



Mental Health in Peruvian Private Companies

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Mental health has moved from the margins of workplace conversation to the center of corporate strategy in Peru. What was once framed as a private matter for individual employees is increasingly treated as a collective, organizational responsibility with legal, economic and reputational consequences. In boardrooms and human resources offices across the country, executives are confronting a simple fact: the emotional wellbeing of employees affects productivity, retention and the capacity of companies to adapt to shocks. This article examines the legal framework, the scale of the problem, the business case for action, obstacles to

implementation, promising practices emerging in the private sector, and practical recommendations for Peruvian employers.

Legal and policy framework

Peru's Law No. 30947 — the Mental Health Law enacted in 2019 — established a national framework for promotion, prevention, treatment and rehabilitation in mental health, recognizing mental health as a right and setting obligations for public and private actors to promote healthy environments. The law and its subsequent technical guidelines emphasize prevention and community-based approaches that extend into workplaces.

Beyond the law, recent government initiatives have sought to place mental health on the national agenda. The Ministry of Labor and Promotion of Employment (MTPE) has promoted strategies and campaigns aimed at reducing psychosocial risks and fostering healthier work environments, signaling that mental health at work is a cross-cutting public policy priority. These initiatives align with broader national plans developed by the Ministry of Health (MINSA) during and after the COVID-19 pandemic, which highlighted the need to address the pandemic's mental health fallout across sectors, including employment.

The combined effect of law and policy is twofold: first, it gives employers a legal and ethical mandate to act; second, it creates opportunities for public-private collaboration, technical guidance and access to state resources for prevention and care. For private companies, this regulatory environment raises expectations for documented prevention plans, risk assessments and measures to facilitate access to care.

Scope and impact in the private sector

The mental health burden among Peruvian workers is multifaceted and has been amplified by recent crises. Research and institutional reports point to rising levels of anxiety, depression, burnout and sleep disturbances among employees across sectors. Studies conducted during and after the COVID-19 pandemic documented how job insecurity, remote work, blurred boundaries between home and office, and economic stressors contributed to deteriorating mental wellbeing among workers.

For companies, the human cost translates into measurable business impacts: increased absenteeism, higher rates of presenteeism (employees present but performing below capacity), greater staff turnover, and diminished team performance. HR professionals increasingly treat mental health indicators as operational metrics because they affect project delivery, customer service and innovation. In sectors with tight deadlines or high client exposure, even small declines in concentration and motivation can cascade into missed targets and reputational damage.

The pandemic served as a stress test. Many organizations that had previously deprioritized mental health were forced to confront the consequences of inaction: spikes in sick leave, difficulties in onboarding and training remotely, and a surge in requests for flexible arrangements. These trends revealed that mental health is not an isolated clinical issue but a systemic workplace risk that intersects with organizational design, leadership practices and labor conditions.

The business case for investing in mental health

Investing in mental health is not merely a compliance exercise; it is a strategic investment with measurable returns. International evidence and local experiences indicate that well-designed mental health programs can reduce absenteeism, lower turnover costs, and improve productivity and employee engagement. For Peruvian companies, the return on investment often appears through improved retention of skilled staff, reduced recruitment costs, and enhanced employer branding in a competitive labor market.

Beyond direct financial returns, companies that prioritize mental health gain operational resilience. Teams with better emotional regulation and clearer boundaries adapt more quickly to change, maintain higher morale during crises, and sustain customer-facing performance under pressure. For multinational firms and export-oriented businesses, demonstrating robust mental health policies can also be a differentiator with global clients and investors who increasingly evaluate environmental, social and governance (ESG) criteria.

Executives who have championed mental health initiatives report that the most convincing argument to boards is data: baseline surveys, trends in sick leave, and pilot program outcomes. When HR teams present evidence that a modest investment in counseling services, manager training or workload redesign yields measurable improvements in key performance indicators, the case for scaling interventions becomes compelling.

Barriers and cultural challenges

Despite the legal framework and the business rationale, implementation faces persistent barriers in the Peruvian private sector. Stigma remains a central obstacle: many employees fear that disclosing mental health struggles will harm their career prospects or lead to discrimination. This fear is compounded by managerial cultures that prize endurance and equate long hours with commitment.

Capacity gaps among middle managers are another major constraint. Supervisors often lack training in recognizing early warning signs, conducting supportive conversations, or making appropriate referrals. Without manager buy-in and skill, policies remain paper commitments rather than lived practices.

Resource constraints are particularly acute for small and medium-sized enterprises (SMEs). While large corporations may afford in-house psychologists or comprehensive employee assistance programs (EAPs), many SMEs must prioritize immediate operational costs over preventive health investments. This creates an equity gap: workers in smaller firms may face equal or greater psychosocial risks but have less access to support.

Finally, measurement challenges hinder progress. Companies struggle to define and track meaningful mental health KPIs. Without consistent metrics—such as validated wellbeing surveys, rates of mental-health-related leave, or utilization of support services—organizations cannot reliably assess impact or justify continued investment.

Emerging practices and promising models

Despite obstacles, a range of practical interventions has shown promise in Peruvian private companies. These initiatives tend to combine policy, training and access to care in ways that are scalable and culturally sensitive.

- **Integrated mental health plans:** Some firms have developed comprehensive plans that include prevention (risk assessments, workload reviews), promotion (wellbeing campaigns, stress management workshops), and access to care (EAPs, telepsychology partnerships). These plans often include protocols for return-to-work after mental-health-related leave.
- **Manager training:** Programs that equip supervisors with skills in empathetic communication, early detection and referral have been effective in creating safer spaces for disclosure and support. Training emphasizes confidentiality and practical steps for managers who are not clinicians.
- **Flexible work arrangements:** Hybrid schedules, flexible hours and formalized rest breaks help reduce chronic overload and improve work-life balance. When combined with clear expectations about availability, flexibility reduces the ambiguity that often fuels stress.
- **Partnerships with providers:** Companies increasingly contract with private clinics, telehealth platforms and mental health startups to provide affordable, confidential services to employees. These partnerships can be scaled to include family members and extended benefits.
- **Measurement and KPIs:** Leading firms track indicators such as self-reported stress levels, utilization rates of mental health services, absenteeism trends and employee engagement scores. Regular reporting to senior leadership helps maintain accountability and funding.

These practices share a common trait: they are sustained rather than episodic. Short-term campaigns have limited impact; sustained programs that are embedded in HR processes and leadership expectations produce cultural change.

Voices from the field

HR directors, occupational health specialists and employees interviewed across sectors describe a gradual but tangible shift. HR professionals note that once leaders see data linking wellbeing to turnover and performance, they become more willing to allocate budget. Occupational psychologists emphasize the importance of early intervention: addressing mild symptoms through counseling and workload adjustments prevents escalation into chronic conditions that require long absences.

Employees who have access to workplace support often report two immediate benefits: relief from acute distress and a renewed sense of trust in the employer. That trust, in turn, fosters loyalty and discretionary effort. Conversely, workers who perceive silence or punitive responses to mental health disclosures are more likely to disengage or leave.

Public institutions and universities have contributed research and guidance that help companies design interventions tailored to the Peruvian context. Studies conducted during the pandemic documented the links between remote work, job insecurity and mental health, providing evidence that workplace policies must address both psychosocial risks and broader socioeconomic stressors.

Practical recommendations for Peruvian employers

For companies ready to act, the following **practical roadmap** balances feasibility with impact:

- 1. Start with a baseline diagnosis**

Conduct anonymous wellbeing and psychosocial risk surveys to identify priority areas. Use validated instruments and disaggregate results by department and role.

- 2. Design an integrated plan**

Combine prevention, promotion and access to care. Include clear protocols for confidentiality, referral and return-to-work.

- 3. Train managers**

Provide concise, scenario-based training for supervisors on how to recognize distress, hold supportive conversations and refer employees to services.

4. **Scale access to care**

For SMEs, consider pooled contracts with local providers or telepsychology platforms to offer affordable counseling. For larger firms, ensure timely access and confidentiality.

5. **Implement flexible work policies**

Define hybrid models, core hours and expectations to reduce ambiguity and protect rest time. Monitor outcomes and adjust.

6. **Measure and report**

Track KPIs such as service utilization, absenteeism, presenteeism proxies and employee engagement. Report on the quarterly results to senior leadership quarterly.

7. **Communicate to reduce stigma**

Run internal campaigns that normalize help-seeking, share leadership endorsements and protect confidentiality. Visible support from top executives matters.

8. **Collaborate with public resources**

Leverage government guidance, national strategies and public health programs to align corporate actions with national priorities.

These steps are adaptable: small firms can begin with manager training and a telepsychology contract, while larger organizations can implement full-scale plans with embedded metrics.

Risks of inaction and the path forward

Failing to address mental health carries clear risks: higher operational costs, talent loss, reputational damage and potential regulatory scrutiny. As national policy and public awareness evolve, companies that delay may face both competitive and compliance disadvantages.

The path forward requires leadership commitment, budgetary allocation, and measurement discipline. It also requires humility: mental health interventions are not one-size-fits-all. Effective programs are culturally attuned, data-informed and sustained over time.

Peru's legal and policy framework provides a foundation; the private sector must now translate that framework into everyday practices that protect employees and strengthen organizations. Companies that succeed will not only comply with the law but will also build workplaces that are more resilient, humane and productive.

Conclusion

Mental health in Peruvian private companies is no longer an abstract social concern; it is a business imperative and a legal responsibility. The combination of Law No. 30947, national strategies and pandemic-era research has created both the obligation and the opportunity for employers to act. While stigma, capacity gaps and resource constraints remain, practical, scalable interventions exist and are already producing results in firms that commit to them. For Peruvian businesses, investing in mental health is an investment in human capital, operational stability and long-term competitiveness. The challenge now is to move from pilots and good intentions to sustained, measurable programs that make mental wellbeing a core element of corporate life.