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# Strengthening Judicial Frameworks for the Protection of Workers at Risk of Burnout in the Era of the 5.0 Revolution

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**Abstract**

Mental health significantly impacts state performance, productivity, public services, health care costs, and tax revenue. The 5.0 Revolution has redefined productive work as continuous, raising expectations for constant activity and responsiveness and heightening work-related stress. Excessive work stress, known as burnout, is not classified as a medical condition but is recognized as "unmanaged work burnout syndrome." This research examines the need to strengthen legal frameworks to provide preventive protection against burnout for employees. The researcher conducted doctrinal research using primary legal sources, including the Law of the Republic of Indonesia Number 13 of 2003 concerning Manpower (as amended), the Law of the Republic of Indonesia Number 2 of 2022 concerning Job Creation, Law No. 17 of 2023 concerning Health, the Regulation of the Minister of Health Number 3 of 2023 concerning Health Service Tariff Standards, and the Regulation of the Minister of Health Number 19 of 2024 concerning Community Health Centers. We also reviewed secondary sources, such as scientific journal articles and books. We analyzed these sources using legal interpretation and synthesis, applying grammatical and systematic methods. To strengthen the legal framework, we recommend providing psychological consultation services in companies, implementing mental health screenings for employees, and enhancing psychological well-being services at health centers.

**Keywords:** burnout; legal protection; employment; mental health

## 1. Introduction

Worker mental health refers to the psychological and emotional state that enables individuals to perform their duties and responsibilities effectively and productively, while also fostering satisfaction within the work environment [1]. According to the World Health Organization (WHO), mental health is defined as a state in which an individual is aware of their abilities, can cope with normal life stressors, works productively, and contributes to their community. Good mental health is essential for worker efficiency and overall well-being [2]. Poor mental health affects individuals, families, and communities by contributing to diminished performance, reduced productivity, and increased demand for social services. These outcomes ultimately elevate health care costs and decrease state tax revenues [3].

Mental health has far-reaching implications on many levels. A person who is mentally healthy can cope with stress within normal limits, is able to work productively, and is able to contribute to their environment.

The 5.0 Revolution has significantly impacted the workforce through pervasive digitalization, fostering an environment where continuous connectivity is expected. The concept of technology-based productivity has shifted expectations, requiring workers to remain

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active, responsive, and always present [4]. Digital workloads and demands to stay connected to work can increase stress and blur the boundaries between work time and personal life. This condition has the potential to cause fatigue, sleep disturbances, and mental and physical health problems. A previous global analysis found that there was an increase in deaths due to heart disease by 42%, and from stroke by 19%, due to people working more than 55 h a week [5]. When people experience work fatigue, the sense of competence and achievement at work has a diminished emotional impact, which is correlated with the formation of burnout [6]. In the 5.0 era, workers are likely to experience burnout or work fatigue.

Law No. 17 of 2023 concerning Health regulates that every worker has the right to live a physical, mentally, and socially healthy life. The government strives to acknowledge that mental health affects every individual. An individual is considered to have good mental health if they are able to develop physically, mentally, spiritually, and socially so that they are aware of their own abilities, can overcome pressure, can work productively, and are able to contribute to their community [7]. Government Regulation No. 28 of 2024 concerning Implementation and Regulation of Law Number 17 of 2023 concerning Health regulates promotive occupational health efforts by improving physical and mental health in the workplace, including preventive and curative efforts against occupational diseases [8].

Psychosocial disorders are recognized as a work-related disease in the Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2022 concerning Occupational Disease Health Services, in the Regulation of the Minister of Manpower Number 5 of 2018 concerning Occupational Safety and Health of the Work Environment, and in the Presidential Regulation of the Republic of Indonesia Number 7 of 2019 concerning Occupational Diseases [9]. To prevent psychosocial disorders, Law No. 13 of 2003 concerning employment regulates working hours and the obligation to provide protection of welfare, safety, and mental and physical health. Working hours are regulated to between 36 and 40 h each week [10]. Workload should be seen from a qualitative and quantitative perspective. Current working hours are associated with the era of the industrial revolution, while the concept of technology-based productivity enables people to work outside of working hours for 30–40 h a week, leading to the risk of work fatigue.

The Presidential Regulation of the Republic of Indonesia Number 7 of 2019 concerning Occupational Diseases also regulates mental disorders caused by work activities [9]. To fulfill the right of the community to receive psychosocial services, regulations have implemented Public Health Centers (Puskesmas) as primary-level service facilities, providing clinical psychologists in stages according to regional capabilities [11]. However, implementation has not been achieved by all health centers that meet these standards. For example, in the country's capital Jakarta, only 28 of 44 Puskesmas offered psychological services in 2025 [12]. From this data, it can be concluded that not all people have access to mental disorder services at the Public Health Center level. Puskesmas, as the Primary Health Service Provider, are the closest health services to the community and are the first point of contact with the health service.

Normatively, Indonesia recognizes aspects of occupational health, psychosocial factors, occupational diseases, and social security protection, which are spread across various regulations and summarized below (see Table 1).

**Table 1.** Normative Mapping.

| Regulation | Regarding Mental Health- and Work-Related Exhaustion |
| --- | --- |
| Law No. 17 of 2023 concerning Health | It guarantees the right to health and occupational health but lacks specific clarity regarding psychosocial risks. |
| Government Regulation No. 28 of 2024 concerning Implementation Regulation of Law Number 17 of 2023 concerning Health | It mandates promotive and preventive measures for workplace mental health but lacks operational specificity. |
| • Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2022 concerning Occupational Disease Health Services<br>• Regulation of the Minister of Manpower Number 5 of 2018 concerning Occupational Safety and Health of the Work Environment<br>• Regulation of the President of the Republic of Indonesia Number 7 of 2019 Concerning Occupational Diseases | Psychosocial disorders are recognized as occupational diseases, yet this recognition does not yet extend to work-related fatigue (burnout). |
| Law No. 13 of 2003 concerning Manpower | Provides mental and physical health protection, yet a specific mental health protection system is not yet in place. |

In ASEAN countries, mental health disorders have increased year-on-year by 182.8% in the last thirty years [13]. Mental health care coverage is approximately 33% in developed countries, whereas in developing countries it is only 8% [14]. Significant gaps in mental health services are also evident in Indonesia. For instance, 20% of Indonesians (54 million people) experience mental and emotional disorders, yet only 8% receive professional treatment [15]. These data underscore the urgent need to expand access to mental health services in Indonesia. Regarding financing, as stipulated in the Health Service Standard Regulation for the JKN program, the Government of Indonesia bears the tariff for the mental health diagnostic test procedure in hospital outpatient settings [16]. Hospital services with JKN fees are advanced outpatient services that previously required referrals from the primary level. This means that workers, before receiving advanced treatment, first receive primary-level services, in this case from health centers, clinics, and doctors.

Burnout is work fatigue that increases the risk of mental health disorders; workers should be able to access services early, with early detection of mental disorders part of service operations. However, this is not yet a clear part of the regulations. This raises the following question: what are the legal protections for workers against burnout or work fatigue in the 5.0 era?

The purpose of this study is to analyze the urgency of strengthening the law to ensure protection for workers against the threat of burnout, with the scope of national legal juridical limitations in Indonesia in the form of protection of workers' mental health in employment relationships. The analysis includes laws and regulations that regulate workers' rights to occupational health and safety, employer obligations, occupational health, psychosocial risks, working time and rest time, occupational diseases, health services, and employment social security.

The results of this study are expected to contribute to strengthening policies to be more responsive to worker psychology in the era of the 5.0 Revolution.

## 2. Burnout Work Fatigue as a Syndrome

Burnout refers to emotional, physical, and mental exhaustion resulting from chronic stress [6]. Burnout is not classified as a medical condition in the World Health Organization (WHO)'s International Classification of Diseases, 11th edition (ICD-11). However, it is recognized as a phenomenon or syndrome arising from unmanaged work stress [17,18]. Most physicians seldom use the term "burnout" in the ICD, instead considering it a syndrome or work-related disorder [19]. This definition and classification highlight the necessity for a clear legal understanding of burnout. Mental health and physical health are equally important for both the workforce and for the company. Good mental health can improve work ethics and grow self-potential, so that company productivity increases. In most countries, mental health disorders in the workplace are recognized as a problem [20]. This definition of good mental health means that the individual can be productive and contribute to their environment; however, burnout is an excessive work stress syndrome that definitionally does not affect worker productivity. Therefore, it is necessary to expand the concept of work accidents.

## 3. Mental Health Risks in Workers

A worker's mental health is a psychological and emotional condition that impacts their ability to carry out their duties effectively and productively and feel satisfied in the work environment. According to the World Health Organization (WHO), good mental health is the state of an individual who is aware of their abilities, able to cope with stress, productive, and able to contribute to their community. Good mental health is essential for worker efficiency and well-being [21].

Mental health must be protected. It can be the basis for recovery, social protection, and legal accountability if it is proven that there is a causal relationship or contribution between working conditions and worker losses. Psychosocial risk is a factor or condition in the work organization that can interfere with mental health, such as excessive workload, time pressure, role conflicts, bullying, and a low degree of autonomy [22]. Burnout is not solely understood as work fatigue, but it needs to be understood that it is related to the employer's failure to fulfill preventive obligations and there are consequences of continuous exposure to psychosocial risks.

## 4. Legal Protection of Workers' Mental Health

### *4.1. Employer Responsibilities*

Employers who need labor can recruit on their own or through the implementation of mandatory labor placements. They must provide protection that includes the welfare, safety, and health of the workforce both mentally and physically [10]. Preventive responsibility is realized through efforts to prevent accidents and occupational diseases by providing protection, safety tools, training, and risk evaluation. Repressive liability arises when an accident or loss occurs, which can lead to legal consequences in the form of civil, criminal, or administrative sanctions [23]. Negligence in managing psychosocial risks is a violation of the basic right of workers to occupational health, which is the responsibility of the employer [24]. Occupational safety and health refers to all activities that ensure and protect the safety and health of the workforce through efforts to prevent occupational accidents and occupational diseases [25]. Companies play a strategic role in supporting workers' mental health, which is equally as important as ensuring physical workplace safety. Implementing policies that prioritize work–life balance, provide psychological support, and foster a work environment free from excessive pressure is an essential measure for maintaining employees' mental health.

### 4.2. Government Responsibilities

The government is responsible for formulating integrative public policies through the provision of national standards based on empirical evidence to monitor and mitigate psychosocial factors that adversely affect mental health in the workplace [26]. To realize legal protections for workers exposed to burnout, a regulatory framework is required that includes psychosocial risk management as an inherent part of the occupational safety and health program.

## 5. Materials and Methods

### 5.1. Research Methods

This study employs doctrinal legal research, utilizing both statutory and conceptual approaches. Legal norms governing the protection of workers' mental health within the Indonesian legal system are identified, interpreted, connected, and evaluated. The statutory approach analyzes the linkages and consistency among labor provisions, occupational safety and health, and health regulations relevant to workers' mental health. The conceptual approach clarifies the concepts of mental health protection in the workplace and of worker protection.

### 5.2. Legal Material

Primary legal materials include laws and regulations governing the protection of workers' mental health. Key sources include the following:

1. The Law of the Republic of Indonesia Number 13 of 2003 concerning Manpower, as last amended through Law Number 6 of 2023 concerning the Stipulation of Government Regulations in place of Law Number 2 of 2022 concerning Job Creation into Law, specifically concerns provisions regarding worker protection, working time, rest time, occupational safety and health, and employer obligations. The status of the changes was examined in accordance with the laws and regulations applicable during the research period. Law No. 6 of 2023 took effect from 31 March 2023.
2. The Law of the Republic of Indonesia Number 1 of 1970 concerning Occupational Safety, which is one of the normative bases for worker safety protection, remains in force. Government Regulation of the Republic of Indonesia Number 50 of 2012 concerning the Implementation of Occupational Safety and Health Management System specifically serves as a basis for assessing the obligation to manage occupational safety and health at the organizational level. This regulation is also still in effect.
3. The Government Regulation of the Republic of Indonesia Number 35 of 2021 concerning Fixed-Time Work Agreements, Outsourcing, Working Time and Rest Time, and Termination of Employment, specifically analyzes the relationships between working time, overtime, rest time, and potential protections against workers' mental health risks. Government Regulation No. 35 of 2021 is valid and governs, among other matters, working hours, overtime, rest time, and worker protection in employment relationships.
4. The Law of the Republic of Indonesia Number 17 of 2023 concerning Health takes effect from 8 August 2023, and repeals Law Number 18 of 2014 concerning Mental Health and Law Number 36 of 2009 concerning Health.
5. The Government Regulation of the Republic of Indonesia Number 28 of 2024 concerning Implementing Regulations of Law Number 17 of 2023 concerning Health serves as the main implementing regulation of the Health Law. Government Regulation No. 28 of 2024 also repeals Government Regulation No. 88 of 2019 concerning Occupational Health.

6. The Regulation of the Minister of Health of the Republic of Indonesia Number 19 of 2024 concerning the Implementation of Public Health Centers is used on a limited basis to analyze the position of Public Health Centers in the implementation of health services that are relevant to workers' access to health services.
7. The Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2023 concerning Health Service Tariff Standards in the Implementation of Health Insurance Programs, which remains valid, is used to analyze aspects of health financing and access to the National Health System.

Secondary legal materials include scientific journal articles, law books, monographs, research findings, and the academic literature on labor law, occupational safety and health, mental health in the workplace, work-related stress, burnout, and workers' legal protection. These materials provide a conceptual and academic foundation for interpreting and evaluating primary legal norms. Tertiary legal materials, such as legal dictionaries and official reference sources, were used in a limited manner to clarify legal terminology and concepts relevant to the research.

### *5.3. Techniques for the Collection and Selection of Legal Materials*

Legal materials were collected through library research, including searches of official legal sources, regulatory databases, relevant scientific articles, and the academic literature. Primary legal materials are limited to regulations with substantive relevance to one or more of the following aspects: (1) workers' rights to occupational health and safety; (2) employer obligations; (3) arrangements for working hours, overtime, and rest time; (4) prevention and management of occupational health risks; (5) health and mental health services; and (6) responsibilities of the government and related institutions.

The analysis was conducted using doctrinal and qualitative methods, following several stages.

1. The protected legal subjects are workers, while those with obligations and authority include employers, the central government, local governments, and health service providers. Workers' rights, employers' legal obligations, and government responsibilities related to occupational health and safety and mental health are mapped accordingly.
2. Grammatical and systematic interpretation is performed. The textual meaning of relevant terms, phrases, and norms is interpreted, with a systematic understanding of each norm in relation to other articles within the same regulation, as well as to higher equivalent or implementing laws and regulations.
3. A legal gap analysis compares the need for workers' mental health protection with existing positive legal norms.
4. Recommendations for legal reform are compiled based on the analysis.

### *5.4. Scope and Limitations of the Study*

This study is limited to the Republic of Indonesia's legal jurisdiction. The focus is on the legal relationship between workers and employers, as well as the government's obligations to protect workers' physical and mental health.

## 6. Results

### *6.1. Mental Health in the Era of Revolution 5.0*

The 5.0 Revolution, also known as Society 5.0, is a human-centered, technology-based society undergoing social and lifestyle changes driven by digitalization [27]. Society 5.0 is built on ubiquity, learning machines, Internet of Things, big data, cloud computing, biometrics, and so on [28].

The 5.0 Revolution has influenced the world of work, both positively and negatively. Positive impacts of technological developments include easier communication, faster work processes, and new work models, such as remote work. The development of information technology also hurts workers, especially in terms of mental health, including through pressure to always be online, increased workload, difficulty getting away from work, workaholism, information overload, and digital work demands that disrupt rest and work–life balance [29]. Burnout is prevalent, which results in continuous stress, depression, anxiety disorders, and eventually mental health disorders [30]. Social changes and changes in ways of life due to the existence of technology and digitalization era 5.0 create the pressure to always be online, the workload increases even outside of working hours causing prolonged burnout.

Burnout should be conceptualized as a form of employer negligence and as a failure to provide a safe environment resulting in a decrease in work capacity due to prolonged exposure to occupational stressors [31]. Employers should be responsible for preventing burnout from occurring.

Mental health is a fundamental human right and an integral component of health and well-being. Mental health supports people in making decisions, building relationships, and forming the world we live in. People in good mental health can cope with life's pressures, realize their abilities, learn and work well, and contribute to the community. Mental health is key to personal, community, and socioeconomic development. A mental disorder is a continuous and complex condition in which a person experiencing the disorder has varying stresses, resulting in highly varied social and clinical outcomes [3].

### *6.2. No Law Protecting Burnt out Workers*

The government seeks to provide the fulfillment of living welfare in accordance with rights and legal protection efforts [32]. Laws and regulations and their implementation and the provisions of applicable sanctions are a form of preventive legal protection for subjects [33]. Preventive legal protection is the state's effort to ensure the fulfillment and protection of people's rights through the formation and implementation of laws and regulations, so that people have certainty and guarantees in enjoying their rights.

Under Law No. 17 of 2023 concerning health, Article 4 states that everyone has the right to live a healthy life, physically, mentally, and socially. It is also stated that the health efforts in Article 22 include mental health. Article 76 stipulates that everyone has the right to access safe, high-quality, and affordable mental health services.

Article 98 specifically states that the central government, local governments, and employers are responsible for occupational health efforts being integrated with the occupational safety and health system. It aims to protect workers and other people in the workplace and enable them to live a healthy life and be free from health problems and adverse effects caused by work. In contrast, Law (UU) Number 1 of 1970 concerning Occupational Safety, which was established to ensure workers' safety while working to improve the welfare of life and increase production and productivity, does not regulate the mental health of workers; it instead focuses on physical health. Prosperous norms align with the meaning of prosperous in the Indonesian Dictionary, referring to matters or conditions of prosperity, security, safety, tranquility, mental health, and the social welfare of the community [34]. The law neither regulates nor mentions norms regarding mental health" to replace "Neither health laws nor labor laws provide protection for workers suffering from mental health issues caused by work-related exhaustion. While health legislation grants all citizens the right to health and address occupational health, it does not clearly regulate mental exhaustion resulting from work; similarly, labor laws contain no provisions regarding mental health.

The element of supporting mental health is also found in the Government Regulation of the Republic of Indonesia Number 50 of 2012 concerning the Implementation of Occupational Safety and Health Management System. It is part of the company's overall management system in the context of risk control related to work activities and creating a safe, efficient, and productive workplace that protects workers' mental health.

Law No. 17 of 2023 protects mental health. Mental health is an integral part of health, encompassing a state of well-being, balance, satisfaction, self-achievement, and optimism. Thus, good mental health is a condition in which an individual feels not only physically healthy but also mentally healthy, and able to cope with pressure in their environment [35]. It can be interpreted that there are mental health disorders in workers that are often experienced, such as burnout, but have so far not been considered a mental disorder.

Burnout is a common metaphor often used to describe a state or process of mental exhaustion [36]. Burnout is a syndrome that is caused by chronic stress in the workplace that has not been successfully managed. Signs of burnout include feeling depleted of energy or experiencing exhaustion, negative feelings or cynicism towards work, feeling ineffective, and a lack of achievement [37]. Mental health is a state of psychological well-being that enables people to cope with the stresses of life, realize their abilities, learn well, work well, and contribute to their community. In Indonesia, the policy document states that mental health, which will later manifest as medical diagnoses such as schizophrenia, bipolar disorder, and major depression, should be addressed. Mental disorders do not require medical treatment, but only require attention or psychological intervention [38].

Burnout should be conceptualized as a form of employer negligence [31]. This conceptualization demands the expansion of the definition of occupational accidents and work-related illnesses in the Indonesian legal system to include the degradation of mental health triggered by an inhumane workload [39].

It can be interpreted that mental health is no less important than physical health, which is an integral part of health, so everyone has the right to mental health services. Forms of preventive legal protection for workers' mental health include the government's obligation to provide mental health services that are promotive, preventive, curative, and rehabilitative. Mental health service facilities are one of the elements in the application of the law.

According to Lawrence Friedman's theory, the legal system consists of substance, structure, and culture [40]. Currently, the availability of mental health services in Indonesia is still limited, and the quality of service is inadequate. There are still provinces that do not have a psychiatric hospital, or that have only public hospitals providing mental health services with limited budget availability [41]. In 2022, the health budget accounted for only around 1% of the total budget, which is one cause of the problem [42].

The uneven distribution of psychologists in health centers in Indonesia shows that legal protection for mental health in primary care has not been met. In addition, 363 psychologists are working across the 174,281 companies in Indonesia [43,44] The data show that not all agencies or companies have internal counseling services or psychological support for workers, and that not all health centers have psychologists. Sometimes the right to mental health can appear to not be innate, so people will feel that it is fine that they are experiencing mental illness.

The Presidential Regulation Number 59 of 2024, concerning the Third Amendment to Presidential Regulation Number 82 of 2018 on Health Insurance, covers the provision of inpatient services for mental disorders in advanced health care facilities. The Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2023 concerning Health Service Tariff Standards in the Implementation of the Health Insurance Program provides

health insurance through referral services for chronic mental disorders at Primary Health Service Facilities.

In the Regulation of the Minister of Health of the Republic of Indonesia Number 19 of 2024 concerning the Implementation of Community Health Centers, the authority of the health center is mentioned, including the provision of psychological services. For this reason, one of the conditions for establishing a Community Health Center is the presence of a psychologist, but this can be fulfilled gradually, depending on the region's capability.

Health insurance is provided by the government as a health guarantee for the community, as a manifestation of legal protection for the prevention of mental disorders in inpatient facilities. Burnout is an occupational phenomenon that can be handled at the primary level by the health center. However, this has not been supported by the extant resources.

The uneven distribution of psychological personnel in each health center shows that the legal structure for realizing mental health justice for the community is inadequate. Burnout or stress experienced by workers is not considered a chronic condition and they cannot access advanced service facilities or referrals; in terms of first-level services, such as Suksmas, they have not received justice. It is necessary to establish psychological officer facilities in every health facility immediately.

The work culture of the 5.0 Revolution era has driven changes in work, with demands for easy communication, fast workflows, and remote work, shifting the concept of productivity to the need to always be active, responsive, and present in all spaces. This creates pressure and the risk of mental and emotional disorders. The legal protection in the regulations mentioned above has not been adopted. The regulations governing labor, in this case the Law of the Republic of Indonesia Number 13 of 2003 concerning Manpower, as amended by Law No. 2 of 2022 concerning Job Creation, do not address mental health. Currently, leave for employees is equalized, regardless of the risk of mental distress.

The same situation also occurs in Malaysia, which has the Mental Health Act 2001 (MHA 2001) and the Mental Health Regulations 2010 (Mental Health Regulations). A mental disorder is defined as a mental illness, intellectual disability, incomplete mental development, psychiatric disorder, or any other disorder or acquired disability. However, problems related to work stress are not covered by the definition of mental disorders, and some workers try to commit suicide due to work stress [45].

In contrast, the UK has several policies related to workers' mental health, namely the Five Year Forward View for Mental Health and the Stevenson Thriving Farmer in Work Review. The task force has developed several suggestions to improve mental health outcomes across schools, workplaces, and communities [46]. Employers in the UK are recommended to implement core mental health standards to support their employees' mental health [47].

In the Netherlands, legal protection for workers who experience burnout is achieved through measures to prevent harm, as well as imposing on companies the responsibility to provide compensation if workers are found to be suffering from burnout. Based on the Arbeidsomstandighedenwet (Arbowet—Working Conditions Act), employers are obliged to ensure a healthy and safe work environment, including preventing "psychosociale arbeidsbelasting" (PSA): psychosocial stress, e.g., work stress, harassment, or exhaustion. Companies are required to have access to a "bedrijfsarts" (occupational physician). Company doctors will be quicker to act to help workers who experience burnout or psychological disorders. The company's physician may recommend counseling, psychotherapy, or other therapies [48].

According to the Bundesurlaubsgesetz (Annual Leave Law, 1963), workers are entitled to at least 24 working days of leave per year; for those who work 5 days a week, the

right to leave is at least 20 days. Burnout itself is considered a sickness, so those who experience it are entitled to sick leave [48]. In this context, the recognition of burnout as an occupational disease provides a solid legal basis for demanding civil liability of employers, including the obligation to recover and compensation for psychological damage suffered by workers [26,49]. These responsibilities provide a proactive risk management system to detect symptoms of chronic fatigue before they develop into pathological impacts that are detrimental to worker productivity and dignity [50,51]. The absence of specific psychosocial risk monitoring instruments makes the fulfillment of the right to a healthy work environment difficult to realize due to workload factors, authoritarian management, and lack of worker autonomy that are often ignored by the current supervisory system [52]. It is important for Indonesia to imitate the Netherlands, which carries out prevention measures that are enforced in each company. It is necessary to reorient policies that place mental health as a fundamental right in the workplace to ensure equal social protection for workers.

Currently, no regulation requires a company to provide facilities that focus on preventing mental disorders due to work fatigue. Workers working in the workplace for 36–40 h a week can suffer from burnout, not to mention the demands that are always present in the workplace, even online. The presence of psychologists in a company is not an obligation but is only based on the analysis of the company's needs. This integration should include the company's obligation to conduct periodic psychosocial risk audits as well as provide early intervention mechanisms that guarantee the recovery of biopsychosocial well-being for workers [36].

It should be noted that reliance on voluntary action by companies often obscures mandatory legal liability, so future regulations should explicitly distinguish between informative mental health initiatives and binding work stress prevention obligations [53]. Legal protections for workers experiencing burnout require a regulatory framework that treats psychosocial risk management as an inherent part of the Occupational Safety and Health program. This supports the view that workers exposed to burnout require a regulatory framework that mandates risk management as an inherent part of the Occupational Safety and Health (K3) program [22].

The labor law that currently regulates office working to a 36–40 h workweek is no longer relevant to current conditions, especially in industries that do not involve manufacturing products on site. Work that is a service or can be done outside the workplace should not be set to 36–40 h per week. Law No. 2003 concerning Labor is partially amended by Government Regulation in job Law No. 2 of 2022 concerning Job Creation, in Article 77, paragraph 3, which states that the working time of 36–40 h does not apply to certain business sectors or jobs. However, many companies in Indonesia still adhere to this limit. Article 77, paragraph 3 of the section which mentions certain businesses or jobs, provides that the Ministerial Decree determines the provisions on working time. However, the implementation of the Ministerial Decree has not taken flexibility into account. An example of a Ministerial Decree in this case is the Regulation of the Minister of Higher Education, Science, and Technology of the Republic of Indonesia Number 52 of 2025 concerning Professions, Careers, and Income of Lecturers, which also states that lecturers still work full-time. Reconstructing working time regulations in today's digital age is important to reduce the risk of burnout.

Based on Government Regulation No. 35 of 2021 concerning Fixed-Time Work Agreements, Outsourcing, Working Time and Rest Time, and Termination of Employment, employers should be able to adjust working time to fulfill workers' rights to health.

This study has compared several regulations:

1. The Law of the Republic of Indonesia Number 13 of 2003, as amended by Law Number 6 of 2023, establishes working hour regulations intended to safeguard workers' physical health, specifying a standard of 36 to 40 h per week. In certain sectors, reduced working hours are implemented to mitigate excessive workloads associated with the digital era. Nevertheless, these regulations do not address mental health or burnout. Similarly, Government Regulation Number 35 of 2021 regulates fixed-term work agreements, outsourcing, working time, rest periods, and termination of employment, yet lacks specific provisions for mental health protection.
2. The Law of the Republic of Indonesia Number 1 of 1970 on Occupational Safety includes preventive measures that may indirectly support workers' mental health; however, it does not explicitly address mental health or burnout. Government Regulation Number 50 of 2012 on Occupational Safety and Health Management Systems exhibits the same limitation.
3. The Law of the Republic of Indonesia Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 concerning the Implementing Regulations of Law Number 17 of 2023 provide preventive protection for workers' health and mental health, but do not address protection against burnout. The Regulation of the Minister of Health Number 19 of 2024 concerning the Implementation of Public Health Centers and the Regulation of the Minister of Health Number 3 of 2023 concerning Health Service Tariff Standards in the Implementation of the Health Insurance Program provide legal protection for workers' mental health. However, these regulations do not establish a comprehensive legal framework to protect workers from, or prevent, burnout in the 5.0 era.

Therefore, it is necessary to strengthen the substance of the legal framework to protect workers in the 5.0 era.

There are 10,292 health centers in Indonesia, and only 265 psychologists working in Public Health Centers. This uneven distribution of psychologists shows that legal protection for mental health in primary care has not been met. There are 174,281 companies in Indonesia, and only 363 psychologists working in them [54]. The data shows that not all agencies or companies have internal counseling services or psychological support facilities for workers, and not all health centers have psychologists.

The scope of labor policy must be transformed by shifting the paradigm from reactive and voluntary actions to a binding legal obligation for companies to integrate psychosocial risk mitigation into comprehensive occupational safety standards in fulfillment of workers' rights [22].

There is a need to strengthen the substance of the Government Regulation of the Republic of Indonesia Number 50 of 2012 concerning the Implementation of Occupational Safety and Health Management System. Mental health is explicitly recognized as part of occupational safety and health, and burnout is recognized as an occupational health risk. Burnout is a work-related phenomenon, while clinically diagnosed mental disorders are health conditions that require clinical assessment and treatment.

To realize legal protection against mental health issues for workers, it is necessary to develop a legal structure as an implementation of the provision of such protection, including immediately realizing psychological officer facilities in each health center and having companies provide professional assistance services for mental health counseling, as well as periodic assessments or screenings of mental health disorders for employees as a form of risk handling. Of course, it must be supported by reforms in the central government; the government must establish mental health as a national standard and address psychosocial risks in the workplace. The reform of mental health service standards in health facilities immediately meets Human resources needs for mental health treatment.

## 7. Conclusions

The WHO does not classify burnout as a mental health disorder, but rather as a work burnout syndrome. Mental health disorders, such as schizophrenia, bipolar disorder, and major depression, do not yet require medical treatment but only require attention or psychological intervention, although health insurance is provided for mental disorders. The adverse effect of fatigue due to overwork is death. Under Ministerial Regulation No. 19 of 2024 on the implementation of Public Health Centers, one issue is the lack of fully qualified psychologists. Work stress (burnout) in workers in the era of the 5.0 Revolution has not received legal protection. For this reason, it is necessary to strengthen the substance and structure of the law. There should be periodic screening for mental health disorders among employees, provision of leave for employees experiencing burnout, and immediate access to psychological services at the health center.

Future research should examine the operationalization of conceptual mental health terminology from both global and Indonesian perspectives.

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