



REVIEW OF MENTAL HEALTH AND WELL-BEING POLICIES AND PRACTICES IN THE UNITED NATIONS SYSTEM ORGANIZATIONS

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Background

The review, the first to comprehensively cover the topic of mental health and well-being in United Nations (UN) system organizations, is timely considering the adjustments that organizations implemented during the COVID-19 pandemic as well as the conclusion of the first phase of the implementation of the UN System Mental Health and Well-being Strategy (2018-2023). The review examines organizational approaches to addressing the mental health and well-being of UN personnel, keeping in mind that both business models and mandates shape the internal cultures of individual organizations, their risk profiles and their operational requirements. All of which may increase psychosocial risk factors in their work environment.



Objectives & Purpose

The main objectives of the review are to:

1. Analyze the strategies, policies, and practices relevant to the mental health and well-being of personnel within participating organizations;
2. Evaluate the organizational structures and functions to ensure preventative and protective measures for mental health and well-being;
3. Review the relevant system-wide mechanisms and interagency initiatives, and;
4. Highlight good practices and lessons learned in organizations.

The purpose of the review is to inform legislative organs, governing bodies and executive heads about the potential risks associated with poor mental health and well-being within the UN workforce and elaborate on how organizations can seize opportunities to address these risks, thus enhancing organizational effectiveness.



What the JIU found

1. Indications of a decline in the mental health and well-being of UN system personnel were evident before COVID-19 pandemic

The review reports that, while the COVID-19 epidemic has worsened mental health and well-being within UN personnel, the UN system had indications of a steady decline in the mental health of its personnel before the onset of the pandemic. In fact, according to the data provided by the UN Joint Staff Pension Fund, in the last ten years disability cases due to mental health have increased from 46 to 119 and represent 40 per cent of all cases among UN staff. The limited information maintained by organizations on certified sick leave days due to mental health also show an increase from 2017 to 2021, and in 2021 represented about 20 per cent of all sick leave.

2. The commitment made by the CEB/HLCM to make mental health and well-being a priority needs to be further operationalized

The system-wide strategy, "A healthy workforce for a better world, United Nations system mental health and well-being strategy (2018-2023), approved by the High-Level Committee on Management was developed following a multidisciplinary and multiagency process. The Strategy has the potential to support further progress in the UN system provided some adjustments are made in areas such as governance, accountability, reporting and funding. The second iteration of the Strategy starting in 2024 must focus on sustainable implementation by participating organizations and its applicability to the field as there are opportunities to promote a "One-UN" approach.

3. Interagency workstreams for mental health and well-being of UN system personnel are multifaceted, putting priority consideration by leadership at risk

Several inter-agency workstreams address staff mental health and well-being under the auspices of the High-level Committee on Management and the risks of overlapping mandates and overly complex arrangements may challenge coherence and coordination. Reporting mechanisms must be further developed

to support annual reports directly to the Committee and/or to organizations' governing bodies, in order to increase accountability on the implementation of the system-wide strategy by organizations and elevate the topic to the decision-making level.

4. Organizational frameworks should include an approach to mental health and well-being of their personnel

Very few participating organizations have a cross-functional committee in place to address mental health and well-being activities and initiatives, and the organizational structures guiding the workstream vary greatly among organizations. The risks associated with poor mental health are included in the risk registers of 12 organizations. Less than half of participating organizations have integrated mental health and well-being into their occupational health and safety management frameworks. In contrast, most participating organizations include mental health and well-being considerations in their human resources strategies, albeit to varying degrees.

5. An evidence-based and data-driven organizational approach to mental health and well-being is necessary

Only seven of the participating organizations have a dedicated strategy addressing the mental health and well-being of personnel and an additional seven organizations have developed a workplace action plan, while half of all participating organizations are in the process of developing an approach or have not yet started. The majority of participating organizations still need to take action and this should include a clearly defined evidence-based and data-driven approach based on their own requirements.

6. Policies to support and promote the mental health and well-being of personnel need to be established and systematically implemented

The review outlines that the majority of participating organizations frequently take a case-by-case approach or use the frameworks governing sick leave management or flexible working arrangements instead of having explicit policies for return to work and/or the provision of reasonable accommodations. However, organizations should review their policies and programs to support return-to-work and reasonable accommodations taking into consideration mental health and well-being as a priority and develop standard operating procedures for clear roles and responsibilities, decision-making authority, and efficient implementation.

7. The counselling function across the UN system needs to be strengthened

Psychosocial support services in UN system organizations are commonly delivered by mental health professionals, mainly by staff and stress counsellors. Counsellors within the UN system are guided by two documents promulgated by the UN Staff/Stress Counsellors Group and the Critical Incident Stress Management Working Group, these documents along with international standards and other sources serve as the foundation for the JIU's key recommendations for improving the counselling function. The review found several gaps and areas of concern, including in the areas of accountability, organizational support, suitable supervision, and professional development.

8. Capacity and resources for psychosocial support in the UN system are uneven

Across the system, resources supporting psychosocial support services have steadily increased over the past few years, peaking during the COVID-19 pandemic. In 2018, it was estimated that there were 131 counsellors employed in the UN system and in 2022 that figure rose to 240, representing an 83 per cent increase. However, that capacity is unevenly distributed in the system and across various locations. JIU points to the need for interagency mapping of capacity to inform decisions as well as structural issues related to the placement of counsellors in countries hosting D- or E-category duty stations that require concerted attention to resolve.

9. Increased usage of psychosocial support services observed among UN system organizations personnel, but barriers remain

The majority of participating organizations provide psychosocial support sessions to their personnel, together with several complementary services, such as support for critical incidents, consultations, conflict resolution, and training. The review highlights that the number of psychosocial support sessions for UN personnel has significantly increased from fewer than 15,000 sessions in 2017 to more than 30,000 sessions in 2021. Despite this, there are still several obstacles to accessing psychosocial support services, both at the individual and organizational levels, particularly the presence of stigma. The fact that these services are not monitored and assessed in concert with a corporate approach is also a concern.

10. Promotion of evidence-based mental health and well-being programmes in and across UN system organizations is necessary, especially for managers

Participating organizations report that they offer a wide range of activities that may contribute to promoting awareness of mental health issues, including various well-being programmes. Studies show that those programmes, if properly planned and assessed, can be impactful regarding health promotion and produce a good return on investment for the organization as a whole. While most organizations offer such programmes, very few of them are systematically assessed or tied to a comprehensive strategy. Crucially, the evidence to support training managers is compelling and the guidelines issued by the WHO underline the importance of better equipping managers to improve their knowledge, attitudes and behaviours with regard to mental health. The Lead and Learn online programme developed by the Implementation Board and the UN System Staff College provides a basis for a collective effort in that regard.

Management Letter (JIU/ML/2023/1)

A management letter, "Findings, conclusions and recommendations relevant to the work of the High-level Committee on Management on mental health and well-being policies and practices in United Nations system organizations" has also been prepared by Inspector Eileen A. Cronin. The letter is intended to inform the members of the CEB/HLCM ahead of the 46th session of the Committee where the "2024 and beyond UN System Mental Health and Well-being Strategy" will be considered.

The management letter includes one recommendation to the Secretary-General in his capacity as Chair of the Chief Executives Board of the UN system.



What the JIU recommends

The review contains eleven formal recommendations addressed to governing/legislative bodies and executive heads for which the implementation will be tracked by the JIU. These recommendations are completed by a series of suggestions aimed at improving the overall approach to mental health and well-being within UN system organization and across the system.

1 Executive heads of UN system organizations, whose organizations do not already participate, should nominate a representative to the UN System Mental Health and Well-Being Strategy Implementation Board by its first meeting in 2024.

2 Executive heads of UN system organizations, who have not yet done so, should define an evidence-based and data-driven organizational approach to the mental health and well-being of their personnel and design, by the end of 2025, a workplace action plan and reflect its principles in their enterprise risk management process, their occupational health and safety framework and their human resources strategies.

3 Legislative and/or governing bodies of UN system organizations should request that executive heads provide, by the end of 2026, an update on the development and implementation of the mental health and well-being workplace action plan according to their evidence-based and data-driven organizational approach on the matter.

4 By the end of 2024, executive heads of UN system organizations should review the rules governing the return-to-work of personnel, including provisions for granting accommodations to facilitate the return process, in order to ensure inclusiveness of mental health related considerations, and are supported by standard operating procedures that clearly identify roles and responsibilities, including decision making.

5 By the end of 2024, executive heads of UN system organizations should assess and identify any gaps or areas to improve their counselling function in their organizational context, using the Guidance on Professional Standards for UN Counsellors prepared by the UN Staff/Stress Counsellors Group and endorsed by the Human Resources Network of the Chief Executives Board for Coordination as well as key elements highlighted by the Joint Inspection Unit in the present report.

6 The Secretary-General should request the High-level Committee on Management of the Chief Executives Board for Coordination to explore and report on, by the end of 2024, options to ensure a mental health practitioner is posted in all countries with D or E classified duty stations.

7 The General Assembly should consider by its 80th session the conclusions of the High-level Committee on Management of the Chief Executives Board for Coordination regarding resources to support the posting of a mental health practitioner in countries with D or E classified duty stations.

8 Executive heads of UN system organizations should ensure that their organization collaborate on the mapping of psychosocial support capacity available in all locations and consider the system-wide capacity when designing their workplace action plans, capitalizing on shared services, cost-sharing and other models for cost-effective and efficient delivery.

9 Executive heads of UN system organizations should ensure that their workplace action plan reflecting the organizational approach to mental health and well-being of personnel to be designed by the end of 2025 identifies barriers to accessing psychosocial support services, including prioritizing stigma reduction through mental health literacy initiatives, outreach and health-promotion measures.

10 To maximize return on investment, executive heads of UN system organizations should, by 2026, ensure that well-being programmes and activities are embedded in and complement an evidence-based and data-driven approach to mental health and well-being defined for the organization, and are routinely monitored and assessed.

11 Executive heads of UN system organizations should explore integrating, by the end of 2024, mental health and well-being considerations into training programmes, in particular for managers, as a means to provide opportunities for facilitated discussions, enhanced learning and to support employees with mental health conditions.




Approach & Methodology

 **Documentation** provided by organizations, CEB documents, academic literature;

 **Corporate questionnaire** to 28 participating organizations;

 **100+ interviews with over 180 officials:** executive managers, staff and stress counsellors (headquarters and field offices), medical and health professionals, human resources management officers, ombudspersons, risk officers, safety and security officers, staff representatives, and training and curriculum development professionals;

 **Online surveys** to counsellors in the UN system and resident coordinators/heads of field offices;

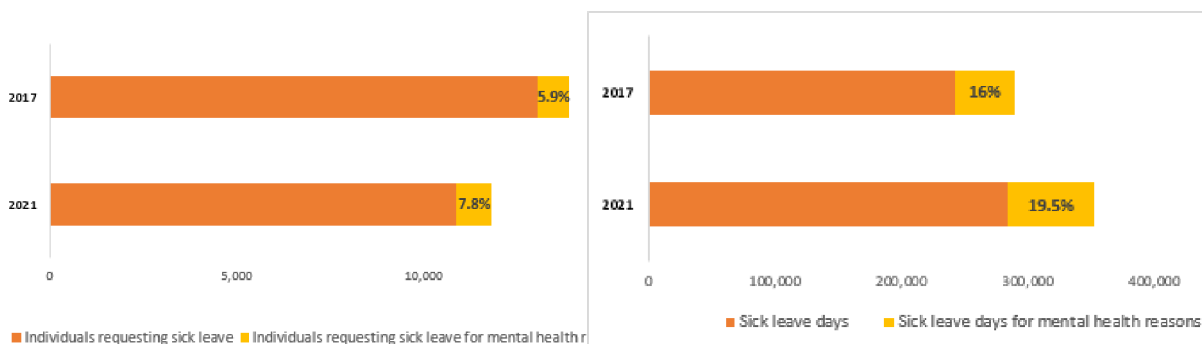
 **Data request to select stakeholders:** Legal Office of UN Joint Staff Pension Fund, UN Secretariat, UNDSS/Critical Incident Stress Management Section, UN Volunteers, UN System Staff College;

 **Technical input** by UN system experts, Implementation Board members, UNSSCG and CISWG members.

Mental Health and Well-Being in the United Nations, by the numbers

UN system personnel have a higher prevalence of depression, anxiety, post-traumatic stress disorder and hazardous drinking compared with the general population. (Source: United Nations System Mental Health and Well-Being Strategy, 2017)

Available sick leave data show concerning trends



1

Increase in number of sick leave days and proportion of individuals taking leave due to mental health

UN System Disability Benefits show...

Information regarding the number and percentage of disability cases with psychiatric diagnoses (2016-2021, by biennium)

Biennium	Cases where disability benefits were granted	Cases with psychiatric diagnoses	Percentage of cases with psychiatric diagnoses
2016-2017	245	92	37.5
2018-2019	339	153	45.1
2020-2021	262	119	45.4
Total 2016-2021	846	364	43

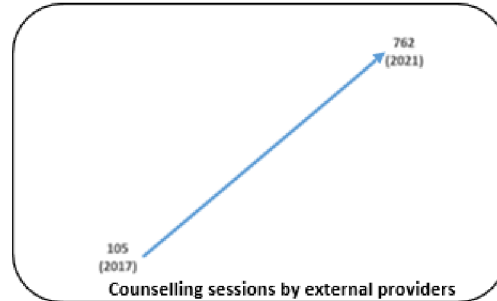
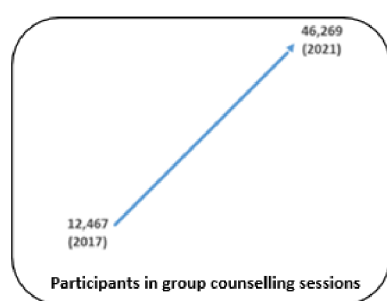
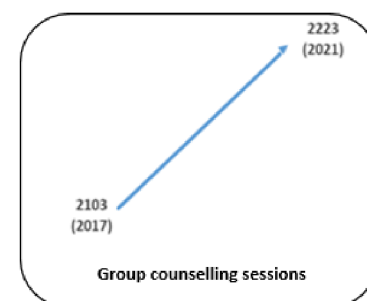
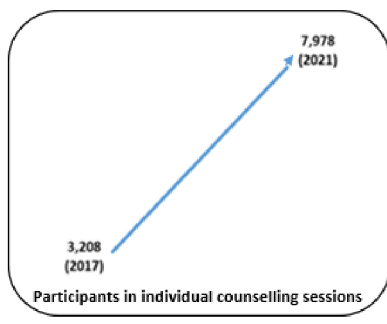
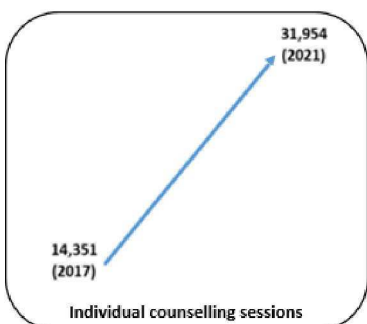
Source: prepared by JIU on the basis of information provided by the United Nations Joint Staff Pension Fund (2022)

2

In the past 10 years the number of cases has increased 158% (from 46 to 119)
Estimated cost to the UN system in disability benefits: \$44 million per year

3

From 2017 to 2021, UN system organizations have seen an increase in...





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