

Psychosocial Risk in Mexico: Beyond Regulatory Compliance with NOM-035

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NOM-035-STPS-2018 is an occupational health standard issued by the Mexican government in 2018, designed to identify, analyze, and prevent Psychosocial Risk Factors (PRFs) in the workplace, and promote a favorable organizational environment ([Secretaría del Trabajo y Previsión Social \[STPS\], 2018](#)). Since it came into force in 2019, the standard has formally acknowledged that work can determine mental health when organizational conditions create sustained exposure to psychosocial risks.

Contrary to popular belief, NOM-035 is not a “law against stress,” but rather a risk management instrument shifting the focus from individual maladjustment to structural organizational factors. This perspective aligns with international evidence indicating that psychosocial risks are fundamentally rooted in the organization of work rather than individual vulnerability ([International Labour Organization \[ILO\], 2022](#)). From a public health standpoint, the standard represents progress in recognizing the right to mental health protection within the workplace. The World Health Organization (WHO) has declared that decent work and healthy organizational environments are key determinants of psychological well-being ([WHO, 2022](#)). Acknowledging PRFs involves accepting that work-related harm extends beyond physical injury to include psychosocial dimensions with potential clinical implications.

A critical appraisal of NOM-035 reveals both strengths and limitations. Its contributions include the recognition of mental health protection as an employer’s legal obligation, the promotion of structural prevention through organizational review, and the potential to reduce hidden costs associated with burnout, absenteeism, and turnover. The ILO estimates that work-related stress and mental health disorders account for productivity losses of up to 4% of GDP in certain contexts ([ILO, 2016](#)). These figures show that psychosocial risk is not merely an ethical concern, but also a macroeconomic variable.

However, several years into its implementation, field experience suggests that NOM-035 tends to polarize organizational responses. Professional practice in psychosocial risk assessment and intervention across multiple productive sectors has uncovered two contrasting patterns: organizations that reduce the standard to a compliance exercise, and those that use it as a strategic lever for cultural transformation. The difference lies not in the questionnaire included in NOM-035 itself, but in the willingness to intervene based on its results.

In many workplaces, compliance remains largely procedural, prioritizing the periodic administration of surveys over structural redesign. When implementation is limited to documentation without addressing workload distribution, leadership practices, or clear clinical referral pathways, the standard risks losing legitimacy among employees. This simulation effect weakens preventive culture and reinforces distrust. Although noncompliance may trigger substantial economic sanctions under the applicable labor enforcement framework ([STPS, 2018](#)), enforcement capacity remains limited relative to the total number of workplaces nationwide. Therefore, sustainable implementation cannot depend solely on regulatory oversight; it must be anchored in organizational leadership.

National indicators reflect mixed outcomes. Recent reports indicate that anxiety (52.8%) and depression (25.1%) remain among the most frequently reported conditions within the working population in Mexico ([Gobierno de México, 2024](#)). At the same time, Mexico continues to rank among the OECD countries with the highest annual working

hours (Organisation for Economic Co-operation and Development [OECD], 2023). These data suggest that regulatory recognition has not yet translated into a substantial reduction in perceived psychological distress.

Persistent psychosocial risks include work–family interference, negative leadership styles, workplace violence, and unrealistic workload demands. Empirical research has consistently shown that chronic exposure to high job demands and low control increases perceived stress. It also alters emotion regulation, sleep architecture, and neuroendocrine stress responses, potentially precipitating clinically significant anxiety, depressive disorders, and stress-related syndromes in vulnerable individuals (Karasek & Theorell, 1990; WHO, 2022). When these conditions are normalized within organizational culture, risk evolves from situational stress to potential clinical impairment.

Within this framework, the 2030 horizon requires a decisive transition from measurement to intervention. The 2030 Agenda for Sustainable Development—particularly Sustainable Development Goal (SDG) 3 (Good Health and Well-Being) and SDG 8 (Decent Work and Economic Growth)—underscores the need to incorporate health considerations into labor and economic policy (United Nations, 2015). Moreover, the recent inclusion of stress and anxiety disorders in Mexico’s official table of occupational diseases reinforces the medico-legal implications of psychosocial risk exposure. In this context, psychosocial risk management becomes directly linked to occupational disability, insurance premiums, and potential litigation.

From a clinical standpoint, it is essential to emphasize that NOM-035 is not a diagnostic instrument. While its findings may guide organizational decision-making, they do not substitute individual clinical evaluation. When exposure to PRFs becomes chronic, organizational distress can evolve into clinically significant anxiety, depressive disorders, or stress-related conditions (WHO, 2022). Under these circumstances, collective detection mechanisms must be articulated with clear referral pathways and specialized care. Otherwise, there is a risk of institutionalizing assessment without ensuring adequate intervention.

Importantly, this discussion does not imply transferring full responsibility to the business sector or replacing the public health system, which faces structural limitations in coverage and infrastructure. However, when organizational conditions directly contribute to psychosocial risk generation, preventive omission becomes ethically and

strategically unsustainable. In a health system already operating under capacity constraints, externalizing the clinical consequences of workplace-related psychosocial exposure without modifying its structural causes constitutes an unstable equation.

NOM-035 offers Mexico the opportunity to consolidate a mature model of psychosocial risk governance—one that integrates regulation, evidence-based organizational redesign, and clinical articulation. Properly implemented, the standard can serve not merely as a compliance requirement, but also as an indicator of corporate governance, sustainable productivity, and human rights commitment. Improperly implemented, it risks becoming a bureaucratic artifact disconnected from actual prevention.

In conclusion, NOM-035 represents a significant regulatory step in recognizing mental health as an integral component of the work environment. Its long-term effectiveness will depend on the capacity to move beyond administrative compliance and toward an integrated model articulating regulation, organizational practice, and specialized clinical intervention, consistent with international commitments to sustainable development. Measuring psychosocial risk is a starting point; transforming organizational conditions would be the decisive step. The future of mental health in the workplace in Mexico will not be determined by the existence of the standard, but by the depth and integrity of its implementation.

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