



**United Nations**

**Findings, conclusions and  
recommendations relevant to the  
CEB/HLCM from the review of mental  
health and well-being policies and  
practices in United Nations  
system organizations**

**Management letter of the Joint Inspection Unit addressed  
to the United Nations Secretary-General in his capacity as  
Chair of the United Nations System Chief Executives  
Board for Coordination**

**Prepared by Eileen A. Cronin**

**Project team:**

Eileen A. Cronin, Inspector

Vincent Hermie, Evaluation and Inspection Officer

Eleyeba Bricks, Research Assistant

Alexia Tenneriello, Intern

## Foreword

The Joint Inspection Unit (JIU) presents this Management Letter on “Findings, conclusions and recommendations relevant to the CEB/HLCM from the review of mental health and well-being policies and practices in United Nations system organizations” addressed to the United Nations Secretary-General in his capacity as Chair of the Chief Executives Board of the United Nations system. It is intended to provide the High-Level Committee on Management with the findings, conclusions and recommendations (indicated by **bold**) contained in the JIU Review on mental health and well-being policies and practices in United Nations system organizations (JIU/REP/2023/4). Annex V of the present letter contains the list of all recommendations from the report.

The letter consists of a targeted summary of the report providing salient details that are intended to facilitate the work of the Committee at its forthcoming forty-sixth session which will include consideration of the “2024 and beyond United Nations System Mental Health and Well-being Strategy:” In this regard, this management letter contains one recommendation to the Secretary-General.

### I. Introduction

1. The system-wide review on mental health and well-being policies and practices in United Nations system organizations (JIU/REP/2023/4) was included in the 2022 programme of work of the Joint Inspection Unit (JIU). The review was initiated in response to successive requests from participating organizations, initially concerning the wide-ranging topic of “duty of care”. In the wake of the COVID-19 pandemic, amended proposals refocused on the mental health and well-being of United Nations personnel. The review was timely considering the adjustments that participating organizations had implemented during the pandemic and the current work on the new iteration of the Strategy guiding the United Nations system’s approach in this area.

2. The JIU review examines organizational approaches to addressing the mental health and well-being of United Nations personnel and refers to guidelines released in 2022 by the World Health Organization regarding mental health at work as well as its companion policy brief published with the International Labour Organization.<sup>1</sup> The findings of the JIU are based on both qualitative and quantitative sources of information and analysis, including: corporate questionnaires; interviews with stakeholders and experts; input from surveys of mental health practitioners and managers in the field; and an extensive desk review of United Nations-system documents, academic literature and other related documents.

3. The objectives of the JIU review were: (a) to examine strategies, policies and practices relevant to the mental health and well-being of United Nations system organizations’ personnel; (b) to analyse organizational structures and functions to ensure preventative and protective measures with regard to mental health and well-being; (c) to review relevant system-wide mechanisms and interagency initiatives and; (d) to identify relevant good practices and lessons learned within and across United Nations system organizations.

---

<sup>1</sup> WHO and ILO, “Mental health at work: Policy brief” (Geneva, 2022).

## II. Main findings and recommendations

### *Indications of a decline in the mental health and well-being of United Nations system personnel were evident prior to the COVID-19 pandemic*

4. Baseline data and subsequent studies have confirmed that United Nations system personnel represent an outlier in terms of psychosocial risk factors faced in the course of employment, largely due to the unique nature of the work as well as varying local and cultural contexts (see Annex I for full list of WHO psychosocial risk factors). Consequently, there is a risk of higher-than-average prevalence of depression, anxiety, post-traumatic stress disorder and hazardous drinking among United Nations personnel. While the COVID-19 pandemic brought the issues of mental health and well-being to the fore, there are a number of indications that the United Nations system was experiencing a steady decline in the mental health of its personnel prior to the pandemic.

5. Several data sets examined by JIU suggest that the costs to United Nations system organizations due to the poor mental health of their personnel are significant and show a trend of increasing concern year-on-year.<sup>2</sup> Based on data provided by the United Nations Joint Staff Pension Fund,<sup>3</sup> the proportion of new disability benefits related to mental health conditions has averaged 40 per cent of all disability benefits granted to United Nations system staff over the past 20 years. Moreover, in the past 10 years, the annual number of disability benefits attributable to mental health conditions has increased from 46 to 119.<sup>4</sup> These figures are significantly higher compared with other sectors, in which disability due to mental health conditions represents only 10 per cent of cases.<sup>5</sup>

6. With these data in mind, the proposal included in the United Nations system Strategy to establish a rate of disability cases attributable to mental health conditions per 10,000 staff should be considered as it would serve as a common indicator in the system to aid in the assessment of this phenomenon and would provide a baseline for monitoring its evolution.

7. Certified sick leave data provided by participating organizations reflect that in 2021 nearly 20 per cent of all sick leave taken was due to mental health conditions or related symptoms, up from 16 per cent in 2017. While the overall number of individuals claiming sick leave decreased during the same period, the proportion of such leave taken due to mental health reasons increased by more than 48 per cent.

8. Such proxy data sets with regard to disability benefits and sick leave related to the mental health and well-being of staff within United Nations system organizations can be useful for decision making and priority setting. While disability data are collected and reported on biennially for all participating organizations, it is of concern that only six participating organizations were able to provide data with regard to sick leave days taken, and only four were able to provide such data on the actual number of individuals taking sick leave for mental health conditions. Improved data collection and disaggregation of sick leave data could be employed as key indicators of staff mental health and well-being in United Nations system organizations.

9. Taken together, such data, as well as the figures regarding access to psychosocial support services also included in the JIU report, show an increasing number of personnel reporting symptoms that may indicate a steady decline in the state of mental health and well-being of the United Nations system workforce; the associated costs in terms of productivity, morale and financial payments can only be estimated, but are almost certainly significant. Moreover, the potential impact on the capacity of United Nations system organizations to deliver their mandates in the most effective manner must also be considered.

---

<sup>2</sup> See “A healthy workforce for a better world: United Nations System Mental Health and Well-Being Strategy”, pp. 6 and 8, and UNHCR and Webster University Geneva, *Staff Well-Being and Mental Health in UNHCR* (Geneva, 2016).

<sup>3</sup> The Inspector consulted the reports of the medical consultant to the Pension Board for the bienniums 2016–2017, 2018–2019 and 2020–2021, which are not publicly available.

<sup>4</sup> Disability data from the UNJSPF: 2016-2017 – 245 cases; 92 cases with psychiatric diagnosis; 2018-2019 – 339 cases; 153 cases with psychiatric diagnosis; 2020-2021 – 262 cases; 119 cases with psychiatric diagnosis.

<sup>5</sup> For example: Council for Disability Awareness, “Disability statistics”, 30 September 2021 (<https://disabilitycanhappen.org/disability-statistic>) and Integrated Health Benefits.

***System-wide commitment to make mental health and well-being a priority needs to be further operationalized***

10. After the analysis of the United Nations Global Well-being Survey conducted in 2015, the system-wide Strategy entitled, “A healthy workforce for a better world, United Nations System Mental Health and Well-being Strategy (2018-2023)” was developed following a multidisciplinary and multiagency process of consultations and elaboration.<sup>6</sup> With this Strategy, the system committed to making the mental health and well-being of United Nations personnel a priority. The Strategy is designed around four strategic themes and seven priority actions to institutionalize the principles of a healthy workplace, to offer greater access to psychosocial support services at all duty stations, to meaningfully support personnel with mental health conditions and to fund initiatives and services surrounding this topic (see Annex II).

11. While the initial implementation phase of the Strategy and the onset of the COVID-19 pandemic inadvertently coincided, disrupting initial plans, overall views regarding the Strategy among stakeholders in participating organizations has been positive. The Strategy has helped to promote the mental health and well-being of personnel as a global issue for the United Nations system, putting forward the idea that this is not an issue limited to specific locations and categories of the workforce, but a global and strategic challenge for all organizations, and one that directly impacts their effectiveness in delivering on their mandates. The Strategy has the potential to support further progress in the United Nations system provided some adjustments are made in areas such as governance, accountability, reporting and funding. **The second iteration of the Strategy must focus on sustainable implementation by participating organizations and its applicability to the field as there are opportunities to promote a “One-United Nations” approach in this regard.**

***Interagency workstreams for mental health and well-being of United Nations system personnel are multifaceted, putting priority consideration by leadership at risk***

12. Several inter-agency workstreams address staff mental health and well-being under the auspices of the High-level Committee on Management of the United Nations System Chief Executives Board for Coordination (see Annex III) and the risks of overlapping mandates and overly complex arrangements may challenge coherence and coordination.

13. The realization of the United Nations System Mental Health and Well-being Strategy is coordinated by the Implementation Board, which falls under the auspices of the Human Resources Network. Building on the work conducted so far and to amplify a cultural change in the United Nations system, the Implementation Board would benefit from a more streamlined reporting line to the High-Level Committee on Management, improved cross-functional and field-level representation. **The High-level Committee on Management should reconsider the placement of the Implementation Board, currently under the Human Resources Network, with a view to streamlining its reporting line and elevating the topic of mental health and well-being of personnel.**

14. Regarding the membership of the Implementation Board, there is an opportunity to improve its effectiveness through broader and more diverse participation. **There is thus an opportunity to broaden the perspective and competencies within the Implementation Board via membership expansion, including within established networks such as representatives of Internal Audit Services of the United Nations organizations and the Ethics Network of Multilateral Organizations (both as observers), and the Cross-functional Task Force on Risk Management, which are not currently represented on the Implementation Board. Moreover, enlarging the presence of the informal network of ombudspersons and mediators of the United Nations system, as well as including focal points on disability inclusion and participants from field locations will further broaden the perspectives and competencies of the Implementation Board.**

15. Moreover, less than half of JIU-participating organizations are represented on the Implementation Board. Now that the High-level Committee on Management has endorsed the implementation guide and the scorecard system, it is imperative that all CEB members nominate a representative from their organization. That would provide increased

---

<sup>6</sup> In the absence of an explicit reference to its formal adoption in CEB documentation, it is generally considered that the Strategy was adopted by the High-level Committee on Management at its thirty-fourth session in September 2017, as stated in the Strategy document and attested by subsequent references in the documentation.

opportunities for the organizations to participate and benefit from the work of the Implementation Board, supporting their future reporting processes. The terms of reference of the Implementation Board may be updated accordingly.

16. **The executive heads of those United Nations organizations that do not already participate on the Implementation Board of the United Nations System Mental Health and Well-being Strategy, should nominate a representative to serve on the Board by its first meeting in 2024 (JIU/REP/2023/4, Recommendation 1).**

17. To ensure accountability for the implementation of the system-wide Strategy by organizations, adequate reporting mechanisms should be developed. As an example, using the scorecard system as agreed upon in October 2022, to support annual reporting directly to the HLCM and/or to organizations' governing bodies could be considered. **The Implementation Board should consolidate organizational information collected through the scorecard system in a status report presented annually to the High-level Committee on Management.**

18. Furthermore, securing sustainable funding for coordinating the implementation of the Strategy should be a priority, especially considering its second iteration.<sup>7</sup> **A more sustainable and predictable staffing and funding arrangement to support the implementation of the Strategy across the United Nations system should be considered, especially given the monitoring and reporting requirements, outreach and a new iteration of the Strategy to be approved in 2023 with a view to commencing implementation in 2024.**

19. Two professional system-wide groups play an important role in policy development, standards setting and professional development: the Critical Incident Stress Management Working Group under the Inter-Agency Security Management Network chaired by the Critical Incident Stress Management Section of the Department of Safety and Security Critical Incident Stress Management Section and the United Nations Staff/Stress Counsellors Group under the Human Resources Network. While the main responsibilities of the groups are different, better coordination between them should be explored to maximize resources and to streamline the workload of key officials.<sup>8</sup> **The Chairs of the Working Group and the Counsellors Group should pursue further efforts to address the similarities and differences between the two groups, their impact on the function of counsellors in the United Nations system organizations and explore ways to further ensure more effective coordination. That coordination effort should serve to maximize resources and alleviate the workload of key officials who are involved in multiple inter-agency initiatives and who assume critical functions within their own organizations.**

***Organizational frameworks should include an approach to the mental health and well-being of personnel***

20. In general, the mental health and well-being of personnel is not consistently reflected and considered in key activities, practices and frameworks across participating organizations. Very few participating organizations have a cross-functional committee in place to address mental health and well-being activities in order to avoid fragmented and disjointed work. A dedicated management structure to address mental health and well-being could lead to more coherent approaches across organizations and ideally includes a mental health professional, if available. **Having a dedicated, multi-functional management structure proactively addressing mental health and well-being issues and activities allows for a more coherent approach across an organization.**

21. The risks associated with poor staff mental health and well-being are included in the risk registers of 12 participating organizations and additional risks were identified during the COVID-19 pandemic.<sup>9</sup> **The mental health and well-being of personnel should be given due consideration in risk management processes and should be included as appropriate.**

---

<sup>7</sup> The United Nations System Mental Health and Well-being Strategy Global Lead, placed under the Office of Human Resources Management, is composed of a senior mental health officer (Chief, P-5) and one consultant.

<sup>8</sup> This was also observed in the UN/OIOS, Internal Audit Division, "Audit of the effectiveness and efficiency of the critical incidence stress management in the United Nations Secretariat in New York", Report 2019/065, Assignment No. AH2018/500/01 (2019).

<sup>9</sup> As recommended by ISO 45003, 2021; and *WHO Guidelines on Mental Health at Work*.

22. Occupational health and safety management frameworks provide an overarching view of an organization’s health and safety risks as well as measures to mitigate and manage risks,<sup>10</sup> however less than half of participating organizations have integrated mental health into their frameworks, when they have one. For the majority of participating organizations, more work is thus required to further integrate mental health and well-being considerations in the broader occupational health and safety management systems in a substantive manner.

23. In contrast, personnel mental health and well-being considerations are included in the vast majority of participating organizations’ human resources strategies, albeit to varying degrees.

24. There are opportunities for a better integration of mental health and well-being considerations within organizational strategies and processes, such as occupational health and safety management frameworks, human resources strategies and learning strategies;<sup>11</sup> the inclusion of such considerations in enterprise risk management processes may be warranted in some organizations. **Participating organizations are encouraged to include mental health and well-being considerations in human resources strategies as they provide the grounds for a structured approach, leading to a whole-of-the-organization commitment to the well-being of personnel.**

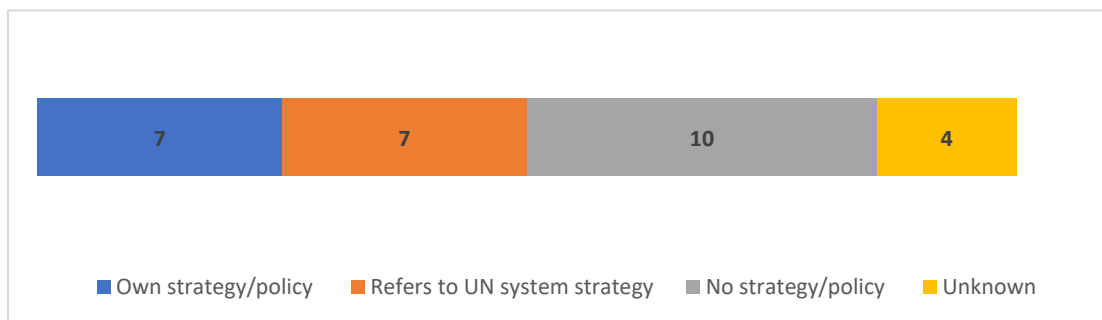
***Organizations must define an evidence-based and data-driven organizational approach that is adapted to their own requirements***

25. In the process of approving the United Nations System-wide Mental Health and Well-being Strategy, the High-Level Committee on Management expressed a system-wide commitment. The Strategy and its implementation guide call on participating organizations to adapt the principles contained in the Strategy to their own specific needs and requirements and to develop organizational commitments to drive its implementation through the development of workplace action plans. The review shows that the majority of participating organizations must still take concrete measures and make the necessary investments to adapt the principles of the Strategy to their own needs, including a defined evidence-based and data-driven approach based on their own requirements. Only seven participating organizations have a policy or strategy statement demonstrating their commitment to addressing the mental health and well-being of their personnel (see figure I).

26. Furthermore, workplace action plans have been developed in 7 organizations; 11 organizations are in the process of developing such plans and 4 have not yet begun, while the remaining have not communicated relevant information in that regard (see figure II). The Inspectors made two recommendations in the review to initiate a more proactive posture among United Nations system organizations, including informing governing bodies with regard to progress.

**Figure I**

**Overview of organizational approach to mental health and well-being of personnel, in number of participating organizations**



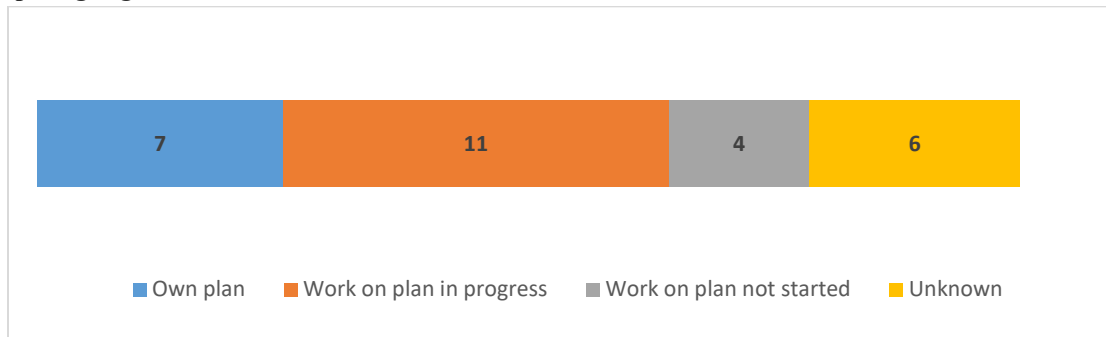
Source: prepared by JIU on the basis of information provided by participating organizations

<sup>10</sup> As recommended by ILO, “Guidelines on occupational safety and health management systems” (Geneva, 2001); and ISO 45003: 2021, 4.3 and 4.4.

<sup>11</sup> See International Civil Service Commission website (<https://commonsystem.org/hrframework/strategic.htm?d=1>). See also International Civil Service Commission, “Report of the working group on the framework for human resources management” (ICSC/78/R.9) (2014).

Figure II

**Overview of workplace action plans concerning mental health and well-being of personnel, in number of participating organizations**



Source: prepared by JIU on the basis of information provided by participating organizations

27. **Executive heads of United Nations system organizations, who have not already 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 (JIU/REP/2023/4, Recommendation 2).**

28. **Legislative and/or governing bodies of United Nations 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 developed according to their evidence-based and data-driven organizational approach on the matter (JIU/REP/2023/4, Recommendation 3).**

29. To define the approach in their respective organizations, numerous data sources are available for leaders to make informed decisions with regard to an organizational approach and to develop a subsequent mental health and well-being strategy and/or workplace action plan. Such data sources include: (a) staff surveys and system-wide surveys which can be useful if combined with other datasets; (b) independent assessments, evaluations and oversight reports which can provide deeper analysis and point to emerging risks and gaps in the implementation of policies; (c) quantitative data on the number and location of counsellors, usage of their services and qualitative feedback on services delivered which can be important baseline data, and; (d) sick-leave data, if properly collected and disaggregated, as well as information regarding disability benefits, can be reliable proxy data sets on the mental health and well-being of staff. However, these resources are mostly under-utilized or used in isolation in describing the particular situation within each organization.

30. Launched in 2021, the system-wide United Nations Health Intelligence Survey contains several data points and indicators related to mental health and well-being, including perceptions of mental health, satisfaction with work, stressors at work and at home, coping with stress, depressive/anxious mood, diagnosed health issues, accessibility of mental health resources, stigma, work-life balance, domestic abuse and days of absence from work due to mental health conditions. The United Nations Health Intelligence Survey thus provides a basis for an evidence-based and data-driven approach. **Executive heads are strongly encouraged to participate in the United Nations Health Intelligence Survey to provide more information concerning the health and well-being of their workforce as well as to contribute to the health and well-being knowledge base of United Nations system. The data collected should be used to inform decision making and to improve mental health and well-being initiatives across the United Nations system.**

31. Under the auspices of the United Nations Medical Directors Working Group, a Data Management and Governance Framework is currently being formalized. **The United Nations Medical Directors Working Group is**



encouraged to include representation from the Implementation Board in its steering committee to streamline data collection and analysis at the system-wide level.

***Policies to support and promote the mental health and well-being of personnel need to be better implemented and reinforced by standard operating procedures***

32. The systematic integration of mental health and well-being considerations and perspectives into the development of new policies and the review of existing ones are a good practice. Moreover, involving counsellors or workplace mental health and well-being experts in policy promulgation and review processes may provide valuable insight and unique perspectives.

33. There are crucial policies aimed at preventing mental health related risks for personnel serving in the field, including at high-risk duty stations, such as those associated with rest and recuperation and mobility and rotation to and from certain duty stations. Deferment of these policies or failing to apply them as intended may significantly affect the mental health of personnel. To avoid such consequences, those policies should be assessed for their effectiveness, applicability and exception practices.

34. Policies designed to support personnel with mental health conditions, such as programmes or policies for return-to-work and for providing reasonable accommodations can be cost effective and can have a significant return on investment as studies have shown.<sup>12</sup> Very few participating organizations have specific return-to-work policies or provisions for reasonable accommodations, often adopting a case-by-case approach or using the frameworks for sick-leave management or flexible working arrangements.

35. **By the end of 2024, executive heads of United Nations 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 the inclusiveness of mental health-related considerations and develop standard operating procedures that clearly identify roles and responsibilities, including decision making (JIU/REP/2023/4, Recommendation 4).**

***The counselling function across the United Nations system needs to be improved***

36. Psychosocial support services in United Nations system organizations are commonly delivered by mental health professionals, mainly by staff and stress counsellors. For 12 of the participating organizations, counsellors are located under the umbrella of human resources, and in six organizations, the function is housed within medical services, with advantages and disadvantages to each of these reporting lines. Ideally, the counsellor function should be well integrated within the organization and be able to coordinate services with other functions in the best interest of personnel.

37. Two organizations, WFP and UNHCR, use an approach that places the function on equal footing with other related functions such as medical and insurance services, for better integration, coordination and case management. Additionally, in both of these organizations a lead mental health professional supervises their respective counsellors at both headquarters and field locations (a best practice that ensures appropriate supervision and reporting lines for the counsellor function and demonstrates a leadership voice within the organization for mental health).

38. Counsellors within the United Nations system are guided by a few key documents promulgated by the United Nations Staff/Stress Counsellors Group<sup>13</sup> and the Critical Incident Stress Management Working Group, which along with external documents, including professional standards and observations, form the basis of the key elements recommended by JIU for enhancing the counselling function (see figure III). Those key elements cover professional requirements, organizational support and accountability for the counselling function. Several gaps and areas of concern were identified. Of particular concern were elements related to accountability, organizational support, appropriate supervision and professional development.

---

<sup>12</sup> WHO, *WHO Guidelines on Mental Health at Work*, p. 22.

<sup>13</sup> See United Nations Staff/Stress Counsellors Group, “Guidance on professional standards for UN Counsellors” (2020); Critical Incident Stress Management Working Group, *Field Manual on Psychosocial Support in Crisis Situations for United Nations Staff Counsellors and Stress Counsellors* (2022).

Figure III

Elements for enhancing the counselling function



Source: prepared by JIU.

39. Executive heads are strongly encouraged to review existing licensure and accreditation of counsellors working for their organizations, at all levels, and to ensure that they all meet the basic minimum standards defined by the system. Unqualified counsellors pose a risk to an organization and especially the personnel seeking psychosocial support. Organizations can improve the maturity of their psychosocial support services, the effectiveness of the counselling function and its contribution to organizational change processes by using the United Nations Staff/Stress Counsellors Group Guidance for professional standards as well as the aforementioned JIU key recommended elements to identify gaps and areas to improve the function.

40. **By the end of 2024, executive heads of United Nations 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 United Nations counsellors prepared by the United Nations Staff/Stress Counsellors Group and endorsed by the Human Resources Network of the United Nations System Chief Executives Board for Coordination, as well as key elements highlighted by the Joint Inspection Unit in the present report (JIU/REP/2023/4, Recommendation 5).**

*Uneven capacity and resources for psychosocial support in the United Nations system*

41. Across the system, resources supporting psychosocial support services have steadily increased over the past few years, peaking during the COVID-19 pandemic; more than half of participating organizations indicated that they would sustain the levels of such services realized during the pandemic moving forward. In 2018, it was estimated that there were 131 counsellors employed in the United Nations system and in 2022 that figure rose to 240, representing an 83 per cent increase.<sup>14</sup> However, that capacity is unevenly distributed in the system and across various locations; United Nations system counsellors are placed at headquarters, at the regional level and in field offices. While they may perform similar counselling activities, the review noted several differences between counsellors posted at headquarters and their field-based counterparts, including higher levels of stress and lower levels of satisfaction attributed to counsellors placed within headquarters offices. **While the surge capacity for counsellors may no longer be perceived as necessary, all mental health and well-being resources should be examined to meet the objectives of an organization’s strategy and/or workplace action plan.**

42. The Critical Incident Stress Management Section within the Department of Safety and Security, with its 103 affiliated stress counsellors working in the field and 5 regional stress counsellors placed at Headquarters in New York, has full or partial authority with regard to a significant proportion of counselling capacity in the United Nations system. The counsellors are either field stress counsellors funded through the local security budget arrangements, cost-shared counsellors funded by the members of a United Nations country team or under another arrangement, or staff

<sup>14</sup> This number of counsellors reflects only JIU participating organizations and does not include organizations that may have been counted in the 2018 figures such as the World Bank or IOM.

counsellors hired by the Department of Peace Operations/Department of Political and Peacebuilding Affairs missions. A 2019 audit by the Office of Internal Oversight Services<sup>15</sup> pointed to the counsellors in Peace Operations and Political Affairs missions as an arrangement that had not been formalized and that posed a potential risk. Those counsellors, placed in high-risk duty stations, are not always properly recruited, trained or professionally supervised. The arrangement should be formalized to minimize identified risks. **A solution should urgently be found to ensure consistent and professional recruitment and supervision of counsellors in peacekeeping and political missions.**

43. Mapping of counselling capacity across participating organizations, by location and affiliation, was completed by JIU to assess capacity deployment and to identify gaps and opportunities. Using a risk assessment in the form of a heatmap developed by the Critical Incident Stress Management Section to identify the critical needs of its field counsellors by location, JIU points to structural issues related to the placement of counsellors in countries hosting D- or E-category duty stations that require concerted attention to resolve. One field counsellor position should be seen as a core component of a standard structure of the United Nations presence in countries hosting D- or E-category duty stations, and preferably the funding should be assured through core budgetary resources.

44. **The Secretary-General should request the High-level Committee on Management of the United Nations System Chief Executives Board for Coordination to explore and report on, by the end of 2024, options to ensure that a mental health practitioner is posted to all countries with D- or E- category duty stations (JIU/REP/2023/4, Recommendation 6).**

45. **The General Assembly should consider by its eightieth session the conclusions of the High-Level Committee on Management of the United Nations System Chief Executives Board for Coordination regarding resources to support the posting of a mental health practitioner to countries with D- or E- category duty stations (JIU/REP/2023/4, Recommendation 7).**

46. Building upon the JIU mapping of counselling capacity (see Annex IV), opportunities exist across the system for a more strategic approach to psychosocial support resources, including where counsellors are placed and the organizations they cover, at all levels of the system. An essential component of such a strategic approach would be that information regarding the counselling capacity and corresponding coverage is consolidated for the United Nations system and is available in a comprehensive and transparent format. **The High-level Committee on Management should initiate an inventory of counselling capacity which could be done at the level of the Implementation Board, the Critical Incident Stress Management Working Group, the UN Staff/Stress Counsellors Group or as collaborative exercise.**

47. **Executive heads of United Nations system organizations should ensure that their respective organizations collaborate on the mapping of psychosocial support capacity available in all locations and consider the system-wide capacity when designing their workplace action plans, with a view to capitalizing on shared services, cost-sharing and other models for cost-effective and efficient delivery (JIU/REP/2023/4, Recommendation 8).**

***Increased usage of psychosocial support services observed among United Nations system organizations personnel, but barriers remain***

48. The vast majority of participating organizations offer psychosocial counselling as well as a variety of other related services, such as referrals, critical incident support, consultations, conflict resolution and training (see figure IV). Most organizations aim to offer access to a range of psychosocial support services, and well-being programmes<sup>16</sup> to all categories of personnel regardless of their contractual status. Critically, however, non-staff categories are rarely informed about services on offer.

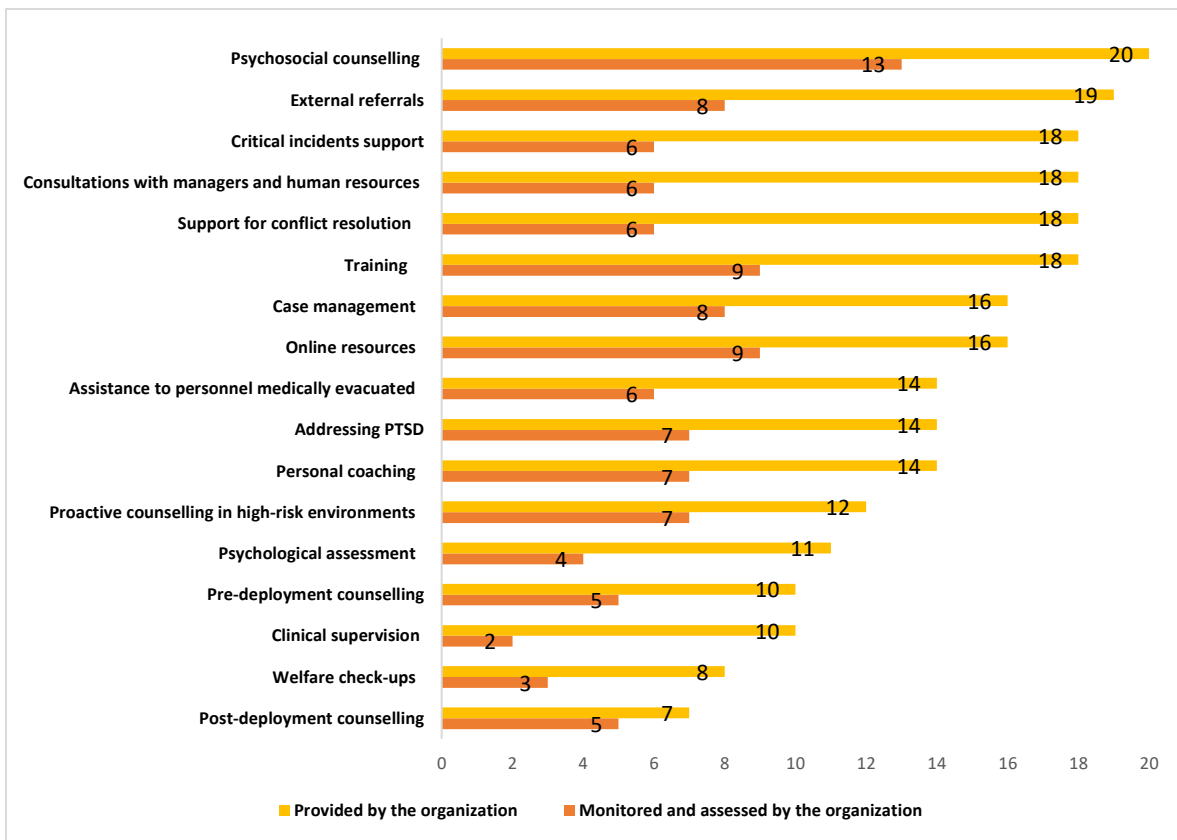
---

<sup>15</sup> OIOS Report 2019/065, p. 10.

<sup>16</sup> Well-being programmes are considered those initiatives that contribute to broader good health, including health promotion, while mental health and psychosocial services are considered those aimed at supporting a person's psychological, emotional, cognitive, behavioural and social state of health or ill-health.

**Figure IV**

**Indicative list of psychosocial support services available to United Nations system organizations’ personnel, by number of organizations offering, monitoring and assessing such services.**



Source: prepared by JIU on the basis of information provided by participating organizations

49. Over the past five years, the use of psychosocial support services by United Nations system personnel has dramatically increased, both in terms of the number of sessions provided and in the number of individuals served. For instance, the number of one-to-one psychosocial support sessions increased two-fold from less than 15,000 in 2017 to more than 30,000 in 2021. The total number of individual sessions provided by counsellors over the five-year period from 2017 to 2021 amounted to almost 110,000 sessions and more than 25,000 individuals. In the same period, there were more than 10,000 group sessions, involving close to 115,000 participants. Usage has also increased for support accessible through field stress counsellors provided by the Critical Incident Stress Management Section as well as external counselling providers. It is key to note that those datasets showed increases independently of the COVID-19 pandemic.

50. Assessments of these psychosocial services provided by counsellors are uneven and not commonly undertaken, however. As the demand for such services increases, more discipline is necessary in terms of identifying performance indicators and conducting assessments in order to gauge interest and to measure the quality and utility of such services. Ensuring that all United Nations counsellors work under a defined and adequate framework of professional supervision is one way to monitor the quality of services provided.<sup>17</sup>

51. Although demand and usage of psychosocial support services have increased across the system, barriers to accessing these services are still common, both at the individual and organizational levels. Based on responses from management in participating organizations as well as mental health practitioners and managers in field offices, the

<sup>17</sup> WHO and ILO, “Mental health at work: Policy brief”, p. 13.

presence of stigma is the most prevalent barrier. Organizations should ensure that their workplace action plans identify barriers to accessing psychosocial support services, including prioritizing stigma reduction through mental health literacy and health-promotion initiatives.

**52. Executive heads of United Nations system organizations should ensure that their workplace action plans on the mental health and well-being of their personnel, to be designed by the end of 2025, identify barriers to accessing psychosocial support services, including prioritizing stigma reduction through mental health literacy initiatives, outreach and health-promotion measures (JIU/REP/2023/4, Recommendation 9).**

***Promotion of evidence-based mental health and well-being programmes in and across United Nations system organizations is necessary, especially for managers***

53. Mental health literacy refers to understanding the interrelation between mental health and general health, as well as being familiar with the resources available to treat mental health conditions, including for emotional support, counselling and medical treatment. Participating organizations report that they offer a wide range of activities that may contribute to promote 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. Web-based applications and system-wide outreach can also contribute to greater awareness. While most organizations offer such programmes, it should be noted again that very few of them are systematically assessed or tied to a comprehensive strategy or workplace action plan. Executive heads should define an adequate framework for reviewing and assessing the portfolio of well-being programmes currently offered, determine whether or not they mitigate identified workforce risks and assess whether or not these initiatives are cost-effective.

**54. To maximize return on investment, executive heads of United Nations system organizations should, by 2026, ensure that well-being programmes and activities are embedded in and complement the evidence-based and data-driven approach of the organization to mental health and well-being and are routinely monitored and assessed (JIU/REP/2023/4, Recommendation 10).**

55. Crucially, managers are responsible for supporting all staff, including those with mental health conditions. 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; to improve workers' help-seeking behaviours.<sup>18</sup> **As a first step to building capacity and sensitizing managers to mental health indicators, organizations should disseminate the United Nations System Mental Health and Well-being Strategy to all managers and supervisors in the system and offer a briefing by their respective Implementation Board representative.**

56. The online "Workplace Mental Health and Well-being Lead and Learn" training programme is available at no cost to anyone working in the United Nations system.<sup>19</sup> At this point, figures communicated by the United Nations System Staff College suggest a low uptake, with less than 3,000 individuals enrolled since the launching of the programme in 2022, with less than 10 per cent having completed the certification process. Considering the financial and human resources invested in the design and development of the Lead and Learn Programme, there is an opportunity to further promote its usage, especially among managers.<sup>20</sup> Moreover, organizations should explore integrating mental health and well-being considerations into training programmes for managers to enhance learning and to promote sustainable change in their respective organizations.

---

<sup>18</sup> WHO, *WHO Guidelines on Mental Health at Work*, Recommendations 4 and 5, pp. 26-33 and 109, and key remarks on Recommendation 4, page 26.

<sup>19</sup> Workplace Mental Health and Well-being Lead and Learn Programme is composed of four modules: (1) Mental health and well-being in the workplace, (2) Personal well-being and thriving as a manager, (3) Supporting a colleague experiencing poor mental health and (4) Addressing stigma related to mental health problems.

<sup>20</sup> The United Nations Secretariat, through the United Nations Mental Health and Well-Being Strategy Global Lead team, contributed \$130,000 for design and development and the United Nations System Staff College contributed 95 days of unpaid staff time.

57. **Executive heads of United Nations 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 and enhanced learning and to support employees with mental health conditions (JIU/REP/2023/4, Recommendation 11).**

### **III. Conclusions and Recommendation**

58. The recommendations put forth in the JIU report underscore the need for an evidence-based and data-driven approach to the mental health and well-being of the United Nations workforce within participating organizations across the system. This includes participation on the Implementation Board for the system-wide Strategy, changes in its governance and composition to meet the challenges of a new Strategy and enhanced accountability.

59. Potential risks and gaps must be addressed related to psychosocial support services available to personnel, especially those serving in high-risk duty stations, as well as key elements related to improving the counselling function. Addressing these lacunae will ensure well-being programmes are evidence-based, aligned with a strategy and routinely monitored.

60. Executive heads are also called upon to contribute to system-wide collaboration for counselling-capacity mapping that would be the basis for a more strategic approach at the level of the entire system. A particular emphasis is placed on reviewing return-to-work and reasonable accommodation policies to include mental health considerations and to clarify decision-making processes, as well as integrating mental health into training programmes, especially for managers.

61. The implementation of the following recommendation will inform the High-level Committee on Management in the context of the review and endorsement of the 2024 and beyond United Nations System Mental Health and Well-being Strategy.

#### **Recommendation 1**

**In preparation for the forty-sixth session of the High-level Committee on Management, the Secretary-General of the United Nations Secretariat, in his capacity as Chair of the United Nations System Chief Executives Board should circulate this management letter to members of the Committee to inform the discussion on the next iteration of the United Nations System Mental Health and Well-being Strategy, as well as the relevant inter-agency mechanisms that govern and support its implementation.**

## Annex I

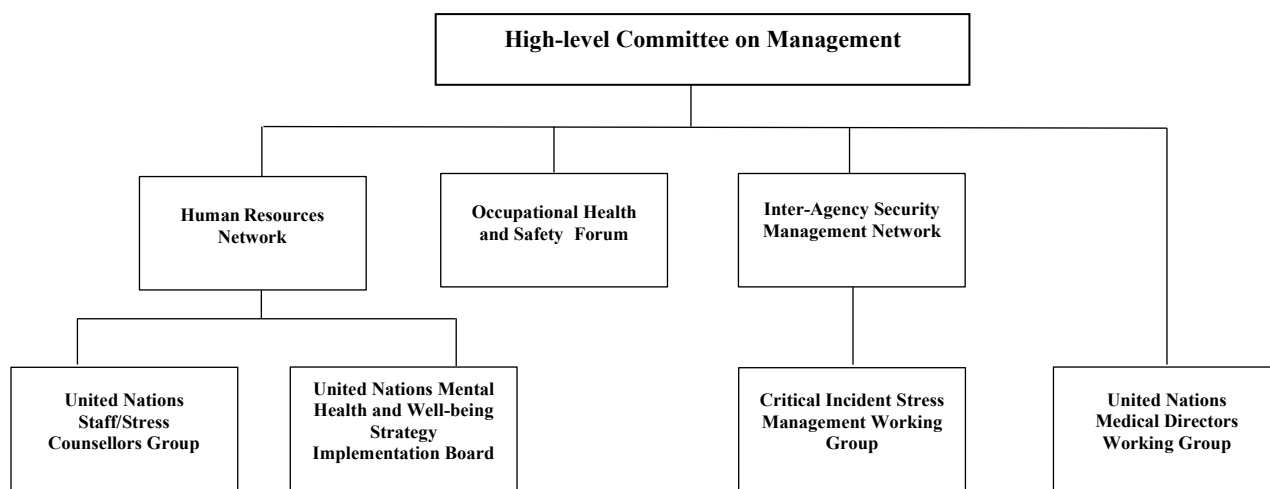
### Psychosocial risks to mental health at work as identified in the WHO Guidelines on Mental Health at Work (2022)

Risk Factor	Description
Work content and task design	Lack of variety or short work cycles, fragmented or meaningless work, under-utilized of skills, high uncertainty, continuous exposure to people through work
Workload and work pace	Work overload or under-load, machine pacing, high levels of time pressure, continual subjection to deadlines
Work schedule	Shift-work, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours
Job control	Low participation in decision making, lack of control over workload, pacing, etc.
Environment and equipment	Inadequate availability, suitability or maintenance of equipment; poor environmental conditions such as lack of space, poor lighting, excessive noise
Organizational culture	Poor communication, low levels of support for problem solving and personal development, lack of definition of, or agreement on, organizational objectives, organizational change; high competition for scarce resources, overly-complex bureaucracies
Interpersonal relationships	Social or physical isolation, poor relationships with superiors, interpersonal conflict, harmful work behaviours, lack of social support (perceived or actual) social support; bullying, harassment, mobbing, microaggressions
Role in an organization	Role ambiguity, role conflict and responsibility for other people
Career development	Career stagnation and uncertainty, under-promotion or over-promotion, poor pay, job insecurity, low social value of work
Home-work interface	Conflicting demands of work and home, including for persons with caregiving responsibilities, poor support at home, dual-career problems; living at the same location at which work is carried out, living away from family during work assignments

Source: WHO, *WHO Guidelines on Mental Health at Work*, p. 3.

## Annex II

### Interagency structures relevant to the mental health and well-being of United Nations system personnel



<b>High-Level Committee on Management</b>	The Committee acts on behalf of and in the name of CEB on matters affecting the administrative management of all member organizations. It is charged with identifying and analysing administrative management issues of common concern, which require a system-wide response. It is authorized to take decisions on behalf of the Executive Heads and to identify, promote and coordinate management reforms that will improve services, achieve productivity improvements and increase efficiency and effectiveness across the United Nations system (CEB/2013/3, para. 2)
<b>Human Resources Network</b>	Provides strategic advice and leadership on the management of human resources, focusing on specific strategic issues of interest, as well as preparing views and proposals to the High-level Committee on Management and the International Civil Service Commission and liaises with the federations of staff associations ( <a href="https://unsceb.org/hrn">https://unsceb.org/hrn</a> )
<b>Occupational Health and Safety Forum</b>	Supports agency heads in fulfilling their commitments related to the occupational safety and health and well-being of personnel, in a manner that evolves in parallel with the organizational risks and their relevant contexts (CEB/2019/5, para. 72)
<b>Inter-Agency Security Management Network</b>	Monitors the implementation of United Nations security management policies, practices and procedures by all actors of the United Nations system (Department of Safety and Security, <i>United Nations Security Management System Security Policy Manual</i> , chap. II, sect. C, para. 6)
<b>Critical Incident Stress Management Working Group</b>	Develops and promotes policies to enhance the provision of critical incident stress prevention and management in order to improve the psychosocial well-being of staff in the United Nations system and to improve coordination between Department of Safety and Security staff/stress counsellors and security through the Inter-Agency Security Management Network (Department of Safety and Security, <i>United Nations Security Management System Security Policy Manual</i> , chap. VI, sect. C, para. 5)
<b>United Nations Staff/Stress Counsellors Group</b>	Promotes consistent, professional staff/stress counselling practices in the United Nations system; identifies best practices; enables and encourages inter-agency cooperation and sharing of resources for the benefit of staff well-being and welfare; and provides peer/professional support for the United Nations system staff/stress counsellors (“Mandate of the HR Network’s UN Staff/Stress Counsellors Special Interest Group” (CEB/2009/HLCM/HR/36), p. 1)
<b>United Nations Mental Health and Well-being Strategy Implementation Board</b>	Ensures strategic oversight and provides support for successful and practical operational implementation of the United Nations System Mental Health and Well-being Strategy, over the five-year period (2018–2023) (terms of reference of the Implementation Board, para. 1.1)
<b>United Nations Medical Directors Working Group</b>	Harmonizes and implements medico-administrative and health policies throughout the United Nations system.

Source: prepared by the JIU.



## Annex III

### United Nations System Mental Health and Well-being Strategy (2018-2023) themes and priority actions

	<b>Theme 1</b> Create a workplace that enhances mental and physical health and well-being	<b>Theme 2</b> Develop, deliver and continuously evaluate mental health and well-being services in all duty stations	<b>Theme 3</b> Welcome and support staff living with mental health challenges	<b>Theme 4</b> Ensure sustainable funding for mental health and well-being services
<b>Priority action 1</b> Resource and distribute psychosocial support and mental health services to enable access for all UN staff who need it, especially those at higher risk, including universal and equitable access to these services within 18 months of endorsement.	--	✓	✓	✓
<b>Priority action 2</b> Implement stigma reduction and health-promotion approaches over the five-year period, to strengthen the knowledge, skills and behaviour of all UN staff members with regard to staying psychologically fit and healthy, and to ensure that concerns about stigma, anticipated and/or experienced, are not a barrier to maintaining good mental health and well-being.	✓	✓	✓	--
<b>Priority action 3</b> Initiate a suite of prevention interventions, informed by best practices and shown to positively influence the protective factors associated with good mental health and well-being, as well as avert or minimize harm from known risk factors, directly and indirectly for the staff member and/or from the environment in which they work.	--	✓	✓	--
<b>Priority action 4</b> Establish a workplace well-being programme with an agreed charter, practical support, training and recognition awards for teams and managers that enables the achievement of respectful, resilient, psychologically safe and healthy UN workplaces over a 5-year timescale.	✓	✓	✓	--
<b>Priority action 5</b> Complete a review of UN Health Insurance provision and UN social protection schemes (for disability and compensation) within 2 years to achieve equity of coverage for mental health and to ensure that provision is adequate, acceptable and appropriate.	--	✓	✓	✓
<b>Priority action 6</b> Create systems to enable and oversee the safety and quality of psychosocial support programmes by the end of year one.	--	✓	--	--
<b>Priority action 7</b> Complete a multidisciplinary workforce development plan supported by a business case, submitted to the High-level Committee on Management by the end of year 1. The business case is to be informed by a data-supported assessment of the capacity, capability and quality of in-house and external resources.	--	✓	✓	--

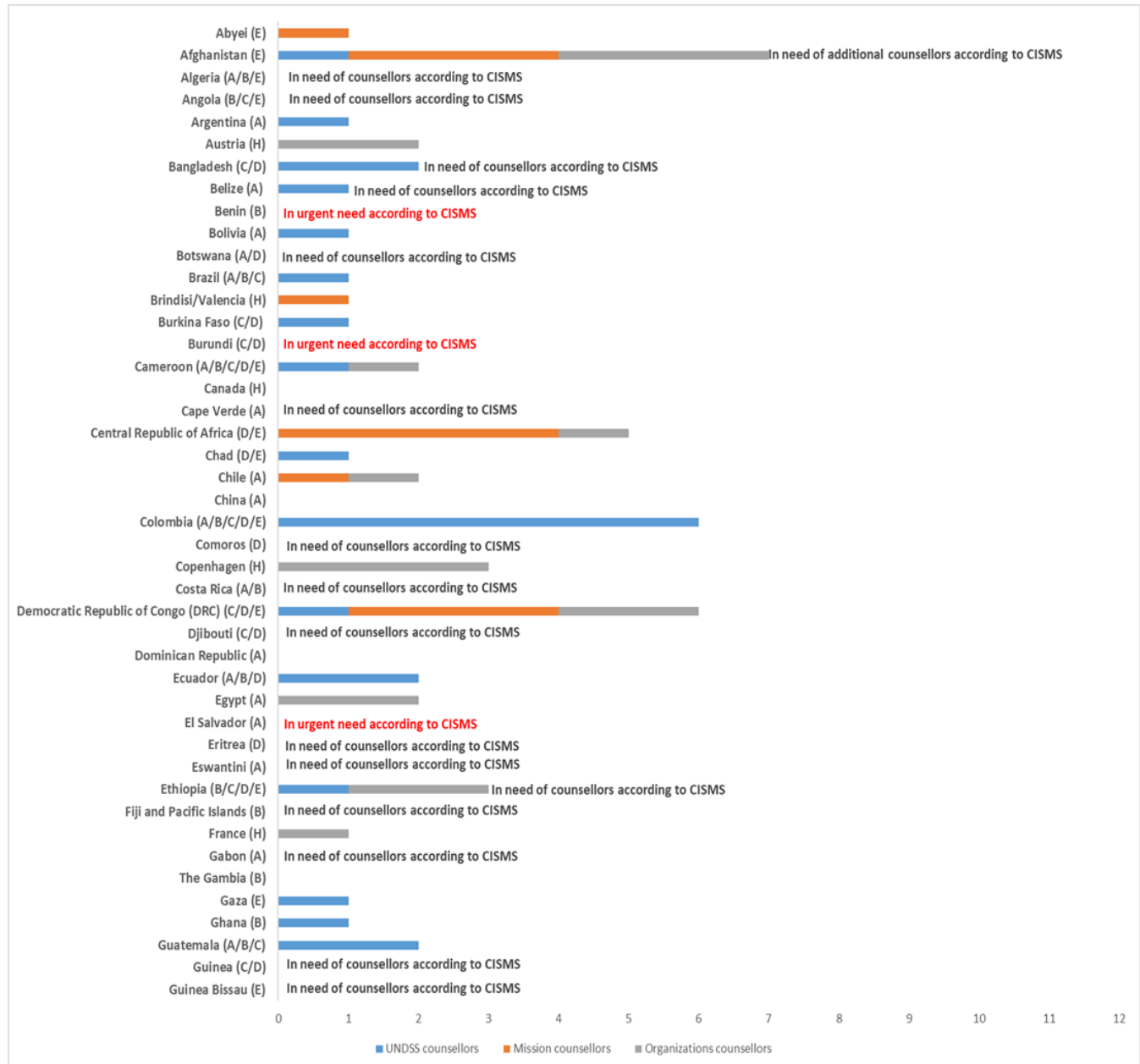
Source: prepared by the JIU (2023) on the basis of the United Nations System Mental Health and Well-Being Strategy (2018-2023), page 14.

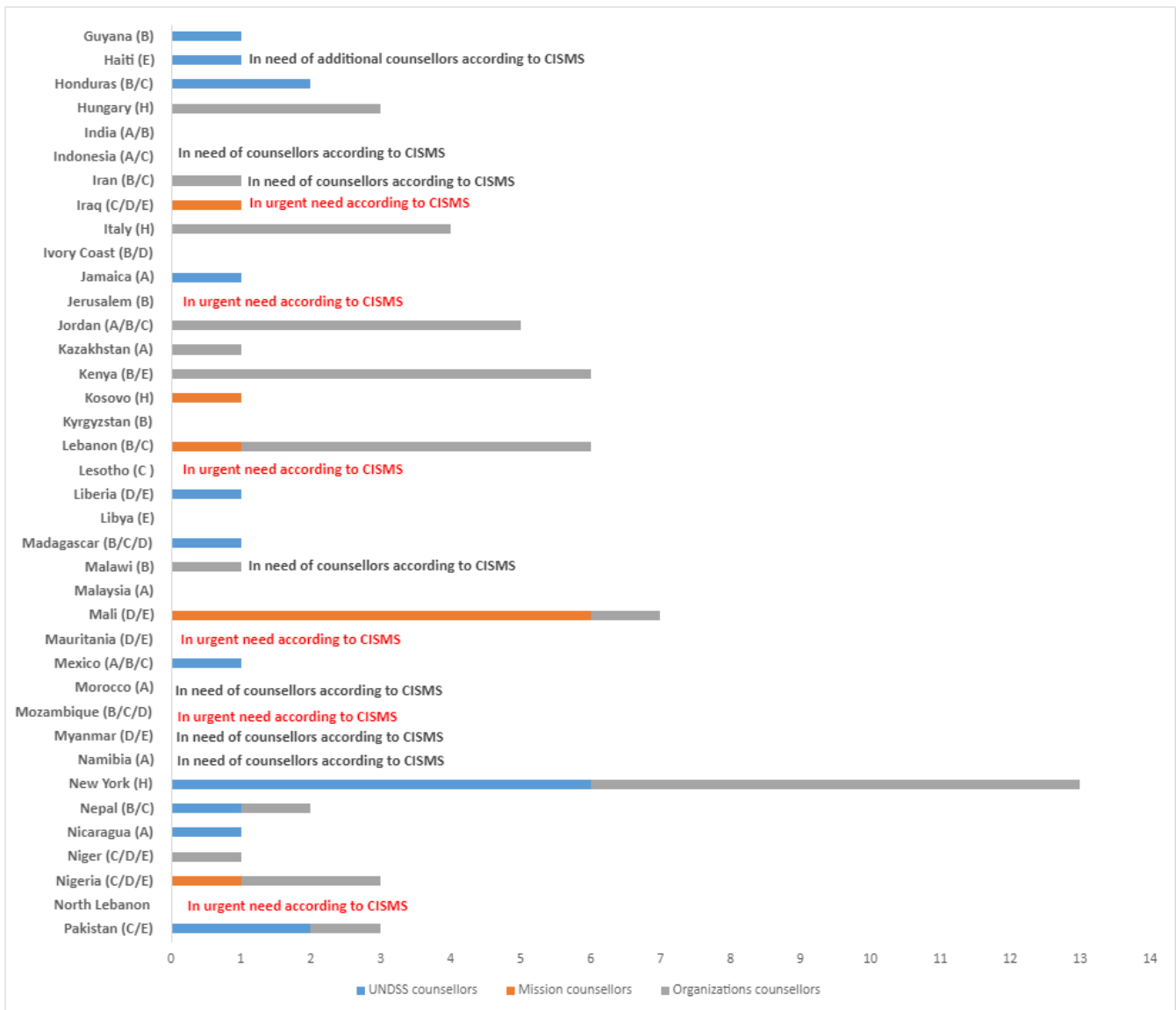
✓	Theme relevant to priority area per United Nations Strategy document
---	--

## Annex IV

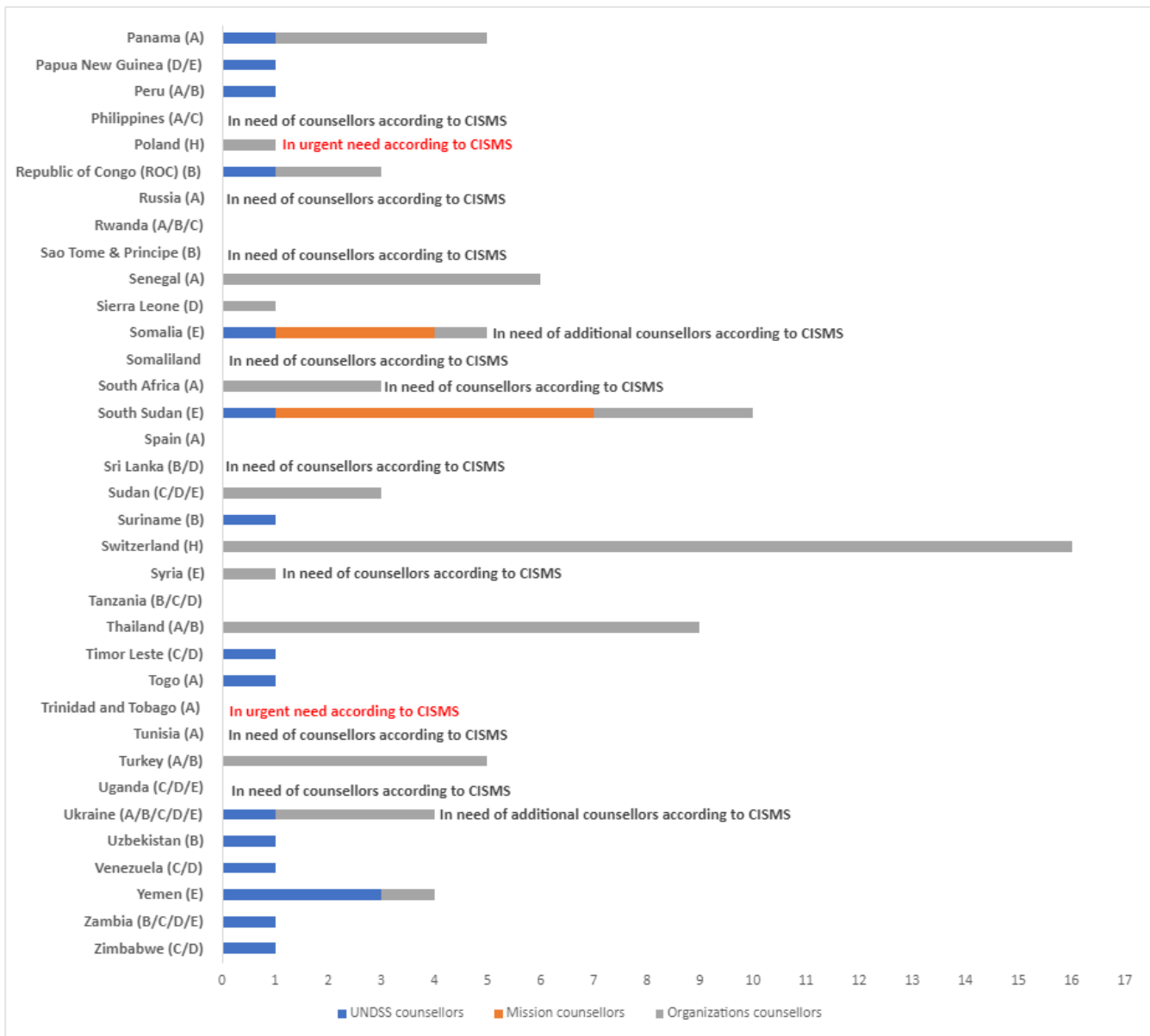
### Overview of United Nations system counsellors by location

This overview reflects detailed data gathered by JIU as of November 2022 (including indications of the locations of counsellors) which may be at variance with the information contained in annex XII of the report (JIU/REP/2023/4), since the latter includes general updates provided by participating organizations in May 2023.





Note: Reference to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).



Source: prepared by JIU (2023) on the basis of information validated by participating organizations (November 2022, updated June 2023), the list of field counsellors affiliated with the United Nations Secretariat maintained by the Critical Incident Stress Management Section (updated October 2022), as well as a risk assessment in the form of a heat map produced by same Section (February 2023).

## **Annex V**

### **List of recommendations contained in the Joint Inspection Unit review of mental health and well-being policies and practices in United Nations system organizations (JIU/REP/2023/4)**

#### **Formal recommendations**

##### **Recommendation 1**

The executive heads of those United Nations system organizations that do not already participate on the Implementation Board of the United Nations System Mental Health and Well-being Strategy should nominate a representative to serve on the Board by its first meeting in 2024.

##### **Recommendation 2**

Executive heads of United Nations system organizations, who have not already 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.

##### **Recommendation 3**

Legislative and/or governing bodies of United Nations 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 developed according to their evidence-based and data-driven organizational approach on the matter.

##### **Recommendation 4**

By the end of 2024, executive heads of United Nations 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 the inclusiveness of mental health related considerations, and develop standard operating procedures that clearly identify roles and responsibilities, including decision making.

##### **Recommendation 5**

By the end of 2024, executive heads of United Nations 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 United Nations counsellors prepared by the United Nations Staff/Stress Counsellors Group and endorsed by the Human Resources Network of the United Nations System Chief Executives Board for Coordination as well as key elements highlighted by the Joint Inspection Unit in the present report.

#### **Recommendation 6**

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

#### **Recommendation 7**

**The General Assembly should consider by its eightieth session, the conclusions of the United Nations System High-level Committee on Management of the United Nations System Chief Executives Board for Coordination regarding resources to support the posting of a mental health practitioner to countries with D or E category duty stations.**

#### **Recommendation 8**

**Executive heads of United Nations 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.**

#### **Recommendation 9**

**Executive heads of United Nations system organizations should ensure that their workplace action plans on the mental health and well-being of their personnel, to be designed by the end of 2025, identify barriers to accessing psychosocial support services, including prioritizing stigma reduction through mental health literacy initiatives, outreach and health-promotion measures.**

#### **Recommendation 10**

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

#### **Recommendation 11**

**Executive heads of United Nations 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 and enhanced learning and to support employees with mental health conditions.**

## **Informal recommendations**

The informal recommendations listed here are from the full review (JIU/REP/2023/4) and should be read in context as additional suggestions that could enhance the strategic and operational approach of the United Nations system to the mental health and well-being of its personnel.

### **Chapter II. Indicators of mental health and well-being in the United Nations system**

1. Improved records management of sick-leave information, with due consideration given to confidentiality regarding mental health conditions, would better enable organizations to design programmes in support of the general health and well-being of their staff.
2. With [the data related to disability benefits] in mind, the Inspectors recall the proposal included in the United Nations system-wide Strategy to establish a rate per 10,000 staff of individual cases of disability due to mental health conditions that would serve as a common indicator in the system to better assess this phenomenon and provide a baseline for monitoring its evolution.

### **Chapter III. Interagency workstreams for mental health and well-being of United Nations system personnel**

3. The Inspectors suggest that the High-level Committee on Management reconsider the placement of the Implementation Board, currently under the Human Resources Network, with a view to streamlining its reporting line and elevating the topic of the mental health and well-being of personnel.
4. The Implementation Board should consolidate organizational information collected through the scorecard system in a status report presented annually to the High-Level Committee on Management.
5. There is thus an opportunity to broaden the perspective and competencies within the Implementation Board via membership expansion, including within established networks such as representatives of Internal Audit Services of the United Nations organizations and the Ethics Network of Multilateral Organizations (as observers), and the Cross-functional Task Force on Risk Management, which are not currently represented on the Implementation Board. Moreover, enlarging the presence of the informal network of ombudspersons and mediators of the United Nations system, as well as including focal points on disability inclusion and participants from field locations will further broaden the perspectives and competencies of the Implementation Board.
6. A more sustainable and predictable staffing and funding pattern to support implementation of the Strategy across the United Nations system should be considered, especially given the monitoring and reporting requirements, outreach and a new iteration of the Strategy to be approved in 2023 with a view to commencing implementation in 2024.
7. The Inspectors believe that the Chairs of the Working Group and the Counsellors Group should pursue further efforts to address the similarities and differences between the two Groups, their impact on the function of counsellors in the United Nations system organizations and explore ways to further ensure more effective coordination. That coordination effort should serve to maximize resources and alleviate the workload of key officials who are involved in multiple inter-agency initiatives and who assume critical functions within their own organizations.

### **Chapter IV. Organizational approach to mental health and well-being of personnel in United Nations system organizations**

8. Having a dedicated, multi-functional management structure proactively addressing mental health and well-being issues and activities allows for a more coherent approach across an organization.
9. The mental health and well-being of personnel should be given due consideration in risk management processes and should be included as appropriate.
10. For the majority of participating organizations, more work is thus required to further integrate mental health and well-being considerations in the broader occupational health and safety management systems in a substantive manner.

11. The Inspectors encourage participating organizations to include [mental health and well-being of personnel] in human resources strategies as they provide the grounds for a structured approach, leading to a whole-of-the-organization commitment to the well-being of personnel.

12. Executive heads are strongly encouraged to participate in the United Nations Health Intelligence Survey to provide more information concerning the health and well-being of their workforces, as well as to contribute to the health and well-being knowledge base of the United Nations system. The data collected should be used to inform decision making and to improve mental health and well-being initiatives across the United Nations system.

13. The United Nations Medical Directors Working Group is encouraged to include representation from the Implementation Board in its steering committee to streamline data collection and analysis at the system-wide level.

#### **Chapter V. Mental health and well-being considerations in regulatory frameworks**

14. Seeking input from counsellors is suggested in order to provide analysis and feedback with regard to the potential psychosocial implications of policies.

15. In the view of the Inspectors, oversight offices should explore ways to integrate mental health and well-being components into their risk universe, working methods and deliverables.

16. Rest and recuperation and rotation policies for personnel serving in high-risk duty stations are in place to protect the mental health and well-being of staff and should be assessed for their effectiveness, applicability and exception practices.

#### **Chapter VI. Counselling function in United Nations system organizations**

17. [A lead mental health professional who supervises and leads the respective counsellors at headquarters and in field locations], in the view of the Inspectors, is a best practice across the system as it serves to fulfil the essential role of professional supervision of counsellors, ensures appropriate reporting lines with respect to the confidentiality of services delivered and demonstrates a leadership voice within the organization for mental health.

18. The integration of the counselling function is in the best interests of counsellors, the organization and its personnel. Taking into account the capacity of the counselling services as well as the desired approach to integrating mental health and well-being considerations and activities through a Strategy or workplan, the Inspectors suggest that executive heads review the organizational arrangements for the function in terms of reporting lines to facilitate coordination with other functions.

19. Unqualified counsellors pose a risk to an organization, especially the personnel seeking psychosocial support, and executive heads are strongly encouraged to review existing licensure and accreditation of psychosocial support personnel working for their organizations, at all levels, and to ensure that they all meet the basic minimum standards defined by the system. In addition, organizations should update and incorporate those certification requirements into terms of references and job descriptions. In a situation in which an active counsellor does not meet the requirements, a development plan should be agreed upon between the incumbent and the line manager, as suggested by the United Nations Staff/Stress Counsellors Group.

20. Having such a code of conduct is considered a good practice, and it should be signed by counsellors, their line managers and a senior manager. Such a code, which frames professional and ethical standards, can be an important feature for mitigating the issues that some counsellors shared in terms of providing effective psychosocial support to individuals versus being “faithful or loyal” to the organization.

21. Organizations are encouraged to review their confidentiality rules that apply to counsellors to ensure that such rules are not only in place and understood by personnel who access their services, but also by their supervisors and senior leaders.

22. The Inspectors restate that professional supervision is necessary to ensure the quality of the work done by counsellors and their professional development, and that such supervision should be formalized in terms of reference and job descriptions, explicitly stating the provisions for such arrangements. Furthermore, if professional supervision is not practical within the reporting structure of a counsellor, subsidies to support an external arrangement should be made available, which would also demonstrate the commitment of the organization to the counselling function.



23. The Inspectors recommend that organizations that mostly rely on consultants or other contractual modalities [for delivering of counselling services] reassess these arrangements.
24. Onboarding [of counsellors] cannot be neglected as it provides inside knowledge, which is a prerequisite for providing effective support and internal referrals and advice.
25. Organizations are encouraged to make the necessary arrangements to ensure the quality and ongoing professional development of counsellors and to update or revise their terms of reference or job descriptions as necessary to include an explicit commitment.
26. Bearing in mind the requirements of confidentiality surrounding the [counsellor] function, further steps must be taken to ensure that a formal performance appraisal process is conducted for all counsellors, based on agreed quantitative and qualitative indicators. The Inspectors suggest that the United Nations Staff/Stress Counsellors Group propose a set of performance indicators adapted to the counselling function to be used across the system, while ensuring that the appraisal process is not limited to an assessment of the services that counsellors provide.
27. Even if counselling information does not constitute a medical record, proper records management must still be applied for accountability purposes and succession planning when counsellors leave the organization or personnel are transferred to another location, as this also supports effective case management.

## **Chapter VII. Overview of capacity and resources to support psychosocial support services within the United Nations system**

28. While the surge capacity for counsellors may no longer be perceived as necessary, all mental health and well-being resources should be examined to meet the objectives of an organization's strategy and/or workplace action plan.
29. Considering the nature of interventions and risks associated with such a peer support function, a clear framework must be supported by well-defined terms of reference. Elements such as the selection process of peers, the boundaries of their role, the standards to be applied in their activities, the delineation of their accountability provisions, as well as their management and reporting lines must be covered. The programmes should also be reviewed and evaluated on a periodic basis.
30. The Inspectors strongly advocate for a solution to be found to ensure consistent and professional recruitment and supervision of counsellors placed in peacekeeping and political missions.
31. Recognizing the potential contribution of the external mental health professionals, the Department of Safety and Security is encouraged to restart its certification process as soon as possible. In addition, it must be ensured that the external mental health professionals are easily accessible so as to ensure their management and training represent a good return on investment.
32. In that regard, organizations should maintain a sufficient level of internal capacity to ensure accountability, drive policies, provide essential services and monitor the quality and conditions of the services rendered by the external entity.
33. One field counsellor position should be seen as a core component of a standard United Nations presence in countries hosting D or E category duty stations, with the funding preferably being assured through core budgetary resources.
34. An essential component of such a strategic approach [to the mental health and well-being of personnel] would be that information regarding counselling capacity and the corresponding coverage is consolidated for the United Nations system and available in a comprehensive and transparent format. The Inspectors believe that the High-level Committee on Management should initiate such an inventory, which could be done at the level of the Implementation Board, the Critical Incident Stress Management Working Group, the United Nations Staff/Stress Counsellors Group or as a collaborative exercise.

## **Chapter VIII. Psychosocial support services available to United Nations system personnel**

35. With the largest proportion of counsellors in the system, the United Nations Secretariat should address the fragmented and disjointed delivery of psychosocial support services across its various departments and offices, field

locations and peacekeeping missions. It should also aim to address the issue of counsellors currently serving without professional supervision, as highlighted in Chapter VII.

36. To ensure effectiveness, organizations should define the framework for provision of [tele-counselling] services, the technological parameters necessary to ensure confidentiality and launch proper training for counsellors.

37. More discipline is encouraged in assessing psychosocial support services to further accountability and to gauge interest in and utility of services by clients and participants, which can inform senior-level decisions on service levels and coverage.

38. Participating organizations are encouraged to utilize existing guidance [on health insurance] made available by the Implementation Board and to conduct a comprehensive review of their schemes.

#### **Chapter IX. Promotion of mental health and well-being in and across United Nations system organizations**

39. Executive heads should define an adequate framework for reviewing and assessing the portfolio of well-being programmes currently offered and determine whether or not they mitigate identified workforce risks, as well as assess whether these initiatives are cost-effective.

40. Executive heads of United Nations system organizations are strongly encouraged to continue supporting and/or joining system-wide global awareness initiatives.

41. A step in the right direction in that regard would be to disseminate the United Nations System Mental Health and Well-being Strategy to all managers and supervisors in the system and offer a briefing by their respective Implementation Board representatives.

42. The Inspectors believe there is an opportunity for the United Nations Secretariat to formally include mental health and well-being in its training for resident coordinators, as senior leadership can be important role models and can contribute to cultural change and improve mental health literacy, especially at the field level.

43. The Lead and Learn training modules should ideally be guided by a skilled facilitator who can assist in answering specific concerns, provide appropriate referrals and facilitate sharing among participants in a safe learning environment. The design for this type of delivery might also include having participants complete parts of the Lead and Learn programme as an online course for background and employing a facilitator, such as a staff counsellor, for group learning and discussion, which could also be considered as a system-wide initiative.