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Mental Health, Well-Being, and Work-Life Balance in the Slums of Kolkata: Pathways toward Sustainable Urban Development

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Abstract

This study explores the everyday lives, mental well-being, and work-life balance of slum population who has lived for more than two generations in the slums of Kolkata. The research has used a qualitative phenomenological design. In-depth semi-structured interviews were conducted. Participants were chosen through purposive sampling so that the sample includes a mix of gender, age, and occupation. Thematic analysis showed that the daily life of these marginalised women is shaped by a mix of structural, community, personal factors. The biggest source of stress for these women was unstable work and financial insecurity. At the same time, supportive relationships with neighbours and their own personal strategies helped them to cope and stay resilient. Spiritual practices, positive thinking, and daily routine maintenance were also tried by the participants as a coping strategy. The study highlights the importance of context-specific resilience, strong social support, and everyday coping strategies practised by these women dwelling in slums of Kolkata. The paper also stresses on the urgent requirement for community-based mental-health programs, policy support, and sustainable urban development.

Keywords: Mental Health; Work-Life Balance; Urban Slums; Sustainable Development; Kolkata

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Introduction

The relationship between mental health and overall well-being has become an important concern within the broader discourse on sustainable development, particularly in rapidly urbanising developing countries. Among these, the slum settlements of Kolkata, one of India's oldest and largest metropolitan cities, present a significant public health challenge. Residents of these settlements experience persistent poverty, overcrowded housing, insecure livelihoods, and inadequate access to basic public services, all of which contribute to both physical and psychological distress [1, 2]. Although mental health is now widely recognised as an essential component of human development, people living in urban slums continue to receive limited attention in terms of mental healthcare services, policy support, and academic research [3]. This gap highlights the need to understand the mental health experiences of vulnerable urban populations within the context of sustainable development.

Employment opportunities in urban slums are largely confined to the informal sector, where work is often characterised by low wages, long working hours, job insecurity, and the absence of social protection. These conditions place considerable psychological pressure on individuals and restrict their ability to maintain a healthy balance between occupational responsibilities and personal life. Continuous financial uncertainty, combined with demanding work schedules, adversely affects emotional stability, family relationships, and overall psychological well-being [4]. Furthermore, urban poverty limits access to mental healthcare services, recreational spaces, and social support systems that could otherwise promote work-life balance and improve quality of life [5]. Consequently, understanding the interaction between employment conditions, mental health, and well-being is essential for addressing the challenges faced by slum communities.

Growing recognition of the importance of mental health has encouraged researchers and urban planners to advocate for its integration into sustainable urban development policies [6]. This perspective is consistent with the United Nations Sustainable Development Goals (SDGs), particularly SDG 3, which promotes good health and well-being, and SDG 11, which emphasises inclusive, safe, resilient, and sustainable cities [7]. Improving mental health among economically

disadvantaged urban populations therefore extends beyond public health concerns and represents an important component of achieving sustainable and inclusive urban development. Addressing psychological well-being within slum communities can contribute to improved productivity, stronger community resilience, and enhanced social inclusion.

The present study adopted a qualitative approach to explore the interrelationship between mental health, well-being, and work-life balance among residents of selected slum settlements in Kolkata. Rather than relying on quantitative indicators, the study sought to understand participants' lived experiences and the social, economic, and environmental circumstances influencing their psychological well-being. Semi-structured interviews were conducted with purposively selected participants from the slum clusters of Tiljala, Topsia, Chetla, and Kalighat. The narratives obtained from these interviews provided valuable insights into participants' perceptions, everyday challenges, and coping strategies. The findings offer evidence that may support the development of context-specific urban policies that recognise mental health as a fundamental component of sustainable development and promote inclusive, community-based interventions.

Literature Review

Urban slum population mental health has started being recognized more and more as an important yet still unexplored aspect of public health and urban policy. According to research, the people living in informal settlements are subject to a whole range of social, environmental, and economic stressors which increase their susceptibility to depression, anxiety, and other mental health problems [6, 8]. In India, the situation has aggravated with the combination of rapid urbanization and insufficient housing conditions [2]. Besides, overcrowding, bad sanitation, and lack of privacy are still the major causes of psychological strain in slum areas [5].

In a case study conducted in Kolkata health disparities by Banerjee [1] that affirmed that people living in slums have their rations of mental stress which they consider as a part of survival and so they underreport their cases and conduct less health-seeking behavior. Then again, the stigma that goes with having a mental health problem is strong, pushing further away those who require psychological help [3]. These findings show that we urgently need mental health programs that work within the community. These programs should be culturally sensitive and easily accessible.

Work-Life Balance (WLB) has mostly been a topic of discussion in the context of formal employment; however, in underdeveloped countries, a considerable amount of the labor force consists of workers in the informal sector. In the slums of Kolkata, people usually receive very low pay or no pay at all, and they work for long hours in very poor conditions; hence, they are left with almost no time for resting, enjoying life, or spending time with their families [4]. Emotional well-being and family ties suffer directly from such a situation creating a loop of stress and tiredness [9].

Moreover, the gender dynamics have a huge influence on WLB outcomes. The women in the slums are those who are doing paid jobs as well as unpaid domestic work, which not only increases their workload but also their emotional burden [10]. On top of that, lack of childcare facilities and no flexible working hours make the situation even worse for women and add to the mental health problems in the society. Therefore, it can be said that to make work-life balance better in the informal sectors not only labor reforms but the social infrastructure that supports the total well-being of individuals is also necessary.

Well-being is a concept that has different dimensions ranging from individual happiness to social and environmental aspects that are vital for the long run sustainability [7]. Urban development that is sustainable in an ecological way is considered in the 2030 Agenda for Sustainable Development as an economic growth that is accompanied by social inclusion and environmental protection. The mental health issue is considered to be very important by some scholars who advocate for its inclusion in urban sustainability frameworks along with the other issues such as productivity, social cohesion and community resilience being undermined by ill mental health [6, 11].

Kolkata's slum areas provide a paradoxical picture where the economy marked by high activity is still living under poor conditions. The total public investments covering healthcare, sanitation and housing are so low that they affect people's mental and physical well-being and thus, impede the city moving towards achieving the targets of SDGs 3 and 11 - Good Health and Well-Being, and Sustainable Cities and Communities [7]. Therefore, the integration of psychosocial health programs into urban planning would be a way of reinforcing the sustainability of these communities [12].

Research Gaps

Existing research has extensively examined urban poverty, housing conditions, and physical health in Indian slums; however, limited attention has been paid to the combined influence of mental health, work-life balance, and sustainable urban development. Most previous studies have focused either on psychological well-being or on socio-economic deprivation without exploring how these dimensions interact within the everyday lives of slum residents. Furthermore, qualitative evidence capturing the lived experiences of individuals employed in the informal sector remains limited, particularly in the context of Kolkata. This study addresses this gap by examining how slum residents perceive their mental health, manage work-life responsibilities, and develop coping strategies under conditions of economic and social disadvantage. The findings contribute to a deeper understanding of mental well-being within the broader framework of sustainable urban development.

Research Questions

The study was guided by the following research questions:

- How do residents of selected urban slums in Kolkata perceive their mental health and psychological well-being?
- What factors influence work-life balance among individuals engaged in informal employment?
- What coping strategies do slum residents adopt to manage psychological stress?
- How do mental health, work-life balance, and well-being contribute to sustainable urban development?

Objectives of the Study

The primary objective of this study was to examine the interrelationship among mental health, psychological well-being, and work-life balance among residents of selected urban slums in Kolkata within the broader context of sustainable development. Specifically, the study aimed to:

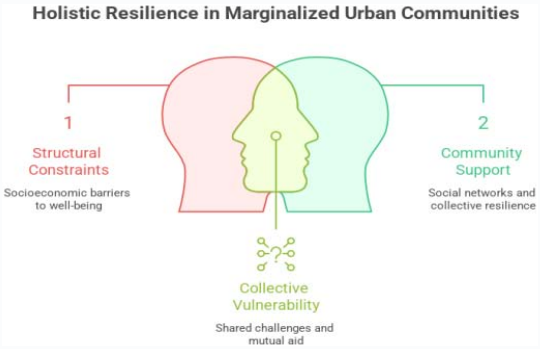

Figure 1: Holistic resilience in marginalised urban communities.
Source: Author

Table 1: Major themes, subthemes and representative participant quotations.

THEME	SUBTHEMES	ILLUSTRATIVE QUOTES
1. Structural Constraints and Economic Stress	Financial instability, Insecure employment, Housing inadequacy	"Even if I earn 200 rupees today, tomorrow I don't know if there will be work. I can't sleep thinking about it."
2. Community Relationships and Social Support	Neighbourly help, Emotional support, Shared responsibilities	"When my son was sick, my neighbour helped me get medicine and took care of him while I worked. We rely on each other."
3. Personal Coping Mechanisms and Resilience	Routines, Spiritual practices, Positive reframing	"I pray every morning and tell myself that things will get better. It helps me face the day."
4. Work-Life Balance Challenges	Long working hours, Blurred boundaries, Flexible strategies	"Sometimes I work late and cannot help my children with homework, but we take turns in the family to manage."
5. Interconnectedness of Factors	Interaction of structural, social, and personal factors	"Even when money is tight, my neighbours' support and my morning routine help me cope."

Source: Author

- Examine the factors influencing mental health and psychological well-being among slum residents.
- Explore how informal employment affects participants' work-life balance.
- Analyse the relationship between mental health, well-being, work-life balance, and sustainable urban living.
- Identify the coping strategies adopted by slum residents to manage psychological stress.
- Suggest policy recommendations and community-based interventions to improve mental health and promote sustainable urban development.

Research Methodology

Research design

The study adopted a qualitative research design based on a phenomenological approach to understand the lived experiences of residents living in selected urban slums of Kolkata. A phenomenological design was considered appropriate because it enables researchers to explore how individuals perceive and interpret their everyday experiences within their social and economic environment. The study focused on working adults residing in the slum settlements of Tiljala, Topsia, Chetla, and Kalighat, where participants had lived for at least two years. The approach facilitated an in-depth understanding of participants' perceptions of mental health, psychological well-being, work-life balance, and the coping strategies they adopted while living under conditions of economic hardship and social disadvantage.

Sample size and participant selection

A purposive sampling technique was employed to recruit participants who could provide rich and meaningful information relevant to the objectives of the study. The inclusion criteria required participants to be between 18 and 60 years of age, currently engaged in informal or low-income occupations, and residents of the selected slum settlements for a minimum of two years.

A total of 22 participants were included in the study. The sample comprised 12 males and 10 females representing diverse occupations such as domestic workers, street vendors, construction workers, rickshaw pullers, daily wage labourers, and small informal business operators. Participants also represented different age groups and educational backgrounds, allowing the study to capture a broad range of lived experiences.

Participant recruitment continued until data saturation was achieved. Data saturation was considered to have occurred when no new themes or meaningful insights emerged from subsequent interviews, indicating that the collected data were sufficient to address the research objectives [13].

Data collection

Data were collected through semi-structured, face-to-face interviews conducted between [Jan-Feb., 2026]. Each interview lasted approximately 45-60 minutes, allowing participants adequate time to describe their experiences in detail. An interview guide containing open-ended questions was used to ensure consistency across interviews while providing sufficient flexibility for participants to elaborate on issues they considered important.

The interview questions explored participants' perceptions of mental health, experiences of work-life balance, sources of psychological stress, community support, and coping mechanisms. With participants' informed consent, all interviews were audio-recorded and subsequently transcribed verbatim. Field notes were

Table 2: Conceptual framework illustrating the interaction among structural conditions, community support, personal coping, and mental well-being.

COMPONENT	DESCRIPTION	EXAMPLES / SUBCOMPONENTS	RELATIONSHIP TO MENTAL HEALTH & WELL-BEING
Structural Constraints	Economic and infrastructural challenges that limit opportunities and resources	Poverty, Insecure employment, Poor housing	Directly affects mental health, well-being, and work-life balance
Community Relationships	Social support networks within the slum community	Neighbourly help, Shared responsibilities, Emotional support	Supports mental health and personal coping; moderates the effect of structural constraints
Personal Coping Mechanisms	Individual strategies and resilience practices	Spirituality, Daily routines, Positive reframing	Enhances mental health, well-being, and work-life balance; interacts with social and structural factors
Central Outcome	Overall state of psychological and functional well-being	Mental health, Well-being, Work-life balance	Result of interaction between structural, social, and personal factors

Source: Author

also maintained during the interviews to document contextual observations and non-verbal expressions that complemented the interview data.

Ethical considerations

Prior to data collection, participants were informed about the objectives of the study, the voluntary nature of their participation, and their right to withdraw from the interview at any stage without any consequences. Written (or verbal) informed consent was obtained from all participants before the commencement of the interviews. Participants were assured that their identities would remain confidential, and pseudonyms were used during data analysis and reporting to protect their privacy.

The study was conducted in accordance with accepted ethical principles for research involving human. As the study involved minimal risk informed consent, voluntary participation, confidentiality, and anonymity were strictly maintained throughout the research process.

Data analysis

The interview transcripts were analysed using thematic analysis following the six-stage framework proposed by Braun and Clarke [14]. Initially, the researchers familiarised themselves with the data through repeated reading of the interview transcripts. Meaningful statements relevant to the research objectives were then identified and assigned initial codes. Similar codes were subsequently grouped into broader categories, from which overarching themes and subthemes emerged. The identified themes were continuously reviewed and refined to ensure that they accurately reflected participants' experiences. The final themes were interpreted in relation to existing literature on mental health, work-life balance, resilience, and sustainable urban development. Data management and coding were carried out manually with the support of Microsoft Word. To enhance the credibility and trustworthiness of the findings, the researchers maintained an audit trail, practised reflexive note-taking throughout the analysis, and regularly reviewed coding decisions to minimise subjective bias.

Trustworthiness of the study

To ensure the quality and credibility of the qualitative findings, the study adopted the principles of trustworthiness proposed by Lincoln and Guba (1985). Credibility was enhanced through prolonged engagement with participants and careful examination of interview transcripts. Dependability was maintained by documenting each stage of the research process and preserving an audit trail. Confirmability was strengthened through researcher reflexivity, while transferability was supported by providing detailed descriptions of the study context and participant characteristics, enabling readers to determine the applicability of the findings to similar settings.

Findings

The thematic analysis identified five interrelated themes that explain how residents of Kolkata's urban slums experience mental health, well-being, and work-life balance. These themes demonstrate that psychological well-being is influenced by a combination of structural conditions, social relationships, and individual coping capacities rather than by a single factor. Participants consistently described how financial insecurity, inadequate housing, community support, and personal resilience interacted to shape their daily experiences. The findings also highlight the close relationship between mental health and sustainable urban development, suggesting that improvements in well-being require interventions at multiple levels.

Theme 1: Structural constraints and economic stress

Financial insecurity emerged as one of the strongest determinants of poor mental health among the participants. Most respondents depended on irregular informal employment, where daily income was uncertain and insufficient to meet household needs. The absence of stable employment created continuous anxiety regarding food, housing, healthcare, and children's education. One participant explained:

"Today I may earn 200 rupees, but tomorrow there may be no work. I keep worrying about how I will feed my family."

Besides unstable income, overcrowded housing, poor sanitation, and limited access to public services intensified psychological distress. Participants described living in environments where basic necessities such as clean drinking water, adequate ventilation, and privacy were often unavailable. These findings indicate that mental health challenges were closely linked to structural inequalities rather than individual weaknesses. This observation is consistent with Patel *et al.,* [6], who argued that social determinants such as poverty and insecure employment significantly influence psychological well-being. The findings also support the structural inequality perspective, which suggests that mental health outcomes are shaped by broader economic and social conditions.

Theme 2: Community relationships and social support

Despite experiencing economic hardship, participants frequently described strong neighbourhood relationships as an important source of emotional and practical support. Informal networks within the community enabled residents to share responsibilities, exchange childcare, borrow essential household items, and provide assistance during illness or financial emergencies. One participant stated:

"When my son became sick, my neighbour stayed with him while I went to work. Without them, I don't know how I would have managed."

These interactions fostered a sense of trust, belonging, and collective responsibility that helped participants cope with everyday stress. Community support reduced feelings of isolation and provided emotional reassurance during difficult situations. The findings closely reflect the concept of social capital proposed by Putnam (2000), which suggests that strong social relationships enhance individual well-being by facilitating mutual trust and cooperation. Within the context of urban slums, social capital appeared to function as an important protective factor against psychological distress.

Theme 3: Personal coping mechanisms and resilience

Participants adopted various personal strategies to manage stress arising from financial uncertainty and challenging living conditions. Spiritual practices, daily routines, positive thinking, and maintaining hope for future improvement were commonly reported as effective coping mechanisms. Several respondents explained that prayer, meditation, or spending time with family helped them regain emotional balance during periods of hardship. One participant remarked:

"Every morning, I pray before leaving home. It gives me strength to face whatever happens during the day."

These coping strategies demonstrate that resilience is not merely an individual personality trait but develops through continuous adaptation to adverse circumstances. Although these strategies did not eliminate structural problems, they enabled participants to maintain emotional stability and continue fulfilling their daily responsibilities. The findings support Masten's (2014) theory of resilience, which describes resilience as an adaptive process that allows individuals to function positively despite prolonged adversity.

Theme 4: Challenges to work-life balance

Maintaining a healthy balance between work and personal life was a significant challenge for most participants. Long working hours, irregular employment schedules, and financial pressures often prevented individuals from spending sufficient time with their families or engaging in activities that promoted physical and psychological well-being. Women, in particular, reported experiencing a dual burden of paid employment and unpaid domestic responsibilities, resulting in increased physical exhaustion and emotional stress.

One participant explained:

"After returning from work, I still have to cook, clean, and take care of my children. There is hardly any time left for myself."

The findings suggest that work-life imbalance was not simply a consequence of individual time management but reflected broader structural limitations associated with informal employment. These results are consistent with previous studies [4, 9], which found that insecure employment and limited labour protections reduce opportunities for maintaining psychological well-being and healthy family relationships.

Theme 5: Interconnectedness of structural, social, and personal factors

The analysis revealed that mental health, work-life balance, and well-being were influenced by the interaction of structural, social, and personal factors rather than by any single determinant. Participants who reported stronger community relationships and effective coping strategies appeared better able to manage the psychological effects of financial hardship than those with limited social support. Nevertheless, personal resilience alone could not fully compensate for persistent economic insecurity and inadequate living conditions.

One participant reflected:

"Money problems never disappear, but when neighbours support each other and we stay hopeful, life becomes a little easier."

This interconnected relationship demonstrates that mental health outcomes emerge through the combined influence of economic circumstances, community relationships, and individual resilience. The findings align with ecological models of health and resilience theory, which recognises that individual well-being, is shaped by multiple interacting environmental and social systems (Table 1).

Discussion

The present study explored the interrelationship among mental health, well-being, and work-life balance among residents of selected urban slums in Kolkata within the broader context of sustainable development. The findings demonstrate that psychological well-being is shaped by a complex interaction of structural disadvantages, community relationships, and individual coping mechanisms. Rather than operating independently, these factors collectively influence how individuals experience stress, maintain resilience, and negotiate the demands of work and family life.

One of the most significant findings of the study is the central role of economic insecurity in shaping mental health outcomes. Participants consistently reported that irregular employment, unstable income, and financial uncertainty generated persistent psychological stress. These concerns extended beyond immediate financial needs and affected their ability to plan for the future, support their families, and access healthcare and education. This finding is consistent with earlier studies by Patel *et al.,* [6] and Lund *et al.,* [8], which identified poverty and insecure employment as major social determinants of mental health in low-income urban communities. The findings also reinforce the structural inequality perspective, which argues that health outcomes are influenced not only by individual behaviour but also by unequal access to economic opportunities, housing, and public services.

The study further highlights that inadequate housing conditions and poor urban infrastructure intensify psychological distress. Participants described overcrowding, lack of privacy, poor sanitation, and limited access to basic amenities as continuous sources of stress that affected both physical and emotional well-being. These findings support previous research conducted in Indian urban slums [1, 5], which demonstrated that environmental deprivation contributes significantly to anxiety, emotional exhaustion, and reduced quality of life. The results therefore suggest that improving mental health in urban slums requires broader investments in housing, sanitation, and neighbourhood infrastructure alongside healthcare interventions.

An important contribution of this study is its emphasis on the protective role of community relationships. Despite experiencing severe economic hardship, participants frequently relied on neighbours, relatives, and informal community networks for emotional reassurance and practical assistance. These support systems helped individuals cope with childcare responsibilities, financial emergencies, illness, and emotional stress. Such findings are consistent with Putnam's (2000) theory of social capital, which argues that trust, reciprocity, and social networks strengthen individual and community resilience. Within the context of Kolkata's slums, social

support emerged as a valuable resource that partially reduced the negative effects of structural disadvantage. However, while strong community relationships improved emotional well-being, they could not completely eliminate the challenges associated with persistent poverty and insecure employment.

The findings also demonstrate that participants actively developed personal coping strategies to manage the pressures of daily life. Spiritual practices, maintaining daily routines, positive thinking, and emotional self-regulation were commonly identified as mechanisms that helped participants maintain psychological stability. These coping strategies illustrate that resilience develops through continuous adaptation to adversity rather than through the absence of hardship. This observation supports Masten's (2014) resilience theory, which conceptualises resilience as an ordinary process arising from everyday adaptive capacities. Nevertheless, the study also indicates that individual resilience has limitations when structural barriers remain unresolved. Personal coping mechanisms can reduce psychological distress but cannot substitute for improvements in employment security, housing quality, and access to essential public services.

Work-life balance emerged as another critical dimension affecting participants' mental well-being. Most respondents reported that long working hours, irregular work schedules, and the uncertainty associated with informal employment limited the time available for family life, rest, and recreation. Women, in particular, described experiencing multiple responsibilities arising from paid work and unpaid domestic labour, increasing their physical fatigue and emotional burden. These findings support earlier research by Bhattacharya and Sen [4] and Srinivasan and Murthy [9], which found that informal employment significantly constrains opportunities for maintaining healthy work-life balance. The results also underline the importance of recognising unpaid care work when designing labour and social welfare policies aimed at improving mental health.

The study contributes to the growing body of literature linking mental health with sustainable urban development. The findings suggest that mental well-being should not be viewed solely as a healthcare issue but as an essential component of inclusive urban planning and sustainable development. This perspective is consistent with the United Nations Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being) and SDG 11 (Sustainable Cities and Communities), both of which recognise that healthy and resilient communities are fundamental to sustainable development [7]. By demonstrating how housing conditions, employment opportunities, social relationships, and psychological well-being interact, the study provides evidence for adopting integrated urban policies that address both social and mental health inequalities.

Another important implication of the findings is their relevance beyond Kolkata. Many rapidly urbanising cities in developing countries, including Mumbai, Dhaka, Nairobi, and Lagos, experience similar challenges related to informal employment, inadequate housing, and limited mental health services. Although the social and cultural contexts may differ, the structural issues identified in this study are common across many informal settlements. Consequently, the findings may provide useful insights for policymakers and researchers working in comparable urban environments.

Despite its contributions, the study has certain limitations. The qualitative design focused on a relatively small group of participants from selected slum communities in Kolkata; therefore, the findings should not be interpreted as statistically representative of all urban slum populations. The research relied on participants' self-reported experiences, which may have been influenced by personal perceptions and recall. Future studies may adopt mixed-method or longitudinal designs to examine changes in mental health and work-life balance over time and to compare experiences across different urban regions. Comparative studies involving multiple cities could further strengthen understanding of how local socio-economic conditions shape mental health outcomes.

Overall, the discussion demonstrates that mental health among urban slum residents cannot be understood independently of the structural, social, and economic conditions in which people live. Sustainable improvements in well-being require coordinated interventions that combine economic security, improved urban infrastructure, accessible mental healthcare, and stronger community support systems. Such an integrated approach is likely to produce more meaningful and long-lasting improvements in both individual well-being and sustainable urban development (Table 2).

Conclusion

The present study examined the relationship among mental health, well-being, and work-life balance among residents of selected urban slums in Kolkata from the perspective of sustainable development. The findings demonstrate that psychological well-being is shaped by a combination of structural conditions, social relationships, and individual coping capacities. Economic insecurity, unstable employment, poor housing conditions, and inadequate access to essential services emerged as major sources of psychological stress. At the same time, strong neighbourhood relationships, informal support networks, and personal resilience helped many participants manage everyday challenges and maintain emotional stability despite adverse living conditions (Figure 1).

An important contribution of the study is its recognition that mental health cannot be understood solely as an individual health concern. Instead, it is closely connected with employment opportunities, housing quality, social support, and the broader urban environment. The findings suggest that interventions focusing only on clinical mental healthcare are unlikely to produce sustainable improvements unless they are accompanied by measures that address poverty, livelihood security, and community development. This integrated perspective reinforces the importance of incorporating mental health into urban planning and public policy.

The study also contributes to the existing literature by providing qualitative evidence from the lived experiences of slum residents in Kolkata, an area where research examining the combined influence of mental health, work-life balance, and sustainable development remains limited. By highlighting participants' voices, the study offers a deeper understanding of the everyday realities faced by economically disadvantaged urban communities and demonstrates the value of qualitative inquiry in informing policy and practice.

Although the findings provide valuable insights, the study is limited to selected slum communities in Kolkata and reflects the experiences of a relatively small group of participants. Consequently, the findings should be interpreted within their specific socio-cultural context. Future research may employ mixed-method or longitudinal approaches to examine changes in mental health over time and to compare experiences across different urban regions.

Overall, the study concludes that improving mental health and well-being in urban slums requires an integrated approach that combines economic support, improved living conditions, accessible mental healthcare, and community participation. Such an approach would not only improve individual quality of life but also contribute to achieving sustainable, inclusive, and resilient urban development in line with the Sustainable Development Goals.

Recommendations

Based on the findings of the study, the following recommendations are proposed to improve mental health, work-life balance, and overall well-being among residents of urban slums.

i. Strengthen livelihood security and social protection

Since financial insecurity emerged as one of the primary sources of psychological distress, government agencies should strengthen employment security through skill development programmes, income-generation initiatives, and social protection schemes for workers engaged in the informal sector. Expanding access to health insurance, pension schemes, and emergency financial assistance could reduce economic uncertainty and improve psychological well-being.

ii. Integrate mental health into primary healthcare services

Mental health services should be incorporated into existing urban primary healthcare systems so that residents of informal settlements can access affordable and culturally appropriate psychological support. Community-based counselling, regular mental health screening, and awareness programmes can reduce stigma while encouraging early identification and treatment of mental health problems.

iii. Improve housing and basic urban infrastructure

The findings demonstrate that overcrowded housing, poor sanitation, and inadequate public services contribute significantly to psychological stress. Therefore, urban development policies should prioritise improvements in housing quality, sanitation, drinking water, waste management, and safe public spaces within slum communities. Such improvements would contribute simultaneously to physical health, mental well-being, and sustainable urban development.

iv. Promote community-based support systems

Neighbourhood support networks were found to play a vital role in helping participants cope with everyday stress. Local government bodies and non-governmental organisations should therefore encourage community-led mental health programmes, peer support groups, self-help groups, and neighbourhood well-being initiatives that build upon existing social relationships within slum communities.

v. Support work-life balance among informal workers

Policies should recognise the unique challenges faced by workers in the informal sector, particularly women who shoulder both paid employment and unpaid household responsibilities. Flexible working arrangements where feasible, affordable childcare services, and livelihood programmes aimed at improving income stability may help reduce work-family conflict and enhance psychological well-being.

vi. Enhance mental health awareness

Community education programmes should be organised to increase awareness regarding mental health, stress management, and available support services. These initiatives should be delivered in local languages and should respect cultural beliefs and community practices to encourage greater participation and reduce stigma associated with seeking psychological help.

vii. Directions for future research

Future studies should include larger and more diverse samples from different urban regions to improve the transferability of findings. Mixed-method research combining qualitative and quantitative approaches could provide a more comprehensive understanding of mental health and work-life balance among urban poor populations. Longitudinal studies may also help identify how changes in employment, housing conditions, and public policies influence psychological well-being over time.

Study Limitations

The study focused on selected slum settlements in Kolkata and therefore reflects the experiences of participants within a specific socio-economic context. As a qualitative study, the findings are intended to provide an in-depth understanding rather than statistical generalisation. Future studies involving larger samples and multiple cities would enhance the broader applicability of the findings.

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