 of 2022.

the legal differences between the two countries; it also provides a critical assessment and offers a policy model recommendation to fill the regulatory void in Indonesia. The validity of the legal argumentation is maintained through the consistency of juridical logic and the coherence of the analyzed norms.

## RESULTS AND DISCUSSION

### A. The Urgency of Strengthening Worker Mental Health Regulations in Indonesian Positive Law

Normatively, Indonesia's employment law framework has recognized the importance of protecting mental health. However, its implementation faces significant structural challenges due to the absence of binding technical standards. The primary foundation for this protection is enshrined in Article 35 section (3) of Law Number 13 of 2003, which explicitly mandates that "*employers... are obliged to provide protection covering welfare, safety, and health, both mental and physical, of the workforce.*" This provision is reinforced by Article 86 section (1) point a of the Law, asserting that "*every worker/laborer has the right to obtain protection concerning occupational safety and health.*"

Regarding terminology, it is necessary to reiterate that although Law Number 17 of 2023 uses the term "*kesehatan jiwa*", this manuscript will consistently use the term "*mental health*" (*kesehatan mental*) to align with the global discourse as used in ILO and WHO instruments. [Wiryawan et al. \(2024\)](#) critique the existing condition of the grundnorm regarding mental protection. Despite their existence, these articles often become "*paper tigers*" because they are not followed by implementing regulations that detail mental health indicators in the workplace. This condition differs significantly from physical safety, which possesses rigid technical parameters.

This technical regulatory vacuum results in weak law enforcement. In the practice of labor supervision, OSH inspections remain predominantly dominated by physical safety aspects. The National OSH Profile report records a high volume of physical work accident reports. Conversely, the report notes minimal data regarding work-related psychological illnesses. It indicates massive underreporting due to the lack of early-detection instruments ([Adiratna et al., 2022](#)). In fact, [Kennedy \(2018\)](#) discovered that psychosocial hazards—such as excessive workload, role ambiguity, and interpersonal conflict—possess a potential for damage just as fatal as physical hazards. Without a Ministerial Regulation or national standard mandating psychosocial risk assessment, employers lack a compelling legal obligation. They are not bound by a duty to mitigate work stress or prevent work-related mental disorders. Consequently, mental health protection becomes

voluntary and heavily dependent on individual companies' initiative (Firdhayanti & Djoekardi, 2022).

This situation is exacerbated by low mental health literacy among industrial stakeholders. Ayuningtyas et al. (2018) highlight the social stigma against mental disorders, which remains strong in Indonesia. This stigma causes workers to be reluctant to report their psychological conditions for fear of being perceived as incompetent or facing job loss. These findings align with Mustamin et al. (2022), who state that worker mental health protection in Indonesia has reached a level of critical urgency. The absence of safe, confidential reporting mechanisms within the company's internal regulations worsens the situation. The phenomenon of workplace mental disorders becomes akin to an "iceberg"; the visible cases represent only a small fraction of a reality that is far larger and silently destructive to national productivity (Basrowi et al., 2024).

Furthermore, Article 1 point 1 of Law Number 17 of 2023 actually provides a progressive definition, explaining that:

*"Health is a state of being healthy in an individual, whether physically, mentally (jiwa), or socially, and not merely being free from disease, to enable them to live productively."*

This definition inherently links mental health with productivity. It should serve as a strong foundation for integrating mental health aspects into corporate OSH management systems. However, Felicia et al. (2023) present a contrasting reality. Without regulatory harmonization mandating synergy between the national health system and the employment system, the benefits of this progressive definition will not be directly felt by workers. Therefore, legal reform becomes an urgent necessity. This reform must address not only curative aspects but also preventive and promotive aspects in the workplace (WHO & ILO, 2022).

## **B. The Integration of Psychological Well-being within the Occupational Safety and Health Regulatory Framework in Singapore**

In stark contrast to Indonesia's partial approach, Singapore employs a holistic regulatory model integrated into its workplace mental health strategy. Its primary legal foundation rests on Section 12 of the WSHA 2006, which mandates employers to take measures "so far as is reasonably practicable" to ensure the safety and health of their workers. Crucially, the interpretation of "health" within this legislation has been expanded beyond mere physical aspects. The Singaporean government, through the Ministry of Manpower (MOM), progressively interprets the WSHA 2006 mandate to encompass mental well-being. This mandate is subsequently operationalized through a series of technical policy instruments

(MOM et al., 2023). This approach asserts that mental health protection is not merely a moral obligation but an integral part of legal compliance with national safety standards.

The strength of the Singaporean model lies in its solid tripartite regulatory ecosystem. MOM, alongside the National Trades Union Congress (NTUC) and the Singapore National Employers Federation (SNEF), issued the Tripartite Advisory. This instrument serves as a practical guide possessing strong persuasive weight. It is supported by a standardized digital assessment tool named "iWorkHealth." This is a web-based psychometric instrument enabling companies to independently and anonymously identify workplace psychosocial stressors (MOM et al., 2023). The existence of iWorkHealth serves as concrete evidence of state technical assistance facilitating corporate compliance. Fadzlina and Ong (2025) note the positive impact of these clear, standardized guidelines, which significantly increase the adoption rate of EAP in Singaporean firms. This condition differs from that of neighboring Southeast Asian countries, which still rely on voluntary mechanisms without state guidance.

Furthermore, Singapore's framework extends beyond the advisory level; it is supported by a robust implementation infrastructure. The Workplace Safety and Health Council (WSH Council) actively promotes Total Workplace Safety and Health (Total WSH), an approach that integrates work safety, occupational health, and health promotion (including mental health) into a unified corporate risk management system. Hampson et al. (2020) assess that this integration effectively reduces stigma because mental health is treated on par with other physical safety risks, such as fall hazards or chemical exposure. Within this framework, companies are encouraged not only to address existing cases (curative) but to proactively modify work environments to minimize stressors (preventive). This strategy has proven to be cost-effective in the long term (WHO & ILO, 2022).

Beyond preventive aspects, Singapore also establishes clear protection mechanisms for workers returning after mental health recovery (return-to-work). The Tripartite Advisory specifically recommends flexible work arrangements and workload adjustments as reasonable accommodations. This stands in contrast to the findings of Felicia et al. (2023) regarding conditions in many developing countries, where workers experiencing mental health issues are often forced out or resign due to an inability to adapt to rigid work environments. Singapore's return-to-work policy not only protects workers' rights but also helps companies retain experienced talent, thereby minimizing turnover costs (Basrowi et al., 2024).

However, implementation in Singapore is not without challenges. Kennedy (2018) warns that regulatory effectiveness heavily relies on organizational

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culture. Despite the availability of the legal framework, resistance at the middle management level remains common, particularly due to perceptions that mental health accommodations may disrupt team productivity. Consequently, Singapore's interventions also target training for HR managers and supervisors to recognize early signs of mental distress and respond with empathy rather than discrimination (Firdhayanti & Djoekardi, 2022).

Overall, the regulatory model in Singapore demonstrates a crucial point: "mental health" can and must be regulated with the same level of seriousness as physical safety. Singapore's success depends not on a single statute (WSHA 2006) but on the synergy between broad legal norms, detailed technical guidelines (Tripartite Advisory), practical assessment tools (iWorkHealth), and strong institutional support (WSH Council & EAP). This multi-layered structure renders the protection system in Singapore more resilient and responsive to the dynamics of modern workers' psychological needs (Wiryawan et al., 2024).

### **C. Critical Comparison of Legal Architecture and Mental Health Policy in the Workplace**

The comparative analysis between Indonesia and Singapore reveals fundamental disparities within the legal architecture of worker mental health protection. These differences lie not only in the substance of norms but also in the regulatory philosophy and enforcement mechanisms. In Indonesia, mental health protection remains trapped in a reactive and partial paradigm. Although Article 35 section (3) of Law Number 13 of 2003 and Law Number 17 of 2023 have laid the normative foundation for mental health, a significant issue persists. The absence of specific implementing regulations creates a normative vacuum at the operational level (Wiryawan et al., 2024). Consequently, mental health issues are frequently viewed as workers' personal problems rather than occupational risks that must be managed by the company. Conversely, Singapore, through the WSHA 2006 and its derivative instruments, has successfully shifted the paradigm from mere compliance toward an integrated prevention culture (MOM et al., 2023).

The *first* and most striking disparity lies in the level of legal certainty. In Singapore, the Tripartite Advisory provides clear operational definitions of "mental well-being" and delineates the parameters employers must meet (MOM et al., 2023). This provides unambiguous guidelines for business actors to design intervention programs. On the other hand, Indonesian positive law has not yet provided a firm legal definition regarding "workplace mental health," nor has it established standardized psychosocial risk assessment benchmarks. This ambiguity often serves as a loophole for employers to avoid their mental health

protection obligations, given the absence of binding technical rules (Ayuningtyas et al., 2018; Mustamin et al., 2022).

*Second*, a significant difference is evident in the institutional approach. Singapore adopts a robust tripartite model in which the government (MOM), employers (SNEF), and labor unions (NTUC) collaborate to formulate workable, enforceable standards. This synergy creates an ecosystem where mental health is not merely a health issue but also one of productivity and economic competitiveness (Fadzrina & Ong, 2025). In Indonesia, although tripartite institutions exist, the OSH discourse remains dominated by classic issues such as wages and severance pay, while the mental health agenda has not yet become a top priority in social dialogue (Adiratna et al., 2022). As a result, mental health protection initiatives in Indonesia often proceed sporadically, relying on the goodwill of multinational corporations or large state-owned enterprises rather than on systemic pressure from regulators.

*Third*, regarding monitoring and enforcement mechanisms, Singapore has integrated mental health indicators into the national OSH audit framework. Companies that fail to manage psychosocial risks may face administrative sanctions or even legal prosecution under the WSHA 2006 if found negligent (Kennedy, 2018). In Indonesia, labor inspection remains heavily focused on physical safety. There is no strong legal precedent for sanctioning an employer for failing to prevent work stress or burnout among their workers. The absence of strict sanctions weakens the law enforcement power, thereby perpetuating a culture of impunity regarding violations of workers' mental health rights (Felicia et al., 2023).

*Fourth*, regarding intervention and support, Singapore proactively encourages companies to provide affordable, accessible EAPs. The government also provides incentives to companies that implement work-life harmony practices. Return-to-work programs for workers with mental health issues are also systematically regulated to prevent discrimination and termination of employment (Hampson et al., 2020; Firdhayanti & Djokardi, 2022). In Indonesia, although several large companies possess EAP, access to these services remains limited and uneven, particularly for workers in the informal sector or MSMEs. Basrowi et al. (2024) emphasize that without financing schemes or government subsidies, the burden of providing mental health services will be too onerous for most companies in Indonesia.

*Fifth*, the role of data and research. Singapore routinely conducts national surveys on workplace mental health, with results published transparently as a basis for evidence-based policymaking. This enables the government and stakeholders to monitor trends, identify high-risk sectors, and evaluate the effectiveness of

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interventions ([MOM et al., 2023](#)). In Indonesia, data regarding the prevalence of work-related mental disorders remains minimal and scattered across various agencies without proper consolidation. This lack of accurate data hinders the formulation of targeted and measurable policies ([Adiratna et al., 2022](#)).

From the comparative analysis above, it is evident that Indonesia lags in terms of technical regulatory frameworks, institutional support, enforcement mechanisms, and data availability. However, this lag simultaneously presents an opportunity for Indonesia to leapfrog by adopting and adapting the Singaporean model. The key to this transformation lies in the government's political will to prioritize mental health as a national agenda and to courageously undertake progressive legal reform.

Thus, it can be concluded that Indonesia's worker mental health protection system requires fundamental restructuring. It is insufficient to add advisory articles to statutes merely. Comprehensive legal infrastructure development is required, encompassing technical regulations and inspector competency standards, as well as incentive and disincentive mechanisms. This infrastructure must be capable of systematically altering the behavior of industrial actors. Only in this manner can the mandate of Article 28H of the 1945 Constitution—to provide fair and decent protection for every worker—be realized concretely, rather than remaining a mere promise on paper.

#### **D. The Ideal Model Concept: Towards a Responsive and Equitable Worker Mental Health Regulatory Architecture**

This ideal model is structured as a legal prescription to address the normative vacuum identified in Sub-section A and the structural lag detailed in the comparison in Sub-section C. Based on a gap analysis and Singaporean best practices, this study proposes a fundamental reconstruction of the legal architecture for worker mental health protection in Indonesia. The proposed model is not merely a transplantation of foreign norms; rather, it is a strategic adaptation aligned with the characteristics of the civil law system and the national sociological conditions of employment. The core of this model is a paradigm shift: moving from a voluntary, reactive approach to a mandatory, preventive, and promotive approach.

The *first* and most urgent step is the issuance of a specific Ministerial Regulation on Mental Health Protection at the Workplace. This regulation functions as an implementing regulation to activate the mandate of Article 35 section (3) of Law Number 13 of 2003, which has thus far remained dormant. This regulation must adopt psychosocial risk management principles recommended by the [WHO and ILO \(2022\)](#). Unlike conventional OSH regulations, this regulation

must mandate standardized psychosocial risk assessment benchmarks covering indicators of workload, work autonomy, role clarity, and social support. With the existence of this legal standard, “work stress” ceases to be a subjective complaint and becomes a measurable, legally accountable audit object.

*Second*, this ideal model demands institutional integration between the Ministry of Manpower, the Ministry of Health, and the Social Security Administering Body for Employment. Synergy is required to establish a unified reporting and case handling system ([Basrowi et al., 2024](#)). Similar to Singapore’s Workplace Safety and Health Council, Indonesia needs to empower the National Occupational Safety and Health Council. This council must be granted a specific mandate to oversee the implementation of mental health standards. This institution must have the authority to conduct unannounced inspections, accept anonymous worker complaints, and recommend administrative sanctions against companies that fail to meet mental protection standards. The integration of health insurance and work accident claim data is also crucial for mapping work-related mental disorder trends in real-time and accurately ([Adiratna et al., 2022](#)).

*Third*, regarding operational aspects at the corporate level, this model mandates the establishment of a Mental Health Service Unit or the appointment of certified Mental Health First Aiders. This obligation applies to every workplace with a specific number of employees. This unit serves not only as a first-aid post during psychological crises but also as a driver of promotive programs such as stress management training and anti-stigma education. [Firdhayanti and Djoekardi \(2022\)](#) proved that the existence of such internal units, supported by access to external EAP, significantly improves help-seeking behavior among workers. Regulations must mandate companies to provide this EAP access, either independently or through consortium schemes for MSMEs, to ensure protection and inclusivity.

*Fourth*, this ideal model emphasizes worker rights within the return-to-work policy. Drawing lessons from Singapore’s Tripartite Advisory, Indonesia must regulate in detail the employer’s obligation to provide reasonable accommodation for workers recovering from mental disorders ([MOM et al., 2023](#)). These adjustments may take the form of flexible working hours, temporary task rotation, or modifications to performance targets. [Felicia et al. \(2023\)](#) emphasize that without strong legal guarantees for this accommodation, workers are vulnerable to discrimination and disguised termination under the pretext of “inability to work,” even though they merely require transitional support.

*Fifth*, the law enforcement strategy must be strengthened with effective incentive and disincentive systems. The government can provide tax incentives or

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“Mental Health Healthy Workplace” certification to companies that demonstrate a high level of commitment. This certification can enhance a corporate image and attract top talent (Fadzlina & Ong, 2025). Conversely, strict sanctions must be applied for serious violations, ranging from significant administrative fines to the suspension of certain public services for companies proven to be negligent. Kennedy (2018) warns that compliance in developing nations is often low if sanctions do not “bite” financially or reputationally.

*Sixth*, strengthening the role of labor unions in negotiating Collective Bargaining Agreements. This ideal model pushes for mental health to become a mandatory agenda item in bipartite negotiations. Labor unions must be equipped with adequate mental health literacy to fight for mental protection clauses—such as the right to disconnect outside working hours or mental health leave—within the agreement. Wiryawan et al. (2024) note that internalizing protection norms into collective contracts is often more effective in changing daily work culture than mere top-down regulation.

*Seventh*, as a long-term foundation, the model recommends developing a National OSH Curriculum. This curriculum integrates mental health competencies for prospective OSH experts, HR managers, and labor inspectors. Hampson et al. (2020) assert that cultural change can only occur if decision-makers in the workplace possess a correct understanding: that mental health is a productivity asset, not a cost burden. Through this systematic educational approach, stigma can be slowly eroded and replaced by a supportive and humane work culture.

Overall, this ideal model concept offers a comprehensive transformation roadmap. It does not merely patch regulatory leaks but builds a robust protection ecosystem founded on technical regulation, integrated institutions, measurable corporate obligations, and an inclusive industrial culture. The implementation of this model is believed to help Indonesia catch up and align with global standards in fulfilling workers’ human rights to holistic health.

## CONCLUSIONS AND SUGGESTIONS

Based on the results and discussion, it is concluded that a fundamental disparity exists in the legal architecture for protecting workers’ mental health between Indonesia and Singapore. This disparity has direct implications for the effectiveness of handling psychosocial risks in the workplace. In Indonesia, although the normative foundation is available in Article 35 section (3) of Law Number 13 of 2003 and Law Number 17 of 2023, the absence of an implementing regulation renders the mental protection obligation an unenforceable norm. Consequently, mental health protection in Indonesia remains trapped in a reactive and voluntary paradigm. The intervention

relies heavily on partial corporate initiatives rather than binding national standards. Conversely, Singapore has successfully built an integrative and preventive protection ecosystem through the WSHA 2006, supported by the Tripartite Advisory technical guidelines. Singapore's success lies not only in regulation but also in the support of tripartite institutional infrastructure and the availability of standardized assessment tools such as iWorkHealth. This tool enables companies to systematically and measurably manage psychosocial risks.

This structural gap confirms that the primary problem in Indonesia is not the lack of recognition of the right to mental health. The main issue is the lack of legal instruments that can translate that right into operational obligations for employers. Without standardized psychosocial risk assessment benchmarks and strict sanction mechanisms, Indonesian workers remain vulnerable to unmanaged psychosocial hazards, such as extreme workload, burnout, and discrimination due to stigma. This condition directly impedes achieving national employment development goals to create a productive and prosperous workforce. Therefore, the urgency of legal reform in Indonesia is non-negotiable. This condition demands a shift from a conventional approach centered on physical safety to a holistic approach that places mental well-being as a primary pillar of OSH.

As a prescriptive response to these conclusions, this study recommends a series of strategic steps to reconstruct Indonesia's worker mental health protection system. *First*, the Ministry of Manpower is encouraged to immediately issue a specific Ministerial Regulation on Mental Health Protection at the Workplace. This regulation must explicitly mandate all companies to conduct periodic psychosocial risk assessments and provide affordable EAP access. *Second*, data and policy harmonization between institutions is required, specifically between the Ministry of Manpower, the Ministry of Health, and the Social Security Administering Body for Employment. The objective is to establish a national surveillance system capable of monitoring trends in work-related mental disorders in real time. *Third*, strengthening labor inspectors' capacity through an OSH training curriculum that integrates competencies for early detection of psychosocial hazards. Consequently, inspections will no longer be blind to non-physical risks.

Furthermore, the transformation of work culture must be driven by active labor union involvement in negotiating mental health clauses into Collective Bargaining Agreements. Additionally, providing incentives for companies that have proven they implement mentally healthy workplace policies is essential. For academics and future researchers, it is recommended to expand this study through empirical research on the effectiveness of administrative sanctions in improving corporate compliance with psychosocial OSH standards. This will enrich the evidence base for future policy refinement. By implementing these recommendations, Indonesia is expected to close

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the regulatory gap with developed nations and realize a work environment that is not only physically safe but also mentally healthy and dignified for the entire workforce.

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