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Report of the Joint Inspection Unit

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Executive summary

Review of mental health and well-being policies and practices in United Nations system organizations

Introduction and review objectives

The present system-wide review was included in the 2022 programme of work of the Joint Inspection Unit (JIU). It 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 coronavirus disease (COVID-19) pandemic, amended proposals refocused on the mental health and well-being of United Nations personnel. The present review, the first to comprehensively cover the topic of mental health and well-being, is timely considering the adjustments that participating organizations implemented during the pandemic. Moreover, the United Nations System Mental Health and Well-being Strategy, launched in 2018, will conclude its first phase of implementation in 2023 with the next phase of the United Nations system's approach to this subject requiring timely consideration.

In the present review, the Inspectors examine organizational approaches to addressing the mental health and well-being of United Nations personnel, keeping in mind that both business models and mandates shape the internal cultures of individual organizations, their risk profiles and their operational requirements. The review makes use of the guidelines recently released by the World Health Organization regarding mental health at work, as well as the companion policy brief (with the International Labour Organization); relevant international standards; survey results; corporate questionnaires; interviews with stakeholders and experts; and an extensive desk review of United Nations system documents, academic literature and other related documents.

The objectives of the review are: (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 inter-agency initiatives; and (d) to identify relevant good practices and lessons learned within and across United Nations system 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 United Nations workforce and to elaborate on how organizations can seize opportunities to address these risks, thus enhancing organizational effectiveness.

Main findings

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

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 and varying local and cultural contexts. Consequently, there is a risk of higher-than-average prevalence of depression, anxiety and 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.

Several data sets examined in the report suggest that the costs to United Nations system organizations of the poor mental health of their personnel are significant and show a trend of increasing concern year on year. Based on data provided by the United Nations Joint Staff Pension Fund, the proportion of new disability benefits related to mental health conditions has fluctuated, with an average of 40 per cent of disability cases granted to United Nations system staff over the past 20 years. Moreover, in the last 10 years, the number of disability cases due to mental health conditions has increased from 46 to 119 cases. These figures are significantly higher compared with other sectors, in which disability due to mental health conditions represents only 10 per cent of cases.

Certified sick leave data provided by participating organizations reflect that, in 2021, nearly 20 per cent of all sick leave taken was due to a mental health condition or related symptoms, up from 16 per cent in 2017. While the 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.

Such proxy data sets, such as 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 on the actual number of individuals taking sick leave for mental health conditions. Improved data collection and disaggregation of sick leave data could be key indicators of staff mental health and well-being in United Nations system organizations.

Taken together, such data, as well as the figures regarding access to psychosocial support services also included in the 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.

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

After the analysis of the United Nations Global Well-being Survey, conducted in 2015, a system-wide strategy was developed following a multidisciplinary and multi-agency process of consultations and elaboration. With the strategy entitled “A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy (2018–2023)”, 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.

While the initial implementation phase of the Strategy and the onset of the COVID-19 pandemic inadvertently coincided, disrupting initial plans, the 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 affects their effectiveness in delivering on their mandates. The Strategy has the potential to support further progress in the United Nations system provided that some adjustments are made in areas such as governance, accountability, reporting and funding. The second iteration of the Strategy must now 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.

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

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. The risks of overlapping mandates and overly complex arrangements may challenge coherence and coordination. 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 and wider participation from organizations (**Recommendation 1**). To further accountability with regard to the implementation of the system-wide Strategy by organizations, reporting mechanisms must be further developed, for example using the scorecard system as agreed upon in October 2022, to support annual reporting directly to the Committee and/or to organizations' governing bodies. Furthermore, securing sustainable funding for coordinating the implementation of the Strategy should be a priority, especially considering its second iteration.

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; 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.

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

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 and structures driving the workstream. A dedicated management structure to address mental health and well-being could lead to more coherent approaches across organizations; ideally, such a structure would include a mental health professional, if available.

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. 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, however, less than half of participating organizations have integrated mental health into their frameworks, when they have one. In contrast, personnel mental health and well-being considerations are included in the vast majority of the organizations' human resources strategies, albeit to varying degrees. There are opportunities for a better integration of mental health and well-being considerations in organizational strategies and processes, such as occupational health and safety management frameworks, human resources strategies and learning strategies, and the inclusion of such considerations in enterprise risk management processes may be warranted in some organizations.

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

In the process of approving the United Nations System Mental Health and Well-being Strategy, the High-level Committee on Management expressed a system-wide commitment to this issue. 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. Only seven participating organizations have a policy or strategy statement demonstrating their commitment to addressing the mental health and well-being of their personnel. 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 organizations did not communicate the relevant information in that regard. That demonstrates 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. The Inspectors made two recommendations to initiate a more proactive posture among the United Nations system organizations, including informing governing bodies with regard to progress (**Recommendations 2 and 3**).

Numerous data sources are available for leaders to make informed decisions on 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 data sets; (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. Those resources are mostly underutilized or used in isolation in describing the particular situation within each organization and the priorities that should therefore be addressed.

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

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 a unique perspective.

There are crucial policies aimed at preventing mental health-related risks for personnel serving in the field, including in high-risk duty stations, such as those associated with rest and recuperation and mobility and rotation to and from certain duty stations. Deferment of those 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.

Policies designed to support personnel with mental health conditions, such as programmes or policies for return to work and for providing reasonable accommodation, can be cost-effective and can have a significant return on investment as studies show. Very few participating organizations have specific return-to-work policies or provisions for reasonable accommodation and often adopt a case-by-case approach or use the frameworks for sick leave management or flexible working arrangements. Organizations should review their policies and programmes to support the return to work and reasonable accommodation, to

ensure that they set uniform standards for implementation, include mental health considerations and develop standard operating procedures for clear roles and responsibilities, decision-making authority and effective implementation (**Recommendation 4**).

Counselling function across the United Nations system needs to be improved

Psychosocial support services in United Nations system organizations are commonly delivered by mental health professionals, mainly by staff and stress counsellors. Aside from stress counsellors in the field who have various arrangements, the two most common reporting lines within United Nations system organizations for the counselling function are through human resources or through medical services. For 12 participating organizations, counsellors are located under the umbrella of human resources and, in 6 organizations, the function is housed within medical services, with advantages and disadvantages associated with each of these reporting lines. Two organizations, the World Food Programme and the Office of the United Nations High Commissioner for Refugees, use an approach that places the function on an equal footing with other related functions, such as medical and insurance services, for better integration, coordination and case management. Ideally, the counselling function is well integrated within the organization and is able to coordinate services with other functions in the best interests of personnel. Moreover, in both UNHCR and WFP, a lead mental health professional supervises their respective counsellors at both headquarters and field locations, which is a best practice that ensures appropriate supervision and reporting lines for the counselling function and demonstrates a leadership voice within the organization for mental health. Organizations should review their organizational arrangements for the counselling function in terms of reporting lines to ensure coordination and appropriate supervision, as well as alignment with the organization's mental health and well-being strategy and/or workplace action plan, when these exist.

Counsellors within the United Nations system are guided by a few key documents promulgated by the United Nations Staff/Stress Counsellors Group 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. Those key elements cover professional requirements, organizational support and accountability for the counselling function. Several gaps and areas of concern were identified, in particular, elements related to accountability, organizational support, appropriate supervision and professional development. Organizations can improve the maturity of their psychosocial support services and the effectiveness of the counselling function and its contribution to organizational change processes by using the United Nations Staff/Stress Counsellors Group's guidance on professional standards, as well as the aforementioned key elements recommended by JIU to identify gaps and areas to improve the function (**Recommendation 5**).

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

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, there were 131 counsellors employed in the United Nations 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. United Nations system counsellors are placed at various levels, including headquarters, regional and field offices. While they may perform similar counselling activities, the Inspectors 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.

To complement psychosocial support services, some organizations have established peer support networks, which work closely with counsellors; often peers refer staff to the counselling function. Those peer support programmes are greatly appreciated by counsellors; however, training and assessments of the programmes are necessary to match the investments required to establish and maintain these efforts. In addition, 11 participating organizations have agreements with international counselling companies to fill gaps, providing specific services to particular target groups or to cover a particular service area. Closer monitoring of these services is recommended.

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 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 local security budget arrangements, cost-shared counsellors funded by the members of a United Nations country team or under another arrangement or staff 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 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 formally recruited, trained or supervised. The arrangement should be formalized to minimize identified risks.

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 heat map 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 locations hosting D- and E-category duty stations that require concerted attention to resolve (**Recommendations 6 and 7**). Building upon the JIU mapping of counselling capacity, 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. That includes providing support for headquarters-based organizations with minimal or no counselling capacity and filling gaps at field locations that could be tackled using external consultants, shared services, cost-sharing or other arrangements, employing a strategic approach to determine counselling capacity and coverage in locations most in need (**Recommendation 8**).

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

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

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 the number of individuals served. For instance, the number of individual psychosocial support sessions increased twofold 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 with 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 Critical Incident Stress Management Section field stress counsellors and external counselling companies. It is key to note that those data sets showed increases independently of the COVID-19 pandemic.

Assessments of those psychosocial services, however, are uneven and not commonly carried out for many of the services provided by counsellors. 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. One way to ensure monitoring and quality of services provided is for all United Nations counsellors to work under a defined and adequate framework of technical and/or clinical supervision.

With the largest proportion of counsellors in the United Nations system, several different offices offering psychosocial support services and a lack of coherence in terms of reporting lines and harmonized supervision of its counsellors, the approach of the United Nations Secretariat can only be described as fragmented and disjointed. That situation should be examined with the aim of addressing the situation of counsellors without professional supervision and streamlining the psychosocial support services at all locations.

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 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 (**Recommendation 9**).

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

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. 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. Web-based applications and system-wide outreach can also contribute to greater awareness. While most organizations offer such programmes, again very few of them are systematically assessed or tied to a comprehensive strategy or workplace action plan. To realize a return on investment, organizations should ensure that their well-being programmes are evidence based and data driven to complement a larger mental health and well-being strategy and that they are routinely monitored and assessed (**Recommendation 10**).

Crucially, managers are responsible for supporting all staff, including those with mental health conditions. The evidence to support training managers is compelling and the World Health Organization guidelines underline the importance of better equipping managers to improve their knowledge, attitudes and behaviours with regard to mental health and to improve workers' help-seeking behaviours. 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. 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 launch of the programme in 2022, and less than 10 per cent completing the certification process. Considering the financial and human resources invested in the design and development of the programme, there is an opportunity to further promote its usage, especially among managers. 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 (**Recommendation 11**).

Recommendations

The recommendations set forth in this review underscore the need for an evidence-based and data-driven approach to the mental health and well-being of the United Nations workforce both within participating organizations and across the system. That includes participation on the Implementation Board for the system-wide Strategy and changes in its governance and composition to meet the challenges of a new strategy and enhanced accountability. 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 such lacunae will ensure well-being programmes are evidence based, aligned with a strategy and routinely monitored. Executive heads are also called upon to contribute to system-wide collaboration on counselling capacity mapping, which would be the basis for a more strategic approach at the level of the system. A particular emphasis is placed on reviewing return-to-work and reasonable accommodation policies to include mental health considerations and clarify decision-making processes, as well as on integrating mental health into training programmes, especially for managers.

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 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 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 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, 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 the evidence-based and data-driven approach of the organization to mental health and well-being 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.

Contents

Acronyms

CEB	United Nations System Chief Executives Board for Coordination
FAO	Food and Agriculture Organization of the United Nations
IAEA	International Atomic Energy Agency
ICAO	International Civil Aviation Organization
ILO	International Labour Organization
IMO	International Maritime Organization
ISO	International Organization for Standardization
ITC	International Trade Centre
ITU	International Telecommunication Union
JIU	Joint Inspection Unit
OIOS	Office of Internal Oversight Services
PTSD	post-traumatic stress disorder
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-Habitat	United Nations Human Settlements Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNODC	United Nations Office on Drugs and Crime
UNOPS	United Nations Office for Project Services
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UN-Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNWTO	World Tourism Organization
UPU	Universal Postal Union
WFP	World Food Programme
WHO	World Health Organization
WIPO	World Intellectual Property Organization
WMO	World Meteorological Organization

I. Introduction

A. Context

1. **Programme of work 2022**. The present review was included in the 2022 programme of work of the Joint Inspection Unit (JIU). It 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 coronavirus disease (COVID-19) pandemic, amended proposals refocused on the mental health and well-being of United Nations personnel. The review is intended to provide timely information, first, considering that participating organizations had to adjust their policies and practices in many areas to respond to the circumstances that arose as a result of the pandemic. Second, since the initial five-year implementation cycle of the United Nations System Mental Health and Well-being Strategy, launched in 2018, will conclude its first phase of implementation in 2023 and the next phase of the United Nations system's approach must be considered.[1]

Definitions

2. **Mental health is part of global health**. The Constitution of the World Health Organization (WHO) states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[2] In its World Mental Health Report 2022, WHO further establishes that mental health "is a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder."[3] The United Nations System Mental Health and Well-being Strategy refers to the same definition, elaborating that mental health relates "to a person's psychological, emotional, cognitive, behavioural and social state of health or ill health" and that well-being represents the "broader good health and all that contributes to it".[4] The Inspectors refer to those definitions throughout the present report.

3. **Terminology used in the present report**. One of the challenges that the Inspectors faced during the preparation of the review relates to the varying terminology used when referring to the subject. Although often used interchangeably by many in the United Nations context, mental health, mental health issues, mental health conditions and mental health disorders are not the same. Throughout the present report, the Inspectors use the term "mental health conditions" as defined in the World Mental Health Report 2022 as a broad term for a wide range of mental states and symptoms associated with significant distress, impairment in functioning or risk of self-harm, except when describing data that rely on defined categories of mental disorders in accordance with the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11).[5] The term is used to evoke emotional, psychological and social well-being affecting how an individual feels, thinks, acts, responds to stress and interacts with others.

[1] "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy" (2017).

[2] Constitution of the World Health Organization, preamble.

[3] WHO, *World Mental Health Report: Transforming Mental Health for All* (Geneva, 2022), p. 8.

[4] "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy", p. 31.

[5] As defined in the eleventh revision, mental disorders are syndromes characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological or developmental processes that underlie mental and behavioural functioning.

Mental health and well-being of workers covered by international standards and instruments

4. **Relevant international standards**. The International Organization for Standardization (ISO) released a family of standards with regard to occupational health and safety that outline an organization's responsibility to promote and protect the physical and psychological health of its personnel.[6] ISO 45003:2021 specifically covers psychosocial risks and promotes well-being as psychosocial hazards are increasingly recognized as major challenges to health, safety and well-being at work.

5. **United Nations guidelines and conventions related to mental health**. The mental health and well-being of workers has been the subject of attention by United Nations system organizations and their member States in a series of instruments that create obligations or commitments for action by countries with regard to mental health at work, including upholding workers' rights to a safe and healthy working environment, fair treatment in the workplace and equitable opportunities for employment and vocational rehabilitation.[7] The relevant fundamental conventions of the International Labour Organization (ILO) – the Occupational Safety and Health Convention, 1981 (No. 155), and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) – aim to protect both the physical and mental health of workers and to prevent occupational accidents and diseases.[8] WHO has also produced a series of landmark documents, such as the Comprehensive Mental Health Action Plan (2013–2030), which sets a global objective for the promotion, prevention and provision of comprehensive, integrated and responsive services in community-based settings (including workplaces).

6. **Work by WHO and ILO**. In September 2022, WHO released evidence-based global guidelines for member States concerning mental health, occupational health and labour stakeholders, with recommendations for multiple levels of intervention at work (e.g. organizational, managers and individuals) to address mental health comprehensively.[9] A policy brief launched by WHO and ILO at the same time presents strategies and approaches for implementing the recommendations contained in the guidelines with the objectives of preventing exposure to psychosocial risks (risks to mental health), protection and promotion of mental health and well-being at work, and the provision of support for persons with mental health conditions to participate in and thrive in the workplace. The present report includes several references to those guidelines and the policy brief, as appropriate.

7. **The Sustainable Development Goals also address mental health**. This topic is also linked to Goal 3 of the Sustainable Development Goals, which aims to ensure healthy lives and the promotion of well-being for all, at all ages. Target 3.3 of the Sustainable Development Goals is, by 2030, to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. A key indicator for this goal is the global suicide death rate, which has declined from 13.0 deaths per 100,000 people in 2000 to 9.2 deaths per 100,000 people in 2019, a drop of 29 per cent. Although the available data do not show an increase in suicide rates during the first months of the COVID-19 crisis, the pandemic has had a severe impact on the mental health and well-being of people around the world. In 2020, there was a 25 per cent increase in the prevalence of anxiety and depression worldwide.[10]

[6] ISO 45001:2018 on occupational health and safety management systems – requirements with guidance for use; and ISO 45003:2021 on occupational health and safety management – psychological health and safety at work – guidelines for managing psychosocial risks.

[7] WHO and ILO, "Mental health at work: policy brief" (Geneva, 2022), p. 6.

[8] The term "fundamental conventions" implies that all ILO member States, even if they have not ratified the conventions in question, have an obligation, arising from their membership of the organization, to respect, promote and realize, in good faith and in accordance with the ILO Constitution, the principles concerning the fundamental rights that are the subject of those conventions. See also ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up (amended in 2022).

[9] WHO, *WHO Guidelines on Mental Health at Work* (Geneva, 2022).

[10] E/2022/55, para. 39.

Mental health and well-being of personnel increasingly recognized as a critical issue for organizations

8. **Mental health and well-being as a prevailing consideration in societies and at work**. The increased prevalence of mental health conditions is commonly accepted and attested to by studies in the international community. In 2019, an estimated 25 per cent more persons had a mental health condition than in 2000. As of 2019, nearly 1 billion persons around the world had a mental health condition. Anxiety and depression disorders are the most commonly occurring mental disorders worldwide. An estimated 15 per cent of the global population of working-age adults have a mental health condition. Furthermore, many studies regarding occupational health and labour show that the world of work has significantly changed in recent years with greater pressure to meet the demands of a modern working life, including expectations for instant communication, more global competition and blurred lines separating work and personal lives. That evolution has been further complicated by the COVID-19 pandemic and its aftermath. With 60 per cent of the world's population engaged in work and an estimated 15 per cent of working-age adults who have a mental health condition, it is imperative to take action to protect the mental health of the working population given the millions of people it affects.[11]

9. **Poor mental health has potential consequences for employers**. Across all sectors and globally, the impact of poor mental health, regardless of whether it is caused by work, is costly, both directly in financial terms, with an estimated $1 trillion lost in the global economy due to mental health conditions, and indirectly in reduced productivity, with 50 per cent of societal costs due to reduced productivity and 12 billion working days lost each year due to depression and anxiety.[12] Failure to acknowledge that the mental health of employees can negatively affect productivity, professional relationships and ultimately organizational effectiveness. Many sectors and member States have taken action to address mental health and well-being in a substantive and sustainable way and, in many cases, as a response to the COVID-19 pandemic. In Kenya and in several European countries, legislators are considering "right to disconnect laws", which relate to remote work and the digital workplace in order to restrict contact between workers and managers to core working hours.[13] In France, a 2017 law granted workers the right to ignore communications outside of working hours. Laws in Belgium, Ireland, Italy, Portugal and Spain have also been enacted to protect workers, albeit, in some countries, limited to public sector workers. Those laws are meant to provide the basis for protecting workers from additional stress and anxiety and to provide a greater emphasis on work-life balance. There is now widespread recognition of the direct and indirect costs to individuals and organizations with regard to the impact of workplace stress and, in response, the provision of effective staff support is a burgeoning area of concern among the international community.[14]

10. **Addressing mental health and well-being can lead to organizational benefits**. Over the years, workplace health promotion studies have highlighted the potential economic return on investment in measures aimed at the health and mental health of employees. Mental health experts acknowledge that work can be tremendously positive for one's mental health if working conditions are positive, and employment can be more effective for recovery from some mental health conditions than psychiatric care. In the preparation of the present review, the Inspectors came across several references supporting the assertion that attention to mental health and well-being through workplace health promotion programmes produces positive

[11] ILO, "Workplace stress: a collective challenge" (2016); and WHO and ILO, "Mental health at work: policy brief", p. 3.

[12] See WHO, *World Mental Health Report*; and Dan Chisholm and others, "Scaling-up treatment of depression and anxiety: a global return on investment analysis, *Lancet Psychiatry*, vol. 3, No. 5 (2016).

[13] Sabrina Pellerin and others, "The right to disconnect", *Stanford Social Innovation Review*, Winter 2023.

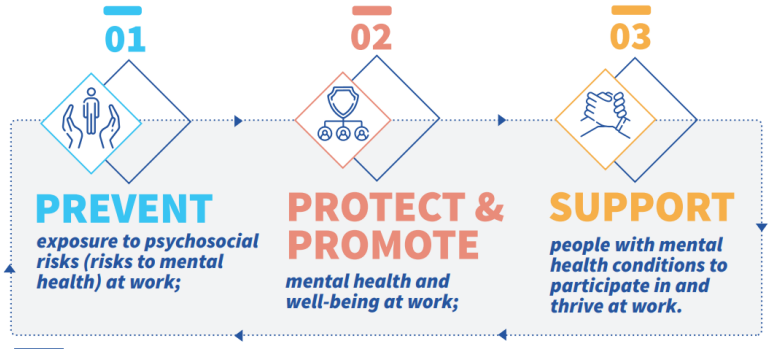
[14] Penelope Curling and Kathleen B. Simmons, "Stress and staff support strategies for international aid work", *Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict*, vol. 8, No. 2 (2010), cited by the United Nations Staff/Stress Counsellors Group in its position paper on in-house and outsourced staff counsellors (2014); and Chisholm and others, "Scaling-up treatment of depression and anxiety".

results for both personnel and employers overall. There is general agreement among the research reviewed that, on average, there is a cost saving of $3.50 for every $1.00 spent on health promotion programmes through reduced absenteeism, health-care costs and disability compensation to the employer.[15]

Conceptual framework for the review

11. **Mental health at work: a framework**. WHO and ILO outline a three-pronged approach to creating an enabling environment that takes into consideration the mental health and well-being of personnel at the workplace (figure I). Each of the three areas, "prevent", "protect and promote" and "support", are presented as interdependent in achieving a comprehensive approach and of little value if taken in isolation. WHO also recommends a three-tier intervention for its implementation: individual, managerial and organizational. As WHO concedes, different levels of interventions serve different components, however, a comprehensive approach is required. In a presentation to the United Nations System Chief Executives Board for Coordination (CEB) in September 2021, a WHO official added another level to the model, namely that of the "system", a fourth dimension relevant in the United Nations context and in support of United Nations system-wide efforts. Key enablers for the success of the approach include leadership buy-in, investments by the organization, integration of actions, participation of key personnel, reliance on evidence and data, and compliance with and oversight of policies and procedures.[16] Those elements constitute the conceptual framework applied by the Inspectors to examine how the issue of mental health and well-being of personnel is integrated by participating organizations.

Figure I
Approach of the World Health Organization and the International Labour Organization to mental health and well-being at work



Source: WHO and ILO, "Mental health at work: policy brief", p. 2.

12. **Vision for the United Nations system**. A comprehensive vision for the United Nations system has been outlined several times in this area. The United Nations System Mental Health and Well-being Strategy (2018–2023) outlines one approach. In 2019, when the High-level Committee on Management endorsed the occupational health and safety vision statement of the Cross-functional Task Force on Duty of Care, it stated that the United Nations, in fulfilling its organizational mandates, aimed to provide a healthy, safe and respectful working environment that promoted greater accountability, efficiency and commitment of its workforce.[17] That vision was recently refined when the aim of the Strategy was described as making "The UN system an inclusive, sustainable work environment where mental health and well-being is embedded in our organizational culture and systems where

[15] See, for example: Larry S. Chapman, "Meta-evaluation of worksite health promotion economic return studies: 2005 update", *American Journal of Health Promotion*, vol. 19, No. 6 (2005); and Steven G. Aldana, "Financial impact of health promotion programs: a comprehensive review of the literature", *American Journal of Health Promotion*, vol. 15, No. 5 (2001).

[16] WHO and ILO, "Mental health at work: policy brief", p. 10, for examples of organizational interventions and cross-cutting actions.

[17] Cross-functional Task Force on Duty of Care, "Cross-functional Task Force on Duty of Care, final report, October 2019" (CEB/2019/HLCM/27/Rev.1), para. 12.

each and every one belongs, is valued, nurtured and thrives, ensuring an efficient workforce delivering on our promise of a better world."[18] To that end, the United Nations system has established that mental health support requires a comprehensive, multidisciplinary and multi-agency approach, one that affects organizations in several different ways, as well as influences the system of values driving the behaviours of the organizations and the United Nations system as a whole. Such an approach is in line with international standards and guidelines that also call for a multidisciplinary and comprehensive approach in supporting the mental health and well-being of personnel in order to manage and mitigate psychosocial risks, which can lead to broader benefits, such as improved engagement, increased individual and collective well-being and adherence to standards of conduct, enhanced productivity, increased innovation, as well as organizational resilience and sustainability. In the present report, the Inspectors examine the progress made on the subject and the challenges and the good practices of the organizations and the system.

B. Objectives and scope

Objectives

13. Acknowledging the diversity of operational models and mandates represented in JIU participating organizations, the Inspectors examine organizational approaches to addressing the mental health and well-being of personnel, while bearing in mind that both models and mandates shape internal cultures, risk profiles and operational requirements. The aim of the review is to inform legislative organs, governing bodies, and executive heads about the risks generated by poor mental health and well-being within the United Nations workforce, elaborating on how organizations can seize opportunities to address these issues and therefore enhance their effectiveness. With that in mind, the specific objectives of the review are:

(a) To examine strategies, policies and practices relevant to the mental health and well-being of personnel in United Nations system organizations;

(b) To analyse organizational structures and functions to ensure that preventative and protective measures are in place;

(c) To review relevant system-wide mechanisms and workstreams and inter-agency initiatives;

(d) To identify good practices and lessons learned within and across United Nations system organizations.

Scope

14. **Mental health overlaps with many areas and concepts**. Building upon work previously completed by JIU relevant to the topic, the current review is the first to focus primarily on mental health and well-being of personnel in United Nations system organizations.[19] Mental health and well-being issues by their very nature require a cross-functional approach, which overlaps with areas such as human resources management, occupational health and safety, medical care, counselling, ombudsperson services, oversight and ethics. It is understood that organizational policies and management practices in all those areas can influence, for various reasons and to varying degrees, the mental health and well-being of personnel. Moreover, factors, such as dangerous work environments, inadequate communication and management practices (all types of harassment, racism, mobbing and retaliation), limited opportunities for participation in decision-making, long or inflexible working hours, and lack of team cohesion or workforce relations can affect the mental health

[18] High-level Committee on Management, "2018–2023 UN System Workplace Mental Health and Well-being Strategy + 2024 and beyond: progress report" (CEB/2022/HLCM/14, annex 7), para. 12.

[19] JIU has touched upon some aspects of duty of care and occupational health and safety in previous reviews covering topics such as medical services (JIU/REP/2011/1), staff-management relations (JIU/REP/2011/10), the management of sick leave (JIU/REP/2012/2) and business continuity management (JIU/REP/2021/6).

and well-being of personnel. Those factors are broad in nature, with attribution difficult to discern in a system-wide review and are therefore outside the scope of the present review.

15. **System-wide coverage**. The review was carried out on a system-wide basis and included all JIU participating organizations, namely the United Nations Secretariat, its departments and offices, United Nations funds and programmes, other United Nations bodies and entities, United Nations specialized agencies, as well as the International Atomic Energy Agency (IAEA). The Universal Postal Union indicated that its governing body had agreed that the organization would not participate in the review. Field locations, high-risk environments and peacekeeping operations were factored into the data collection and analysis by including several aspects of their specific conditions in the JIU questionnaires, as well as by seeking the views and suggestions of managers and mental health professionals posted in the field through interviews, focus groups and surveys.

C. Methodology and limitations

16. In accordance with JIU internal standards and working procedures, the Inspectors used a range of qualitative and quantitative data collection methods from various sources to ensure the consistency, validity and reliability of their findings. Information used in the preparation of the present report is current as of December 2022. Subsequent information received after that date was integrated as appropriate.

17. **Desk review of relevant documentation and literature**. The Inspectors conducted a comprehensive review of relevant policy, strategy and management documents submitted by the participating organizations, as well as documentation produced for the United Nations System Mental Health and Well-being Strategy and its corresponding Implementation Board. The analysis of the reports of the CEB committees and networks, mainly the Human Resources Network, its United Nations Staff/Stress Counsellors Group, the Occupational Health and Safety Forum and the United Nations Medical Directors Working Group served to provide further insight into the inter-agency dynamics and relevant current and past system-wide initiatives. The Inspectors also consulted international standards and academic literature concerning psychosocial risk factors at work.

18. **Questionnaires**. A questionnaire was issued to participating organizations to gather qualitative and quantitative information regarding their approaches to mental health and well-being. The questionnaire included six annexes focusing on interrelated aspects of their respective approaches, as well as issues such as provision of psychosocial support services, management of sick leave, policies and standard operating procedures for supporting personnel with mental health conditions, and separation, termination and disability processes. Separate questionnaires were issued to the Critical Incident Stress Management Section concerning United Nations security management system policies and its field counselling capacity. United Nations Volunteers and the United Nations Joint Staff Pension Fund provided data upon request. A questionnaire was also issued to the United Nations System Staff College to gather data on the "Workplace Mental Health and Well-being: Lead and Learn" training programme. The responses to the questionnaires and annexes from participating organizations varied in quality and depth.[20]

19. **Interviews**. Drawing on the responses to questionnaires, the Inspectors conducted 100 interviews with 172 officials from participating organizations, as well as experts from other international organizations. Interviewees' functions reflected the multidisciplinary dimension of the subject matter and included: (a) executive managers; (b) staff and stress counsellors at headquarters and in field offices; (c) medical and health professionals; (d) human resources management officers; (e) ombudspersons; (f) risk officers; (g) safety and security officers; (h) staff representatives; and (i) training and curriculum development

[20] The United Nations Secretariat provided an aggregated response for 22 entities in the form of percentages, which included information on the United Nations Environment Programme (UNEP), the United Nations Human Settlements Programme (UN-Habitat) and United Nations Office on Drugs and Crime (UNODC). Those percentages were used in the narrative and the figures presented in the report.

professionals. Moreover, the Inspectors interviewed members of the Implementation Board, the United Nations Staff/Stress Counsellors Group and the United Nations Medical Directors Working Group. Interviews provided further insights into inter-agency initiatives, validated quantitative data and pinpointed the specific challenges related to the mental health and well-being of United Nations personnel across the system.

20. **Viewpoints surveys**. In lieu of a system-wide global staff survey, the Inspectors referred to the results of surveys administered by the participating organizations in recent years, either individually or collectively. In addition, the Inspectors administered targeted online surveys of two key audiences. First, mental health practitioners providing psychosocial support services to United Nations personnel across the system (staff counsellors, stress counsellors, staff welfare officers etc.) to gather views and suggestions regarding good practices and the challenges that they observe. Second, the Inspectors surveyed resident coordinators, regional and country directors, heads of funds and programmes and specialized agencies at the field level to capture a field perspective from officials with managerial responsibilities. Both surveys yielded good response rates at both headquarters and field locations; the Inspectors perceive such an eagerness to contribute as a signifier of the pertinence of the issue. Data and comments from respondents posted at D- and E-category duty stations were further disaggregated and analysed. A major and unanticipated finding is the differing views and opinions among headquarters-based and field-deployed respondents. Survey data are used throughout the report; annex I provides further background information.

21. **Engagements with professional forums**. As part of their observation of inter-agency dynamics, the Inspectors attended the annual retreat of the Implementation Board (September 2022) and the annual meeting of the United Nations Staff/Stress Counsellors Group (October 2022). In both cases, they established a focus group to inform survey content and to test the initial findings. Inspectors also joined the 18th annual meeting of the United Nations Secretariat Affiliated Counsellors and Strategic Partners (virtual, November 2022), which provided substantive updates on current developments and insight from the community of professionals (at all levels) delivering psychosocial support services to United Nations personnel across various duty stations. Moreover, in the course of the review, the Inspectors hosted two briefings for technical focal points to address questions and review key milestones and provided separate briefings to Implementation Board members on three occasions.

22. **Consultations with participating organizations**. Comments from participating organizations and relevant system-wide mechanisms and organizations outside the mandate of JIU concerning the draft report were sought and considered in the finalization of the report. In accordance with article 11 (2) of the JIU statute, the present report has been finalized after consultation among the Inspectors to test its conclusions and recommendations against the collective wisdom of the Unit.

23. **Limitations**. Uniformed personnel participating in peace missions were not specifically included in the review. The Inspectors did review studies that had been conducted on the mental health of such personnel and were made aware that a strategy was under development to specifically address the mental health and well-being of uniformed personnel.[21] Furthermore, first-hand stories of particular challenges faced by United Nations personnel struggling with mental health conditions was limited due to the sensitive nature of such interviews and the risk of unintended harm. Input was gathered from individuals who shared their stories with the Inspectors during the course of regularly scheduled interviews and substantive information was gleaned from interviews with representatives of staff associations and federations, managers and human resources management officers.

24. **Acknowledgments**. The Inspectors wish to express appreciation to all the officials from participating organizations and inter-agency mechanisms, as well as representatives of other organizations (the International Monetary Fund (IMF), the International Organization for Migration (IOM) and the World Bank), who assisted in the preparation of the report and the goodwill and cooperation among participating organizations and system-wide

[21] Department of Operational Support, Uniformed Capabilities Support Division, “Comprehensive study to develop a PTSD framework for uniformed personnel: final study report” (2021).

mechanisms in conducting the review. They are also grateful to the subject matter experts from ILO, IMF, the International Telecommunication Union (ITU), IOM, the Office of the United Nations High Commissioner for Refugees (UNHCR), WHO, the World Bank Group, the World Food Programme (WFP), the World Intellectual Property Organization (WIPO) and the United Nations Secretariat for their willingness to assist the team in better understanding the technical aspects covered by such a review, providing comparable data sets and validating various data collection instruments.

25. **Structure of the report**. The present report begins by providing contextual information about psychosocial risk factors in the workplace and the potential impact on the effectiveness of organizations, in particular in the United Nations context (chap. II). As the mental health and well-being of United Nations personnel was marked as a priority, notably by the launch of the system-wide Strategy, inter-agency workstreams are examined (chap. III). Subsequent chapters focus on the approach developed by participating organizations and the corresponding structural arrangements and capacity allocated to preventative measures and psychosocial support for their respective workforces (chaps. V–VII). In chapters VIII and IX, the Inspectors study in more detail efforts to promote well-being through a supportive mental health culture and psychosocial services.

26. **Recommendations**. The present report contains 11 formal recommendations, of which 1 is addressed to the General Assembly, 1 to the legislative and governing bodies, 1 to the Secretary-General and 8 to the executive heads of JIU participating organizations. To facilitate the handling of the present report and the implementation of its recommendations and the monitoring thereof, annex XVII contains a table indicating whether the report was submitted to the relevant organizations for action or information and specifying whether recommendations require action by the organizations' legislative and governing bodies or by the executive heads. To consolidate that annex, the Inspectors took into consideration whether participating organizations relied on their own organizational counsellors or benefited from services from another entity as well as their presence in field locations. The formal recommendations are complemented by 43 informal recommendations indicated in bold text, as additional suggestions that, in the view of the Inspectors, could enhance the strategic and operational approach of the United Nations system to the mental health and well-being of its personnel (see annex XVI).

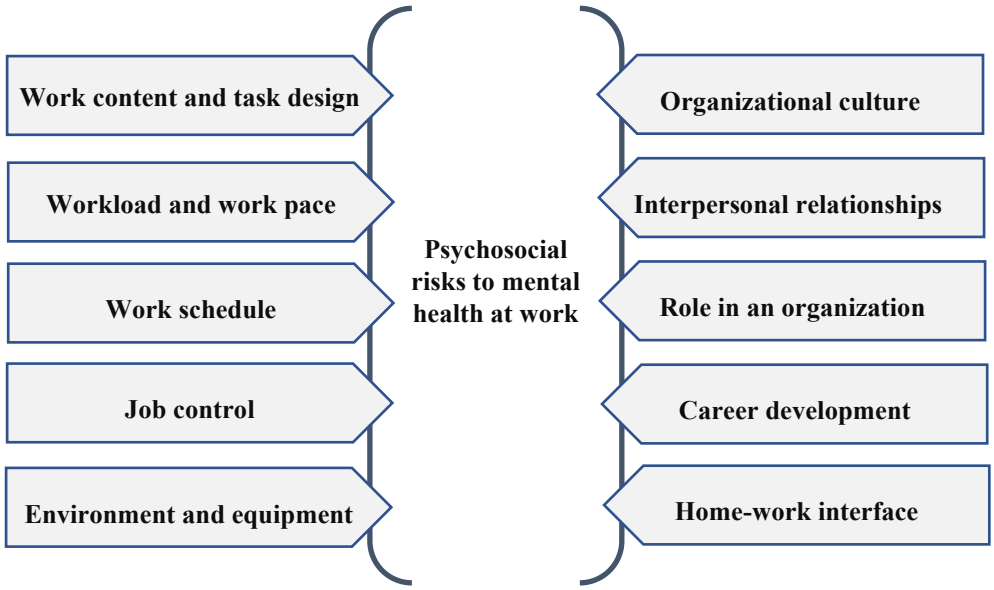
II. Indicators of mental health and well-being in the United Nations system

A. Increased mental health and well-being risk factors in the United Nations system context

World Health Organization psychosocial risks in the workplace

27. **Psychosocial risk factors in the workplace and their potential impact**. Unsafe and unstable work environments create risk factors for personnel, commonly referred to as psychosocial risks, which can be related to the content, location or demands of the job. Psychosocial risk factors are either workplace-related or workforce-related, and research shows that they closely and concurrently intersect. In the present review, the Inspectors refer to the *WHO Guidelines on Mental Health at Work*, which lists 10 broad categories of psychosocial risk factors in the workplace, as reproduced in figure II and annex II. ISO and the network for scientific research and risk assessment with the Copenhagen Psychosocial Questionnaire propose typologies comprised of similar elements to conduct psychosocial risk assessments in the workplace.[22] It should be noted that, despite the significant investment these tools represent, several United Nations entities have been using such typologies.

Figure II
Psychosocial risks to mental health at work



Source: adapted from WHO, *WHO Guidelines on Mental Health at Work*, box 1, p. 3.

28. **Psychosocial risk factors relevant to United Nations system organizations**. Those risk factors were found relevant for international organizations and often appear as concerns in workforce engagement surveys of United Nations system organizations. The more psychosocial risks a workplace has, the greater the potential impact on personnel, including increases in burnout, exhaustion, anxiety and depression; thereby lowering productivity and increasing other costs in terms of associated medical and psychosocial support services.[23] A toxic work environment, including violence and all types of harassment and bullying can also contribute to the poor mental health of personnel and increase risks. Taken as a guideline for reducing psychosocial risks, the data collected to inform on risks (chap. IV), the organizational policies in place to protect personnel (chap. V) and the psychosocial support services available (chap. VIII) should provide the foundation for how an organization

[22] ISO 45003:2021; and the Copenhagen Psychosocial Questionnaire (www.copsoq-network.org).
[23] WHO and ILO, "Mental health at work: policy brief", p. 10.

approaches its mental health and well-being strategy and subsequent workplace action plans. The psychosocial risk factors identified must be addressed by organizational policies and practices.

29. **Early indications of increased risks due to the unique nature of the work**. The United Nations system has noted concerns about the mental health and well-being of its personnel in several contexts for more than two decades. In an information circular to members of United Nations Secretariat staff in 1999, the Assistant Secretary-General for Human Resources Management outlined the psychosocial support services and resources available with the purpose of reminding staff that the policy of the United Nations was to treat all staff members equally, whatever the reasons that might affect their health, and to engender a more open, supportive and effective approach to mental health. The Assistant Secretary-General noted that mental health issues were increasingly recognized throughout the world, including in large organizations that shared and reflected the characteristics of society at large. That was also the case for the United Nations, in which staff, whether at headquarters or in the field, often served in duty stations far removed from their countries of origin and familiar cultural or family settings. Adjustment to living in a different host country and working with multiple cultures and languages was not always easy. Some assignments and missions involved extensive travel and, at times, presence in crisis situations and danger zones.[24]

30. **Research suggests higher prevalence of mental health conditions among United Nations personnel than in the general population**. Research conducted in United Nations system organizations suggests the prevalence of some mental health conditions is higher among United Nations personnel than in the general population. The authors of the United Nations System Mental Health and Well-being Strategy concurred with this view, stating that working within the United Nations system of agencies was a unique experience, and pointed to survey results that suggested that United Nations staff members reported experiencing higher levels of mental health conditions than would be expected in the general population for depression, anxiety, post-traumatic stress disorder (PTSD) and hazardous drinking.[25] UNHCR has studied the psychological risks their personnel are more susceptible to and whether this is an endemic issue relevant to other United Nations agencies. It reports that an increased risk for mental health outcomes is higher among its staff than in the general population.[26] While the literature on the prevalence of mental health risks among humanitarian personnel is relatively scarce,[27] the Inspectors note that WHO has included recommendations in its guidelines specifically for humanitarian workers, which supports that view. As highlighted in the present report, the United Nations system organizations are only at an initial stage of capturing large-scale, accurate data that would allow comparisons to be made among agencies and, over time, with regard to the state of mental health and well-being of their workforce, compared with general population data. It is clear, however, that the mandates and activities of some field-based United Nations entities (on human rights, humanitarian emergencies, economic poverty in all its forms, natural disasters etc.), and the working environments in which they operate, expose their personnel to increased psychosocial risks. That said, United Nations system personnel serving in headquarters-based organizations and other contexts also face a myriad of risk factors that are highlighted in figure II and this should not be understated.

31. **State of mental health among United Nations personnel has been a concern**. JIU examined results from surveys administered by participating organizations, as well as other organizations, that either focused on the well-being of staff or included the issue as part of a larger engagement survey. Over the years, a body of evidence has emerged pointing to the increased number of personnel reporting symptoms that may indicate a general decline in the

[24] ST/IC/1999/111, paras. 1 and 4.

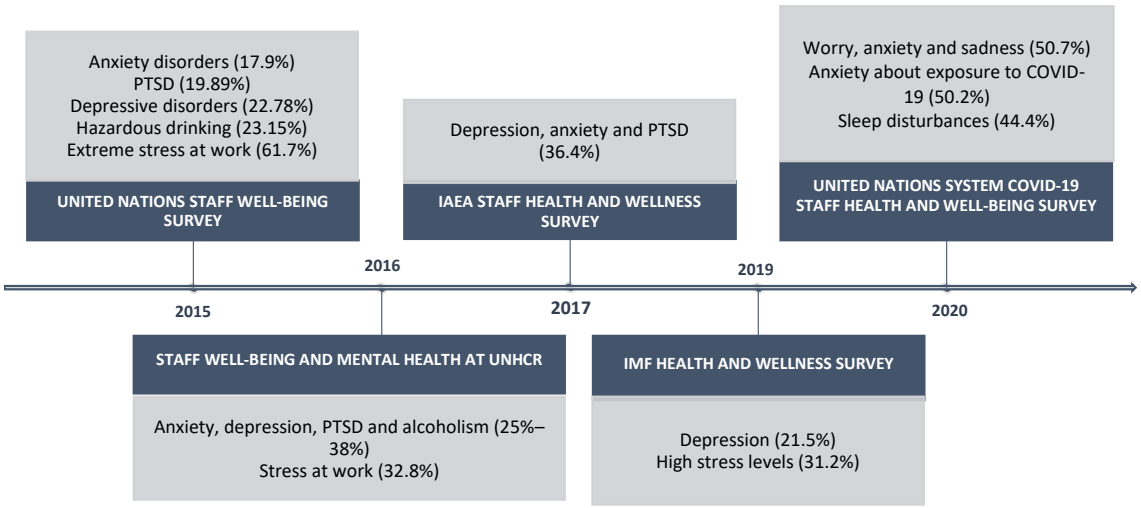
[25] "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy", pp. 6 and 8.

[26] UNHCR and Webster University Geneva, *Staff Well-being and Mental Health in UNHCR* (Geneva, 2016).

[27] See, for example, Hannah Strohmeier and Willem F. Scholte, "Trauma-related mental health problems among national humanitarian staff: a systematic review of the literature", *European Journal of Psychotraumatology*, vol. 6 (2015).

mental health and well-being of the United Nations workforce. Figure III below compiles some of the figures relevant to mental health and well-being included in such surveys conducted system-wide or by individual organizations. With one exception, they were administered prior to the COVID-19 pandemic, and all show significant levels of anxiety, depression and work-related stress among personnel. While the data on workplace stress vary, approximately one third of personnel responding reported high levels of depression and anxiety. Those data sets are neither perfect nor harmonized across organizations, but they offer a viable proxy for system-wide trends and the potential costs of mental health conditions and related symptoms for organizations.

Figure III
Examples of mental health and well-being considerations arising from system-wide and individual organizations' surveys (2015–2020)



Source: prepared by JIU.

32. **The pandemic as an amplifier**. The COVID-19 pandemic affected the workforce of United Nations system organizations in different ways, depending on the work context, location and personal circumstances and according to the particular phase of the pandemic. The 2020 COVID-19 system-wide pulse check, administered during the early stages of the pandemic, reported that almost half of respondents experienced an increase in workload and/or working hours during that time, especially for respondents with managerial responsibilities, who reported an increase of 54 and 55 per cent, respectively. One quarter of respondents reported that the pandemic had had a negative impact on their ability to do their job and their motivation, while 39 per cent felt that they did not have a healthy work-life balance. As the progress report on the United Nations system-wide Strategy points out, there is a continued trend of workplace stress within the United Nations, which is now magnified by the effects of COVID-19 and its resulting economic and social impacts.[28] Findings from the 2021 United Nations-Wide Health Survey (United Nations Health Intelligence Survey), which comprises data from 23 United Nations organizations, included, most notably, staff reporting significant increases in physical pain, stress and anxiety, alcohol consumption, physical inactivity, poor sleep and high body mass indices. There was an overall pattern of younger, unmarried staff members and those working at a duty station outside of their home country experiencing higher rates of poor or worsening mental and physical health problems (i.e. loneliness and isolation, inadequate sleep, high stress and low job satisfaction). Of particular concern were the reports of domestic abuse: nearly one in five staff members

[28] High-level Committee on Management, "2018–2023 UN System Workplace Mental Health and Well-being Strategy + 2024 and beyond: progress report", para. 10.

indicated having experienced verbal, psychological, physical, financial or other types of domestic abuse by a partner or family member.[29]

33. **COVID-19 shone a light on mental health and well-being in the United Nations system**. The trends reflected in the above-mentioned surveys were confirmed by the JIU surveys: 25 per cent of counsellors saw a decline in the state of mental health and well-being of United Nations personnel in their own work environment compared with the situation prior to the pandemic and one third of field managers also reported a decline. While COVID-19 shone a light on mental health and well-being, the signals before and after are evident: these issues will remain a focus for the system and for individual organizations for the foreseeable future. Consensus is building at the senior management level that mental health and well-being of personnel is of critical importance to ensure that organizations are able to fulfil their mandates, as was reported to the Inspectors. In that spirit, the outcome objective of the United Nations system-wide Strategy is to increase the effectiveness of the United Nations by optimizing the psychological health of its personnel. Furthermore, it aims to increase staff member resilience, productivity and engagement.[30] The Secretary-General has stated on several occasions that the mental health and well-being of personnel must be a global priority across the system.[31] In the present review, the Inspectors highlight some differences in terms of how mental health and well-being are perceived by headquarters stakeholders versus those posted in the field. It may seem counterintuitive but the headquarters-based respondents to the JIU surveys provided a more negative assessment of the state of mental health and well-being among personnel.

34. **Mental health will remain in the spotlight**. One point is clear: the topic of mental health and well-being will remain in the spotlight across all organizations and all locations as new expectations and technologies in the workplace become more evident, shifting expectations in terms of work and the long-term impact of the pandemic on physical and mental health. This must be kept in mind, especially in the context of the work conducted by the CEB Task Force on the Future of Work.

B. Costs to the United Nations system of poor mental health and well-being of personnel

Sick leave as an important data set for the state of staff mental health

35. **Sick leave records generally do not comprise mental health diagnoses**. In 2018, the United Nations system-wide Strategy produced indicative figures that estimated that 14 per cent of total sick days taken were due to a mental health condition or related symptoms.[32] The Inspectors faced challenges in compiling comprehensive and consistent figures regarding certified sick leave absences for reasons of mental health. Less than half of the participating organizations submitted data to JIU with regard to certified sick leave for the period 2017–2021, and only six of those organizations even maintain records on certified sick leave for reasons related to mental health. A number of limitations apply to the data sets provided to the Inspectors. The vast majority of organizations only compute information for staff categories and not for the other employment categories within their workforce. Rules for computing and certifying sick leave absences are not harmonized in the United Nations system: some organizations require medical certification after 20 days of absence while a few

[29] World Bank Group, *World Bank Group 2021 Staff Health and Safety Risk Assessment: Summary Report – Updated January 6, 2022* (2022), p. 74.

[30] "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy", p. 10.

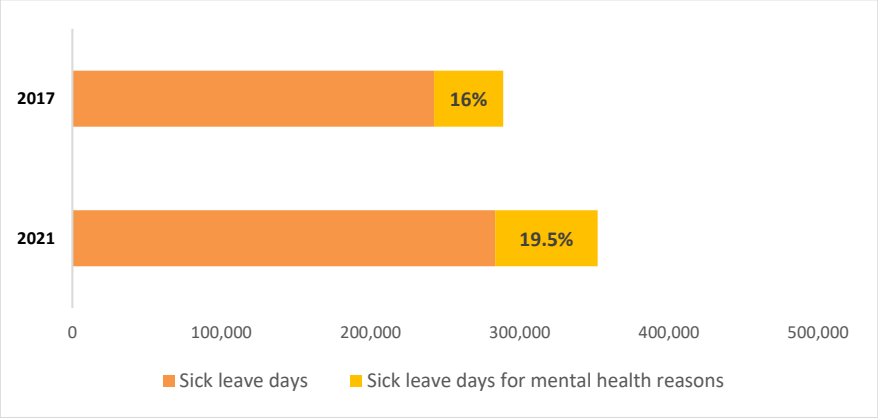
[31] Various press statements and press releases from the Secretary-General are available on the United Nations website.

[32] "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy", p. 7: "Sick leave data from the electronic medical records and occupational health management system, EarthMed, reviewed for three United Nations entities, indicated that the total number of days lost for sick leave over the four-year period 2011–2016 was 550,033. An average of 137,508 days is lost per year among 5,328 staff members. Sick leave related to mental health diagnoses made up 14 per cent of the total days lost per year, i.e., 18,819 days among 264 staff members, putting it in second place for lost days in the top ten by diagnostic category."

require such certification after 5 days. Moreover, while the majority of organizations require a medical report with a diagnosis (usually based on the International Classification of Diseases) and a prognosis, in some organizations a medical diagnosis is no longer required to support the medical certificate for sick leave. Sick leave data can be used as a proxy indicator for the state of mental health among personnel and for corresponding costs in terms of days lost and costs incurred, as well provide trends if collected and disaggregated by disease category. The data set available at the level of the United Nations system is not satisfactory in that regard, despite the value that such data could represent in terms of strategic management practices. **Improved records management of sick leave information, with due regard to confidentiality regarding mental health conditions, would better enable organizations to design programmes in support of the general health and well-being of its staff**. The EarthMed system, which is used and maintained by the United Nations Secretariat and includes data from some funds and programmes, can be used in this regard.

36. **Dramatic increase in sick leave days related to mental health**. Six organizations provided data for sick leave days and disaggregated their data for the number of sick leave days related to mental health (figure IV). The number of sick leave days and the number of sick leave days due to mental health reasons have both increased in recent years. In 2017, the total number of certified sick leave days among these six organizations was 288,747, of which 46,331 were due to mental health conditions (16 per cent). In 2021, the total number of days was 352,175 days, with 68,629 days taken due to mental health conditions (19.5 per cent). That serves to illustrate that the number of total sick leave days taken increased by nearly 22 per cent over that period, whereas the number of sick leave days taken due to mental health increased by as much as 48 per cent, a considerable rise. In the aggregate, from 2017 to 2021, the total number of certified sick leave days for all participating organizations amounts to more than 1.5 million, with almost 275,000 days taken due to a mental health diagnosis. Such a figure cannot only be the result of the COVID-19 pandemic (in fact, data available point to a reduction in sick leave days at the peak of the pandemic, likely due to alternative working arrangements implemented by organizations).

Figure IV
Certified sick leave days granted to staff and the subset related to mental health, numbers of days and percentages (2017–2021)

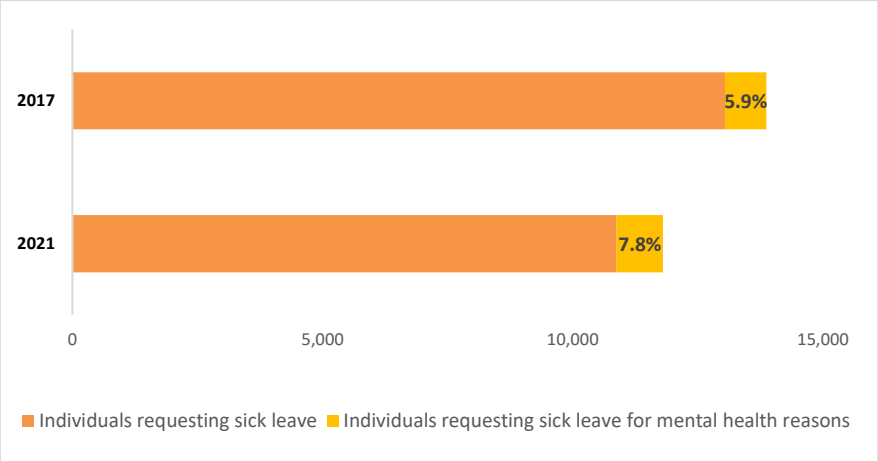


Source: prepared by JIU on the basis of information provided by the United Nations Secretariat, FAO, UNHCR, the United Nations Children's Fund (UNICEF), WFP and WIPO.

37. **Sick leave data on individuals**. Data on individuals to whom sick leave days were granted for reasons related to mental health conditions are rarely recorded by participating organizations even by those recording disaggregated information. Confidentiality is often mentioned as the reason. Only four organizations shared such data with the Inspectors (figure V). In 2017, the total number of individuals recording certified six leave days for these four organizations was 13,044, of whom 828 were absent due to mental health conditions (5.9 per cent). In 2021, the total number of individuals recording certified sick leave days was lower at 10,877, of whom 929 were absent due to mental health conditions (7.8 per cent). Therefore,

the proportion of individuals taking leave due to mental health conditions is increasing in those organizations.

Figure V
Individuals granted certified sick leave days and the subset related to mental health, numbers of individuals and percentages (2017–2021)



Source: prepared by JIU on the basis of information provided by the United Nations Secretariat, UNHCR, UNICEF and WIPO.

38. **Impact of mental health unknown**. In summary, with some variations due to COVID-19, overall sick leave data associated with mental health conditions have increased in every subcategory and in some cases dramatically. Officials noted during interviews that the duration of sick leave cases due to mental health conditions is usually longer than other recorded sick leave cases and far less predictable. Moreover, sick leave days for mental health-related reasons are likely to be underreported by staff members to avoid stigma. That points to sick leave days associated with mental health becoming more frequent. While the Inspectors note that the United Nations system-wide Strategy included an estimate of the economic productivity cost to the United Nations system – namely, $11,873,249 annually – the financial impact is largely unknown at this point.[33] First, because the data available are extremely limited and no specific analysis has been conducted on sick leave for mental health reasons. Second, the financial loss for an organization is not limited to the number of days lost but has larger implications that must be considered. In a report from 2012, JIU underlined the difficulties in determining and interpreting sick leave costs for organizations.[34] Different methodologies are available, which need to be adapted to United Nations system organizations. Determining sick leave costs on the basis of the number of days certified and the corresponding loss of salary may not be an entirely adequate indicator. Absenteeism and presenteeism first and foremost affect the productivity, quality of life and confidence of personnel. They can also have a more general impact on organizational units. Equally, the transactional costs associated with the management of sick leave arising from the actions taken by medical officers and human resources officers should not be overlooked.

Mental health conditions may be a path to the end of a United Nations career

39. **Mental health and the disability process**. When staff can no longer perform in their positions and/or have exhausted their leave entitlements, a disability benefit becomes an option. In interviews with human resources management officers across the system, it was confirmed to the Inspectors that that option was normally discussed with staff once the leave balance became a concern (for instance, when staff had reached the end of their allotment of full paid sick leave and had begun their term of half paid leave) and the expectations for resolving the issue were unclear. All JIU participating organizations, with the exception of

[33] "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy", p. 8.
[34] See JIU/REP/2012/2.

the Universal Postal Union (UPU), participate in the United Nations Joint Staff Pension Fund, which administers disability benefits on behalf of the system.[35] The Medical Director of the Health-Care Management and Occupational Safety and Health Division of the United Nations Secretariat acts as the medical consultant to the United Nations Joint Staff Pension Board regarding all disability cases. In principle, each case that is recommended to the Pension Board lists a diagnostic category that is solely responsible for the condition that led to the long-lasting incapacity. The medical consultant uses a list of 20 diagnostic categories, with "mental, behavioural and neurodevelopmental disorders" as the category into which disability claims due to mental health conditions fall. This category is summarized in the reports of the medical consultant to the Pension Board as "psychiatric".

40. **Psychiatric cases represent the largest proportion of disability benefits**. The Inspectors studied three biennial reports presented by the medical consultant to the Pension Board, which contain data and statistical analysis on cases and their primary causes.[36] Consistent across all three reporting periods, psychiatric cases represent the largest proportion of the 20 diagnostic categories, with neurological or neoplasm diagnoses being a distant second. As figure VI shows, the percentage of disability cases with a psychiatric diagnosis has ranged from 37.5 per cent in the period from 2016 to 2017 to the latest figures for 2020 and 2021 at 45.4 per cent. An average of 40 per cent of applications for disability benefits granted to United Nations system staff over the past 20 years related to mental health conditions. Those figures are significantly higher than in other institutional settings, where the sources consulted by the Inspectors indicate that mental health represents less than 10 per cent of reasons given for long-term disability and ranks fourth in terms of diagnoses.[37] Moreover, those data suggest that the policies of participating organizations with regard to support for staff facing long-term mental health conditions have largely been unsuccessful; the disability path may be seen as the preferred exit strategy by organizations, managers and, to some extent, staff. That can be interpreted as management not feeling confident or equipped to support staff even when the most effective care for recovery of such personnel could be to return to employment.

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

Biennium	Cases in which 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	43.0

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

41. **Gender and age factors for disability**. The disaggregated psychiatric data provide further insight concerning mental health trends in disability cases. The gender distribution of psychiatric-diagnosed disability cases reveals a higher proportion of women disability cases than for men in all reporting years. The average age for psychiatric disability cases hovers around the low 50s, with no notable variation between women and men in the past two years. In the years prior (2018 and 2019), the average age of psychiatric disability cases for women was slightly higher than the average age for men.

[35] UPU uses its Provident Scheme, which consists of a provident fund and a pension fund.

[36] The Inspectors 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.

[37] For example: Council for Disability Awareness, "Disability statistics", 30 September 2021 (https://disabilitycanhappen.org/disability-statistic).

42. **The cost of disability to the system is significant**. The figures presented above must constitute a wake-up call for the participating organizations. The significance of the disability phenomenon and its cost to the United Nations Joint Staff Pension Fund is a primary concern. In 2021, total annual disability benefits were approximately $101,386,000 for the year, representing approximately 3.4 per cent of the Pension Fund's total annual benefit liabilities of $2,975,777,000.[38] With an average of 40 per cent of total disability costs being associated with psychiatric diagnoses over the past 20 years, the cost to the system of disability benefits due to mental health conditions could be close to $44 million annually. **With that 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.**[39]

43. **Indications of a declining state of mental health across the United Nations system**. It is clear from several sources that United Nations system personnel face higher risk factors and can be considered unique in this respect compared with personnel in other sectors. Survey results from individual organizations, as well as from those carried out system wide, prior to the COVID-19 pandemic pointed to a high percentage of staff suffering from depression and anxiety. Proxy data on sick leave point to an increase year-on-year in sick leave days lost due to mental health conditions. Mental health diagnoses are the number one reason for disability cases in the United Nations system, and comparing the data from the 2010–2011 biennium with that from the last reporting period, the number of cases has risen. The pandemic served to both highlight those issues and amplify trends. Those data sets, while not complete in many respects, point to a steady increase in troubling proxy data, including sick leave and disability claims related to mental health conditions. Taken together, those data 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 system's workforce. The associated costs in terms of productivity, morale and financial payments can only be estimated at significant. The trends observed in the use of counselling services and participation in well-being programmes focusing on stress management, burnout etc., as described in chapter VIII, provide further evidence for this conclusion.

[38] United Nations Joint Staff Pension Fund, "Financial report and audited financial statements for the year ended 31 December 2021", para. 159.

[39] "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy", p. 27.

III. Inter-agency workstreams for mental health and well-being of United Nations system personnel

A. Overly complex inter-agency workstreams

44. **Initial attention to the mental health and well-being of personnel in the United Nations coordination framework**. The work of the United Nations system surrounding mental health and well-being began under the auspices of the High-level Committee on Management and its Cross-functional Task Force on Duty of Care. At the conclusion of its thirty-fifth session, the Committee emphasized that the duty of care was a non-waivable responsibility on the part of the organizations to mitigate or otherwise address foreseeable risks that might harm or injure its personnel and eligible family members.[40] The first step in conceptualizing an overarching policy framework for psychosocial health, initially focusing on high-risk duty stations, was taken at the time, with one recommendation stating that psychosocial services were considered the obligation of agencies, funds and programmes.[41] The emphasis in recent years has moved from the "legal" concept of duty of care to viewing the mental health and well-being of the United Nations workforce through the lens of occupational health and safety as introduced by the Secretary-General in his bulletin on the matter.[42] That evolved during the elaboration of the United Nations system-wide Strategy, as detailed below.

45. **Inter-agency workstreams**. As stated, mental health and well-being is a topic that inherently involves multiple disciplines and functions in its scope, requiring the perspectives of all involved and ultimately their buy-in for implementing a comprehensive and effective approach. In the United Nations system, that has resulted in a complex inter-agency framework operating under the High-level Committee on Management (see figure VII and annex III). Several entities have terms of reference covering some aspects of the mental health and well-being of personnel. In this architecture, the Implementation Board, operating under the Human Resources Network, provides coordination and support to the United Nations system organizations regarding the system-wide Strategy and its implementation.[43] The Occupational Health and Safety Forum, as the successor to the Cross-functional Task Force on Duty of Care, which was active between March 2016 and October 2019, also considers mental health as part of global health, particularly in terms of psychosocial risk assessments. The membership of these two groups includes representatives from various functions and staff federations, however, their composition remains disparate. The Inter-Agency Security Management Network and its Critical Incident Stress Management Working Group provide insights from a safety and security standpoint. The United Nations Staff/Stress Counsellors Group brings the perspective of mental health practitioners. The United Nations Medical Directors Working Group completes that arrangement. All are represented on the Implementation Board, to varying degrees.

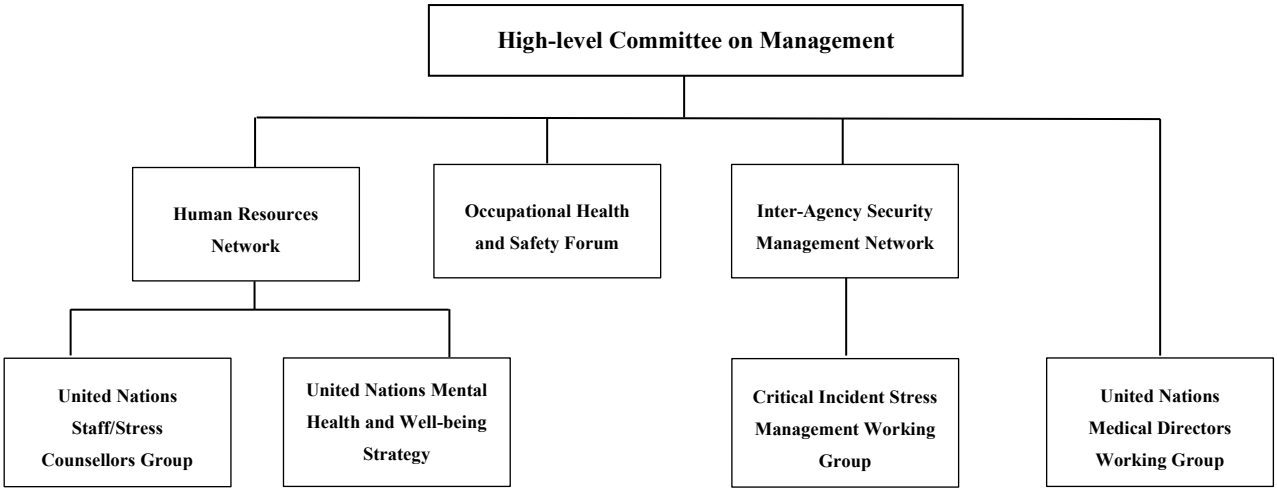
[40] CEB/2018/3, para. 17.

[41] Cross-functional Task Force on Duty of Care, "Duty of Care Task Force: interim report" (CEB/2017/HLCM/16), pp. 18 and 19.

[42] ST/SGB/2018/5.

[43] Terms of Reference for the Implementation Board. Available at www.un.org/en/healthy-workforce/files/Implementation%20Board%20ToR.pdf.

Figure VII
Inter-agency structures relevant to mental health and well-being of United Nations system personnel



Source: prepared by JIU (2023).

46. **Risks inherent in current arrangements**. While it is encouraging to see the various disciplines interested and engaged in the subject, in the view of the Inspectors the complex structure outlined above does not, in general, create conditions for strong governance and coordination of mental health and well-being issues across the various workstreams. It is important that the work conducted at the level of the Implementation Board reaches the High-level Committee on Management in order to provide visibility and system-wide buy-in of a topic deemed to be a priority. In the current arrangement, the myriad of institutional stakeholders may produce challenges in ensuring coherent and coordinated views and the proper circulation of information. Continuing with the previous example, the High-level Committee on Management reviewed the progress report of the Implementation Board through the fourth activity report of the Occupational Health and Safety Forum rather than through its parent body, the Human Resources Network. Substantively, there exists a risk of disparate perspectives concerning identical issues. The Inspectors note, for example, that the opinions of the Occupational Health and Safety Forum and the Implementation Board on the value of referring to ISO psychosocial risk assessment methodology in the United Nations system were not entirely aligned.

B. United Nations System Mental Health and Well-being Strategy

47. **System-wide commitment through the United Nations System Mental Health and Well-being Strategy**. After the analysis of the 2015 United Nations Global Well-being Survey, the previously discussed system-wide Strategy was developed following a multidisciplinary and multi-agency process of consultations and elaboration. In 2017, when the High-level Committee on Management approved the Strategy,[44] the United Nations system committed to making the mental health and well-being of United Nations personnel a priority. Four strategic themes guide the Strategy: institutionalizing a healthy workplace, offering and affording greater access to psychosocial support services at all duty stations, support for personnel with mental health conditions, and funding initiatives and services. The document has been conceived as a workplace strategy, outlining seven initial priority actions that the United Nations system organizations should address in a manner that covers multiple disciplines. Those priorities, as presented in annex IV, cover preventative measures,

[44] 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.

investments in mental health and well-being programmes,[45] education to reduce stigma and access to quality psychosocial support. As for many initiatives carried out in the CEB framework, an individual approach, based on and reflective of the requirements of its members, is promoted. However, the vision is that the Strategy contains the guiding principles for organizations to take action in developing their own approaches, thereby realizing a system-wide commitment to the issue.

48. **Implementation of the Strategy marked by the pandemic**. The Global Lead within the United Nations Secretariat coordinates and supports the implementation of the Strategy, system wide.[46] The implementation phase of the Strategy inadvertently coincided with the onset of the COVID-19 pandemic, disrupting initial plans. The system as a whole, and individual participating organizations, had to refocus their priorities to meet the new challenges to their work and workforce. Nevertheless, the pandemic shed a light on mental health: there is consensus on the fact that discussions on the subject became more of a regular feature at senior management levels, as well as between managers and personnel, thus creating a more open dialogue among personnel. As covered throughout the present review, the pandemic constituted a catalyst for adjustments in many areas as organizations implemented new policies, such as flexible and remote working arrangements, and allocated additional resources for the psychosocial support of personnel.

49. **Impact of the Strategy**. The overall reception of the Strategy by participating organizations has been positive. They indicate that the Strategy has helped promote mental health and well-being of personnel as a global issue across the entire United Nations system and not just an issue limited to specific locations and categories of the workforce. Circulated information, and awareness-raising literature and tools, produced through the cooperation of the Implementation Board, have contributed to enhancing uniform messaging across agencies, reduced duplication of efforts and were positively viewed by participating organizations and the officials interviewed in preparation of the present review. Respondents to JIU surveys were generally aware of the Strategy and acknowledged that it had been a driver for additional attention devoted to mental health. However, it was not viable for JIU to assess the progress made by each organization in relation to each priority action area identified in the Strategy, as the maturity levels of the organizations differed significantly when the Strategy was launched. The Inspectors note that the main obstacles to implementation, as expressed by the management of participating organizations, are the lack of internal capacity and human and financial resources, the prevalence of stigma and the challenge of equal access to psychosocial support services. Nevertheless, more than two thirds of the counsellors surveyed affirmed that the Strategy had had some impact on their organization's approach to mental health and well-being.

C. Next iteration of the United Nations system Strategy must focus on sustainable implementation

50. **Future iterations of the system-wide Strategy**. The first implementation cycle of the Strategy ends in 2023. The work done so far has enabled the system to analyse needs, identify challenges, produce informative material and to refine analysis on the subject. In their response to the JIU questionnaire, participating organizations confirmed that, in their view, the objectives and priority actions contained within the Strategy remained pertinent. The second cycle of implementation must now focus on sustainable implementation by participating organizations. The Implementation Board has started consultations to develop the next iteration of the Strategy, to refine its content and identify corresponding investments. The Inspectors consider that the Strategy has the potential to support meaningful progress with regard to mental health and well-being in the United Nations system and suggest some

[45] 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.

[46] 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.

adjustments that could contribute to this end. Those adjustments concern the areas of governance, accountability, reporting and funding.[47]

Reaching higher levels of management to make it a true system-wide priority

51. **Ensure more direct consideration by the High-level Committee on Management**. It is a positive sign that the High-level Committee on Management approved the Strategy and subsequently its implementation guide in October 2022. The Committee is responsible for management areas and high-level corporate issues, some of which have an impact on the mental health and well-being of personnel. As stated above, the Implementation Board is placed under and reports to the Human Resources Network. The rationale is that policies and administrative processes that influence mental health and well-being often fall within the responsibility of the human resources management function, which is more connected to organizational culture and behavioural change, as opposed to a medical services entity. However, the current reporting line of the Implementation Board may not be conducive to ensuring that the work of the Board is reviewed at a relevant, actionable level. A review of the documentation of the Committee supports that view. The Inspectors consider that, if the mental health and well-being of personnel is a priority for the system, a sustainable and streamlined reporting line that ensures a more prominent position for the topic on the agenda of the Committee is necessary to harness momentum among participating organizations and accountability for all. **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**. During the comments phase of preparing the present report, several options were proposed to further streamline the Implementation Board as a more direct line to the Committee, which may serve to improve monitoring and accountability with regard to implementation of the Strategy by the participating organizations.

52. **Steps for improved monitoring and accountability**. In the first implementation cycle of the Strategy, organizations were encouraged to take measures on the seven priorities. The Implementation Board has been the forum in which organizational progress, challenges and good practices could be discussed. However, in the absence of an established monitoring mechanism, reporting on progress has been at best informal and ad hoc. In 2022, the Implementation Board moved to address that gap with the production of a guide to assist agencies in implementing the priority actions of the Strategy and monitoring their implementation. A scorecard system, based on a three-tier scale, is a major feature of the guide, the purpose of which is, in accordance with the Strategy, to track and monitor progress on implementation of each priority action against key performance indicators, therefore aiming to better assess the maturity of organizations and the system as a whole. Self-assessment and self-reporting will inform the scorecard ratings. It is important to have guidance and instructions to ensure that agencies complete the scorecard in a harmonious and comparable way, thereby ensuring a minimum level of quality control even in the absence of capacity within the Global Lead. As the resources allocated to system-wide efforts have been limited, overall coordination of the Strategy's implementation and quality control with regard to the information submitted by organizations remains a concern. The Global Lead requires additional resources to support that process.

53. **Annual reporting to the High-level Committee on Management**. In the view of the Inspectors, the approval of the implementation guide must be interpreted as a system-wide commitment of organizations to better monitor and coordinate the implementation of the Strategy. Therefore, there is an opportunity for enhanced reporting that promotes inter-agency dialogue concerning progress and challenges. That can also be a channel for sharing good practices among organizations. **The Implementation Board should consolidate**

[47] On this specific issue, JIU has issued a management letter on 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 (JIU/ML/2023/1), addressed to the Secretary-General in his capacity as CEB Chair. The objective of the letter is to facilitate the work of the Committee, at its forty-sixth session, in its consideration of the "2024 and beyond United Nations System Mental Health and Well-being Strategy".

organizational information collected through the scorecard system in a status report presented annually to the High-level Committee on Management. The report should indicate the progress achieved in each priority area and document the challenges and good practices observed by the organizations. As the informal recommendation above points out, and as several participants in the review stated, reporting directly to the High-level Committee on Management – an active decision-making authority – would be an additional impetus for the holistic, multidisciplinary implementation of the Strategy in the system. A more direct reporting line is congruent with the Implementation Board's terms of reference, which state that it reports to both the Human Resources Network and the Committee.

54. **Internal use of reporting**. There are successful examples of coordinated reporting on system-wide initiatives based on agreed indicators, mostly of the qualitative variety, such as the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women and the United Nations Disability Inclusion Strategy. Moreover, the proposed status report could serve as a basis for reporting by each participating organization to its own governing body; either through a dedicated report concerning the mental health and well-being of personnel – should organizational management deem it judicious – or by adding a mental health and well-being component to another report presented to the governing body, such as a human resources management annual report. Some organizations, for example, IOM, have such a reporting mechanism. The United Nations Secretariat has a brief note included in the report by the Office of the Assistant Secretary-General for Human Resources to the General Assembly.

Expanding ownership among organizations

55. **Diversifying the composition of the Implementation Board**. The Implementation Board's innovative, multidisciplinary and inter-organizational composition constitutes a firm basis for Strategy implementation. Board membership comprises a diverse representation of functions, including human resources management officers, medical doctors, mental health practitioners, and representatives of the ombudsperson function and of staff associations and federations. Nevertheless, the human resources management function dominates its composition as roughly half of the members are representatives of organizational units responsible for the management of human resources in their respective organizations – and its current chair is the Assistant Secretary-General for Human Resources. It is important to note that the original Implementation Board was chaired by a medical doctor and most of its members at that time came from medical and counselling functions, rather than the human resources management function. On the current Implementation Board, mental health practitioners (organizational counsellors, for example) also constitute a vital voice within the group, although often as alternate members. Without prejudice to the current composition or Chair, who have by all accounts done an excellent job leading the work of the Implementation Board, diversifying the membership in terms of the functions and locations represented could improve the uptake and buy-in of the Strategy and add more voices that may have a unique and valuable perspective. **There is thus an opportunity to broaden the perspective and competencies within the Implementation Board through membership expansion, including within established networks, such as the 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**. Moreover, less than half of JIU participating organizations are represented on the Implementation Board. As the High-level Committee on Management has endorsed the implementation guide and the scorecard system, all CEB members should nominate a representative. That would provide increased 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.

56. The following recommendation is expected to strengthen coherence in the United Nations system by ensuring representation and full participation by organizations on the Implementation Board and thereby harmonized implementation of the system-wide Strategy.

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.

Resource the mental health and well-being workstream as a priority area

57. **Resource allocation must be considered**. Despite a commitment to and support for implementation of the system-wide Strategy, voluntary contributions remained the primary funding scheme. According to a financial statement included in a progress report of the Implementation Board, six organizations have provided cash contributions totally less than $400,000 for the period between October 2018 and September 2022. In lieu of contributing funds, three organizations have contributed personnel and five organizations, in addition to the United Nations System Staff College, have made in-kind contributions. A less visible commitment contributing to the Implementation Board's achievements is the personal involvement of United Nations officials, contributing to its crucial work by participating in meetings or supporting projects. Other representatives of professional networks and staff federations provide expert insights into the discussion and preparation of documents. The United Nations Secretariat is playing a lead role in that regard through its continuous funding of the position of a senior mental health officer as Global Lead, who strategically manages the workplace mental health and well-being implementation programme and provides direction, support and oversight to those involved in the programme. Resource requirements for the next cycle of the Strategy's implementation, and their corresponding estimates, were presented to the High-level Committee on Management.[48] At the time of drafting the present review, both the funding and staffing arrangements are uncertain for the current incumbent, as well as the necessary functions that would allow a sustained and more ambitious agenda, including a programme officer, a communications officer, a monitoring and evaluation officer, and an administrative officer. **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.**

D. System-wide groups coordinating psychosocial issues

58. **Two groups for standard-setting and specialized guidance**. The Critical Incident Stress Management Working Group and the United Nations Staff/Stress Counsellors Group are two groups that play a key role in policy development and standards-setting and serve as a channel for professional support and information-sharing for the counsellors in the United Nations system. Their main responsibilities are different: while the Working Group concentrates on stress management in the context of critical incidents occurring most often in field locations, the Counsellors Group focuses on professional guidance and requirements for the counsellors' practice from a general psychosocial support perspective.

59. **United Nations Staff/Stress Counsellors Group**. Placed under the Human Resources Network, the United Nations Staff/Stress Counsellors Group comprises mental health practitioners working as counsellors in United Nations and affiliated organizations. Its initial terms of reference were drafted in 2009 and, since its formal recognition by the Human Resources Network in 2010, the focus of the Counsellors Group has ranged from promoting good counselling practices to identifying areas for increased inter-agency coordination and

[48] High-level Committee on Management, "2018–2023 UN System Workplace Mental Health and Well-being Strategy + 2024 and beyond: progress report", p. 7.

resource mobilization. Furthermore, the Counsellors Group encourages resource-sharing, maintains a website used for sharing professional resources, offers training and provides peer support for the United Nations system community of counsellors.[49] In 2019, the Human Resources Network endorsed a revised mandate, insisting on adherence to standards and guidance for counsellors and staff, and provisioning for secretarial support based on cost-sharing.[50] The work of the Counsellors Group is currently coordinated by the Steering Committee, composed of 15 officials.[51]

60. **Critical Incident Stress Management Working Group**. The Critical Incident Stress Management Working Group is an interdisciplinary group that includes, inter alia, most of the permanent members of the United Nations Staff/Stress Counsellors Group Steering Committee, as representatives of their organizations; several organizations are represented by other functions (medical, security and human resources management). The Working Group is chaired by the Chief of the Critical Incident Stress Management Section of the Department of Safety and Security operating under the Inter-Agency Security Management Network. While the Network supports the High-level Committee on Management in its review of policies and resources of the United Nations security management system, the Working Group is the central forum for the coordination of critical incident stress management standards and procedures.[52] The United Nations Security Management System Security Policy Manual, which outlines the security management system, defines a "critical incident" as any sudden event or situation that involves actual, threatened, witnessed or perceived death, serious injury or threat to the physical or psychological integrity of an individual or group.[53] The original mandate of the Working Group was to design and implement a system-wide field policy framework on critical incident stress management. That policy framework was promulgated in 2015 by the Inter-Agency Security Management Network.[54] The Working Group is currently focused on two objectives: first, to operationally coordinate responses and resources during crisis situations and, second, to strategically assimilate and distribute lessons learned from these emergencies. An example of this would be its work on COVID-19 guidelines prepared using information acquired from previous epidemics that were compiled in February 2020 and served as the basis for the contingency guidelines for possible future pandemics released in June 2021.[55]

[49] United Nations Staff/Stress Counsellors Special Interest Group, "Mandate of the HR Network's UN Staff/Stress Counsellors Special Interest Group" (CEB/2009/HLCM/HR/36), p. 1.

[50] Human Resources Network, "Summary of conclusions of the 39th session of the Human Resources Network" (CEB/2019/HLCM/HR/18), para. 67.

[51] The Steering Committee is composed of 11 permanent members and 4 members elected by the members of the United Nations Staff/Stress Counsellors Group. Ten permanent seats are taken by the chiefs of counselling services of the organizations with a significant investment in the staff counselling role (the Critical Incident Stress Management Section of the Department of Safety and Security, the United Nations Secretariat, ILO, IOM, UNHCR, UNICEF, the United Nations Development Programme (UNDP), WFP, WHO and the World Bank Group). One permanent seat represents staff counselling functions in smaller staff support programmes. The four elected members are elected by the wider membership of the United Nations Staff/Stress Counsellors Group.

[52] Department of Safety and Security, *United Nations Security Management System Security Policy Manual* (2017), chap. VI, sect. C, pp. 250 and 251, footnote 8. The Critical Incident Stress Management Working Group members are nominated by their respective Inter-Agency Security Management Network Security focal points. The Working Group draws upon lessons learned, promotes the identification of best practices and develops and promotes policies and guidelines to enhance the management of critical incident stress, with the aim of improving the psychosocial well-being of United Nations Security Management System personnel and their eligible family members. The Working Group membership comprises lead counsellors from all United Nations agencies, medical officers, human resources officers and security officers, and observers of the Office of the United Nations Ombudsman and Mediation Services.

[53] Ibid., p. 249, footnote 2.

[54] Ibid., chap. VI, sect. C.

[55] Critical Incident Stress Management Unit, "Novel coronavirus (COVID-19): psychosocial contingency plan preparation guidelines for staff/stress counsellors in the field, 16 February 2020" (2020); and "Psychosocial contingency planning guidelines for pandemics/epidemics for staff/stress counsellors in the field, June 2021" (2021).

61. **Potential overlap of mandates and activities**. The Critical Incident Stress Management Working Group was created after the United Nations Staff/Stress Counsellors Group, specifically to align practices related to critical incident response. Most of the staff counsellors on the Working Group are also on the leadership team of the Counsellors Group as the heads of large entities are invited to join (i.e. the United Nations Secretariat and large United Nations agencies, funds and programmes). In 2019, an audit conducted by the Office of Internal Oversight Services (OIOS) analysed the respective terms of reference of the Working Group and the Counsellors Group and indicated concerns about possible overlapping activities related to staff psychosocial needs and improvement of the mental health and well-being of personnel across the United Nations system.[56] The audit contained a recommendation directed to the Department of Safety and Security in its capacity as Chair of the Working Group and as a member of the Counsellors Group aimed at ensuring that the activities of both coordination mechanisms were well defined and that they contributed to the effectiveness of the delivery of support to the mental health and well-being of United Nations staff and eligible family members. The point made by internal auditors in 2019 remains valid. **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.**

[56] 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).

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

62. Approaching the mental health and well-being of personnel holistically requires reactive, proactive and strategic measures based on informed decision-making. That remains a challenge for most of the organizations of the United Nations system. As stated, the WHO guidelines promote an evidence-based model that combines prevention, promotion and support. In the present chapter, the Inspectors examine how mental health and well-being considerations are embedded in organizational strategies, particularly enterprise risk management processes, occupational health and safety frameworks and human resources management strategies, and how organizations have developed or could consider developing their approaches to the mental health and well-being of their workforces.

A. Integration of mental health and well-being considerations in organizational strategies

Responsibility for driving the mental health and well-being workstreams within organizations

63. **Management structures**. There is no consistency among organizations with regard to the management structures in place to drive the workstream for mental health and well-being of personnel (annex V). Aside from temporary arrangements put in place during the COVID-19 pandemic, very few organizations reported a dedicated internal management structure to drive mental health and well-being workstreams, such as a committee, working group or task force, either formal or informal. Five organizations (the United Nations Secretariat, ILO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNHCR and WHO) have working groups at various stages of maturity and formality. What those structures have in common is that they replicate the cross-functional composition of the Implementation Board to ensure multidisciplinary considerations. In other organizations, interlocutors referred to structures as diverse as occupational health and safety committees (corporate, regional or local), a senior management committee and a compensation committee. **Having a dedicated multifunctional management structure proactively addressing mental health and well-being issues and activities allows for a more coherent approach across an organization.** As described in chapter VI, it is also critical that such a management structure include a mental health professional, if available, who can provide leadership on the organizational approach in this area. This is particularly relevant in the context of the second phase of implementation of the system-wide Strategy, which will require concerted reporting on the indicators included in the scorecard.

Mental health and well-being considerations are part of the enterprise risk management process in only some organizations

64. **Inclusion of mental health and well-being of personnel in the organizational risk management process**. Integrating mental health and well-being considerations into organizational risk management frameworks has become a standardized occupational health and safety practice. There are international standards and guidelines that promote and outline preventative measures to ensure proper consideration of psychosocial risk factors at work and evidence-based risk management of personnel with mental health conditions.[57] To ensure that, participating organizations have access to a series of risk assessment tools focusing on psychological risk factors at work that may prove useful. As mentioned previously, the Copenhagen Psychosocial Questionnaire is one such risk assessment tool based on a self-administered survey that assesses psychological risk factors in the workplace, which is used by several United Nations system organizations but requires a significant investment of time and resources. In the United Nations context, the United Nations Medical Directors Working Group has issued the "Duty Station Health Risk Assessment and Health Support Planning Guide", which is based on principles agreed upon within the United Nations enterprise risk management system in partnership with the United Nations Staff/Stress Counsellors Group.

[57] ISO 45003:2021; and WHO, *WHO Guidelines on Mental Health at Work*.

The Guide includes psychosocial risks in its hazard catalogue and suggests that all United Nations bodies and duty stations harmonize psychosocial health risk assessments to ensure uniformity of process and subsequent data analysis.[58] Those tools need to be assessed by organizations to see if they are fit for purpose and used accordingly as they may represent a significant investment.

65. **Bottom-up risk management approach**. Considering the nature of the risks in this area, a bottom-up approach to risk management may be more pertinent than a uniform top-down risk management architecture. As opposed to a corporate and global approach, a bottom-up approach feeds the risk management process with data, analysis and evidence that are more credible with regard to the state of mental health and well-being among personnel and lead to a more decisive picture of the situation across an organization. An effective approach in that regard must not only record events or incidents but also their severity. Having such a process in place whereby the corporate risk management function collects and analyses extensive information submitted by regional and country offices that is directly integrated into the enterprise risk management architecture ensures that field perspectives serve as a catalyst for the broader organizational approach. Risk officers are therefore better positioned to examine the alignment between field and corporate risks based on their increased awareness of field risk concerns and can facilitate embedding them into the respective policy formulation and thematic guidance.

66. **Mental health included in the corporate risk register of only some organizations**. The Inspectors found that 12 participating organizations had included mental health and well-being as separate risks in their corporate risk registers that should be monitored, managed and mitigated. Most often, the risk level assigned was medium. As a result of the COVID-19 pandemic, 22 participating organizations told the Inspectors that they had identified additional risks in that area without formally integrating them into the corporate risk register. Moreover, some organizations have identified groups at a greater risk to their mental health, such as personnel serving in high-risk duty stations, women and minorities, but without always developing specific mitigation measures. If the risk management process is well driven, the consideration of risks related to mental health and well-being should serve to inform leadership of areas that require prioritization, as well as enabling planning and action. As an example of that practice, sourced from a thematic risk analysis shared with JIU by WFP, the identification of corporate themes developed through data from country offices' risk registers aided in notifying leadership of mental health and well-being issues among personnel. Greater awareness of the issue led to its integration into the corporate risk register of WFP and the creation of 52 new well-being services for personnel, 13 directly related to mental health. That has led to a reduction in concern among WFP country offices and a decrease in the level of risk with regard to the mental health and well-being of personnel. UNHCR follows a similar process and includes the presence of risk advisers in regional occupational health and safety committees. To conclude the point, it goes without saying that, when this area is integrated into a corporate risk register, mitigation measures must be followed up and implemented with rigour. Based on the information provided to the Inspectors, only a few participating organizations are following through with identified mitigation and management measures related to the mental health and well-being of personnel. **The mental health and well-being of personnel should be given due consideration in risk management processes and should be included as appropriate.** That would be in line with the first recommendation in the WHO guidelines on the assessment and management of risks to mental health at work.

Mental health considerations not sufficiently embedded in occupational health and safety frameworks

67. **Mental health in occupational health and safety frameworks**. Building on the work of the CEB Occupational Health and Safety Forum, United Nations system organizations are progressing towards more comprehensive occupational health and safety frameworks and management systems. In the United Nations system, the level of maturity of

[58] United Nations Medical Directors Working Group, "Duty station health risk assessment and health support planning guide: 2018" (2018), pp. 4 and 15.

those frameworks and management systems varies by organization. According to ILO, an occupational health and safety management system is a set of interrelated or interacting elements to establish policies and objectives. Considering it as a system ensures that the level of prevention and protection is continuously evaluated and maintained through appropriate and timely improvements.[59] ISO 45003:2021 is also clear that organizations need to incorporate psychosocial risks and management measures within their broader occupational health and safety framework: "The organization should confirm that the scope of its [occupational health and safety] management system and its operations and activities with respect to the management of psychosocial risk are specifically addressed by the organization's [occupational health and safety] management system."[60]

68. **Insufficient integration of mental health and well-being considerations in occupational health and safety frameworks**. Less than half of participating organizations reported that they had integrated mental health and well-being considerations into their occupational health and safety management frameworks (annex VI). In those documents, the reference to mental health and well-being is often only in general terms, sometimes only captured in one sentence regarding "ensuring or protecting the safety, health and well-being of personnel" and clearly does not provide a solid basis for a strategic approach. The United Nations Development Programme (UNDP) and UNHCR provide good examples of how mental health and well-being is referenced as an integral component of an occupational health and safety framework. UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and WIPO placed themselves under the umbrella of the broader United Nations system occupational health and safety framework. Another indication of insufficient integration is that only a few organizations referred to their own occupational health and safety committee as driving the internal mental health and well-being workstream (annex V). In their policy brief, WHO and ILO are clear that the mitigation of psychosocial risks is best addressed by embedding mental health into occupational health and safety frameworks, and not as an optional add-on but as an essential element, with integration extending across the organization, including in policies and planning.[61] At the field level, the Inspectors note that the recently endorsed Occupational Safety and Health Framework of Accountability for Resident Coordinators and United Nations Country Teams, jointly developed with the Development Coordination Office (High-level Committee on Management, forty-fourth session, October 2022), presents the same deficiency and contains only brief mentions of the mental health and well-being of personnel.[62] **For the majority of participating organizations, more work is thus required to further integrate mental health and well-being considerations into the broader occupational health and safety management systems in a substantive manner.**

Human resources strategies address mental health and well-being of personnel more commonly, but not always in depth

69. **Integration into human resources strategies**. In contrast, mental health and well-being considerations are more commonly covered by human resources strategies. In their responses to JIU questionnaires, the vast majority of organizations reported integration of mental health and well-being considerations into their human resources management strategies (or equivalent) and four organizations were taking steps in this direction (annex VI). That is likely due to the number of organizations in which the counselling function reports to the human resource management function (see paras. 95–100) and the close connection between the management of human resources and the mental health and well-being of personnel. In that regard, the Inspectors note that the Framework for Human Resources Management, revised by the International Civil Service Commission in 2017, includes several references to and principles on staff well-being, staff security, occupational and environmental health and safety, overall social-psychological and physical wellness, and

[59] ILO, "Guidelines on occupational safety and health management systems" (Geneva, 2001).
[60] ISO 45003:2021, 4.3 and 4.4.
[61] WHO and ILO, "Mental health at work: policy brief", p. 8.
[62] High-level Committee on Management, "Occupational Safety and Health Framework of Accountability for Resident Coordinators and United Nations Country Teams" (CEB/2022/HLCM/14/Annex 5).

work-family life balance. In the strategic vision for the management of human resources that the Commission presented for the United Nations common system, staff well-being and duty of care are components of an enabling work environment that produces an engaged workforce, leading to excellence in organizational results.[63]

70. **Inclusion in human resources strategies may provide a channel for reporting**. Among the human resource strategies reviewed by the Inspectors, the reference to mental health and well-being of personnel was found more pertinent when a dedicated commitment was outlined, acknowledging the role of organizational policies towards a harmonious work environment. **The Inspectors encourage participating organizations to include such considerations in human resources strategies, as they provide the grounds for a structured approach, leading to a whole-of-organization commitment to the well-being of personnel.** In addition, such inclusion establishes a mechanism for regular and formal reporting to legislative organs and governing bodies, with the overarching goal of informing member States and requesting their support in this area, including for funding requests when required. An example of this was found at WFP, where the executive board approved the People Policy and the financial estimates associated with the cost of its implementation, including of its wellness component. On the contrary, when references to mental health and well-being of personnel are vague, sometimes only mentioned in a single sentence, there is generally insufficient support provided for mental health and well-being initiatives.

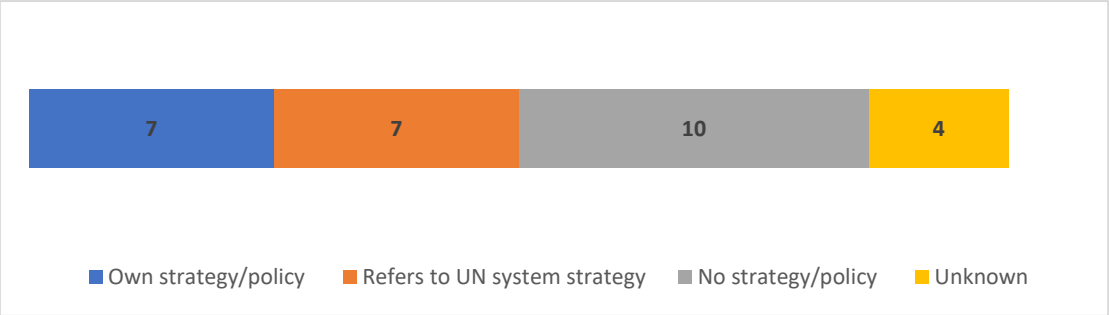
B. Organizational approach must be evidence based and data driven

Policy or strategy statement regarding mental health and well-being of personnel

71. **Overarching approach based on an organization's own requirements**. CEB promotes the notion of organization-specific initiative adoption. In other words, each organization must view and adapt a system-wide initiative by factoring in internal characteristics and specificities. The Strategy's implementation guide states that the size and resources of entities vary, thus, the organizations must tailor their plans to fit their specific needs and available funding. Nevertheless, as stated previously, the Inspectors consider that the Strategy promotes a collective approach, across the system, based on its guiding principles. Often a policy or strategy statement is the foundation for a commitment an organization makes concerning a particular topic and constitutes a high-level and transparent indication to its personnel and stakeholders that the organization takes the topic seriously. In the present case, such a high-level statement of leadership and an indication of the executive management's intention and direction can set the stage for changing the organizational culture in terms of how the mental health and well-being of the workforce is perceived and prioritized by management and personnel. At the time of drafting the present report, seven organizations had such a foundational statement through either a strategy or a policy document dedicated to addressing the mental health and well-being of their workforces, while seven simply referred to the system-wide Strategy as their guiding document, which is not the intention of such a strategy. The remaining participating organizations did not have such high-level guidance concerning this matter (two indicated that they were in the process of developing such guidance) or did not provide a response to JIU (figure VIII).

[63] 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).

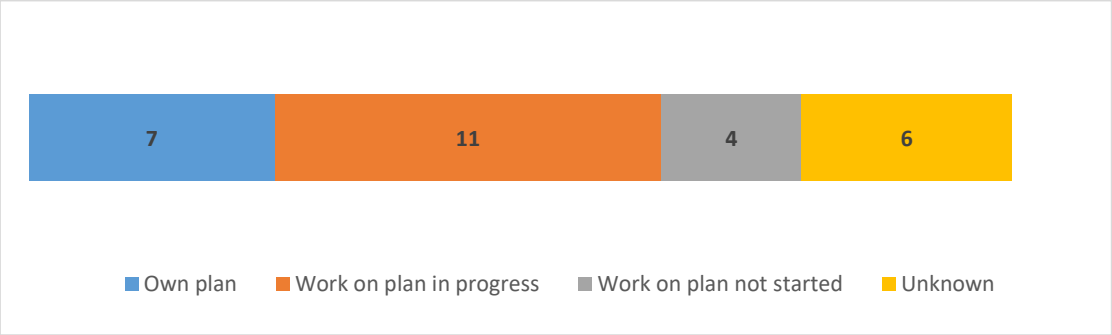
Figure VIII
Overview of organizational approaches to mental health and well-being of personnel, by number of participating organizations



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

72. **Workplace mental health and well-being action plans**. The United Nations system-wide Strategy requests that organizations establish a workplace action plan. Its implementation guide refers to a workplace mental health and well-being plan as a coordinated and comprehensive set of strategies that include programmes, policies, benefits, environmental support and links to resources designed to meet the mental health and well-being needs of all personnel.[64] What the guide promotes is the creation of action plans by organizations to reflect and implement the main elements of their approaches in key operations, policies and practices. In so doing, organizations should create an environment that better enables good mental health and well-being, one which facilitates the ability of personnel to become more resilient and which ensures that targeted quality interventions are available for those seeking help, as stated in the Strategy's implementation guide. At present, only a few participating organizations have structured their efforts in this way: 7 organizations have developed their workplace action plans; 11 organizations reported that they were in the process of developing such plans and 4 have not yet begun (figure IX).

Figure IX
Overview of workplace action plans concerning mental health and well-being of personnel, by number of participating organizations



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

Basis for informed executive decisions regarding mental health and well-being priorities varies and is not always comprehensive

73. **Executive decisions must follow an informed, data-driven approach**. The Strategy is nearing the end of its first phase; as mentioned, an implementation guide has recently been released to assist organizations in the development of an action plan to further implementation and mainstream mental health and well-being. Both a statement defining an organization's particular approach, which outlines the case for taking the topic seriously, and a workplace action plan are necessary. Ideally, executive decisions and priorities should be

[64] The definition is taken from the United States Center for Disease Control and Prevention. See www.cdc.gov/workplacehealthpromotion/model/index.html.

supported by comprehensive and reliable information reflecting the state of mental health and well-being in the workforce. An analysis of that information must drive decisions, both at the level of the organizations and system-wide. For those types of decisions, an informed, evidence-based and data-driven approach is ideal, and there are several data sources available, however, only a few organizations take this approach. In interviews and in responses to surveys, the drivers of more awareness of mental health and well-being issues largely pointed to a crisis event, the COVID-19 pandemic, rather than evidence and data sources that could provide a more complete picture of the state of mental health in an organization (annex VII). The Inspectors believe that existing data sources could be improved and better analysed.

74. **Staff surveys are a snapshot in time**. As stated in chapter II, there have been numerous surveys conducted by the participating organizations, some of which are heavily relied upon to provide a comprehensive picture. The focus of most of those surveys was not specifically on mental health and well-being but they may have included a section covering the subject. Staff engagement surveys can provide relevant insights and perceptions concerning items such as organizational culture, career satisfaction, workload management, the work environment (physical and workforce relations) etc. In addition, before and during the pandemic, several surveys were conducted to provide the system with feedback on the state of mental health and well-being of personnel and the impact of the pandemic.[65] Participation and coverage for those surveys varied and results reflected, for the most part, pandemic stressors and concerns, but also more permanent issues. The Inspectors caution that surveys only offer "a snapshot in time on issues" and not a complete picture of the status of the mental health and well-being of the workforce. All of that speaks to the need to avoid multiple and duplicative surveying of staff, to consider other data sources in combination with survey results, as well as consistent data gathering across several years, with common indicators to provide a more reliable view of trends.

Box 1: United Nations Health Intelligence Survey

United Nations Health Intelligence as a system-wide data source. Launched in 2021, the system-wide United Nations Health Intelligence Survey (UN-Wide Health 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 moods, diagnosed health conditions, accessibility of mental health resources, stigma, work-life balance, domestic abuse and days of absence from work due to mental health conditions. It also contains numerous indicators, such as alcohol use, smoking, use of unprescribed medication for relaxation, sleeping patterns, utilization of programmes for stress management, working excessive hours, working when ill, working away from home country etc. In-depth analysis and inferential statistical work therefore become possible at the level of the system. The survey is available annually to every United Nations system organization and participating organizations in turn own their data. That may obviate the need to collect similar data through global staff surveys. Streamlining data collection is encouraged with regard to mental health and well-being issues to avoid survey fatigue. The responses from United Nations system staff allow the working group in charge of the United Nations Health Intelligence Survey to aggregate the data from all participating entities and to create a baseline for the United Nations system, as well as to compare data on a

[65] For example: the COVID-19 Pulse Check (April 2020), conducted jointly by the Development Coordination Office, the United Nations Innovation Network, the United Nations System Staff College, Young UN: Agents for Change and #NewWork, collected responses from 4,613 personnel from more than 50 United Nations system entities in 146 countries; the United Nations System COVID-19 Staff Health and Well-being Survey (August 2020), carried out by the United Nations System Mental Health and Well-being Strategy Implementation Board and Agenda Consulting, which reached out to 5,539 people from 13 agencies; the Coronavirus Barometer for Staff Well-being Survey, carried out by the United Nations Field Staff Union (April and September 2020), to which 1,680 persons responded; and the Occupational Health and Safety Forum Survey (2021) developed by its workstream 1, in which information was collected from 22 United Nations entities to assess progress on implementation of the recommendations of the Cross-functional Task Force on Duty of Care of the High-level Committee on Management.

variety of health indicators. **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 improve mental health and well-being initiatives across the United Nations system.** With more than 45 million data points related to all aspects of the health of United Nations personnel, the database grew far bigger than initially anticipated; a framework that will protect agencies' data privacy and security, while allowing for transparency and the exchange of knowledge within the United Nations system, is anticipated. 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.**

75. **Assessments, reports and studies from independent sources**. Oversight coverage and reports from independent functions can indicate risks in this area. Only 9 oversight offices reported that mental health and well-being of personnel had been included in their risk universe in the past five years (annex VI), while 11 organizations had conducted independent reviews with mental health and well-being as a consideration in their reports. Several of those reviews focused on the COVID-19 pandemic, but others included the well-being of personnel in conflict areas.[66] Most ombudsperson services in United Nations system organizations produce an annual report of the trends that they have observed and issues that management and governing bodies should be aware of, including issues that have exacerbated or could affect the mental health and well-being of staff. The ethics function within United Nations system organizations also produces an annual report that can include or point to issues that have an impact on the mental health and well-being of personnel and several ethics functions either lead or participate in peer networks that may collect and report on trends. Their observations can also point to policy or training areas that have affected the well-being of personnel. Furthermore, some organizations have conducted studies to provide deeper analysis. WFP has strengthened its attention to the topic in its oversight work by including observation on staff well-being in its evaluation of the People Policy conducted in 2020. UNHCR conducted a study that revealed that a high percentage of employees were at risk of various mental health behavioural outcomes. Those findings presented an important baseline to inform those organizations' focus on staff well-being in their upcoming strategies. UNDP scrutinizes the disaggregated results of its global staff survey to monitor staff engagement and correlate the engagement level with the performance data of organizational entities. At present, in most organizations, those sources are underutilized when it comes to approaching the mental health and well-being of personnel or are utilized in isolation and do not provide a comprehensive perspective.

76. **Quantitative data sets available, but rarely reviewed from a mental health perspective**. As covered in chapter II, sick leave data can be used as a proxy indicator for the state of mental health among personnel if properly recorded and analysed. Figures regarding data on disability benefits managed by the United Nations Joint Staff Pension Fund provide a baseline and indicate trends by organization and, in the aggregate, by disease category, age and gender, as well as trends observed by a medical consultant. Disaggregated and anonymized data on the use of psychosocial support services, well-being programmes and activities by locations, category of personnel and types of problems covered should be available and routinely analysed. Analytical data from health insurance schemes would also give some indication of the use of services and point to areas of concerns. One other valuable

[66] The United Nations Secretariat, the Food and Agriculture Organization of the United Nations (FAO), IAEA, UNDP, UNHCR, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Industrial Development Organization (UNIDO), the United Nations Office for Project Services (UNOPS), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), WFP and WIPO.

data source is the feedback from staff regarding the services provided, which is not sufficiently computed at this stage, as demonstrated in chapter VIII.

77. As a first step, organizations that have not yet done so should develop the principles guiding their approaches to the mental health and well-being of their personnel and embed them within their enterprise risk management processes, their occupational health and safety frameworks and their human resources management strategies in order to establish a foundation and approach to their mental health and well-being action plans. That step is not only important for organizing an approach and assigning roles and responsibilities, but also serves as a crucial signal to personnel that the mental health and well-being of personnel is a priority for the leadership, as well as an accountability mechanism for governing bodies to know that the organization is fulfilling its commitment to the system-wide Strategy.

78. The following recommendations are expected to enhance the accountability of governing bodies concerning the implementation of the system-wide Strategy.

Recommendation 2

Executive heads of United Nations 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.

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 their mental health and well-being workplace action plan developed according to their evidence-based and data-driven organizational approach on the matter.

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

A. Bringing a mental health and well-being perspective to policies

79. **Regulatory frameworks are not always adapted**. An organizational policy framework applies to all personnel, including those with mental health conditions. Mental health practitioners interviewed advocated for a more flexible approach to reviewing and developing policies as some procedures and processes may prove extremely challenging for persons with mental health conditions. This is not to suggest that organizational policies need to systematically carve out sections to address mental health conditions but there may need to be more attention paid to this specific dimension and a mental health perspective incorporated into policy discussions. As employers, the United Nations system organizations are, for the most part, only in the initial stages of realizing such a move. A few have created internal groups to uncover traps within policies and procedures in which personnel with mental health conditions may be involved. In the United Nations Secretariat, the Mental Health Leadership Team has formed a working group to study policies and processes that may need to be adjusted. Although in its early stages, the cross-functional working group provides a place to elevate administrative policies and processes for high-level engagement centred on the mental health and well-being of United Nations Secretariat personnel, such as sick leave management and the provision of reasonable accommodation. That could be a good practice provided effective measures are taken to apply changes in procedures and, where necessary, to the policy itself.

80. **Mental health considerations in policy development and review**. A more ambitious path is to mainstream mental health and well-being considerations into organizational policies, which is to say that policies and their standard operating procedures should be analysed to provide insight into how they might be interpreted or enacted to lessen the impact on the mental health and well-being of personnel. For example, the World Bank identified its travel and remote work policies as major sources of stress for staff and tasked an internal working group, reporting to the Vice-President for Human Resources, to provide potential revisions to the policies to promote staff well-being.

81. **Counsellors to bring their perspective to organizational policies**. One way to promote a mental health perspective and to further mainstream organizational policies is to request feedback from, and to consider the views of, counsellors or workplace mental health and well-being experts, who can advise on the impact a policy may have through a psychosocial lens, particularly for policies that mention counsellors and/or may have an effect on the well-being of personnel. However, based on responses to the JIU survey, only about 20 per cent of counsellors have been afforded such an opportunity to provide their inputs on new or revised policies. That lack of consultation is a missed opportunity and, in some cases, can undermine the counsellors' efforts, especially when a policy explicitly or tacitly refers to their services. **Seeking input from counsellors is suggested in order to provide analysis and feedback on the potential psychosocial implications of policies**. A good practice in that regard is noted within the United Nations Secretariat, in which the senior mental health officer leading the implementation of the system-wide Strategy is routinely invited to provide comments to the policy committee.

B. Policies to promote mental health and well-being and support personnel

Policies aimed at preventing poor mental health within the workforce

82. **Policies that serve to prevent risks to mental health**. In any organization, there are several policies that are tied indirectly to the mental health and well-being of personnel as they serve to ensure a just and accountable environment, a safe and harmonious workplace, protect staff from physical harm and prevent emotional distress. In the United Nations system context, those policies are wide-ranging and include policies associated with an organization's accountability framework, well-being and work-life balance guidelines, performance management and other associated human resources policies, as well as staff

benefits and entitlements. Those policies are foundational in creating an environment in which risks of psychosocial harm are managed and mitigated. That was the case during the height of the COVID-19 pandemic when many human resources policies, such as the use of sick leave, home leave, flexible working arrangements and a myriad of other policies, were adjusted based on, among other factors, psychosocial risks. That said, oversight and accountability in terms of coverage of those policies should consider psychosocial risks. Based on responses to questionnaires and interviews, only nine oversight offices had included mental health and well-being as part of their risk universe in the past five years. In interviews, oversight offices were more aware of the impact on the mental health and well-being of personnel due to the pandemic, and some were considering a more structured approach to integrating it into audits and evaluations. That is not a general practice: the review indicates that only 11 organizations have conducted independent reviews with mental health and well-being as a consideration in their reports. Several of those reviews centred on the COVID-19 pandemic, but others included the well-being of personnel in high-risk areas, such as country evaluations for UNDP and risk assessments for the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). **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.**

Policies addressing risk for field-deployed personnel

83. **Policies aimed at addressing risks faced by field personnel**. Some of the more crucial policies aimed at prevention are directed at personnel serving in high-risk duty stations, including policies for rest and recuperation and staff mobility or rotation policies specifically. In interviews with human resources management officials and field managers, some acknowledged that such policies were not uniformly applied and that often practices did not match the policy, especially in high-risk locations where remuneration might be an incentive to stay on longer, positions were harder to fill or staff moved from one high-risk duty station to another, as confirmed by responses to the JIU surveys (annex VIII). In interviews, human resources personnel in three organizations noted that the exceptions for placing staff in high-risk duty stations for longer than normal and moving staff from one high-risk duty station to another were becoming more common and worrisome. Similar sentiments were expressed by staff who did not take or deferred their rest and recuperation or home leave as they did not wish to disconnect from the important and crucial work of the mission. **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.**

Policies that support personnel facing mental health conditions

84. **Mental health and disability**. In addition to the WHO guidelines and the WHO and ILO policy brief, the United Nations Disability Inclusion Strategy is another key document relevant to the issue as it defines persons with disabilities as those "who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others", a definition aligned with that found in article 1 of the Convention on the Rights of Persons with Disabilities. The inclusion of mental health as a disability also recognizes that persons with mental health conditions have a right to work and, with sufficient person-centred policies, may be fully able to contribute and thrive in an organization.[67] In their response to the JIU questionnaire, some organizations referred to the United Nations Disability Inclusion Strategy as relevant to this area, also keeping in mind that some staff may be found unfit to work under the disability benefit process.

85. **Policies designed to support personnel with mental health conditions**. There are a few key policies that tie in directly with supporting personnel with mental health conditions, among them are policies and guidelines governing the reintegration of staff coming back to work after an absence, as well as the granting of accommodations in order to assist staff and their managers through adjusted or alternative working arrangements. Data show that those

[67] WHO and ILO, "Mental health at work: policy brief", p. 14.

interventions can increase inclusivity and assist those with mental health conditions to fulfil their potential in the workplace.[68] Reassignment of staff is not a practice in most organizations but can be an option for consideration by human resources management if other options are not viable. However, such an option is rarely used by participating organizations, according to the information received by the Inspectors, because of the availability of posts and administrative restrictions.

Return to work

86. **Return-to-work programmes are not usual practice in the United Nations system**. The objective of a return-to-work programme is to provide a set of transitional measures to be implemented prior to and during the return of personnel after an absence and to support the reintegration of the employee into the workplace.[69] While this is not a concept limited to absences due to mental health reasons, WHO emphasizes the benefits of a return-to-work programme in this context as a way to reduce symptoms of mental ill-health following prolonged periods of absence, as well as to reduce the duration of absences. Currently, that is a policy area that is largely neglected in the United Nations system. Very few organizations reported having a specific return-to-work policy or set of guidelines, while some referred to the provisions for the management of sick leave as their framework for return to work or indicated that they follow a case-by-case approach (annex IX). Return-to-work guidance should not only be about stating rules and conditions for returning to work but should also indicate how an organization intends to support an individual's return to the workplace, addressing considerations such as internal coordination, roles, responsibilities and resources available. According to experts, a successful transition back to work involves multidisciplinary pre-return and follow-up meetings between the medical officer, the internal mental health practitioner, the line manager and the staff member. Among the policies that the Inspectors were able to consult, only the policies of WHO/Joint United Nations Programme on HIV/AIDS (UNAIDS) and WIPO comprised those elements. In addition, the main components of those return-to-work policies must include a provisional date for return, a timeline for implementing reasonable accommodations, details of how the process is to be monitored and provisions for regular communication among all the parties involved. To avoid unclear expectations, it is important to clearly identify which function has the lead role in the return-to-work process.

87. **Value of return-to-work policies**. WHO and ILO state that return-to-work programmes bring value to an organization in various ways. Such programmes are a positive signal to employees that the employer cares about its workers. Such guidelines benefit employees' ability to exercise their function and allow employers to retain valuable employees who contribute to the productivity of their teams. Moreover, return-to-work measures ensure communication between employees and their supervisors, as well as contact with co-workers in the workplace, which is important as extended absences can contribute to stigma. Furthermore, studies have shown that effective return-to-work programmes can be cost-effective for an organization, and the return on investment can be significant.[70]

Reasonable accommodations

88. **Definition**. Article 27 (1) (i) of the Convention on the Rights of Persons with Disabilities specifies that States parties should ensure that reasonable accommodation is provided to persons with disabilities in the workplace. The ILO practical guide on promoting

[68] Ibid. WHO and ILO also identified supported employment initiatives as an intervention to support persons with mental health conditions at work. Those interventions are designed for persons with severe mental health conditions to assist in working or training while receiving treatment for their conditions.

[69] As the COVID-19 pandemic induced alternative work arrangements, such as working from home due to closed premises or physical access restrictions, organizations produced specific provisions to ensure that the necessary measures were in place to support a cautious, phased and flexible return to the workplace after these restrictions.

[70] WHO, *WHO Guidelines on Mental Health at Work*, p. 60: "in the Netherlands, a return of US$ 0.87 to US$ 10.63 for every US$ 1 invested, and in Finland, a cost-saving of US$ 17 to US$ 43 per avoided absence day" (footnotes omitted).

diversity and inclusion through workplace adjustments further explores the concept.[71] In short, "reasonable accommodation" refers to adjustments to working conditions according to medical recommendations, restrictions or limitations to support the employee and satisfy the employer. In the United Nations context, the Secretary-General states, in a 2014 bulletin that, "reasonable accommodation" means necessary and appropriate modification and adjustments in the workplace, where needed in a particular case and without imposing a disproportionate or undue burden on the Organization, to allow staff members with disabilities, in all duty stations, to discharge their official functions.[72] That definition, which is based on the aforementioned Convention, is widely used by the organizations of the United Nations system in their own documentation.

89. **Reasonable accommodations to support personnel with mental health conditions**. Agreeing on accommodations may be a vital component of the return-to-work process. WHO clarifies that the principle of reasonable accommodation may be applied to any worker, including those returning from an absence associated with a mental health condition. However, they may also be employed for workers with mental health conditions who have not been on a leave of absence and who remain engaged in their work or those who newly join the workforce. The objective remains the same: to enable workers to compete for and access employment on an equal footing and to enable workers to remain in employment or return to work. As for return-to-work programmes, the implementation of reasonable accommodations is not limited to mental health-related situations but is perfectly applicable in this context. WHO guidelines distinguish four types of accommodation as follows: communication accommodations (e.g. regular supportive meetings with supervisors and communication according to individual preferences (written or verbal); scheduling accommodations (e.g. frequent breaks or extra-time allowances for completing tasks); job description accommodations (e.g. gradual reintroduction to tasks or task-sharing); and physical environment accommodations (e.g. access to private space for rest or access to refrigeration for medical storage).[73]

90. **Efforts to provide reasonable accommodation are rarely anticipated**. Very few participating organizations indicated having written guidance for providing reasonable accommodations to personnel that would set uniform standards for implementation and assist with case management (annex IX). At the time of writing the present review, the United Nations Secretariat was expected to release its guidance on the matter, while the United Nations Office at Geneva had created its own document. The absence of guidelines leaves too much room for ad hoc, incoherent decisions and makes it more difficult to reach a suitable agreement among all stakeholders with their different perspectives and constraints. The clear designation of a decision maker or a process by which a decision should be reached is even more pressing considering the vagueness of some terminology, such as "not imposing a disproportionate or undue burden". The lack of clarity and undefined decision-making can lead to ineffective application of the guidelines. Indeed, the Inspectors detected significant tension around those notions. What is perceived as necessary, appropriate or acceptable may vary considerably within an organization. When it is addressed in the context of mental health conditions, it may be even more complex. Officials and personnel confronted with such a situation have shared some of their concerns: unclear authority for decision-making (among human resources officers, United Nations medical officers, external medical doctors, line managers and senior management), unclear procedures, limited opportunities for accommodations and, most notably, understanding, acceptance and resistance within the organization. Those factors are exacerbated by the absence of a designated case manager and are, according to the managers interviewed, creating tension at all levels of the workplace. Managers shared their experiences in which they faced, at times, disagreement between the United Nations medical services and the private physician regarding providing reasonable accommodations for a member of staff with a mental health condition with little clarity in terms of who was able to make the final decision, especially when a difference of opinion existed. In such cases and others the Inspectors learned about, staff members who have a

[71] ILO, *Promoting Diversity and Inclusion Through Workplace Adjustments: A Practical Guide* (Geneva, 2016), p. 7.

[72] ST/SGB/2014/3, para. 1.2 (c).

[73] WHO, *WHO Guidelines on Mental Health at Work*, p. 22.

mental health condition are often caught between the medical office, human resources and their managers in attempting to obtain assistance or make a decision, further exacerbating the issue and adding stress and anxiety. Another major consideration in that regard is flagged by WHO: accessing or benefiting from such support may inadvertently identify a worker as having a mental health condition or cause them to be perceived as unable to cope with work, possibly subjecting that worker to discrimination. Measures clearly need to be taken to proactively mitigate mental health stigma and to protect the privacy of individuals seeking assistance.[74]

91. **Better framing of return-to-work processes and reasonable accommodation provisions**. Both return-to-work and reasonable accommodation policies and procedures are acknowledged as effective in supporting personnel with mental health conditions and, if applied appropriately, can be cost-effective for participating organizations, not only in terms of reducing sick leave days and avoiding disability claims. The Inspectors therefore believe it is important to frame return-to-work programmes and reasonable accommodation provisions in a way that clearly establishes roles and responsibilities with defined boundaries of what is acceptable. In developing their guidance, organizations must address the key aspects mentioned above. As regards return to work, research points to the potential benefits of implementing reasonable accommodations and suggests that workers returning to work after long absences who received sufficient work accommodations, compared with those who did not, were less likely to have a mental health condition after one year.[75] Overall, however, most United Nations system organizations lack basic policies to support personnel with mental health conditions in sustaining their work. Furthermore, most provided little evidence that their policies and practices were person centred, that is, designed around the needs of the individual worker versus what the organization can accommodate.[76]

92. Implementation of the following recommendation is expected to enhance the effectiveness of return-to-work and reasonable accommodation policies and procedures in United Nations system organizations.

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 inclusiveness of mental health-related considerations, and develop standard operating procedures that clearly identify roles and responsibilities, including decision-making.

[74] WHO, *WHO Guidelines on Mental Health at Work*, p. 21.
[75] Ibid., p. 22.
[76] WHO and ILO, “Mental health at work: policy brief”, p. 14.

VI. Counselling function in United Nations system organizations

93. The main function delivering psychosocial support services across the system is the counselling function, namely staff and stress counsellors employed in headquarters, regional and field locations. The varied arrangements, reporting lines and expectations of the counselling function call for a more standardized approach to ensure that personnel have convenient access to and are effectively served by the function and that the function itself is sufficiently supported. The Inspectors have identified elements for an effective and integrated counselling function in United Nations system organizations, including within the Department of Safety and Security, for critical incident response.

Figure X
Organizational placement of the counselling function in participating organizations

Organizational placement	Organizations
Function placed in an organizational entity comprising various other functions as equal pillars	WFP, World Bank
Function placed within and reporting to the human resources management function	ILO, ITU, UNAIDS, UNDP, UNFPA, UNESCO, UNHCR, UNICEF (for headquarters-based counsellors), UNODC, UNOPS, UN-Women, WHO (with staff psychologist in medical/occupational health and safety), WIPO
Function placed within medical/health services that reports to the human resources management function	IAEA, IMO
Function placed within and reporting to medical/health services	United Nations Secretariat (Headquarters), FAO, UNIDO
Other arrangements	Various common service arrangements to provide psychosocial support services (United Nations Office at Nairobi for UNEP and UN-Habitat, through United Nations City Clinic in Copenhagen, UNICEF etc.) UNRWA (external) staff counsellors report administratively to project coordinators Counsellors at the United Nations Office at Geneva are placed in human resources and provide psychosocial support services to ITC, UNCTAD and WMO Critical Incident Stress Management Section regional stress counsellors within the Department of Safety and Security (chap. VII) Field stress counsellors affiliated with the United Nations Secretariat have various field arrangements (chap. VII) UNICEF field counsellors report administratively to regional directors or country representatives

Source: prepared by JIU on the basis on information provided by participating organizations. The International Civil Aviation Organization (ICAO) and the World Tourism Organization (UNWTO) did not report dedicated counsellors.

A. Structural arrangements and reporting lines for the counselling function

94. **Overview of structural arrangements in the United Nations system organizations**. Where an organization places its counselling function in the organizational structure and its reporting lines can determine how well mental health and well-being policies and practices are integrated within and throughout the organization. The two most common arrangements and reporting lines for the counselling function are through human resources or medical services, and sometimes both (see figure X). In interviews with stakeholders and experts, the advantages and disadvantages of each reporting line were explored, and comparisons were offered from those who have worked in multiple arrangements across the United Nations system. The specific arrangements pertaining to the counsellors posted in the field for which the Critical Incident Stress Management Section has partial or full authority are examined in chapter VII, since reporting lines in the field are not as clear-cut and often counsellors have dual reporting lines for administrative and technical issues.

95. **Counsellors with a reporting line to the human resources function**. The vast majority of organizational counsellors employed by participating organizations are either located within the entity responsible for the management of human resources, reporting directly to a senior human resources management officer, or are located within medical services that have a reporting line to the human resources entity. Counselling services placed within the entity responsible for the management of human resources may provide counsellors with more access to colleagues and functions that may be involved in case management and that can more readily resolve issues, making convening colleagues to address an issue or difficult case easier. Such a reporting line may also offer more opportunities for integrating mental health and well-being considerations and viewpoints into policies or initiatives as the human resources function within an organization tends to be a central point for policy promulgation, which may affect this area. However, the issue of confidentiality and setting boundaries with colleagues came up as a hurdle for counsellors to overcome as many of the questions that their clients came to them for related to human resources matters and clients seeking assistance may not trust that their complaints would not reach others in the human resources entity. Comments in the survey conducted by JIU also indicated a lack of clinical support, differing levels of confidentiality and bending counselling priorities to support human resources priorities. In larger organizations with more counsellors and a field network, a lead counsellor supervises other counsellors and provides internal and technical support for the function to assist with complex cases. UNHCR employs that model, and the lead counsellor provides technical and administrative supervision to the other counsellors, whereas the chief of staff well-being at UNICEF provides informal technical supervision to the counsellors in the field. In several organizations, the counselling function is nested within the medical services unit, which is itself located within human resources. This model may potentially limit the access of counsellors to senior levels and other functions due to its placement within the medical umbrella and its distance to the management of human resources.

96. **Counsellors with a reporting line to medical/health services**. JIU found that three organizations placed the counselling function directly under medical/health services and two did so within medical services that had a reporting line to the human resources management function, as mentioned above. The advantage in this model is that it may provide a more holistic approach to staff health, which may be most helpful in assisting personnel suffering from mental health conditions, including providing referrals to psychiatric professionals in close consultation with a medical officer. Experts point to the type of services provided by counsellors versus those provided by medical officers and the complementary role each can play in addressing mental health conditions when they are in the same unit and have a complementary approach to case management. One caveat mentioned, for arrangements in which counsellors are placed within medical services and supervised by medical officers, was that these medical officers need to have training on and an understanding of mental health conditions to be able to refer personnel to counsellors and to respect the necessary

level of confidentiality for counselling services to be effective in this arrangement.[77] As stated above, the main disadvantages for placing the counselling function within a medical services environment is that it may limit the integration of mental health and well-being initiatives, potentially relegating it to solely a clinical issue, which may create a distance to other functions. In such circumstances, the counselling function delivers services but may not be strategically best placed to address organizational issues. In interviews, counsellors working under this type of arrangement cited several human resources policies that had been developed on which they could have provided inputs to enhance staff well-being but they were never asked for their feedback.

97. **Psychosocial support services as a pillar**. A different structural arrangement found in some United Nations system organizations is to place the counselling function under the umbrella of a larger organizational entity, grouping functions responsible for medical and other health and well-being areas or concerns. In that arrangement, the provision of psychosocial support services is on an equal footing with other pillars. The intention in that arrangement, as conveyed to the Inspectors, is to ensure the coordination and integration of mental health and well-being considerations within the organization and to facilitate a case management approach for more serious and difficult situations. In WFP, the counselling function is within the Staff Wellness Division, which includes health, insurance and wellness services, headed by a director who reports to the Assistant Executive Director of Workplace Culture. As WFP officials confirmed to the Inspectors, they approach staff wellness in a holistic way, which encompasses medical, mental health and emotional dimensions, in order to integrate interventions. One official noted that at WFP they "really see a problem being solved as the person can be considered from all aspects and it fosters synergies". That is replicated in all WFP regional bureaux. According to WFP officials, staff survey data have reflected the positive impact of such an approach compared with the previous arrangements, in which services were scattered among human resources and various other management areas. UNHCR also has a three-pillar arrangement with medical, psychosocial well-being and occupational health and safety all within human resources, with a reporting line through the Head of the Staff Health and Well-being Service. To further facilitate a global approach, UNHCR has internal mechanisms within the Division of Human Resources to foster synergistic coordination, as well as external coordination mechanisms, which include the ethics function, the Inspector General, the Ombudsperson and the legal function to tackle systemic issues. At the World Bank, the Inspectors also confirmed a similar arrangement and approach with the counselling function in the same directorate as occupational health and safety, personal health and wellness and strategy and operations, under the Health and Safety Directorate, with one of its stated goals to "enhance cooperation and interdependence between [the units composing the Directorate] through a coordinated and consistent global operations strategy".[78]

98. **Case management made easier**. As a result of the present review, the Inspectors suggest that there is room for improvement in several aspects of case management to lessen the negative impact staff with mental health conditions may experience when referred to different units that each look at the issue from their own functional perspective and that may not be able to effectively support the individual through a more comprehensive approach based on coordination among key units (human resources, medical services, management, counsellors, ombudsperson etc.). An effective coordination feature was found at UNHCR, WFP and the World Bank, which was not present or obvious in other participating organizations. In all three organizations, interlocutors mentioned that such an arrangement, which capitalizes on its placement within the respective organization, resulted in more effective case management meetings to confidentially discuss complex cases and issues and to better serve personnel and streamline decision-making. At WFP, such an arrangement was highlighted in terms of its inclusion of the Insurance Unit and the ability to problem solve with regard to insurance providers and coverage, as well as providing substantive input when

[77] WHO has developed the Mental Health Gap Action Programme as a means of training general physicians and nurses on priority mental, neurological and substance-use conditions in order to facilitate actions such as identification and referral.

[78] World Bank Group, "Health and Safety Directorate prospectus of goals, objectives and activities for FY23" (internal document, on file with JIU).

insurance coverage is reviewed annually. All three organizations stressed the importance of the arrangements and reporting lines of their directorate in terms of ease of access to other functions, such as human resources, ombudsperson services, ethics and staff associations, as well as their integration when strategic issues or opportunities arose, such as implementing a well-being initiative or developing their mental health and well-being policy and/or action plan. What is also essential to point out is that in all three organizations there is a lead mental health professional who supervises and leads the respective counsellors at headquarters and in field locations. **That, 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 to respect the confidentiality of the services delivered and demonstrates a leadership voice within the organization for mental health.**

99. **Integration is ideal**. While several officials requested that JIU pronounce on which reporting line, human resources or medical, was most effective for the counselling function, the Inspectors decided to support the principle of integration instead, as both options can work well but, in some organizations, one may allow for better integration of mental health and well-being initiatives than the other. Often it is not a question of where counselling services are located as such, but rather the reporting line of the unit and its access to, and appreciation by, other functions and leadership. If the counselling function is isolated from other units, then mental health and well-being considerations, initiatives, perspectives and strategies will likely be more difficult to resolve, consider, integrate and highlight. Isolation of the function is notably more concerning when an organization has only one or two counsellors and there is a greater need to balance the limited availability of the counsellor's time with appropriately integrating them within the reporting line for more effective overall results for personnel. In interviews with counsellors in such a situation, they stated that their focus was almost solely on reacting to the needs of staff and they had very little time for other activities, limiting their ability to participate in strategic-level initiatives, such as policy analysis and integration of services with learning or well-being initiatives. **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 integrate mental health and well-being considerations and activities through a strategy or workplace action plan, the Inspectors suggest that executive heads review the organizational arrangements for the function in terms of reporting lines to facilitate coordination with other functions.**

B. Key elements for enhancing the counselling function

Counselling function in the United Nations system

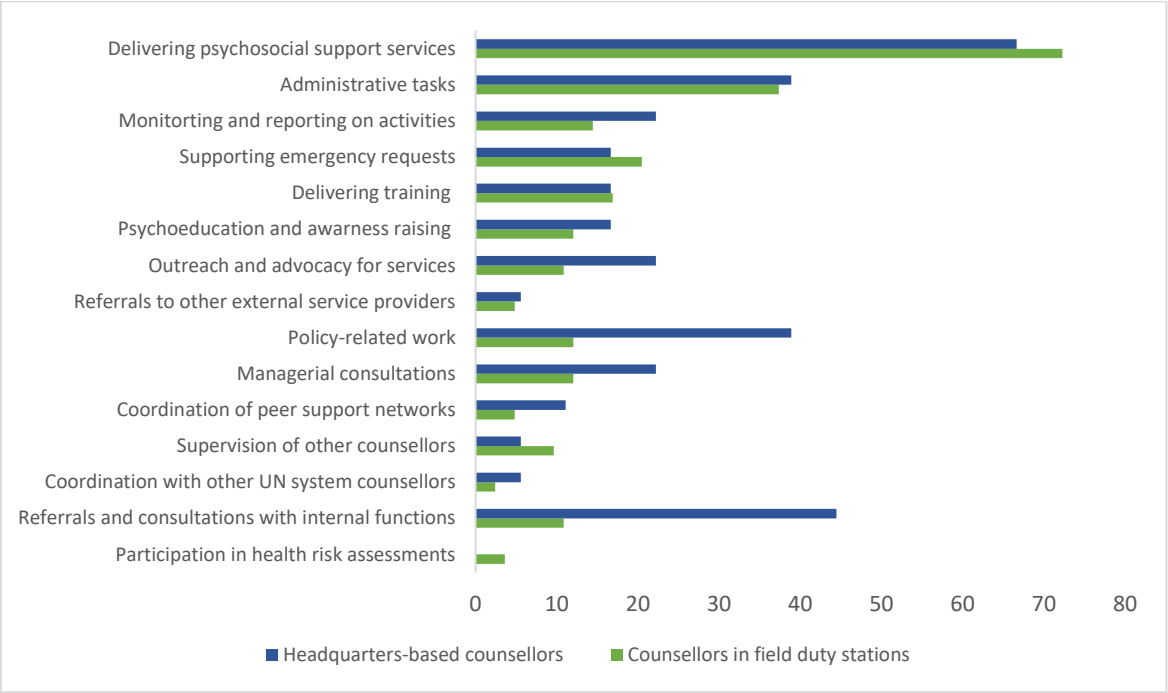
100. **Counselling function in the United Nations context**. In accordance with the guidance on professional standards promulgated by the United Nations Staff/Stress Counsellors Group and endorsed by the Human Resources Network, United Nations counsellors are mental health professionals operating within the United Nations system. Their roles vary but the core functions in psychosocial support and counselling include individual and group sessions, training, support for operational and strategic developments in mental health and well-being and coordination of responses following critical incidents.[79] That definition illustrates the wide range of tasks performed by counsellors in the various contexts in which they operate. To better reflect that diversity, some participants at the United Nations Staff/Stress Counsellors Group annual meeting in 2022 suggested using the term "mental health programme manager" instead of counsellor. That also speaks to the breadth and scope of their roles as the majority of counsellors do not provide medium to long-term psychotherapy but short-term support and referrals. That said, the counselling function performs a sensitive role, with inherent risks for the counsellor, the individual seeking support and the organization. Interactions with personnel can be extremely sensitive as individuals may be experiencing symptoms due to a disorder or condition and/or exposure to

[79] United Nations Staff/Stress Counsellors Group, "Guidance on professional standards for UN counsellors" (2020), p. 1.

a traumatic situation. Both organizations and counsellors need to manage the risks under their control in order to minimize the risks to United Nations personnel.

101. **The different focus of headquarters and field counsellors**. In the preparation of the present report, the Inspectors inquired about the amount of time counsellors allocated to the main tasks and activities that they conducted, at headquarters and in the field, including at D- and E-category duty stations as classified by the International Civil Service Commission.[80] As figure XI shows, delivery of counselling and psychosocial support services takes precedence, which is not a surprising finding but one that could also point to a mostly reactive approach to mental health and well-being. In both groups, administrative tasks come next in terms of time allocation, which is a concern considering that it diverts counsellors from more substantive tasks. Figure XI also illustrates some differences in focus between headquarters-based and field-based counsellors. At headquarters, time is significantly invested in inward-looking activities, such as policy-related work and in referrals and consultations with other organizational functions. Field-based counsellors reported a more balanced portfolio of activities.

Figure XI
Amount of significant time (1–3 hours a day) spent by counsellors on various tasks and activities (percentage of respondents)



Source: JIU survey of mental health practitioners.

102. **Role of counsellors**. In the view of the Inspectors, counsellors can have a key role to play in a holistic approach to mental health and well-being of personnel, provided organizations ensure that the function is sufficiently staffed, supported and appropriately integrated within the structure to identify, manage and mitigate risks to the organization, personnel and the counsellors themselves. In the present section, the Inspectors draw

[80] The International Civil Service Commission – an independent expert body established by the General Assembly in 1974 – categorizes all duty stations into one of six categories, H and A to E; whereby H locations are either at headquarters and other similarly designated locations at which the United Nations has no development/humanitarian assistance programmes or in member States of the European Union. A to E duty stations are rated on a scale that assesses the difficulty of working and living conditions from A to E, with A being the least, and E the most, difficult. Categories are arrived at through an assessment of the overall quality of life. In determining the degree of hardship, consideration is given to local conditions of safety and security, health care, housing, climate, isolation and level of amenities/conveniences of life.

attention to some key elements to enhance the maturity of the function in the United Nations system that, if addressed, would ensure that the counsellors not only deliver effective psychosocial support services where and when required but also that, as an organizational function, they contribute to the identification of cross-cutting and systemic issues, as well as design and implement measures to address these (figure XII). Those elements relate to professional practice, organizational support and accountability. Existing reference documents produced by the United Nations Staff/Stress Counsellors Group and the Critical Incident Stress Management Working Group cover several of those elements; internationally recognized standards and trends observed by JIU also complement those elements.

Figure XII
Elements for enhancing the counselling function

Source: prepared by JIU.

Key elements regarding professional requirements and practices

103. **Protocols and guidance developed for United Nations system counsellors**. Both the United Nations Staff/Stress Counsellors Group and the Critical Incident Stress Management Working Group have produced a wide range of protocols that have set the parameters for the counselling function across the system, provided guidance documentation for their professional practice and made service delivery to personnel more consistent and efficient (annex X). In so doing, each group focuses on its specific area and mandate. The United Nations Staff/Stress Counsellors Group has developed several documents on professional practices and has produced thematic position papers. A major development occurred in October 2022, as the Inspectors were informed that the Human Resources Network had endorsed the guidance on professional standards for United Nations counsellors aimed at ensuring that their practices followed the highest ethical standards. The Critical Incident Stress Management Working Group also contributed important documents, including a Field Manual on psychosocial support in crisis situations in 2022, which comprises a compendium of operational guidelines for all counsellors based in or deployed to the field before, during and after crisis situations.[81]

104. **Guidance has reached its audience**. Results from the JIU survey of mental health practitioners indicate that those documents have reached their audience. Two thirds of headquarters-based counsellors were familiar with the protocols published by the United Nations Staff/Stress Counsellors Group and stated that these were guiding their professional practice. That proportion was significantly lower among counsellors operating in field locations. Similarly, field-based stress counsellors reported a high level of familiarity with guidance materials developed by the Critical Incident Stress Management Working Group,

[81] Critical Incident Stress Management Working Group, *Field Manual on Psychosocial Support in Crisis Situations for United Nations Staff Counsellors and Stress Counsellors* (2022), which is the result of system-wide collaboration of United Nations counsellors through the Critical Incident Stress Working Group of the Inter-Agency Security Management Network, coordinated by the Critical Incident Stress Management Section of the Department of Safety and Security.

particularly in D- and E-category duty stations, with 80 per cent of respondents claiming knowledge of and adherence to that guidance. However, they were less comfortable with the general guidance document. Globally, the survey also shed light on the need for more outreach concerning the psychosocial contingency planning guidelines for pandemics/epidemics for staff/stress counsellors in the field to make sure that such guidelines are applied when necessary. Issues such as ethics, confidentiality and professional standards for staff counsellors are cross-referenced in various documents and an analysis of these documents did not reveal significant differences between protocols, but it did highlight several areas in which the provisions were not entirely aligned. Acknowledging that the respective counsellors' roles and their interventions are different, the Inspectors note that the coexistence of several protocols and guidance documents may lead to a lack of coherence and inconsistent practices, not to mention the time and energy spent on developing two documents that could have been harmonized and coordinated to produce a single set of guidance.

105. **Professional certification and credentials**. Certification requirements for mental health professionals may vary from one country to another. The Inspectors heard from several experts across the system that unqualified counsellors were an issue and posed a risk. Over the years, the United Nations Staff/Stress Counsellors Group has worked on the question of the educational qualifications of counsellors since it was acknowledged that those active in the system had widely varying backgrounds, professional training and expertise. The endorsed standards now set minimum credentials that organizations must guarantee for all mental health practitioners delivering psychosocial support services to personnel, namely being licensed or certified by or registered with a professional organization. As highlighted below, the recruitment of counsellors must include a qualified senior counsellor who can vet potential candidates. The Field Manual also enumerates the necessary credentials for field counsellors. **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 counsellors 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.**

106. **Professional and ethical standards**. The United Nations Staff/Stress Counsellors Group has adopted a code of conduct to reinforce the ethical standards of the counselling profession in the United Nations system.[82] The Field Manual also refers to the modalities of service delivery during the crisis response phase, according to which counsellors must abide by "best practices and ethical requirements", without further defining them.[83] In addition, some organizations have developed their own code of conduct to define the boundaries of counselling practices and to reinforce trust in the function. For example, WFP has a code of ethics applicable to all personnel in its Staff Wellness Division, which was developed in collaboration with the Ethics Office and other internal units, such as human resources, and was endorsed by the Legal Office. **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.**

107. **Respect for confidentiality**. Confidentiality requirements are part of the standards adopted by the Human Resources Network. The rule that is normally applied across the system is that information shared during a counselling session can only be shared with others with the explicit consent of the individual concerned, unless there are life-threatening

[82] United Staff/Stress Counsellors Group, "Code of Ethics" (2013).

[83] Critical Incident Stress Management Working Group, *Field Manual on Psychosocial Support in Crisis Situations*, p. 50.

circumstances. That principle is restated in several documents, such as the guidelines of the United Nations Staff/Stress Counsellors Group on that matter and the Field Manual. Two thirds of the counsellors who participated in the JIU online survey agreed that their organization had in place a specific confidentiality agreement to guide their services, with no major differences observed according to their location. Rare confidentiality breaches were reported to the Inspectors, however, when confidentiality had been compromised, it was reported to be as a consequence of a human error rather than a gap in procedures. Counsellors noted that breaches may arise from the client side of their work; that is, personnel themselves sharing sensitive information with colleagues, other functions or supervisors regarding their interactions with a counsellor or another mental health practitioner. In practice, counsellors had observed circumstances that contributed to breaches, including: the lack of standard operating procedures; environments in which teams are small or in close contact (field missions); and situations in which individuals engaged in counselling share information with other stakeholders. One notable point is that the confidentiality rules followed by counsellors are not always well known within an organization, either by personnel or by managers. This can result in misunderstandings and prevent access to services, as well as introduce circumstances in which a counsellor is requested by managers or other officials to provide information that is confidential, showing both a lack of understanding and of respect for the role of the counsellor. **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.** One way of achieving that would be to have a jointly signed confidentiality form. The Inspectors recall here the technical and ethical guidelines for workers' health surveillance issued by ILO.[84]

Key elements regarding organizational support

108. **Considerations and support for counsellors**. How an organization supports its counsellors is indicative of its approach to the mental health and well-being of personnel in general, and such support is not limited to resource allocation. More than 40 per cent of counsellors responding to the JIU survey indicated that their workload was neither manageable nor reasonable. One indicated that: "I am reaching a point where the quality [of my service] might suffer in the future should the workload rise any further." By the very nature of the function, counsellors are exposed to intense, and often traumatic and difficult situations, to the point at which their own mental health and well-being may be affected. Therefore, an important aspect of organizational support relates to how organizations support the counselling function. The Field Manual has a section devoted to self-care and care for counsellors, stating that counsellors do indeed need time off after a crisis incident.[85] A good practice observed on that issue was the annual retreats of counsellors held by several agencies (IOM, UNHCR, UNICEF and WFP) to focus on strategic planning and capacity-building. Another key element of organizational support would be to regularly assess the psychological state and well-being of counsellors.

109. **Types of professional supervision**. One crucial aspect of the organizational support for counsellors is the appropriate type of supervision that the function receives, which must be adjusted to the type of work that the incumbents perform and the context in which they work. WHO guidelines call for any provider of psychological treatments to be subject to clinical supervision.[86] The term "clinical supervision" is often referred to as the professional support a counsellor receives from an experienced therapist, or clinical supervisor, to discuss cases for clinical guidance and to address their own well-being and boundaries. Based on interviews with experts, the Inspectors gleaned that that type of supervision was necessary for counsellors who were delivering psychotherapy to personnel as it provided the counsellor with a structured and professional support mechanism and was considered a standard for maintaining credentials in some countries. In the United Nations context, as the majority of

[84] ILO, *Technical and Ethical Guidelines for Workers' Health Surveillance*, Occupational Safety and Health Series, No. 72 (Geneva, 1998).

[85] Critical Incident Stress Management Working Group, *Field Manual on Psychosocial Support in Crisis Situations*, p. 7.

[86] WHO and ILO, "Mental health at work: policy brief", p. 13.

counsellors provide emotional and psychosocial support and not psychotherapy as such, the terminology used is often adjusted to technical supervision or technical support for counsellors and is often referred to as the guidance counsellors receive from a more senior counsellor to assist with complex cases or programmatic issues. While that type of support may reveal boundary issues, its focus is largely on providing advice and guidance with regard to policies and approaches. For the purpose of that element, the Inspectors note that both clinical and technical supervision require counsellors to interact with another counsellor for their professional development and guidance and therefore will refer to it as professional supervision. A key point here is to ensure that counsellors who are not supervised by other counsellors have access to clinical or technical supervision. Some organizations have such arrangements through external services or have internal support mechanisms when a group of counsellors is large enough to allow professional and/or peer support, but this is an area for improvement at the level of the system. It should also be noted that in terms of administrative supervision, that is for complying with administrative rules and processes, approximately 40 per cent of the counsellors responded that that aspect was managed by a senior counsellor and one third declared that they were not subject to this supervision.

110. **Situations vary, supervisory arrangements should be formalized and clear**. In their responses to the questionnaire, about half of the participating organizations stated that counsellors received external professional supervision and financial support for such supervision. However, on the ground, the responses to the JIU online survey and the explanations received by counsellors indicated that the arrangements for supervision might take various forms, mostly driven by circumstances (the presence of a senior counsellor at headquarters or at the regional level, connection to the Critical Incident Stress Management Section networks etc.), rather than by the needs of the counsellor. Key factors in considering the level of professional supervision that counsellors should receive include their experience, the services that they are expected to deliver and the context in which they serve (e.g. a high-risk duty station), as well as if they have access to other counsellors. Experts indicated that professional supervision and support for counsellors was necessary and guided them in case management and setting and maintaining professional boundaries. While the majority of counsellors who responded to the survey indicated that they received some type of professional supervision, a gap still needs to be addressed in relation to those counsellors who do not receive supervision and those whose professional supervisory arrangements are not formalized, such as the case of those working for UNICEF, as mentioned previously, and the various arrangements in the United Nations Secretariat, which lack coherence. Professional supervision, formalized and provided by a senior counsellor, should be a minimum requirement and every effort should be made to ensure that it is provided as a basic duty of care for United Nations system counsellors. Counsellors acting without any professional supervisor are therefore forced into a position of unsafe practice. **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**. Another solution may come in the form of shared or common services with another United Nations system organization as is the case with UN-Women and their arrangement with the Critical Incident Stress Management Section for professional supervision of their volunteer counsellors.

111. **Contractual status**. About half of the counsellors working for participating organizations are staff members, while about one fifth are employed as consultants and/or other non-staff categories, some under short-term contracts extended over several years.[87] The Inspectors believe that the status of the counsellors may determine their authority within the organizational structure and influence their ability to intervene in case management and/or in managerial consultations. **The Inspectors recommend that organizations that mostly rely on consultants or other contractual modalities reassess these arrangements.**

[87] The contractual status of approximately a quarter of the counsellors was not communicated to JIU.

112. **Recruitment and onboarding processes, backstopping and administrative support**. As mentioned above, the process for recruiting counsellors should include a counsellor on the panel, who would bring to bear his or her experience on the process and who would vet potential candidates. In terms of onboarding for new counsellors, only one third of the mental health professionals surveyed replied that their organization had in place an effective onboarding and induction process for counsellors that covered organizational policies and procedures, internal structures etc. **Onboarding cannot be neglected as it provides inside knowledge, which is a prerequisite for providing effective support and internal referrals and advice**. It was a positive finding of the review that, in the majority of responses, counsellors indicated that they had defined backstopping mechanisms when they were on leave or absent. Such mechanisms ensure that clients' needs are taken care of and avoid extensive backlogs. However, as stated previously, situations in which counsellors operate as a single-person function are more challenging, may lead to less certainty for counsellors and create additional stress if a backstop is not identified. The Inspectors found that to be the case in a few organizations in which there was only one counsellor. Solutions do exist though; for example, a memorandum of understanding was being drafted between two organizations in recognition of the problem and to provide coverage when counsellors were on leave. Another challenge conveyed by some counsellors was the lack of administrative support available for scheduling clients and supporting training activities. As figure XI shows, administrative tasks can represent a significant proportion of counsellors' time, which is diverted from more substantive contributions. Again, this was particularly challenging for situations in which there was only one counsellor and administrative support was either non-existent or had to be shared with another unit or division.

113. **Professional development**. The United Nations Staff/Stress Counsellors Group's guidance on professional standards sets a minimum of 20 hours a year for continuing professional development in mental health-related topics and recommends that counsellors undergo additional training focused on psychosocial hazards in the workplace, such as diagnosis, prevention and treatment of mental conditions, substance abuse, trauma etc.[88] A similar recommendation is included in the implementation guide of the United Nations System Mental Health and Well-being Strategy. The United Nations Staff/Stress Counsellors Group has stated that the entities that employ counsellors are responsible for their continuing professional development, but rarely is there a standardized approach across organizations. The majority of organizations do not currently comply with that benchmark. Organizations that provide support either in terms of allocating time or providing financial assistance to access continuous learning and professional development opportunities remain the exception.[89] That said, nearly 20 per cent of the counsellors surveyed indicated that they were not granted time off for professional development and nearly 40 per cent did not receive any financial support for such training. It is not rare to see counsellors making their own time and financial commitments to secure professional development activities and certification. That fact was confirmed through surveys and interviews, however, counsellors posted at headquarters seemed to have more opportunities available to them. For most counsellors in the United Nations system, participation in community gatherings, such as the annual meeting of the United Nations Staff/Stress Counsellors Group and the online event organized by the Critical Incident Stress Management Section, are thus the main opportunity in this regard but may not be sufficient. **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.**

Key elements promoting accountability

114. **Performance appraisal of counsellors**. In the United Nations system, the performance of counsellors is not always assessed by a supervisor who is a senior counsellor

[88] United Nations Staff/Stress Counsellors Group, "Guidance on professional standards for UN counsellors", sect. 5, "Continuing professional development".

[89] UNDP, UNHCR and UNICEF allocate funds and/or have development events for counsellors; ILO and UNAIDS counsellors have access to a general staff development fund; and IAEA funds participation in the annual meeting of the United Nations Staff/Stress Counsellors Group.

or a mental health professional. Among the respondents to the JIU survey, more than half of the counsellors stated that they were assessed by a supervisor who was not a mental health professional. A few of them voiced the concern that when another corporate function led the appraisal process, that is the person responsible was not trained in mental health or did not consider psychosocial support in a positive light, it could be problematic. It should also be noted that 10 per cent of the respondents stated that their performance was not formally assessed at all. The present review highlights room for improvement regarding the elements supporting the appraisal of counsellors. In addition to performance evaluations made by more senior counsellors, when there is one providing supervision, feedback from participants in counselling or training sessions is the most common input considered in the assessment process. The Inspectors were informed that it was not possible to use comments from external clinical supervision as that would be a breach of confidentiality. **Bearing in mind the requirements of confidentiality surrounding the 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.**

115. **Information management and record-keeping**. In a number of organizations, medical records and counselling information are maintained in the same system but are not cross-referenced. While the Inspectors received assurances from the vast majority of officials interviewed about the segregation of medical records, human resources records and counselling records, they consider information management and record-keeping are areas in need of improvement. **Even if counselling information does not constitute a medical record, proper record 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**. At a minimum, counselling practices should follow the organizational policy in that area. Having said that, the diversity of practices regarding records management related to counselling data and information was troubling. Aside from those counsellors who simply do not maintain any records of their activities, some counsellors only maintain a paper-based filing system or one on a personal, local, electronic device. Only some organizations have taken steps to manage and preserve counselling records in a centralized system, often within the platform used for medical records.

116. **Centralized systems**. However, centralized information management systems also have their detractors. First, professional clinical record management systems are as expensive as they are complex to design to meet organizations' access rights and confidentiality rules, reporting features etc. Mandating the keeping of formal records could also lead to minimal content being recorded by counsellors, who do not wish to expose information. The Inspectors believe that those concerns must be addressed and can be solved as the advantages of a centralized system outweigh the disadvantages in their view, provided that mental health records are kept separate from physical health records. The advantages of having a centralized system go beyond proper record-keeping and can serve as a tool to consolidate and analyse information gathered from across the organization, permitting strategic recommendations to management at all levels, as detailed below. In that regard, the Inspectors note that the Staff Counsellor's Office of the United Nations Secretariat has produced a document on the main features of an electronic documentation system for the counselling function, addressing issues such as continuity of care (access to notes), data management and confidentiality (access rights) and quality insurance (information allowing clinical treatment). The Critical Incident Stress Management Section is currently piloting a psychosocial well-being platform for the integrated security workforce to serve as a centralized information management system, initially for the field stress counsellors of the Department of Safety and Security.

Key strategic elements to support executive management in identifying systemic issues

117. **Identifying systemic issues**. Counsellors are well placed to support executive management in identifying cross-cutting and systemic issues across the organization, offering

an opportunity to promote understanding of their role among decision makers. Such a role requires enhanced reporting, however, which means that counsellors should reflect their activities and provide an analysis of interventions and related challenges to assist executive management in identifying trends or large-scale issues present in the organization. About one third of the counsellors who provide inputs indicated that their organizations had mechanisms to ensure that they could contribute to identifying and addressing systemic issues, which can be crucial to organizational change initiatives and reform efforts. Nevertheless, counsellors are somehow cognizant of that role since two thirds stated that they provided management with information concerning systemic trends and issues noted in the course of delivering services. At present, the monitoring and reporting practices of United Nations system organizations in that area are diverse. The Inspectors are convinced that such reporting can be done without compromising confidentiality (using an aggregated format without information that may identify a client). The Inspectors were provided with examples from a few organizations that aggregated the information for higher level reporting or integrated the data into other reporting, such as human resources, medical services etc. UNDP has reprofiled a professional position (at the P-3 level) from occupational health and safety tasks to a counselling function to work primarily with managers to identify systemic issues and propose solutions. IOM uses a corporate-wide matrix for all its counsellors reporting on their psychosocial interventions. The matrix is based on 12 problem categories, six psychological symptoms and seven categories of recommended actions. WFP follows a similar approach for recording categories of interventions and symptoms (identical for all WFP counsellors) and its database allows reporting. UNHCR has been using a case management system for that purpose and has regularly reported on the types of cases, including by geographical location, since 2014. The Critical Incident Stress Management Section platform mentioned above will measure and monitor psychosocial risk factors recorded by field counsellors and the analysis of information and data will ideally support strategic recommendations to management.

118. **Function maturity would benefit organizations**. Despite some good practices, the Inspectors conclude that the United Nations system has yet to reach a sufficient level of maturity in terms of the counselling function. The guidance on professional standards issued by the United Nations Staff/Stress Counsellors Group, which should be implemented by 2026, provides an excellent foundation for a professional and accountable counselling function. Combined with the key elements that the Inspectors observed, participating organizations can improve the maturity of their psychosocial support services and the effectiveness of the counselling function and its contribution to organizational change processes by conducting an initial assessment to identify gaps and areas for improvement.

119. The implementation of the following recommendation is expected to enhance and harmonize the maturity of the counselling function in United Nations system organizations and to support the mental health practitioners providing psychosocial support services to United Nations system personnel.

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 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.

VII. Overview of capacity and resources to support psychosocial support services in the United Nations system

A. Sustainability of increased pandemic-related resources in question

120. **Resources allocated to mental health and well-being have increased, but not in all organizations**. It is challenging to estimate the resources allocated to such a broad function with its multiple disciplines and aspects. Therefore, the Inspectors inquired about the overall trend regarding financial and human resources available to design and implement well-being programmes and to provide mental health and psychosocial support services during the past five years (annex XI). Half of the organizations that replied to the JIU questionnaire estimated that resources had increased. When indeed present, that growth should be analysed in conjunction with circumstances arising from the COVID-19 pandemic (only partially, however, as management often stated that increases had been made independently of the crisis). In about one third of the participating organizations, resources for mental health and well-being were reported to have remained stable and one organization reported a decrease in resources allocated to psychosocial support services.

121. **Sustainability of increase**. Obviously, in some cases, the COVID-19 pandemic contributed to additional resource allocation for mental health and well-being-related functions and activities during peak periods of its impact. The sustainability of such additional counselling capacity due to funding resources in some organizations is uncertain as the world begins its return to a "new normal". In responses to the JIU questionnaire, half of the participating organizations reported an interest in sustaining such additional capacity post-pandemic, which was confirmed by officials interviewed. However, there are indications that those resources are beginning to wane. Information collected by the Inspectors, in addition to survey responses, highlight cases of non-renewal of counsellors' contracts and the risk of termination of cost-shared positions by United Nations country teams, for example. **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**. That may mean robust investments to shift from a reactive modus operandi to a proactive one since, as previously mentioned, investing in preventive measures can be impactful and cost effective.

122. **Overview of United Nations counselling capacity**. Attempts to map the resources available across the United Nations system to provide psychosocial support to personnel are ongoing and have proven to be difficult due in part to the various resource types that can be mobilized, as well as the changing landscape. For the present review, the Inspectors used three main sources for consolidating such data: information regarding counsellors as validated by each participating organization (November 2022); the list of field counsellors affiliated to the United Nations Secretariat maintained by the Critical Incident Stress Management Section (updated October 2022); and a risk assessment in the form of a heat map produced by the same Section (February 2023). In short, counsellors active in the United Nations system are either directly employed by participating organizations, at headquarters or field locations, or are posted on the ground in regions or in Department of Peace Operations/Department of Political and Peacebuilding Affairs missions. The evidence collected during the present review suggests a growth in capacity among all categories of psychosocial support providers. In 2018, when the United Nations System Mental Health and Well-being Strategy was adopted, a total of 131 counsellors were reported to have been active within the system.[90] The figure for 2022 was 240 counsellors, an 83 per cent increase (figure XIII and annexes XII and XIII).[91]

[90] "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy", p. 7.

[91] The number of counsellors reflects only JIU participating organizations and does not include organizations that may have been counted in the 2018 figure, such as the World Bank and IOM.

Figure XIII
Overview of counsellors in the United Nations system

Organizational counsellors (137)	44 headquarters-based or equivalent (regional commissions, main offices) 5 in the Critical Incident Stress Management Section (chief and regional stress counsellors at headquarters)
	26 at regional level (8 UNHCR, 6 UNICEF, 12 WFP)
	62 at country level
Field counsellors affiliated with the United Nations Secretariat (103)	58 Department of Safety and Security field stress counsellors
	8 United Nations country team cost-shared stress counsellors
	37 Department of Peace Operations/Department of Political and Peacebuilding Affairs staff counsellors

Source: prepared by JIU on the basis of information validated by participating organizations and the Critical Incident Stress Management Section.

Note: The overview of counsellors reflects permanent and temporary positions (including vacant posts) and counsellors that are consultants or United Nations Volunteers.

B. Counselling capacity within participating organizations

123. **Options for counselling available to personnel**. Organizational capacity for professional psychosocial counselling is primarily composed of staff counsellors and stress counsellors at headquarters and in the field (regional and/or country level) who are assisted in some organizations by peer support networks. In participating organizations in which counselling capacity is limited, other functions were indicated as providing psychosocial support, including medical officers and nurses.[92] In addition, as part of the United Nations security management system, organizations also benefit from the services coordinated by the Critical Incident Stress Management Section, in particular when a crisis occurs.

124. **Capacity unevenly distributed among participating organizations**. As previously stated, the counselling capacity across the system has increased overall in recent years. According to figures shared with the Inspectors, there are, not including the Critical Incident Stress Management Section counsellors, 137 counsellors active in 18 organizations. It is positive to record that some organizations have augmented the number of their counsellors, sometimes significantly and some have created a staff counsellor position to enhance their approach to mental health and well-being, permitting more preventive measures. However, current capacity is unevenly distributed among participating organizations with more than 50 per cent of counsellors, outside the overall capacity of the United Nations Secretariat, attached to three organizations (UNHCR, UNICEF and WFP). In addition, it should be noted that the organizations that have increased their capacity were generally the ones with the strongest capacity to begin with. One exception is UNDP, which has increased its capacity from one to seven counsellors in recent years.

Headquarters-based counsellors

125. **Headquarters-based counsellors**. About one third of participating organizations operate with only one or two counsellors, who have responsibility for the entire workforce,

[92] In addition to counsellors whose function is primarily dedicated to psychosocial support, other health-care workers, such as medical officers and occupational nurses, were mentioned by several participating organizations as important stakeholders, sometimes providing psychosocial support services themselves in the absence of other mental health practitioners, as presented in annex XII. As touched upon in the present report, those professionals are involved in mental health support and are an integral part of several processes, such as sick leave management and case management for return to work and reasonable accommodations, or act as medical advisers to the medical insurance plans etc. Additionally, JIU is conducting a review of medical services in the United Nations system as part of its 2023 programme of work.

which could entail more than one thousand potential clients for each counsellor. In Geneva, three participating organizations (the International Trade Centre (ITC), the United Nations Conference on Trade and Development (UNCTAD) and the World Meteorological Organization (WMO)) rely on psychosocial support services and well-being activities administered by the United Nations Office at Geneva.[93] A common service arrangement exists for the United Nations Environment Programme (UNEP) and the United Nations Human Settlements Programme (UN-Habitat) under the United Nations Office at Nairobi, and among the organizations in the United Nations City in Copenhagen. It should be noted that some counsellors with organizational-level responsibilities are not always posted at headquarters and operate as home-based counsellors. In general, headquarters-based counsellors painted a more negative picture of the mental health and well-being situation in their organizations, compared with views expressed by field-based counsellors. Their input suggests a high level of stress within that community, resulting from heavy workloads, including administrative tasks, and a feeling that there is a general lack of appreciation for their function. Some of those counsellors described their work as "firefighting" and stated that the level of resource allocation did not allow for preventive and strategic-level activities. Moreover, the counsellors' own mental health and well-being was of concern to the Inspectors in several of the organizations studied. Some of those counsellors either were or had been granted extended sick leave or were showing signs of burnout.

Field-based counsellors

126. **Counselling capacity to cover remote field locations**. Organizations that have a field presence generally have a much larger group of counsellors and therefore maintain emotional support and counselling capacity at regional and/or country levels, which is primarily dedicated to psychosocial support for their respective personnel. There is some discussion about the pertinence of maintaining counsellors close to their potential clients in the field. Being posted on the ground provides a better understanding of the conditions faced by individuals seeking emotional support, however, proximity in all its dimensions may be a challenge of a different nature. That said, the advantages seem to outweigh the disadvantages. The presence of counsellors allows them to not only assist personnel but also liaise with other functions to resolve issues and refer staff to appropriate services within or outside the organization and/or the duty station. They can be a crucial support and link for field staff, especially at high-risk duty stations.

127. **Remote coverage through virtual means**. Several counsellors cover multiple countries using virtual means and conduct periodic missions to combine training and in-person sessions. Unlike the regional counsellors employed by UNHCR, UNICEF and WFP, those counsellors are located in one country but provide services to several others. The Inspectors note that, while such a model is efficient and can be effective, in the course of interviews with counsellors, some reported that their initial agreement for covering a region expanded considerably during the COVID-19 pandemic along with their workload. The model requires clear distinctions in terms of which countries are covered and who can receive services, with clarity both for the counsellor delivering services and for the personnel receiving them. Time zone and language considerations should also be taken into account (see chapter VIII for more on tele-counselling).

Peer support networks may complement internal counselling capacity, but require a defined framework

128. **Peer networks**. Some participating organizations have established a permanent volunteer peer network and the Department of Safety and Security maintains a peer helper programme for security officers (annex XII). The volunteers provide basic and non-professional emotional support assistance to their colleagues and their dependants and refer them to various services or functions available in the organization, such as counsellors, oversight offices, ombudspersons, ethics offices etc. Those programmes represent a

[93] The United Nations Office at Geneva serves several additional client entities, including: the Economic Commission for Europe, ITC, OHCHR, UNCTAD, UNDP, UNEP, the United Nations Office for Disaster Risk Reduction, UNOPS, the United Nations System Staff College and WMO.

substantial investment by organizations as they can be significant in size. That is a feature more commonly present in organizations with a large field presence; a few have programmes limited to some parts of the organization or some regions (ILO and WHO), and one has established a network that was active during COVID-19 (FAO). At the time of writing, one organization is considering the establishment of such a programme (the United Nations Office for Project Services (UNOPS)), while another has phased it out (UNAIDS). The support provided by volunteers is generally appreciated by individuals and counsellors but it should be noted that such networks are not substitutes for the professional psychosocial support services provided by counsellors. Many of the programmes are coordinated and directly supported by counsellors to ensure that peers remain in a support role. More than 80 per cent of counsellors surveyed saw peer support networks as important. During interviews, peers themselves saw their commitment as a rewarding role. In addition, respectful workplace facilitators and coaching programmes were also found to provide emotional support to varying degrees by some organizations.

129. **Good practices concerning peer support networks**. At UNHCR, the Peer Advisers Network is managed jointly by the Psychosocial Well-being Section and the ombudsperson and ethics functions, which provides for an organizational approach to the programme. Some organizations have institutionalized training programmes for those volunteers as it is essential that they are trained on the boundaries of their own interventions and on the psychosocial support and other resources available within their organizations (Department of Safety and Security, UNHCR and UNICEF). Another good practice is to reflect the commitment of the peers in their performance appraisals to acknowledge the additional duties and to validate their managers' awareness of the commitment.

130. **Framing the programme**. There is currently no coordinated approach among United Nations system organizations with regard to peer support programmes, and little cooperation among the peers of different organizations. The nature and quality of assistance provided, the management of the peers, the training provided to them and the overall standards that guide peer interventions may vary from one organization to another. Peers must be skilled in effective interaction with the individuals who contact them since a poor intervention can be counterproductive. **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.** Only a few examples of such an evaluation process, mostly self-evaluations, were available.

C. Counselling capacity available through the United Nations security management system

131. **Mandate of the Department of Safety and Security for stress management response**. The Department of Safety and Security provides leadership, operational support and oversight of the United Nations security management system globally. Operating within the Department, the Critical Incident Stress Management Section serves personnel from all organizations of the security management system. In accordance with its mandate outlined in a bulletin of the Secretary-General, the Section provides a coordinated professional stress management response before, during and after critical incidents,[94] which includes the facilitation and provision of stress management training for personnel, contributing to capacity-building. The United Nations Security Management System Security Policy Manual and the recently issued Field Manual on Psychosocial Support in Crisis Situations for United Nations Staff Counsellors and Stress Counsellors further describe how the Section delivers on its coordination mandate and how it liaises with United Nations system stakeholders on matters relevant to critical incident stress management. Operationally, critical incident stress

[94] ST/SGB/2013/5.

management cells are activated at the country level to ensure a coordinated United Nations response during crises.[95]

132. **Critical Incident Stress Management Section in support of United Nations system entities**. Since security management system organizations contribute to the funding of the system itself, the Critical Incident Stress Management Section positions itself as a partner for staff counsellors and mental health practitioners across the United Nations system. The Section aims to maintain partnerships with all counsellors in the system, irrespective of their affiliation, for joint efforts during emergencies but also in other circumstances. In November 2022, the Chief of the Section reached out to the leadership of Department of Peace Operations/Department of Political and Peacebuilding Affairs missions to highlight the resources available for strategic planning and management of psychosocial support for personnel. The Inspectors learned that entities with limited internal capacity were also approached by the Section to offer assistance in the context of implementing parts of the United Nations System Mental Health and Well-being Strategy.

Figure XIV
Overview of arrangements regarding field counsellors affiliated with the United Nations Secretariat

Department of Safety and Security field stress counsellors (58) • Funded by the locally cost-shared security budget, to which all the entities in a United Nations country team contribute • Administrative supervision by the Principal/Chief Security Adviser of the Department of Safety and Security in the country	• **Recruitment:** Critical Incident Stress Management Section is involved in drafting terms of reference and vacancy announcements, technical clearance of applicants, grading technical tests and providing technical panel members for interviews • **Supervision:** Critical Incident Stress Management Section regional stress counsellors provide professional supervision and provide guidance on developing workplans, psychosocial needs assessments and country-based programmes, designing output, outcome and impact indicators for activities, and providing templates for reporting on, monitoring and evaluating the programme • **Performance management:** counsellors are expected to carry out their activities in line with organizational guidance issued or endorsed by the Critical Incident Stress Management Section
United Nations country team cost-shared stress counsellors (8) • Funded through other cost-sharing mechanisms (common administrative services, medical services or resident coordinator's team) • Administrative supervision by hiring manager in the country team	
Department of Peace Operations/Department of Political and Peacebuilding Affairs staff counsellors (37)[a] • Funded by the mission budget internally • Administrative supervision is provided by the hiring manager in the mission	

Source: prepared by JIU on the basis of information validated by the Critical Incident Stress Management Section.

[a] United Nations Mission in South Sudan (11), United Nations Multidimensional Integrated Stabilization Mission in Mali (7), United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (4), United Nations Assistance Mission for Iraq (1), United Nations Assistance Mission in Afghanistan (3), United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (3), United Nations Support Office in Somalia (3), United Nations Interim Force in Lebanon (1), United Nations Interim Security Force for Abyei (1) and 3 reported as Department of Peace Operations/Department of Political and Peacebuilding Affairs.

[95] Critical Incident Stress Management Working Group, *Field Manual on Psychosocial Support in Crisis Situations*, pp. 50 and 52.

133. **Critical Incident Stress Management Section headquarters capacity**. In addition to the Chief Senior Stress Counsellor, the Critical Incident Stress Management Section comprises four regional stress counsellors and one Psychosocial Well-being Programme Adviser, all posted at headquarters and funded through the Department of Safety and Security core budget. They have a supervisory role, overseeing three categories of United Nations-affiliated field counsellors posted in the regions. It should be noted that that represents close to 43 per cent of the counselling capacity available in the United Nations system (103 counsellors of the 240 listed in figure XIII). Approximately half of the Section's counsellors are international or national staff, one third are consultants and 10 per cent are United Nations Volunteers. In addition, it is worth noting that more than one third of those counsellors have a part-time working arrangement. The majority are funded through the locally cost-shared security budget and the field counsellors are under the full or partial authority of the Critical Incident Stress Management Section in terms of recruitment, deployment and work assignments, technical supervision and performance appraisal. The arrangements for administrative and professional supervision may vary (figure XIV).

Department of Safety and Security field stress counsellors

134. **Field stress counsellors**. There are 58 Department of Safety and Security field stress counsellors (either international professional officers or national professional officers) funded by the local cost-shared security budget contributed to by all the member entities of a United Nations country team, in accordance with United Nations security management system protocols. Counsellors, under this arrangement, provide services to all United Nations entities that contribute to the cost-sharing arrangement. Under the administrative supervision of the Chief Security Adviser in the country and the professional supervision of the regional stress counsellor, the field stress counsellors administer a wide range of stress management activities, from training and capacity-building to supporting personnel in terms of psychosocial services when critical incidents occur.

United Nations country team stress counsellors

135. **United Nations country team cost-shared stress counsellors**. United Nations country team cost-shared stress counsellors conduct services like those of a Department of Safety and Security field stress counsellor. That is to say that their core functions include counselling services, stress training for local personnel and promoting general staff welfare through awareness-raising activities, programmes and stress management initiatives. Instead of utilizing the local cost-shared security budget, an ad hoc cost-sharing mechanism ensures jointly funded positions in the respective country: for example, through common administrative services, medical services or the office of the resident coordinator. The Critical Incident Stress Management Section provides technical supervision, while the country team hiring manager provides administrative supervision. As of December 2022, only eight country teams have agreed on the funding for such a position. Such a low number may be explained by the fact that organizations already have counselling capacity at the regional or country level and, thus, are hesitant to contribute to an additional cost-sharing arrangement. Those cost-shared counsellors are either international professional staff (P-3), national professional officers or United Nations Volunteers.

Staff counsellors in United Nations peacekeeping and special political missions

136. **Staff counsellors within Department of Peace Operations/Department of Political and Peacebuilding Affairs missions**. In such missions, counsellors are commonly located within medical services (United Nations clinics). Even if they are primarily accountable for providing services to the civilian personnel of the mission, they may support personnel of other United Nations entities in the country or region, either during critical incidents or upon request. (A breakdown of counsellors active in United Nations missions is presented in the footnote to figure XIV.) Funded by the internal budget of the mission, administrative supervision is provided by the hiring manager. A counselling force usually entails an international professional position (at the P-3 or P-4 level), a national professional officer (at the P-3 level) and one or more international United Nations Volunteers. In their work, counsellors are expected to adhere to the guidance issued or endorsed by the Critical Incident Stress Management Section.

Gaps in supervision of counsellors must be addressed

137. **Critical Incident Stress Management Section supervision of field-deployed counsellors**. As previously mentioned, mental health and psychosocial support providers across the world are usually required to work within a framework of professional supervision to ensure that professional and ethical standards of service delivery are maintained during their activities. The Critical Incident Stress Management Section regional stress counsellors provide supervision for all field counsellors affiliated with the United Nations Secretariat. That supervisory role is stated in the United Nations Security Management System Security Policy Manual for the Department of Safety and Security field counsellors and country team cost-shared counsellors.[96] The Chief of the Critical Incident Stress Management Section described such technical guidance as aiding counsellors to develop workplans, psychosocial needs assessments and country-based programmes, designing output, outcome and impact indicators for their activities, as well as providing other elements of professional supervision, such as providing onboarding, coaching, reporting and monitoring templates.

138. **Crucial gaps in supervision of counsellors in peacekeeping and political missions identified**. In 2019, OIOS conducted an audit of critical incident stress management in the United Nations Secretariat in New York and found an informal relationship existed between the Critical Incident Stress Management Unit and counsellors at peacekeeping locations.[97] That informal relationship included ad hoc involvement in the recruitment and supervision of counsellors that was not consistent. That was found to pose a risk in terms of onboarding, training and technically supervising qualified personnel. OIOS stated in the report that informal involvement of the Critical Incident Stress Management Unit in counsellor recruitment and their technical supervision might reduce the effectiveness of psychosocial response. It recommended that the Department of Safety and Security should formalize the Unit's involvement in field counsellor recruitment and supervision.[98]

139. **Addressing the gaps identified**. All the recommendations from the 2019 audit have been addressed and closed, except for that one. At the time of writing, initial steps had been taken to remedy the gap. The Inspectors were provided with a draft service-level agreement between the Department of Safety and Security and the Department of Operational Support to address the recommendation and formalize the recruitment, training and supervision of those counsellors, however, the draft had yet to be agreed upon. In essence, that means that 37 counsellors, in some of the most high-risk duty stations across the United Nations system, may not be properly technically supervised and supported. According to rosters provided to JIU, about one third are United Nations Volunteers, who may require even more support and supervision than their more experienced counterparts. Formalizing the professional supervision of those counsellors will serve to further standardization of the capacity of field counsellors, harmonization of operational protocols and the implementation of professional standards for psychosocial support services. **The Inspectors strongly advocate for a solution to be found to ensure consistent and professional recruitment and supervision of counsellors in peacekeeping and political missions.**

140. **External mental health professionals as additional resources**. External mental health professionals constitute an additional counselling option and capacity, mainly for field-based employees. In accordance with its mandate, the Critical Incident Stress Management Section maintains a roster of locally sourced mental health professionals who are licensed to practice psychosocial counselling in their respective countries.[99] Those professionals can be mobilized should a critical incident occur or when the United Nations system counsellors are insufficient or overwhelmed. The fees for their services are borne by the requesting party, which could be either a United Nations office or individuals using their health insurance. At the time of writing, the reference list includes 142 professionals. In theory, they must be trained through a certification programme that familiarizes them with the processes, procedures and standards applicable in the United Nations context. In recent

[96] Department of Safety and Security, *United Nations Security Management System Security Policy*, chap. VI, sect. C.

[97] OIOS, Report 2019/065, p. 10.

[98] Ibid., pp. 10 and 11.

[99] ST/SGB/2013/5, para. 8.3 (e).

years, however, there are professionals who have been rostered but have yet to be trained and certified due to the COVID-19 pandemic. **Recognizing the potential contribution of 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 external mental health professionals are easily accessible so that their management and training represent a good return on investment.**

D. Psychosocial support services available through external providers

141. **Psychosocial support services by external providers**. When internal capacity is insufficiently resourced, organizations may have agreements with international counselling companies to fill gaps. Eleven participating organizations have contracted such groups to deliver psychosocial support services (annex XII). Such an arrangement usually complements internal counselling capacity and one organization relies entirely on such external resources.[100] During the COVID-19 pandemic, such services were sought out by organizations to meet increasing needs and to expand existing arrangements. Procured services may be available for all personnel or restricted to some categories of personnel, such as field managers or field-deployed personnel. For example, the International Employee Assistance Programme of the United Nations Secretariat, in association with a health insurance provider, offers counselling and coaching services to resident coordinators, heads of organizational units (medical services and human resources management) and counsellors themselves. Moreover, external provider contracts may be specific to a particular area of service or pertinent to staff on international assignments, such as psychological preparation before field deployment and end-of-assignment debriefing.

142. **Perceived advantages and disadvantages (internal)**. In 2014, the United Nations Staff/Stress Counsellors Group produced a position paper summarizing the advantages and disadvantages of relying on in-house versus outsourced counselling services in the United Nations working environment, which could be considered relevant to large international counselling groups.[101] The comparative advantages of internal arrangements relate to counsellors' knowledge of the organizational culture and internal processes, policies and procedures and their established working relationships with key organizational partners, such as human resources departments, medical services etc. Their role of building mental health literacy through training is also considered crucial. Negative perceptions about confidentiality breaches, a lack of trust and gaps in coverage were the disadvantages most often cited in relation to relying solely on internal counselling.

143. **Perceived advantages and disadvantages (external)**. The perceived advantages of external providers relate to the possibility of expanding access to services and keeping costs low. JIU received positive comments about such external services, recounting their expected benefits: ease of appointment scheduling, multiple languages offered and perceived independence from the system. On the contrary, external providers may lack sufficient understanding of the stressors inherent in international aid work and familiarity with organizational structures, policies and internal reporting mechanisms. However, questions concerning authority and who is responsible for monitoring and managing external services persist. That said, rather than address gaps or surge issues, there were concerns expressed to the Inspectors that some external services might be used to outsource organizational issues.

144. **Combined approach**. There is some consensus among senior United Nations mental health professionals that a combined approach to psychosocial support capacity is warranted. The Inspectors see merit in such an approach, provided that sound reasoning underpins the balance between in-house and outsourced services and a proper liaison mechanism ensures

[100] The Rome Institute is one of the external providers of such services in the United Nations system. The Institute consists of a group of international counsellors, coaches, trainers and mediators for hire by an organization to aid personnel with work-related stress, organizational changes and psychological health problems to maintain and enhance well-being and performance at work. See www.romeinstitute.org/what-we-do.

[101] United Nations Staff/Stress Counsellors Group, "In-house and outsourced staff counsellors: benefits and disadvantages", position paper (2014).

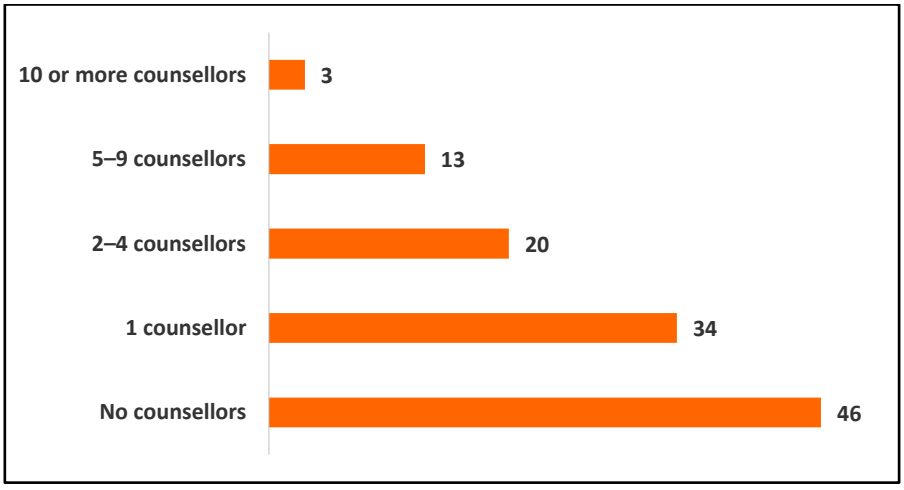
complementary services and synchronized deployment. **In that regard, organizations should maintain a sufficient level of internal capacity to ensure accountability, drive policies, provide essential services and monitor the quality and conditions of the services rendered by the external entity**. Moreover, the services of the external partner must be subject to periodic internal assessments and reporting in terms of usage, quality assurance, adherence to professional standards and the cost-benefit ratio for the organization. As external providers operate according to their own business models and pricing schemes (i.e. price per head, per month, for a specific package(s) or for the service in general), the assessment must determine and inform the most cost-effective option for implementing such services within the organization. UNHCR and the United Nations Secretariat, for example, already carry out such assessments of their external providers.

E. Worldwide mapping of counsellors reveals gaps

United Nations system mapping of counselling resources

145. In annexes XII and XIII, the Inspectors provide an overview of counselling capacity by participating organization, location and category of affiliation. The capacity is spread worldwide, irrespective of organizational affiliation and specific duty stations within a location. Three locations host 10 or more counsellors, among which two are headquarters duty stations or equivalent (New York and Geneva) and one is a field location (South Sudan, which hosts the United Nations Mission in South Sudan, which has 6 counsellors alone). Furthermore, 13 locations have 5–9 counsellors, 20 have 2–4, 34 locations operate with a single counsellor and 46 locations have no counsellors at all (figure XV). The client base of those counsellors varies considerably. Using the figures provided to the Inspectors, it can be estimated that, on average, a counsellor working for a United Nations system organization has a client base of approximately 1,400 personnel, but there are significant differences among organizations, locations and categories of counsellors. The ratios observed range from 1:300 to 1:4000 or 1:7000. The question of the ratios of counsellors to personnel is a difficult one to accurately determine as the type of activities and the environment must be factored in. Moreover, the responses to the JIU online survey indicate that a number of counsellors were unsure about the size of the population that they served.

Figure XV
Overview of counselling capacity, by number of locations



Source: prepared by JIU on the basis of information validated by participating organizations and the Critical Incident Stress Management Section, as of November 2022.

Note: The overview of United Nations system counsellors presented in figure XV and annex XIII reflects the detailed data gathered by JIU as of November 2022 and therefore may present some differences with the information contained in annex XII, which includes general updates provided by participating organizations in May 2023.

Critical Incident Stress Management Section heat map analysis

146. **Alarming analysis provided by the Critical Incident Stress Management Section**. The Critical Incident Stress Management Section conducts security assessments to evaluate the adequacy of the resources of the psychosocial support services affiliated with the United Nations Secretariat in the field. The criteria considered in the assessments focus on the size of the United Nations footprint in a particular location, the frequency and scale of critical incidents and emergencies and the existing availability of psychosocial support resources for United Nations personnel in that location. According to the mapping released in February 2023, the situation is alarming, and a significant number of locations require attention. From a security perspective, the Section flags a total of 55 locations with insufficient Department of Safety and Security field stress counsellor capacity. Among those, 21 are categorized as "in urgent need of counsellors" and 34 would benefit from additional field counselling capacity. It is likely that the majority of critical incidents occur in D- or E-category duty stations. While there are findings from the present review and the 2015 survey that suggest that staff serving in those duty stations may be more resilient than those serving in other locations, they must be prioritized for psychosocial support services given the risk that they have assumed.

147. **Field presence of counsellors**. Having said that, the situation regarding the locations in urgent need of counsellors is not comparable everywhere as presented in figure XVI. In 10 of those locations, no United Nations counsellor is physically present to provide support, leaving personnel with no direct psychosocial support services; while, according to JIU data, five locations have counsellors attached to another United Nations entity. In addition, six locations that have counsellors are mentioned as requiring additional capacity. Among the 34 locations identified as currently in need of a field counsellor, 6 host one or more counsellors attached to another organization but 28 are without any counsellor. Refining further the analysis, it is of concern that among the locations in urgent need of counsellors, four play host to D- or E-category duty stations. Moreover, in 11 locations, United Nations personnel are serving in a particularly difficult environment without a counsellor present. In only 6 of those 34 locations are counsellors from another entity available to provide support in non-emergency situations.

Figure XVI
Overview of counsellors needs according to the security risk assessment conducted by the Critical Incident Stress Management Section, by number of locations

	21 locations in urgent need of field counsellors	34 locations in need of field counsellors	Total
Locations with no counsellors	10 (4 with D or E duty stations)	28 (11 with D or E duty stations)	38
Locations in which one or more organization's counsellors are present	5 (1 with D or E duty stations)	6 (none with D or E duty stations)	11
Locations in need of additional Department of Safety and Security counsellors	6 (all with D or E duty stations) Among these, 4 locations have counsellors from one or more organizations	–	6

Source: prepared by JIU on the basis of information validated by participating organizations and the Critical Incident Stress Management Section (as of November 2022).

148. **Current ad hoc approach to addressing gaps**. At this point, the security risk mapping carried out by the Critical Incident Stress Management Section is not used as a tool for strategic prioritization by the system. It remains an informative tool primarily used for advocacy in discussions with management in field locations. The Section may have to engage in case-by-case consultations to advocate the importance of a counselling position, setting out the options available (international or national staff, international or national volunteers) when agencies do not agree on funding a counsellor position through the local cost-shared security budgetary arrangements or another cost-sharing mechanism, or when a Department of Peace Operations/Department of Political and Peacebuilding Affairs mission decides that the presence of a counsellor is no longer required. While regional coverage by a counsellor is likely available, or coverage through headquarters, the main purpose of this advocacy is to provide sufficient coverage on the ground for personnel serving in high-risk duty stations. That advocacy process may need to be repeated in each budget cycle, putting field counsellors in an uncertain position regarding the funding of their function and their contractual status, as was the case of some counsellors interviewed by the Inspectors posted in a country classified as high risk.

Building a structural solution for addressing gaps in high-risk locations

149. **A structural solution is needed for high-risk duty stations**. The Inspectors stress the need to find a structural and sustainable solution to address the gaps as a matter of priority, in particular, to ensure that countries in which there are D- or E-category duty stations, many of which have unstable Internet connections, benefit from a permanent and physically present counselling capacity to support United Nations personnel. When the present review was prepared, JIU mapping highlighted 15 countries in that situation. A counsellor in such countries to cover all organizations would not necessarily address all needs, but it is, in the view of the Inspectors, an essential first step. The options to achieve this minimal objective should be further explored. **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.** That solution seems more sustainable and would ensure a more permanent commitment in those locations. A structural and sustainable solution would also mean that it cannot be easily overturned if United Nations country team members are looking for cost savings or consider that they are already served by other means. Some field-deployed agencies already implement that logic, for example UNHCR. The Inspectors invite the High-level Committee on Management to consider the feasibility of such a system-wide commitment or that a study be carried out to explore alternative suggestions to achieve the objective.

150. The implementation of the following recommendations is expected to enhance the effectiveness of psychosocial support services to United Nations system personnel at high-risk duty stations.

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 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.

Considering a strategic, system-wide approach

151. **Mapping existing capacity as a prerequisite for a system-wide approach**. The Inspectors are not advocating for a categorical increase in the number of counsellors but for a more strategic approach to ensure that adequate psychosocial support services are available to United Nations personnel serving in the field and at headquarters. **An essential component of such a strategic approach 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**. Considering the constantly changing landscape, such a mapping could be done as often as annually. The overview presented in annex XIII constitutes an initial version of that inventory that must be refined. It should be noted that counsellors from the World Bank Group and IOM, both with a strong field presence and mental health expertise deployed widely, are not included in the overview but such resources should also be considered and included in future mapping efforts.

152. **Strategic use of resources to ensure adequate coverage**. The mapping could also be used to determine where gaps and opportunities exist at headquarters and other locations. Participating organizations operating with minimal capacity to provide psychosocial support services, that is with two or fewer counsellors, could enhance their services through agreements with other organizations in the same geographic locations to provide not only support to their personnel but also relief to their counsellors during their leave or to enhance capacity in response to critical incidents. In that context, careful consideration should be given to the workload of those counsellors, especially when sustained support is envisaged, and the use of external consultants should not be overlooked when internal capacity is stretched or unrealistic. There is also a need to balance the benefits of both cost-shared counselling positions at the system level and entity-level counselling positions to avoid rationalizing cost-savings at the expense of a sound strategic approach.

153. **Implementing a strategic approach for field locations**. Such information, used in conjunction with other sources, such as health risk assessments or personnel surveys conducted locally at the duty stations, globally or at headquarters or regional locations, would provide a basis for better analysis of the counselling requirements to cover all duty stations and would be a support for decision-making regarding the creation or relocation of relevant positions, as well as funding arrangements. Such an approach is not to minimize the challenges when it comes to supporting a system-wide vision (One United Nations), especially for field locations in which United Nations country team members may face practical obstacles in using the local security budget or agree on other cost-sharing arrangements to ensure that counselling capacity is present. An alternative option is to evaluate the pertinence of cost-recovery arrangements by which organizations with more capacity could support others. There is an opportunity in that regard as the responses from field-deployed counsellors to the JIU survey suggest that they could take more action to support colleagues in need. More generally, there seems to be an appetite in organizations and among mental health practitioners and field managers for increased cooperation and coordination in this area as shown in annex XV. It goes without saying that such agreements must be clearly defined in terms of scope, appropriate supervision, accountability and collaboration among organizations.

154. The implementation of the following recommendation is expected to enhance the effectiveness of psychosocial support services at all levels of the United Nations system.

Recommendation 8

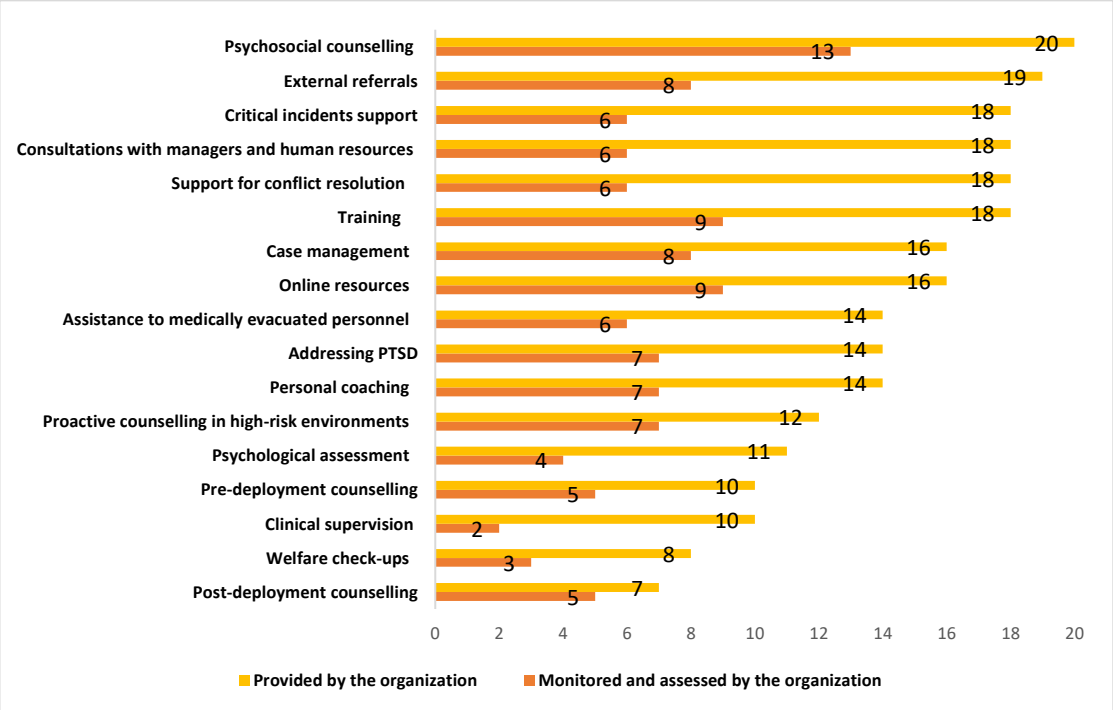
Executive heads of United Nations system organizations should ensure that their organization collaborate on the mapping of psychosocial support capacity available in all locations and consider the system-wide capacity when designing their workplace action plans, capitalizing on shared services, cost-sharing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

VIII. Psychosocial support services available to United Nations system organizations personnel

A. Organizational portfolios of psychosocial support services

155. **Operational models leading psychosocial support service distribution**. The psychosocial support services offered by participating organizations should be based on their business and operational models and the respective risks present in each organization. The information gathered by the Inspectors during the present review indicates a diversity of psychosocial and emotional support available to personnel within the system (figure XVII). Psychosocial counselling and related arrangements (facilitation of external referrals, coaching and support for conflict resolution) top the list as the majority of organizations reported having these services available to their workforce.[102] Mental health and well-being training and other educational services are also popular among organizations, including technology-based resources such as web pages, webinars and mobile applications. As detailed in chapter IV, the organizational arrangements coordinating those services vary. In addition, some services are accessible through their inclusion in the United Nations security management system. Moreover, the Inspectors surmise that participating organizations with a substantial field presence tend to have a higher percentage of psychosocial support services available to field personnel and their dependants. Those psychosocial services match the overall business operations model of the respective organizations, with added services relevant to personnel working in high-risk environments.

Figure XVII
Indicative list of psychosocial support services available to United Nations system organizations personnel, by number of organizations offering, monitoring and assessing services



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

[102] Based on JIU data collected from participating organizations, on average, individuals attend between three and six psychosocial support sessions a year with a United Nations system counsellor. Some organizations allow their counsellors to provide longer term psychotherapy in order to meet their respective national licensing requirements.

B. Accessibility of psychosocial services

156. **Fragmented access and indiscriminate offerings**. Differing organizational approaches to mental health and well-being are dictated by the overall regulatory framework of the organization. For example, how organizations treat different employment categories (international staff, national staff, non-staff personnel etc.) may also mean unequal access to sick leave entitlements, insurance subsidies, disability benefits and training – to name but a few examples. However, beyond those technical obstacles, most organizations aim to offer access to a range of psychosocial support services and well-being programmes to all categories of personnel regardless of their contractual status. That is a positive finding as the workforce of the system is increasingly composed of personnel who do not have staff contracts but are deeply involved in key processes and heavily influence the effectiveness of organizations in delivering on their respective mandates. Mental health practitioners responding to the JIU survey report that their services are openly accessible to whoever reaches out to them for support, whether they are non-staff personnel, interns, United Nations Volunteers, consultants or contractors. One limitation to such an offering is that non-staff categories are rarely informed about such services or not informed at all with regard to the preventive and proactive services on offer. Often, however, the terms of references for those practitioners do not list such open accessibility and they themselves extend their services voluntarily to support personnel as necessary and requested. Extending access to family members is not consistent system-wide: in field locations, it appears to be a standard practice, but at headquarters, access is more limited, due perhaps to the abundance of private options available to individuals at headquarters locations and because of the already overwhelming workload of counsellors at headquarters. JIU was surprised to find that, in the field, personnel from implementing partner organizations also have access (to a certain extent) to certain United Nations counselling services.

157. That said, the provision of services within the United Nations Secretariat, which has several different departments and entities offering counselling services (the Health-Care Management and Occupational Safety and Health Division, the Critical Incident Stress Management Section, the Department of Operational Support, the Department of Management Strategy, Policy and Compliance and other arrangements for offices away from headquarters), can only be described as fragmented, as confirmed by several of its senior officials. That issue became even more apparent during the pandemic as more personnel sought services. The lack of coherence and harmonization in terms of the services offered by the United Nations Secretariat was also evident to the Inspectors and a topic of discussion within the Secretariat. The impact of the current state is seen both in access to services, which can be unclear to many staff categories, and in the counselling function itself, which has differing benefits, supervisory arrangements and modus operandi depending on location and host department. The approach, as signalled by high-level discussions within the United Nations Secretariat, needs to be addressed in order to harmonize the professional supervision and benefits offered to counsellors across the Secretariat and to streamline psychosocial support services to personnel. **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 without professional supervision, as highlighted in chapter VII.** Much can be learned from the pillar approach employed by UNHCR and WFP in that regard.

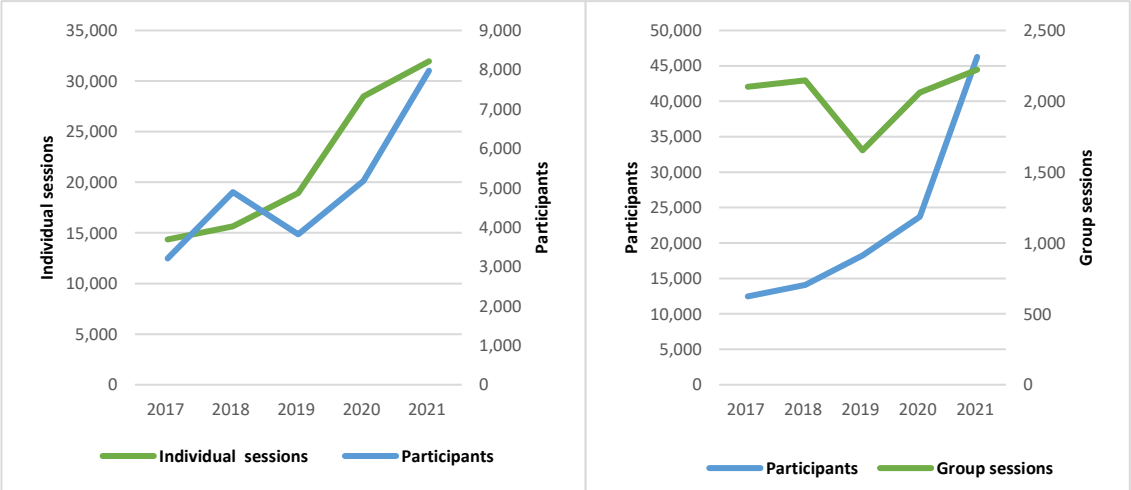
C. Usage of psychosocial support services

158. **Organizational data consolidation concerning psychosocial support services**. Participating organizations shared data regarding psychosocial support sessions provided annually by their staff counsellors for the period 2017–2021 (figure XVIII) and/or their external providers. How organizations go about compiling information regarding counselling sessions varies and some have only recently started consolidating such information. Therefore, less than half of participating organizations were able to submit data. The Inspectors acknowledge that the data transmitted do not present a comprehensive picture of system-wide counselling sessions delivered, either in-person or online, nor the actual

numbers of sessions provided for individuals or for groups. However, the Inspectors consider such statistics indicative of the growing trend towards personnel participating in all types of counselling sessions.

Figure XVIII

Individual and group psychosocial support sessions provided by the counsellors of participating organizations at headquarters and other locations for the period 2017–2021, by number of sessions and participants



Source: prepared by JIU on the basis of information provided by participating organizations. Data on individual counselling sessions were gathered from nine organizations (the United Nations Secretariat, FAO, ITU, UNDP, UNHCR, UNICEF, the United Nations Office on Drugs and Crime (UNODC), WFP and WIPO). Data on group sessions were gathered from nine organizations (the United Nations Secretariat, FAO, ITU, UNDP, UNHCR, UNICEF, UNOPS, WFP and WHO).

159. **Upward trend in usage of psychosocial support services**. Over the past five years, the number of individual psychosocial support sessions has increased twofold from less than 15,000 in 2017 to almost 32,000 sessions in 2021. Group session numbers remained stable during that period. In both cases attendance levels grew enormously. In their response to the JIU survey, all categories of counsellors indicated a significant increase in their work patterns and activities because their client base had expanded and the number of personnel reaching out to them for information and support had been increasing. The COVID-19 pandemic contributed to a spike in consultations largely due to an increase in stressors and awareness-raising initiatives. Nevertheless, it would be remiss to attribute such an interest to the pandemic alone. It is important to state once again that, just like other indicators flagged in the present report, such as sick leave absenteeism and reasons for disability cases, psychosocial support services were trending upwards even before the pandemic, suggesting that mental health and well-being issues have long been a concern in the system. Considering that just nine organizations were able to share data, the total number of individual counselling sessions provided over the five-year period (2017–2021) amounts to almost 110,000 sessions concerning more than 25,000 persons. In terms of group sessions, more than 10,000 were held, gathering close to 115,000 participants for the same five-year period.

160. **Usage for external services also increased**. The rising trend is also noticeable when reviewing the figures regarding services delivered by external providers, albeit on the basis of limited data, which show an increase year on year and a spike during the first year of the COVID-19 pandemic.[103] However, those numbers are lower and not comparable to those of internally provided services. Initial findings indicate that personnel predominantly use internal resources over external options. Whatever the case may be, mental health professionals and personnel who spoke with JIU see the existence of such services as a

[103] The number of sessions delivered by external partners jumped from 105 in 2017 to 762 in 2021 (2,310 sessions in total for the five-year period) and the number of participants increased from 65 in 2017 to 923 in 2021 (2,482 participants in total for the five-year period).

positive sign that management is addressing mental health and well-being of personnel as a priority. As those services come with a cost, at times significant, they should be periodically monitored and assessed to determine usage, effectiveness and benefits. Promotion and awareness of such services among personnel is necessary to increase usage and ensure value for money.

161. **Critical Incident Stress Management Section figures show the same trend**. The Inspectors made an additional data collection request to the Critical Incident Stress Management Section targeting its own emotional first aid and stress counselling activities. The Section reported similar trends, providing more psychosocial support sessions each year since 2017 (except for 2018) and reaching a total of almost 80,000 sessions delivered (in the aggregate for individuals and collectively). In 2021 alone, the Section's counsellors provided support counselling to 21,312 United Nations system personnel following critical incidents.

Box 2: Tele-counselling to support United Nations system personnel

Emerging tele-counselling solutions. Tele-counselling – the provision of counselling services through telecommunication technology – is a new way of delivering mental health and well-being services.[104] The technology is an additional resource that makes counselling services available in locations in which United Nations counsellors are not physically present or demand is higher than physical capacity. It is often the primary channel for external counsellors or third-party counselling services to provide their services. The United Nations Staff/Stress Counsellors Group wrote a position paper on tele-counselling in 2018, endorsing it as a proactive solution. Technological counselling advances are already available in most agencies and are considered a significant contribution to improving access to psychosocial support services; the COVID-19 pandemic furthered the adoption of tele-counselling services by participating organizations.

Tele-counselling: advantages and disadvantages. Tele-counselling is thus an emerging means to help the system meet the goal of equitable access, as stated in the United Nations System Mental Health and Well-being Strategy, by which all United Nations personnel should have access to a mental health professional within 72 hours at all duty stations.[105] Such services geographically and linguistically expand the scope of coverage for counselling in the system. However, such an advancement does not come without potential drawbacks; concerns regarding confidentiality, service standards, insurance coverage and record management have been expressed in this regard. Practical concerns also exist, such as the need to have a stable Internet connection or telephone line. Such technological fundamentals are not always available in remote locations. Furthermore, tele-counselling requires a specific set of skills to which United Nations counsellors must adapt.

Next steps. While the benefits of tele-counselling appear numerous, serious consideration must be paid to enhancing applicability and standardization across the system. The Inspectors believe that consensus lies in a hybrid format. Professionals in the system reiterate that a combination of face-to-face and virtual counselling services is the logical progression. Participants at the annual meeting of the United Nations Staff/Stress Counsellors Group in 2022 confirmed that view. **To ensure effectiveness, organizations should define the framework for provisioning those services, the technological parameters necessary to ensure confidentiality and launch proper training for counsellors.**

D. Monitoring and assessment of psychosocial support services

162. **Uneven monitoring and assessment of psychosocial support services**. As figure XVII above indicates, monitoring and assessing psychosocial support services is not a

[104] United Nations Staff/Stress Counsellors Group, "Position paper on tele-counselling" (2018).

[105] "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy", p. 28.

common practice across the system. The assessment of services delivered by external partners is even more rare. According to the responses of participating organizations, services such as psychosocial counselling and proactive counselling support for staff at high-risk duty stations are assessed the most across the system. Several counsellors mentioned that, as a matter of routine, when staff members visited a counsellor, a survey was issued to gauge whether the services provided had met their needs, which could be used for individual performance appraisals and/or aggregated for a general assessment of services. The services related to training and education, which can be easily tracked through participation, are only assessed 50 per cent of the time. Ad hoc assessments appear to be the norm in terms of other types of services. Surveys and client feedback comprise the two most common assessment and monitoring methods and counsellors' self-assessments constitute another major source, as some organizations require them.

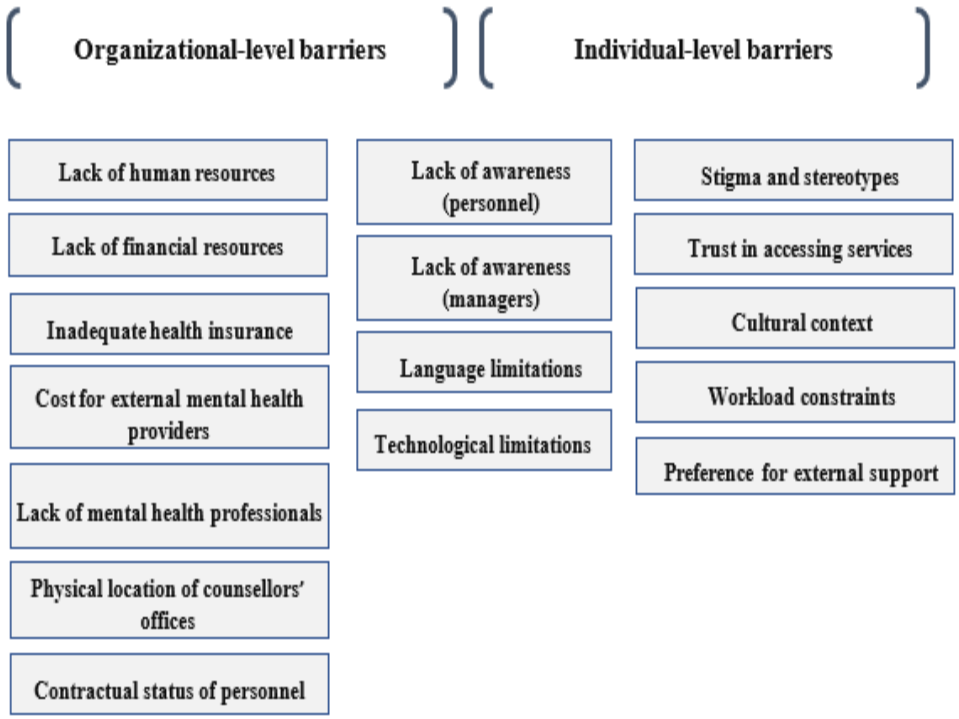
163. **Improving service assessments and monitoring is necessary**. The Inspectors are cognisant of the broader challenges relating to the monitoring and assessment of psychosocial support services: supervision and accountability of counsellors and their reporting methods, for instance. Conscious of the subjective and private nature of counselling, the Inspectors still believe that a more systematic approach to monitoring and assessment of such services is necessary. In addition to consolidation of basic figures, the Inspectors encourage implementing a mechanism that captures basic and impartial qualitative information with regard to how the counselling service operates: ease of access and processes, client confidence in confidentiality and adherence to the ethical guidelines of the mandating authority, for example. Such feedback can also serve as the basis for improving the quality and delivery of services, while also affording the organization measurable data and opportunity for service analysis over time. In that context, organizations must pay attention to monitoring and assessing the services provided by external counselling companies, including verifying the extent to which these services add value and are cost-effective. **More discipline is encouraged in assessing psychosocial support services to further accountability and to gauge the interest in and utility of services by clients and participants, which can inform senior-level decisions on service levels and coverage.**

E. Barriers to accessing psychosocial support services

164. **Existent barriers to accessing psychosocial support services**. While psychosocial support usage has increased, barriers remain. There is an appetite among individuals working in the system for counselling and further mental health services, to which the statistics mentioned in the 2015 staff well-being survey data report bear witness. However, low numbers of personnel pursue such services. The present review reconfirms the view that barriers still exist that prevent or inhibit personnel from accessing psychosocial support services offered by or through their organizations. Barriers to accessing psychosocial support services can be viewed as either individual or organizational, with individual barriers identified as within the locus of control of United Nations personnel and organizational barriers as those that fall to the organization to address. Organizational and individual barriers are interrelated, especially concerning stigma and cultural impediments.

165. **Barriers identified during the review**. Figure XIX and annex XIV present the views of participating organizations, counsellors in the system and managers at field locations. Interestingly, the opinions of counsellors and field managers are relatively similar, while organizational management tends to highlight different issues. For instance, management mentions insufficient human resources capacity as the greatest challenge constraining action with regard to the priorities listed in the United Nations System Mental Health and Well-being Strategy. Trust and concerns about confidentiality are also prominent reasons for limiting access in the view of management, as touched upon earlier: counsellors' reporting lines, physical location of counsellors' offices etc.

Figure XIX
Indicative list of barriers to accessing psychosocial support services by United Nations system personnel



Source: prepared by JIU on the basis of elements shared through questionnaires and interviews (2022 and 2023).

166. **Physical location of counsellors may also be a factor**. Counsellors and other officials interviewed claimed that the physical location of a counsellor's office was a factor in staff seeking assistance, as an office located within an area that is greatly frequented may deter staff from accessing their services. That was claimed by both headquarters and field staff and was tied to stigma, as personnel may feel uncomfortable entering a counsellor's office if it is located in a frequently visited area or within an office area in which personnel may have other issues to resolve, such as a human resources management section.

167. **Consideration of individual barriers**. Individual barriers to accessing mental health and well-being services are closely related to intrinsic beliefs and cultural views. In that regard, WHO integrates individual interventions in its guidelines, affirming the need for organizations to consider the views of individuals when tackling this topic. In the present review, the Inspectors have consolidated individual barriers that hinder access to psychosocial support services. Those range from personnel preference to seek psychosocial support externally, trust and confidentiality in the system, cultural contexts, workload and time constraints, as well as the presence of stigma in the workplace. All of those may determine whether an individual will take the initiative to interact and engage with psychosocial support services.

168. **Importance of remedying stigma in the workplace**. All categories of respondents (management, mental health practitioners and managers in the field) cite the presence of stigma as the most prevalent barrier to accessing psychosocial support services as there is a distinctly negative perceived social attribute or stereotype associated with seeking help for mental health or well-being issues in many cultures and societies. Interviews with United Nations system officials confirmed that view. The reduction of stigma was rightly identified as a priority action by the United Nations System Mental Health and Well-being Strategy. The Inspectors concede that addressing stigma is difficult, and a long-term task that involves resetting cultural norms and individual perspectives. Nevertheless, they believe that organizations can address that topic by instituting practices and policies through training and

outreach programmes, and that this includes fostering safe spaces for personnel to discuss and share their experiences concerning mental health and well-being issues.

169. **Organizational need to address barriers**. When organizations review and adjust their portfolio of psychosocial support services, they should aim to identify, address and mitigate barriers relevant to their particular situation. Moreover, whatever the barrier, failing to address it will obviously mean that available psychosocial support services within an organization may not be accessed, which could potentially lead to negative consequences for the individual, their mental health and their social network, including colleagues, friends and family. Therefore, organizations must act to minimize barriers to services in order to maximize human capital and to improve organizational effectiveness. The United Nations System Mental Health and Well-being Strategy and its implementation guide contain measures to promote United Nations workplaces as entities more accepting and understanding of mental health challenges at all levels and to eliminate stigmatization and discrimination. Promoting positive mental health and reducing stigma is a long-term objective that requires leadership role modelling and a change in culture that must be realized through health promotion measures at the organizational, managerial and individual levels. That can be achieved within the workplace action plan, reflecting the individual organization's approach to the mental health and well-being of personnel, but it must be prioritized.

170. The implementation of the following recommendation is expected to improve the effectiveness of the organizational approach to mental health and well-being of personnel by increasing usage of psychosocial support services where and when necessary.

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.

Box 3: Insurance scheme

Insurance is a component of personnel being able to access psychosocial support services. The United Nations System Mental Health and Well-being Strategy calls for a review of participating organizations' health insurance provisions in areas relevant to the mental health and well-being of their personnel. The benefits available in current health insurance schemes differ considerably from organization to organization and according to personnel categories in most of them. Existing obstacles, ranging from requiring prior approval or a medical referral to access services, to financial restrictions concerning reimbursement and caps being put on reimbursement amounts in a fiscal year (all of which are common to all health insurance plans and for all types of illnesses and treatments), have the ability to introduce discriminatory practices in cases in which mental health is a factor. The Inspectors do not, in the present review, propose a comparative analysis of organizations' schemes and their limitations in terms of coverage in that area.[106] Moreover, insurance coverage provisions are not the only consideration. Other factors, such as the lack of clarity concerning benefits, the claims submission process and various bureaucratic hindrances, may also play an important role. The Inspectors found that mental health practitioners and field managers did not place much weight on insurance as a barrier to accessing psychosocial support services. Some personal cases explored during the review showed that the question of insurance coverage is difficult to anticipate and that it is only when concrete obstacles arise in an insurance coverage process that persons in distress due to mental health conditions must navigate its complexity.

[106] A review of the quality, effectiveness, efficiency and sustainability of health insurance schemes in the United Nations system organizations is the subject of a separate report currently being prepared as part of the JIU programme of work.

The Inspectors acknowledge that such a review of health insurance provisions is a large-scale undertaking, especially for those organizations with multiple schemes applying to different workforce categories. The Inspectors note that some organizations examined their insurance schemes during the COVID-19 pandemic or upon renewal of their provider contracts, taking the initial steps to streamline administrative processes in order to ease the burden on clients, or they expanded coverage. Participating organizations are encouraged to utilize existing guidance made available by the Implementation Board and to conduct a comprehensive review of their schemes. That will contribute to the stated strategic goal that it is imperative that the United Nations review, simplify and standardize its health insurance schemes as related to mental health, well-being and disability. Reassessing health insurance schemes system-wide also offers opportunities to develop a common approach, ensuring basic coverage for personnel mental health and well-being – in turn, increasing access to psychosocial support services. Incorporating the input of staff counsellors would be a value-added perspective in remodelling insurance schemes.

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

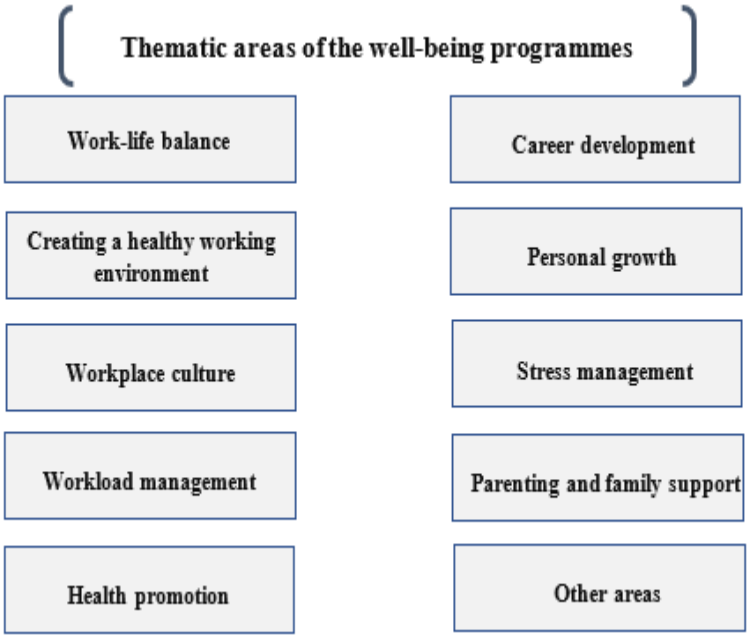
171. **Absence of a global approach to mental health awareness**. One finding of the present review is that mental health literacy is insufficiently present among the United Nations workforce, both among personnel and managers. Mental health literacy means personnel have an understanding and awareness of the interrelation between mental health and general health, as well as the resources available to treat the issue, including emotional support, counselling and medical treatment.[107] A clearer understanding of the role of the relevant internal stakeholders, and how they can support the needs of both managers and affected personnel, contributes to shaping a more positive mental health culture within an organization. The review shows that most participating organizations have developed some level of well-being awareness-raising initiatives, programmes and training modules to aid that objective, but there is plenty of room for improvement. As discussed in the present report, there is a risk that initiatives and programmes that are not embedded in a broader organizational approach and backed up with evidence and data can be ineffective and a poor use of resources. Those initiatives must be included in an overall vision for mental health and well-being prevention and promotion, and tailored to an organization's specific arrangements so that they can contribute to behaviour changes and reform efforts.

A. Well-being awareness-raising initiatives and programmes

172. **A wide range of programmes and activities reported**. Participating organizations reported a wide range of awareness-raising activities with regard to mental health and well-being that, in their view, contribute to the enhancement of mental health literacy among their personnel (figure XX). Those activities are primarily facilitated by counsellors or consultants and the methods of delivery reported to the Inspectors were in person or online. Issues such as stress management, building resilience, prevention of burnout, mindfulness and healthy rest and sleep are addressed to promote behavioural change. The vast majority of organizations reported that those mental health-related sessions were optional for staff members and other categories of personnel. From the extensive list of awareness-raising initiatives and training shared with the Inspectors, relevant examples include: improving mental health and well-being in the workplace (ILO), self-paced well-being-focused online courses (UNOPS), mental health and psychological well-being (IMO) and mental health awareness (UNWTO). Those initiatives are intended to influence the mental health of participants by lowering stress and anxiety levels, increase mental health literacy and lower stigma and echo interest shown by respondents to the system-wide Health Intelligence Survey in taking part in such prevention programmes in the workplace (healthy eating, sleep hygiene and physical activity).

[107] Health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. By improving people's access to health information, and their capacity to use it effectively, health literacy is critical to empowerment. See WHO, "Health promotion glossary" (Geneva, 1998), p. 10. See also www.who.int/activities/improving-health-literacy.

Figure XX
Main thematic areas of well-being programme in United Nations system organizations



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

173. **Well-being programmes**. The Inspectors collected information regarding the design and implementation of well-being programmes and initiatives across participating organizations.[108] The challenge with such programmes, as mentioned above, is to integrate such initiatives into an overarching well-being strategy, pursuing a coherent and informed approach across the organization rather than in an ad hoc, sporadic or uncoordinated manner. That can be realized when programme content is designed based on identified needs. In some organizations, topics are decided on the basis of survey results, staff counsellors' input, a leadership request and/or identified risks. It was found that the vast majority of those programmes were developed and delivered under the auspices of an entity managing human resources, in many instances, mobilizing the expertise of the staff counsellor and the support of staff representatives.

174. **Evaluation of well-being programmes**. Some participating organizations invest substantial resources into programmes concerning health promotion and staff well-being. In terms of programme evaluation and assessment, JIU does not have strong evidence to confirm that those activities, individually speaking, are assessed in a systematic way. Furthermore, there is even less evidence of an overarching organizational evaluation process for those activities – if and how they meet their defined objectives. The Inspectors concede that it is a challenge to judge the return on investment of such activities and programmes, for example, in terms of the effect on health-care costs, absenteeism, presenteeism, productivity, retention, workplace culture and employee morale, and a framework may be necessary to identify performance indicators. Nevertheless, mental health professionals interviewed considered the programmes beneficial. **Executive heads should define an adequate framework for reviewing and assessing the portfolio of well-being programmes currently offered and determine whether they mitigate identified workforce risks and whether these initiatives are cost-effective.**

175. **Hub of resources available to all personnel**. To build literacy, it is important to afford all personnel access to information concerning the approach an organization is taking to mental health and well-being, including literature, resources and available psychosocial support services. The Inspectors accessed various technology-based resources geared

[108] For the purpose of collecting data, well-being programmes/initiatives are considered as those initiatives that contribute to broader good health, including health promotion.

towards addressing that objective. Some organizations have a dedicated page on their websites or intranet. One of those online resources is the United Nations Secretariat-hosted "Mental health matters: a healthy workforce for a better world" web page, which gathers material supporting the system-wide Strategy. An innovative development in that area has been the launch of the WFP Well-being Platform in 2020, a mobile application that serves as a practical gateway to inform personnel of information related to the services available and where they are located, providing tools and tips to help them manage potential psychosocial risks that may arise from their work. The Inspectors note that that platform has been adopted by 10 participating organizations, with approximately 16,000 users in WFP alone. That represents a good example of inter-agency collaboration in a cost-effective way, as the cost of the platform is $35,000, which is the cost associated with integrating it into a participating organization's information technology platform, subsequently the organization has full control over the content based on the needs of its respective audience.

176. **Global awareness initiatives**. Global initiatives, such as World Mental Health Month, also contribute to publicizing the topic. In particular, the World Mental Health Day, observed on 10 October since 1992, is marked by some United Nations system organizations and provides an opportunity for open discussion and collaboration with stakeholders across the system, exchanging best practices and approaches. Several organizations participate in those mental health-focused events. **Executive heads of United Nations system organizations are strongly encouraged to continue supporting and/or joining system-wide global awareness initiatives.**

177. **Linkage of well-being programmes with strategies is a must**. Almost all participating organizations reported sponsoring some form of well-being programmes and activities, but their linkage to a larger strategy remains questionable and routine assessment of their usage and effectiveness is uneven, which ranges from simple participant surveys to more detailed assessments, depending on the size and cost of the initiatives. Studies, as cited in previous chapters, show that prevention of mental health conditions and developing a culture of mental health literacy and health promotion is cost-effective and can produce a significant return on investment.

178. The implementation of the following recommendation is expected to enhance the effectiveness of well-being programmes designed and implemented by United Nations system participating organizations.

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 the evidence-based and data-driven approach of the organization to mental health and well-being and are routinely monitored and assessed.

B. Training programmes on mental health and well-being

179. **Training on offer**. During the COVID-19 crisis, organizations offered additional sessions addressing the psychosocial dimensions and implications of the pandemic for personnel, to address resilience in difficult and challenging circumstances. That said, organizations that have mandatory and dedicated training in mental health or training programmes that include a mental health component remain the exception in the United Nations system. Four organizations have such educational requirements (IMO, UNHCR, UNRWA and WFP). The Inspectors note that the guidelines issued by WHO highlight the importance of the focused training of personnel on mental health awareness that could contribute to a reduction in stigmatizing attitudes; for example, identifying signs of distress and seeking help within the organization. According to WHO, the training should also inform with regard to the applicability of pertinent resources and policies. The Inspectors note that, although awareness-raising is important, it is only effective if the training and services offered are readily available within the organization; if this is not the case, the offering can obviously be counterproductive. The Inspectors believe that training that promotes mental

health literacy can benefit personnel at all levels. However, it could be particularly beneficial for those stationed in higher-risk environments, as well as supervisors in all locations. Some organizations have identified subgroups of personnel that may need additional training, and field personnel and new employees are usually included in this approach.

180. **Rationale for training managers**. The managerial capacity within United Nations organizations has been closely considered over the years, especially in the context of increased delegation of authority to managers. United Nations managers are often designated on the basis of their technical expertise rather than their managerial skills, which is a recurring finding of JIU in several reviews. The role that managers play in producing a healthy work environment is indisputable, and managers are the front-line implementers of reasonable accommodations and return-to-work guidelines (chap. V). Indeed, whether managers are equipped in that regard has tremendous consequences in relation to the mental health and well-being of their team members. It is telling that all counsellors interviewed by the Inspectors stressed that the role of managers was critical, both preventatively to identify early signs of mental health conditions or symptoms and to effectively handle situations with persons of concern. The role of managers is also crucial in setting and maintaining a supportive and productive workplace culture as they are often on the front lines of dealing with personnel struggling with mental health conditions. In addition, managerial responsibilities often entail a heavy workload, with pressure to deliver on team outputs, all of which can affect managers' own stress levels and their own mental health and well-being. In a response to the JIU survey, a manager acknowledged that he or she did not "feel equipped as a manager on mental health issues". However, that opinion was not widely shared by other survey respondents. The question remains whether managers are confident in their capacity to manage mental health conditions among their staff, or whether they even acknowledge the importance of the mental health of their staff to begin with. Based on responses to the survey, only 16 per cent of managers in the field noted the system-wide Strategy as a driver of awareness in their respective duty stations and one even remarked that he or she had never heard of it. The most common drivers of field leadership awareness of mental health and well-being of personnel were the circumstances arising from the COVID-19 pandemic; a reactive approach, and one that came well after the data identified in chapter II had indicated a trend of increasing concern. **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.**

181. **WHO strongly recommends training for managers**. According to WHO, the data to support training managers are compelling. Therefore, WHO guidelines underline the importance of better equipping managers and recommend that training for managers to support their workers' mental health should be delivered to improve managers' knowledge, attitudes and behaviours for mental health and to improve workers' help-seeking behaviours.[109] The guidelines further state that manager training must be designed to enable them to identify and respond to workers who require support related to mental health, as well as to give managers the confidence to recognize, engage with and support team members with mental health conditions and to alleviate job stressors. According to WHO, managers should not, however, become mental health-care providers: managers cannot, and should not, be in a position to diagnose or treat mental conditions after such training.[110] In interviews with human resources officials, managers and training professionals, the lack of clearly defined policies, procedures and authorities has created, in some cases, a "manager's dilemma". The dilemma refers to, as one professional put it, "the choices a manager needs to make in terms of caring for one staff person with a mental health condition versus caring for all the rest". Managers, as several have conveyed, want to be sympathetic and empathetic to team members with mental health conditions who may require time away from work or a more flexible work schedule, and they also need to ensure that their teams are performing, meeting deadlines and delivering on commitments. Nearly 50 per cent of managers in field locations reported that they struggled in their interactions with a team member with a mental

[109] WHO, *WHO Guidelines on Mental Health at Work*, Recommendations 4 and 5, pp. 26–33.
[110] Ibid., key remarks on Recommendation 4, p. 26.

health condition and nearly 60 per cent of managers found it challenging to differentiate between mental health conditions and team members' poor work performance.

182. **Current training of managers is insufficient**. Some organizations have taken steps to prepare their managers, but the system must improve in this regard. Some 11 organizations reported training that targeted supervisors; however, it was not always mandatory.[111] In the same vein, the participation of managers in the stress prevention and management sessions offered by the Critical Incident Stress Management Section is extremely low. This is a missed opportunity as targeting supervisors is not only beneficial for them as managers but also for their staff members and can assist in promoting an appropriate work-life balance. As a positive development in that context, trainers from the United Nations System Staff College indicated that they were integrating mental health and well-being considerations into several curricula, including the leadership and management programme for the United Nations system, providing an opportunity to address issues in context and to foster an environment in which to discuss them among peers. UNICEF is taking that approach as mental health and well-being training for managers is integrated into general leadership and management programmes. In addition, UNHCR commented that such integration had been critical in changing the culture of the organization and creating a safe space for conversations on mental health and well-being. **The Inspectors believe that 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.** The theme of the United Nations Leadership Dialogue in 2022, which managers must conduct with their team members, was on the Organization's new values framework and includes a section on mental health and well-being awareness, which might have been more beneficial if the managers themselves had been trained on mental health literacy.

183. **"Workplace Mental Health and Well-being: Lead and Learn" programme**. Designed and developed jointly by the United Nations System Staff College and the Implementation Board, the "Workplace Mental Health and Well-being: Lead and Learn" programme is one of the most advanced training resources on mental health at the workplace, which is available at no cost to anyone working for the United Nations.[112] Its four modules constitute a comprehensive, self-paced learning path for developing mental health awareness and support skills. The content of the training is primarily intended for staff in leadership and managerial positions, with two modules that have been specifically designed to develop supervisory skills. In their response to the JIU questionnaire, only half of participating organizations made a reference to the Lead and Learn programme as a part of their own training portfolio and only in one case was it included as a mandatory training for managers (UNAIDS). Figures communicated by the United Nations System Staff College confirm low usage with less than 3,000 individuals enrolled since the launch of the programme in 2022, with less than 10 per cent having completed the certification process.[113] That is not to say that certification is necessary to benefit from the training content, however, the Inspectors remain concerned that the low participation rate of managers and senior managers (less than 20 per cent of the registrations) may lead to a lost opportunity for building managerial skills in this area.

184. **More uptake necessary of the Lead and Learn programme**. Considering the financial and human resources invested in the design and development of the Lead and Learn programme,[114] there is an opportunity to further promote its usage to build mental health literacy, especially among its main target audience. Currently, IOM has the largest uptake of

[111] The United Nations Secretariat, FAO, IAEA, ILO, IMO, ITU, UNDP, UNHCR, WFP, WHO and WIPO.

[112] The "Workplace Mental Health and Well-being: Lead and Learn" programme is composed of four modules: (a) mental health and well-being at the workplace; (b) personal well-being and thriving as a manager; (c) supporting a colleague experiencing poor mental health; and (d) addressing stigma related to mental health conditions.

[113] Figures as of October 2022, as communicated by the United Nations System Staff College.

[114] 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.

the programme and that is due to active outreach and promotion, particularly to managers. However, when the question arose of making the programme mandatory for managers in the system, most interviewees were hesitant. While the content is comprehensive for raising awareness and knowledge of mental health, a sort of mental health literacy, its current format may not be conducive to building the skills and attitudes for behavioural change. In the view of the Inspectors, the Lead and Learn programme provides a basis for a collective approach within the system. Two main barriers and commonly heard feedback on the programme were offered, including the length and time required to complete the course and the limitations inherent in a training delivered online. The managers interviewed mentioned that an investment of several hours in an online course was challenging, even if there is flexibility in terms of its completion and access. The Inspectors confirm that the programme requires several hours to complete all four modules but is flexible in terms of access and pacing, allowing participants to take the course over several sessions and an extended length of time. The more pertinent issue is the limitations inherent in online learning, especially for a sensitive topic in which sharing with other participants may provide greater depth and may increase the knowledge, skills and attitudes necessary for greater mental health literacy among the primary target audience, namely managers in the United Nations system.

185. **Revisions to the programme to increase uptake**. A possible solution that was mentioned by some interlocutors was to produce a condensed version of the programme to address the time limitations of managers. While that may assist with barriers in relation to time requirements, it may not serve its intended purpose. **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.**

186. Nevertheless, training for managers remains necessary across the system and should be viewed as a priority. The implementation of the following recommendation is expected to enhance the skills of managers to support and respond to employees with mental health conditions.

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, enhanced learning and to support employees with mental health conditions.

Annex I

Methodology and response rates for surveys conducted in the review

1. **Survey to gather viewpoints from mental health practitioners providing psychosocial support services to United Nations personnel, at headquarters and field locations**. The survey was intended for mental health practitioners providing psychosocial support services to United Nations personnel at headquarters and field locations (stress counsellors, staff counsellors, psychologists etc.). The purpose of the survey was to collect viewpoints on the organizations' approaches to mental health and well-being, including access to psychosocial support services. The survey was conducted from 2 to 24 November 2022 and contained 33 questions. It was distributed by JIU directly to the relevant individuals based on lists of counsellors and other personnel who were validated by their respective organizations. The Critical Incident Stress Management Section validated counsellors based on the list of United Nations Secretariat-affiliated counsellors technically supervised by the Critical Incident Stress Management Section.

Table 1
Response rate of mental health practitioners

Surveys distributed	Responses (complete)	Response rate (complete)
216	139 (120)	64.3% (55.5%)

2. **Survey to gather viewpoints on the mental health and well-being of United Nations personnel from resident coordinators, regional directors and heads of funds and programmes and specialized agencies at the field level**. The survey was designed to collect viewpoints from a managerial perspective in the field on the mental health and well-being of United Nations personnel and access to psychosocial support services. It was conducted from 16 to 30 November 2022 and contained 17 questions. The survey was distributed through JIU focal points at participating organizations, who made the survey available to the individuals who they deemed appropriate within their organizations. Not all organizations have field or regional units and therefore did not participate in the survey, and some did not distribute the survey as requested but were able to participate through the local distribution network of resident coordinators.

Table 2
Response rate of resident coordinators, regional directors and heads of funds and programmes and specialized agencies at the field level

Surveys distributed	Responses (complete)	Response rate (complete)
1,206[a]	450 (367)	37.3% (30.4%)

[a] Estimate based on the information provided by participating organizations.

Annex II

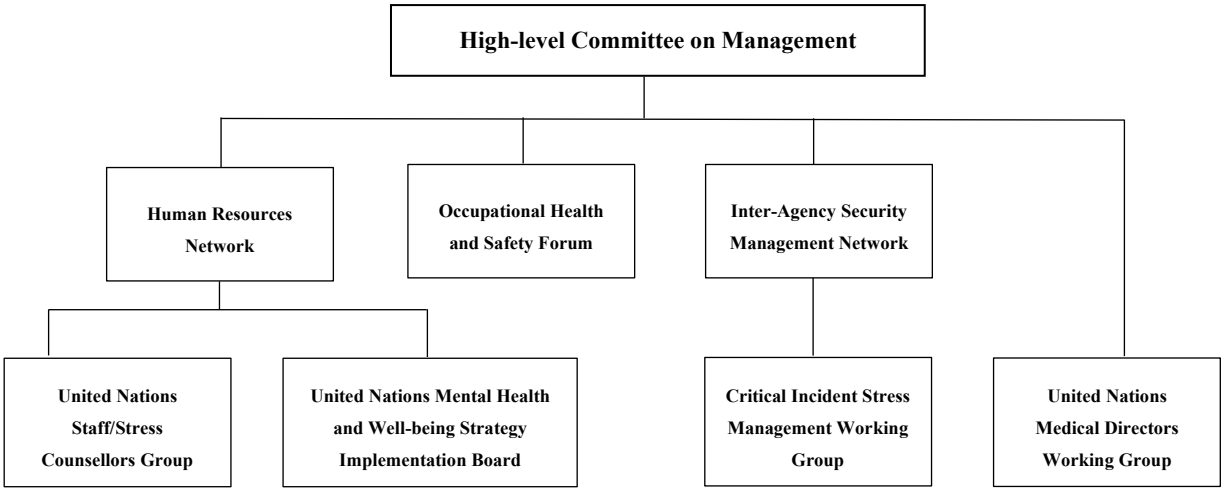
Psychosocial risks to mental health as identified in the *WHO Guidelines on Mental Health at Work*

Risk factor	Description
Work content and task design	Lack of variety or short work cycles, fragmented or meaningless work, underutilzation of skills, high uncertainty, continuous exposure to people through work
Workload and work pace	Work overload or underload, 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, overcomplex bureaucracies
Interpersonal relationships	Social or physical isolation, poor relationships with superiors, interpersonal conflict, harmful work behaviours, lack of social support (perceived or actual), bullying, harassment, mobbing, microaggressions
Role in an organization	Role ambiguity, role conflict, 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 III

Inter-agency structures relevant to the mental health and well-being of United Nations system personnel



High-level Committee on Management	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)
Human Resources Network	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 (https://unsceb.org/hrn)
Occupational Health and Safety Forum	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)
Inter-Agency Security Management Network	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, *United Nations Security Management System Security Policy Manual*, chap. II, sect. C, para. 6)
Critical Incident Stress Management Working Group	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, *United Nations Security Management System Security Policy* Manual, chap. VI, sect. C, para. 5)
United Nations Staff/Stress Counsellors Group	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)

United Nations Mental Health and Well-being Strategy Implementation Board	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)
United Nations Medical Directors Working Group	Harmonizes and implements medico-administrative and health policies throughout the United Nations system

Source: prepared by JIU.

Annex IV

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

	Theme 1 Create a workplace that enhances mental and physical health and well-being	**Theme 2** Develop, deliver and continuously evaluate mental health and wellbeing services in all duty stations	**Theme 3** Welcome and support staff who live with mental health challenges	**Theme 4** Ensure sustainable funding for mental health and well-being services
Priority action 1 Resource and distribute psychosocial support and mental health services to enable all United Nations staff who need it, especially those at higher risk, to have universal and equitable access to these services within 18 months of endorsement		√	√	√
Priority action 2 Implement stigma reduction and health promotion approaches over the five-year period, to strengthen the knowledge, skills and behaviour of all United Nations 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 achieving good mental health and well-being	√	√	√	
Priority action 3 Initiate a suite of prevention interventions, informed by best practices and shown to influence positively 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		√	√	
Priority action 4 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 United Nations workplaces over a five-year timescale	√	√	√	
Priority action 5 Complete a review of United Nations health insurance provision, and United Nations social protection schemes (for disability and compensation) within two years, to achieve equity of coverage for mental health, and ensure that provision is adequate, acceptable and appropriate		√	√	√
Priority action 6 Create systems to enable and oversee the safety and quality of psychosocial support programmes by the end of year one		√		

Priority action 7 Complete a multidisciplinary workforce development plan, supported by a business case, submitted to the High-level Committee on Management by the end of year one. The business case is informed by a data-supported assessment of the capacity, capability and quality of in-house and external resources		√	√	

Source: prepared by JIU (2023) on the basis of the "A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy", p. 14.

√ Theme relevant to the priority area as dictated by the Strategy.

Annex V

Policy and management frameworks relevant to mental health and well-being of personnel in United Nations system organizations

	Policy or strategy statement defining mental health and well-being approach	Workplace mental health action plan (or equivalent)	Management structure driving mental health and well-being workstream
United Nations Secretariat	Refers to the United Nations System Mental Health and Well-being Strategy (2018–2023)	Mental Health Leadership Team Action Plan (2020)	Mental Health Leadership Team and its Administrative Working Group
ITC	X	Work on plan has not yet started	Different teams/sections: Gender Unit Team, Human Resources and Staff Council
UNAIDS	A joint UNAIDS-WHO mental health strategy is being considered, UNAIDS is developing its specific actions for each priority action	In progress	Duty of care group and joint WHO/UNAIDS mental health and well-being strategy task force
UNCTAD	Refers to the United Nations System Mental Health and Well-being Strategy (2018–2023)	No response provided	No response provided
UNDP	Occupational Health, Safety and Well-being Strategy (2021–2023)	Plan approved	Occupational Safety and Health Committee
UNEP	Specific information regarding UNEP could not be extracted from the consolidated response provided by the United Nations Secretariat to JIU		
UNFPA	(document not provided)	In progress	X
UN-Habitat	Specific information regarding UN-Habitat could not be extracted from the consolidated response provided by the United Nations Secretariat to JIU		
UNHCR	UNHCR Strategy on Workplace Mental Health and Psychosocial Well-being (2023)	Plan implemented	Occupational safety and health committees at corporate, regional and local levels
UNICEF	UNICEF Mental Health and Well-being Strategic Priorities (2023–2025)	Plan completed	Cross-functional global staff survey committees in regions
UNODC	Specific information regarding UNODC could not be extracted from the consolidated response provided by the United Nations Secretariat to JIU		
UNIDO	X	No response provided	No response provided

	Policy or strategy statement defining mental health and well-being approach	Workplace mental health action plan (or equivalent)	Management structure driving mental health and well-being workstream
UNRWA	X	Work on plan has not yet started	No response provided
UN-Women	Refers to the United Nations System Mental Health and Well-being Strategy (2018–2023)	Work on plan in progress	Well-being committees in two regions. Employee Well-being Task Team (during COVID-19); regional and country office committees; regional coordination meetings of counsellors from the Critical Incident Stress Management Section and United Nations agencies
WFP	WFP Wellness Strategy (2022–2024)	Plan completed	About 75 per cent of country offices have active wellness committees
FAO	FAO Workplace Mental Health and Well-being Strategy (2019)	Work on plan in progress	Occupational Safety and Health Committee
ICAO	Refers to the United Nations System Mental Health and Well-being Strategy (2018–2023)	Work on plan in progress	No response provided
ILO	Refers to the United Nations System Mental Health and Well-being Strategy (2018–2023)	Work on plan in progress	Occupational Safety and Health Committee; headquarters working group on stress, mental health and well-being (no formal terms of reference) led by the Staff Welfare Officer; and human resources management function
IMO	In progress	Work on plan in progress	Health and Well-being Services; IMO Staff Pension Committee; and the Advisory Board on Compensation Claims
ITU	In progress	Work on plan in progress	No response provided
UNESCO	X	Work on plan has not yet started	Consultative Committee on Health, Safety and Ergonomics
UNOPS	Refers to the United Nations System Mental Health and Well-being Strategy (2018–2023)	Plan completed	X
UNWTO	X	Work on plan in progress	UNWTO communicated that those issues are discussed among human resources management, the Staff Association Committee and senior management
UPU	UPU communicated that its governing body had agreed that the organization would not participate in the review		

	Policy or strategy statement defining mental health and well-being approach	Workplace mental health action plan (or equivalent)	Management structure driving mental health and well-being workstream
WHO	A Joint UNAIDS-WHO mental health strategy is being considered	Work on plan in progress	Joint WHO-UNAIDS Mental Health and Well-being Strategy Task Force; and WHO Workforce Health, Security and Well-being Committee
WIPO	WIPO Well-being Strategy – Occupational Safety and Health (2018)	Plan implemented	X
WMO	X	Work on plan has not yet started	Staff Pension Committee
IAEA	Refers to the United Nations System Mental Health and Well-being Strategy (2018–2023)	Work on plan in progress	Advisory Board on Compensation Claims

Source: prepared by JIU on the basis of information provided by participating organizations to its corporate questionnaire and interviews.

X = Does not have.

Annex VI

Integration of mental health and well-being considerations in organizational strategies

	Mental health and well-being considerations reflected as a risk in corporate risk register	Mental health and well-being of personnel considered in internal oversight risk universe	Occupational health and safety framework addresses mental health and well-being considerations	Human resources management strategy includes mental health and well-being considerations
United Nations Secretariat[a]	√ (high)	√	√	√
ITC	√ (medium)	X	X	Somewhat (ITC is drafting its first people strategy)
UNAIDS	√ (medium)	X	Somewhat	√
UNCTAD	No response provided	No response provided	√ (document not provided)	Somewhat
UNDP	√ (medium)	√	√	√
UNEP	Specific information regarding UNEP could not be extracted from the consolidated response provided by the United Nations Secretariat to JIU			
UNFPA	√ (medium)	X	√ (document not provided)	√
UN-Habitat	Specific information regarding UN-Habitat could not be extracted from the consolidated response provided by the United Nations Secretariat to JIU			
UNHCR	√ (high)	√	√	√
UNICEF	√ (high)	X	Somewhat (occupational safety and health management is handled by the Health-Care Management and Occupational Safety and Health Division)	√
UNODC	Specific information regarding UNODC could not be extracted from the consolidated response provided by the United Nations Secretariat to JIU			
UNOPS	X	X	Somewhat	√
UNRWA	√ (medium)	√	X	X
UN-Women	√ (medium)	X	√	√
WFP	√ (high)	√	√	Somewhat
FAO	X	√	Somewhat	√
ICAO	X	No response provided	Somewhat	X (ICAO is drafting its human resources strategy, which will address mental health and well-being among other issues)
ILO	X	X	Somewhat	√
IMO	X	X	Somewhat (under preparation)	√ (document not provided)
ITU	X	X	X	√

	Mental health and well-being considerations reflected as a risk in corporate risk register	Mental health and well-being of personnel considered in internal oversight risk universe	Occupational health and safety framework addresses mental health and well-being considerations	Human resources management strategy includes mental health and well-being considerations
UNESCO	√ (high)[b]	√	X	√ (UNESCO communicated that the Human Resources Management Strategy (2023–2027), which is being finalized, reflects United Nations system initiatives, including the workplace mental health and well-being programme)
UNIDO	X	X	√ (document not provided)	√
UNWTO	X	No response provided	X	Somewhat (Human Resources Strategy is pending final approval)
UPU	UPU communicated that its governing body had agreed that the organization would not participate in the review			
WHO	√ (medium)	√	Somewhat	Somewhat
WIPO	X	√	X	Somewhat
WMO	X	X	X	X
IAEA	X	X	√	√

Source: prepared by JIU on the basis of information provided by participating organizations to its corporate questionnaire and interviews.

[a] The United Nations Secretariat provided aggregated responses for 22 entities in the form of percentages. Those percentages were used in the present annex.

[b] UNESCO uses a different scale to assess the level of risk (1–5); the impact of the risk is assessed as 5 (on a scale of 1–5) and the likelihood is assessed as 3 (on a scale of 1–3).

√	Yes
X	No

Annex VII

Primary drivers for awareness of and attention to the mental health and well-being of United Nations personnel

The annex presents the positive responses provided by mental health practitioners and the resident coordinators, regional directors, and heads of funds and programmes and specialized agencies at the field level on the primary drivers of awareness of and attention to the mental health and well-being of United Nations personnel in their work environments (organization/duty stations, percentages).

	Mental health practitioners at headquarters (percentages)	**Mental health practitioners in the field (A- to E-category duty stations) (percentages)**	**Resident coordinators, regional directors, and heads of funds and programmes and specialized agencies (A- to E-category duty stations) (percentages)**
United Nations System Mental Health and Well-being Strategy	33.33	26.51	16.95
Interest shown by leadership within the United Nations country team on the topic	16.67	30.12	47.41
Guidance received from headquarters	n/a	12.05	42.82
Staff/Stress counsellors' activities at my duty station	77.78	89.16	37.07
Staff/Stress counsellors' activities and initiatives at the regional level	n/a	n/a	31.90
Specific country context and circumstances (e.g. crisis events, critical incidents or natural or human-made disasters)	44.44	62.65	29.60
Circumstances arising from the COVID-19 pandemic	83.33	43.37	56.03
Requests from United Nations personnel posted at my duty station	n/a	31.33	22.13
Advocacy from staff representatives	11.11	10.84	19.25
Requests from United Nations personnel	11.11	n/a	16.67
Data collected at the duty station (e.g. health risk assessments, surveys of the workforce and psychosocial needs assessments)	16.67	13.25	12.07

Source: JIU survey of mental health practitioners and the survey of resident coordinators, regional directors, and heads of funds and programmes and specialized agencies at the field level.

Note: The option "choose not to respond" is not reflected.

Annex VIII

Responses provided by mental health practitioners providing psychosocial support services to United Nations personnel regarding policies and practices aimed at mitigating mental health issues and promoting the well-being of personnel

	Headquarters-based counsellors		Counsellors in field duty stations (A–E categories)		Counsellors in high-risk field duty stations (D and E categories)	
To what extent do you agree with each of the following statements regarding your organization's policies and practices aimed at mitigating mental health issues and promoting the well-being of personnel	**Strongly agree/ Agree**	**Do not agree/ Strongly disagree**	**Strongly agree/ Agree**	**Do not agree/ Strongly disagree**	**Strongly agree/ Agree**	**Do not agree/ Strongly disagree**
My organization has sufficient policies in place to support the mental health and well-being of its personnel serving in high-risk and challenging environments	11.11	77.78	67.47	26.51	76.92	23.07
My organization effectively implements its policies aimed at supporting the mental health and well-being of its personnel serving in high-risk and challenging environments	16.67	72.22	56.63	37.35	69.23	30.76
My organization has sufficient policies in place to support the mental health and well-being of its personnel serving in lower risk environments.	5.56	88.89	61.45	28.92	61.54	23.08
My organization effectively implements its policies aimed at supporting the mental health and well-being of its personnel serving in lower risk environments.	27.78	66.67	53.01	36.15	57.69	26.92

Source: JIU survey of mental health practitioners.

Note: The option "choose not to respond" is not reflected.

Annex IX

Return-to-work and reasonable accommodation policies

	Return-to-work policy/guidelines	Reasonable accommodation policy/guidelines
United Nations Secretariat	The United Nations Secretariat referred to the guidance on return to the duty station and/or workplace in the context of the COVID-19 pandemic	Reasonable accommodation guidelines of the United Nations Office at Geneva
ITC	ITC referred to the administrative instruction on sick leave	ITC referred to the Executive Director's bulletin and administrative instructions on work-life balance and the organization's use of the reasonable accommodation guidelines of the United Nations Office at Geneva
UNAIDS	WHO guidelines on return to work following absence on extended sick leave	WHO guidelines on return to work following absence on extended sick leave and standard operating procedure for reasonable accommodations for persons with disabilities
UNCTAD	UNCTAD did not complete this part of the JIU questionnaire	
UNDP	UNDP communicated that a case-by-case approach is followed and referred to the policy for sick leave management and inclusion of persons with disabilities	Guidance note on reasonable accommodation for persons with disabilities, which includes those who have long-term physical and/or mental conditions
UNEP	UNEP did not complete this part of the JIU questionnaire	
UNFPA	UNFPA referred to its special leave policy	UNFPA referred to its policies on disabilities and on flexible working arrangements
UN-Habitat	UN-Habitat did not complete this part of the JIU questionnaire	
UNHCR	UNHCR referred to its administrative instruction on fitness for work (2022)	UNHCR referred to annex 1 (on workplace accommodation) of its administrative instruction on fitness for work (2022)
UNICEF	UNICEF referred to the guidance on return to the duty station, continued teleworking, adjustment of salary and entitlements and international travel (COVID-19)	UNICEF referred to the policy on flexible working arrangements and other work-life balance policies
UNODC	UNODC did not complete this part of the JIU questionnaire	
UNOPS	UNOPS communicated that a case-by-case approach is followed and made reference to the policy for sick leave and inclusion of persons with disabilities	UNOPS communicated that a case-by-case approach is followed
UNRWA	UNRWA did not complete this part of the JIU questionnaire	
UN-Women	UN-Women referred to the policy on sick leave management	UN-Women Disability Inclusion Policy
WFP	WFP policy on new ways of working provides guidance should alternative working arrangements be required as employees return to work	WFP policy on reasonable accommodation for persons with disabilities (2022)
FAO	FAO referred to its COVID-19 protocol on access to its headquarters and related safety measures and to the FAO Manual, chapter III, section 323, on sick leave management	FAO referred to its COVID-19 protocol on access to its headquarters and related safety measures and to the FAO Manual, chapter III, section 323, on sick leave management
ICAO	ICAO did not complete this part of the JIU questionnaire	

	Return-to-work policy/guidelines	Reasonable accommodation policy/guidelines
ILO	ILO communicated that the matter was handled under the general rules governing sick leave management	ILO communicated that it had a specific policy on employment of persons with disabilities and a central fund for reasonable accommodation. Those policies were being updated to include mental health conditions
IMO	IMO communicated that a case-by-case approach was followed	IMO communicated that a case-by-case approach was followed and referred to its staff regulations and rules
ITU	No response provided	ITU referred to the policy on teleworking arrangements
UNESCO	UNESCO referred to the United Nations Disability and Inclusion Strategy	UNESCO referred to the United Nations Disability and Inclusion Strategy and its policies on flexible working arrangements and the employment of persons with disabilities
UNIDO	UNIDO referred to its policy on sick leave management	UNIDO referred to the administrative instruction on flexible working arrangements
UNWTO	UNWTO referred to staff regulations and rules	UNWTO referred to staff regulations and rules
UPU	UPU communicated that its governing body had agreed that the organization would not participate in the review	
WHO	WHO return to work following absence on extended sick leave	WHO did not complete this part of the questionnaire
WIPO	WIPO return-to-work guidelines (optional)	WIPO referred to its policy on flexible working arrangements
WMO	WMO referred to its policy on sick leave management	WMO communicated that a case-by-case approach was followed
IAEA	Guidelines on return to work following extended sick leave (2022)	IAEA communicated that a case-by-case approach was followed

Source: prepared by JIU on the basis of information provided by participating organizations in response to the JIU corporate questionnaire and interviews.

Annex X

Main protocols and guidance documents prepared by the United Nations Staff/Stress Counsellors Group and by the Critical Incident Stress Management Working Group

United Nations Staff/Stress Counsellors Group		
Confidentiality Guidelines for United Nations System Counsellors (CEB/2010/HLCM/HR/31)	2010	Endorsed by Human Resources Network (CEB/2010/HLCM/HR/35, para. 111)
Position paper on burnout	2010	Proposal to prepare a position paper endorsed by Human Resources Network (CEB/2009/HLCM/HR/4, annex II, para. 8)
Code of ethics for the staff and stress counsellors	2013	Endorsed by the Human Resources Network (CEB/2014/HLCM/HR/29, paras. 17 (a) and 19)
Position paper on benefits and disadvantages of in-house and outsourced staff counsellors	2014	Endorsed by the Human Resources Network (CEB/2014/HLCM/HR/29)
Position paper on mental health and well-being in emergency deployments of United Nations personnel	2016	
Position paper on tele-counselling	2018	
Guidance on professional standards for United Nations counsellors	2020	Endorsed by the Human Resources Network in 2022
Critical Incident Stress Management Working Group		
United Nations Security Management System Security Policy Manual, chap. VI, sect. G, "Management of stress and critical incident stress policy"	2015	Adopted by the Inter-Agency Security Management Network at its twenty-second session and endorsed by the High-level Committee on Management (CEB/2015/5, para. 91)
United Nations standard operating procedure on critical incident stress prevention and management	2015	Document provided by the Critical Incident Stress Management Section
"Novel coronavirus (COVID-19): psychosocial contingency plan preparation guidelines for staff/stress counsellors in the field, 16 February 2020" "Psychosocial contingency planning guidelines for pandemics/epidemics for staff/stress counsellors in the field, June 2021"	2020 and 2021	Documents provided by the Critical Incident Stress Management Section
Field Manual on Psychosocial Support in Crisis Situations for United Nations Staff Counsellors and Stress Counsellors	2022	Document provided by the Critical Incident Stress Management Section

Source: prepared by JIU.

Annex XI

Responses provided by the management of participating organizations regarding the allocation of resources to well-being programmes and psychosocial services aimed at supporting personnel within the last five years (irrespective of the funding source)

	Increased independently of the COVID-19 response	Increased in the context of the COVID-19 response	Unchanged	Decreased independently of the COVID-19 response	Decreased in the context of the COVID-19 response
Human resources to design and deliver well-being programmes	**12** United Nations Secretariat (18%), ITC, UNAIDS, UNFPA, UNHCR, UNRWA, WFP, ILO, ITU, UNWTO, WHO, IAEA	**13** United Nations Secretariat (46%), ITC, UNDP, UNFPA, UNHCR, UNOPS, FAO, ILO, ITU, UNESCO, UN-WOMEN, UNWTO, WHO	**7** United Nations Secretariat (23%), UNCTAD, UNICEF, IMO, UNIDO, WIPO, WMO	**2** United Nations Secretariat (9%), WMO	**1** ICAO
Financial resources to deliver programmes and services	**13** United Nations Secretariat (14%), UNAIDS, UNCTAD, UNFPA, UNHCR, UNRWA, WFP, ITU, UNESCO, UNWTO, WHO, IAEA	**13** United Nations Secretariat (36%), UNAIDS, UNDP, UNFPA, UNHCR, UNOPS, WFP, FAO, ILO, ITU, UNWTO, WHO, UN-WOMEN	**8** United Nations Secretariat (64%), ITC, ICAO, IMO, ITU, UNICEF, UNIDO, WIPO, WMO	**1** United Nations Secretariat (9%)	
Human resources to deliver psychosocial support services	**10** United Nations Secretariat (14%), UNAIDS, UNFPA, UNHCR, UNICEF, WFP, ITU, UNESCO, UNWTO, WHO, IAEA	**12** United Nations Secretariat (23%), UNDP, UNFPA, UNHCR, UNOPS, FAO, ILO, IMO, ITU, UNWTO, WHO, UN-WOMEN	**8** United Nations Secretariat (46%), ITC, UNCTAD, UNRWA, UNIDO, WIPO, WMO	**1** United Nations Secretariat (14%)	**1** ICAO
Financial resources to support or supplement the delivery of psychosocial support services	**10** United Nations Secretariat (9%), UNAIDS, UNFPA, UNHCR, UNICEF, UNRWA, WFP, ITU, UNESCO, UNWTO	**11** United Nations Secretariat (18%), UNDP, UNFPA, UNHCR, UNOPS, WFP, FAO, ILO, ITU, UNWTO, UN-WOMEN	**9** United Nations Secretariat (64%), ITC, ICAO, IMO, ITU, UNIDO, WIPO, WMO, IAEA	**1** United Nations Secretariat (9%)	

Source: prepared on the basis of information provided by participating organizations to the JIU corporate questionnaire. The United Nations Secretariat provided aggregated responses for 22 entities in the form of percentages, which included information on UNEP, UN-HABITAT and UNODC. UPU communicated that its governing body had agreed that the organization would not participate in the review.

Note: 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.

Annex XII

Organizational arrangements for psychosocial support services

	Mental health practitioners at headquarters (or equivalent)	Mental health practitioners at other locations	Other functions providing counselling services	Informal support peer/volunteer programme providing emotional and psychosocial support	Professional psychosocial services provided by international counselling groups
United Nations, its funds and programmes					
United Nations Secretariat	United Nations System Mental Health and Well-being Strategy, Global Lead team (Chief P-5, 1 consultant) United Nations Staff Counsellor Office (Chief P-4, P-3, under the Health-Care Management and Occupational Safety and Health Division). A psychologist post in the Division is transitioning back to the Staff Counsellor Office in 2023 Staff counsellors at offices away from Headquarters: United Nations Office at Geneva (P-4, P-3, staff welfare assistant); United Nations Office at Nairobi (2 national professional officers); United Nations Office at Vienna (1); Economic Commission for Africa/United Nations Health Care Center (1 part-time); Economic and Social Commission for Asia and the Pacific (0); Economic and Social Commission for Western Asia (0); Economic Commission for Latin America and the Caribbean (0) Critical Incident Stress Management Section of the Department of Safety and Security (Chief P-5, 4 regional stress counsellors, psychosocial well-	Department of Safety and Security field stress counsellors (58, professional staff, national staff, consultants, United Nations Volunteers) Department of Peace Operations/Department of Political and Peacebuilding Affairs staff counsellors (37, professional staff, national staff, consultants, United Nations Volunteers) United Nations country team cost-shared stress counsellors (8, professional staff, national staff, consultants, United Nations Volunteers)	n/a	Some entities have informal networks without coordination at the organizational level Department of Safety and Security peer helper training for security officers	Employee assistance programme accessible by select categories of personnel Some United Nations Secretariat entities have arrangements with external providers 142 external mental health professionals rostered by the Critical Incident Stress Management Section who can be mobilized for referral purposes in situations in which specialist care is needed and internal United Nations counsellors are insufficient or overwhelmed

	Mental health practitioners at headquarters (or equivalent)	Mental health practitioners at other locations	Other functions providing counselling services	Informal support peer/volunteer programme providing emotional and psychosocial support	Professional psychosocial services provided by international counselling groups
	being programme adviser as a temporary position on a UNOPS contract)				
ITC	Psychosocial support services and well-being activities administered by the United Nations Office at Geneva		ITC is creating a focal point role for mental health and well-being	ITC focal points for gender equality, diversity and inclusion have a referral function	n/a
UNAIDS	Staff counsellor (P-4) under Human Resources Management		Staff Health and Well-being Service Human resources P-3 (well-being elements) Culture Transformation Team (1 P-5 and 1 P-4 (50%))	n/a	Rome Institute
UNCTAD	Psychosocial support services and well-being activities administered by the United Nations Office at Geneva			n/a	n/a
UNDP	Well-being Team composed of one staff counsellor (P-3), 2 consultants IPSA 11 (P-4 equivalent, until March 2023); 2 United Nations Volunteers (started in 2021 until April 2023 and May 2023, respectively); 2 United Nations Volunteers (started in January 2022 until January 2023); 1 consultant (started in April 2022 until July 2022) Counsellors posted at headquarters and various locations		n/a	Respectful workplace facilitators in country offices	Rome Institute for those deployed to D or E duty stations (pre/post-deployment)
UNEP	Psychosocial support services and well-being activities are administered by the United Nations Office at Nairobi			No response provided	No response provided
UNFPA	1 psychosocial counsellor for each region (consultants, home-based, at the equivalent of the P-3 level) reporting to the Human Resources Director			Peer Support Volunteers and Respectful Workplace Facilitators Programmes	Employee Assistance Programme
UN-Habitat	Psychosocial support services and well-being activities administered by the United Nations Office at Nairobi			No response provided	No response provided

	Mental health practitioners at headquarters (or equivalent)	Mental health practitioners at other locations	Other functions providing counselling services	Informal support peer/volunteer programme providing emotional and psychosocial support	Professional psychosocial services provided by international counselling groups
UNHCR	Within the Staff Health and Well-being Service, the Psychosocial Well-being Section comprises: 1 P-5 and 1 P-4 for counselling and management; 1 P-4 project manager (well-being content development), 1 P-3 psychosocial learning officer (as a part of the Global Learning and Development Centre), 1 individual local contractor (well-being platform); 1 P-3 Peer Adviser Network Coordinator Support: 1 P-2 and 1 GS-6	7 regional counsellors (P-4), 10 staff counsellors (P-3), 4 national professional officers, 1 UNOPS staff counsellor, 1 consultant, 1 UN Volunteers Counsellors are deployed in: Panama, Dakar, Yaoundé, Niamey, Pretoria, Kinshasa, Nairobi, Addis Ababa, Shire (Ethiopia), Juba, Khartoum, Amman, Beirut, Damascus, Geneva, Ankara, Kyiv, Warsaw, Kuala Lumpur, Bangkok, Teheran, Islamabad	Medical services (1 P-5; 8 P-4; 2 P-3; 9 nurses (G-5) at Geneva, Panama, Dakar, Nairobi, Pretoria, Amman, Bangkok, Addis Ababa	Peer Advisers Network (approximately 400 members) managed jointly by the Psychosocial Well-being Section, and the ombudsperson and ethics and occupational safety and health local focal points	Rome Institute Swedish Civil Contingencies Agency International SOS
UNICEF	Staff Well-being Section (Chief, P-5), 2 staff counsellors (P-3, each with approximately 50% focus on headquarters and 50% on global work) and well-being officer (P-2) from July 2023	6 regional staff counsellors (P-4) reporting to the regional directors or deputy regional directors Divisional staff counsellors (P-4 and P-3) (based outside of headquarters) report to divisional directors 10 country office staff counsellors (P-4 or P-3) report to country representatives (or the regional staff counsellor in one case) + 5 vacant posts	n/a	Peer Support Volunteers Programme reporting to regional staff counsellors	n/a
UNODC	Specific information regarding UNODC could not be extracted from the consolidated response provided by the United Nations Secretariat to JIU				
UNOPS	Psychosocial support services and well-being activities administered by United Nations City common service for headquarters personnel, in Copenhagen		Human resources senior officer (IICA 1) reporting to the Deputy Director of	Well-being ambassadors programme under consideration	Rome Institute for locations other than headquarters

	Mental health practitioners at headquarters (or equivalent)	Mental health practitioners at other locations	Other functions providing counselling services	Informal support peer/volunteer programme providing emotional and psychosocial support	Professional psychosocial services provided by international counselling groups
			Human Resources Management		
UNRWA	1 project-funded staff counsellor only available for area staff, and consultants		n/a	Professional peer support groups	n/a
UN-Women	3 staff counsellors (United Nations Volunteers) and Critical Incident Stress Management Section field stress counsellors at regional and country levels		n/a	Respectful workplace facilitators coordinated by the Ombudsman for United Nations Funds and Programmes	Rome Institute
WFP	Chief Staff Counselling Unit (P-5), family liaison officer, staff counsellor (P-3, consultant)	6 regional staff counsellors (P-4), 2 regional family liaison officers, 4 staff counsellors in regional bureaux 5 staff counsellors (Syrian Arab Republic/Lebanon (P-4); Yemen (P-4); Afghanistan (P-3); the Sudan (P-3); South Sudan (P-3)) and 8 staff counsellors as consultants (Türkiye, 2; Mali, 1; Nigeria, 1; the Democratic Republic of the Congo, 1; Ethiopia, 1; Somalia, 1; the Sudan, 1)	n/a	Transitioning from Peer Support Programme to Wellness Support Volunteers Programme	WFP has a walk-in psychology clinic (a global service) and contracts 2 psychologists directly to provide services to staff and their dependants (direct billing to the insurance provider)
Specialized agencies and IAEA					
FAO	Staff counsellor within the Health Service (1 international staff post under recruitment for headquarters) and 6 staff counsellors recruited during the COVID-19 pandemic (consultants, home-based)		n/a	Team Support Volunteer Programme established for COVID-19	n/a
ICAO	n/a	n/a	2 medical doctors (consultants, 10%), nurse (GS-7, 20 %)	n/a	Employee Assistance Programme (Homewood Solutions) Cigna International Employee and Family

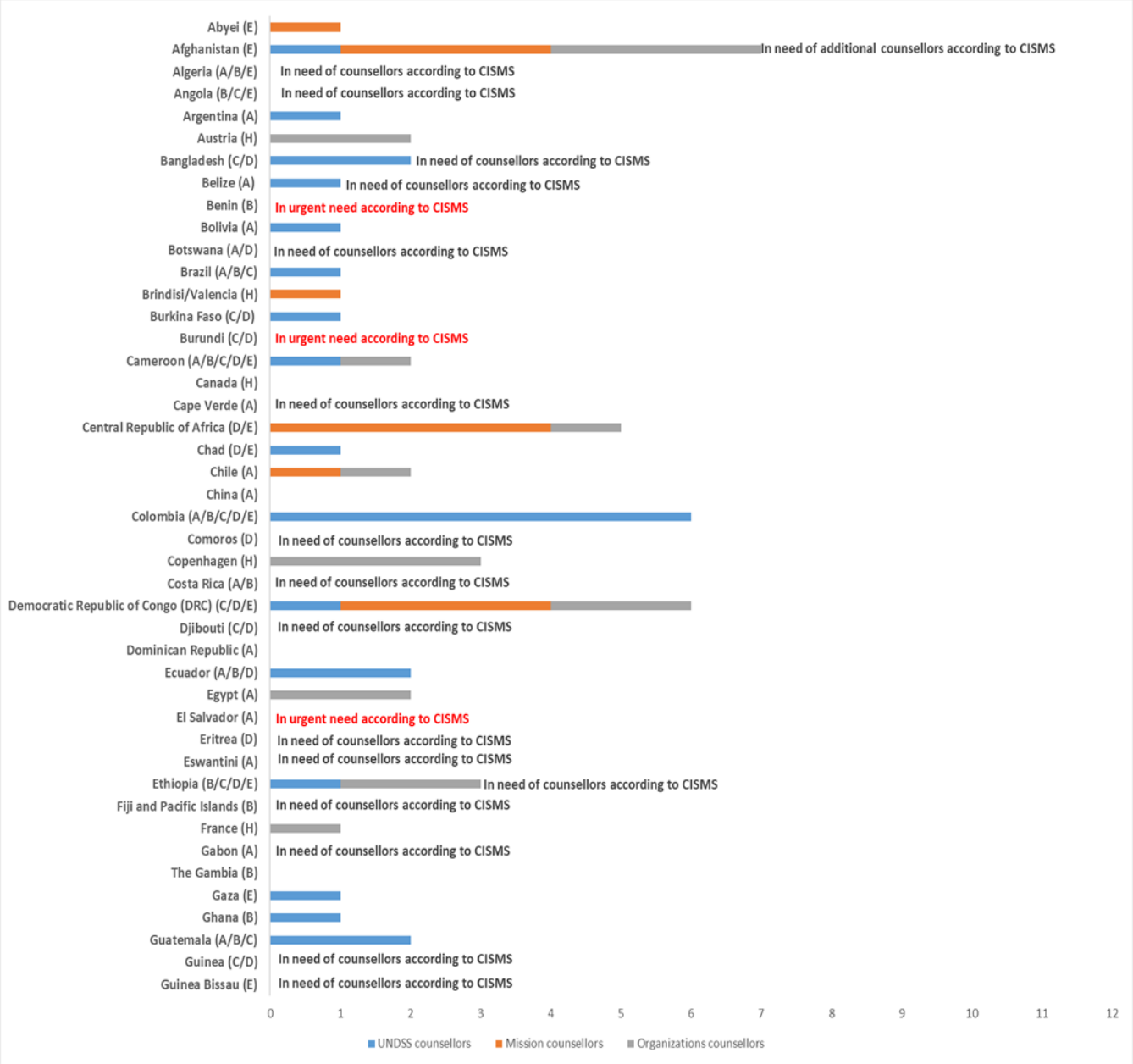
	Mental health practitioners at headquarters (or equivalent)	Mental health practitioners at other locations	Other functions providing counselling services	Informal support peer/volunteer programme providing emotional and psychosocial support	Professional psychosocial services provided by international counselling groups
			Staff Employment and Administration (Chief, P-5, 20%) Human resources specialist (P-3, 15%)		Assistance Programme (July 2023, all ICAO staff members)
ILO	Staff Welfare Office within Human Resources Department comprises 2 staff welfare officers (P-3)		2 doctors (P-5 and P-4) and 1 nurse (GS-6)	Peers support volunteers for Africa region only	n/a
IMO	n/a	n/a	Occupational health staff nurse (general service category staff) and Medical Adviser (consultant, 40%) are qualified to provide counselling within Health and Well-being Services	IMO made reference to human resources services and the Staff Association as informal networks	Cigna psychosocial support for staff, dependants and retirees
ITU	Staff counsellor (P-3, 80%) within Human Resources Management Department	n/a	Medical adviser (P-4, 100%), 1 nurse, 1 medical administrative assistant	n/a	n/a
UNESCO	Staff welfare assistant (GS-7) reporting to the Chief of the Human Resources Services Section	n/a	Psychiatrist (4 hours/month) and psychiatrist (half a day/week) within medical services	n/a	n/a
UNIDO	n/a	n/a	Vienna International Centre Medical Service	Vienna International Centre Medical Service	n/a
UNWTO	Staff counsellor as the mental health professional at both headquarters and regional offices		Human resources officer (P-4, 10%) and 2 service contract holders (30%–40%)	n/a	n/a

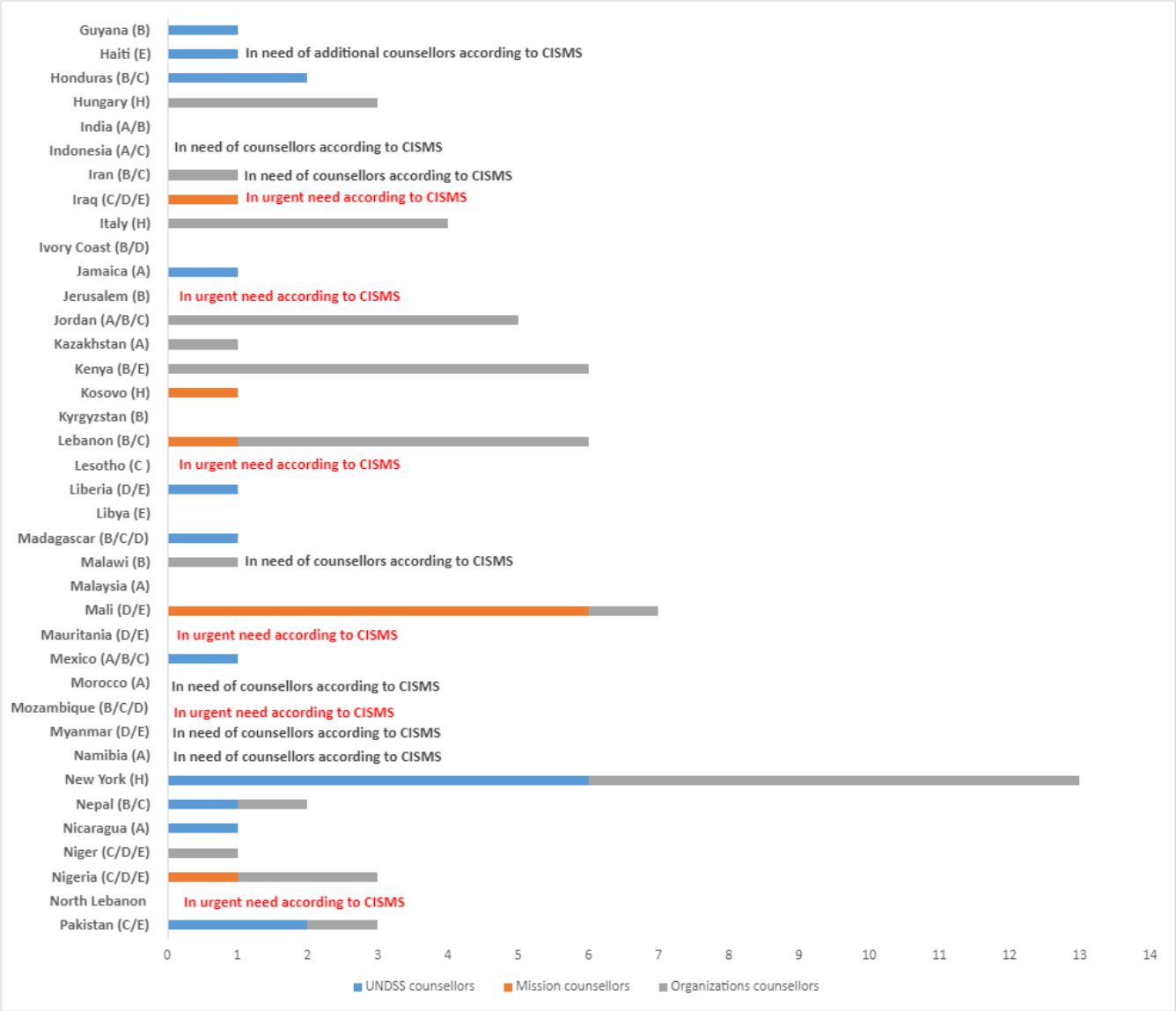
	Mental health practitioners at headquarters (or equivalent)	Mental health practitioners at other locations	Other functions providing counselling services	Informal support peer/volunteer programme providing emotional and psychosocial support	Professional psychosocial services provided by international counselling groups
UPU	UPU communicated that its governing body had agreed that the organization would not participate in the review				
WHO	1 staff psychologist within the Staff Health and Well-being Department (P-3) 1 staff counsellor within Human Resources and Talent Management (P-4)	1 staff counsellor at the Regional Office for the Eastern Mediterranean	n/a	Peers support network at the Regional Office for the Eastern Mediterranean only	International SOS
WIPO	Staff counsellor (P-3) within Human Resources Management Department	n/a	2 medical doctors with mental health training	Coaching team	n/a
WMO	Psychosocial support services and well-being activities administered by the United Nations Office at Geneva			n/a	n/a
IAEA	Staff counsellor (P-3) within the Vienna International Centre Medical Service	n/a	3 medical doctors and 6 nurses (Vienna International Centre Medical Service)	n/a	Under consideration

Source: prepared on the basis of information provided by participating organizations to the JIU corporate questionnaire and interviews.

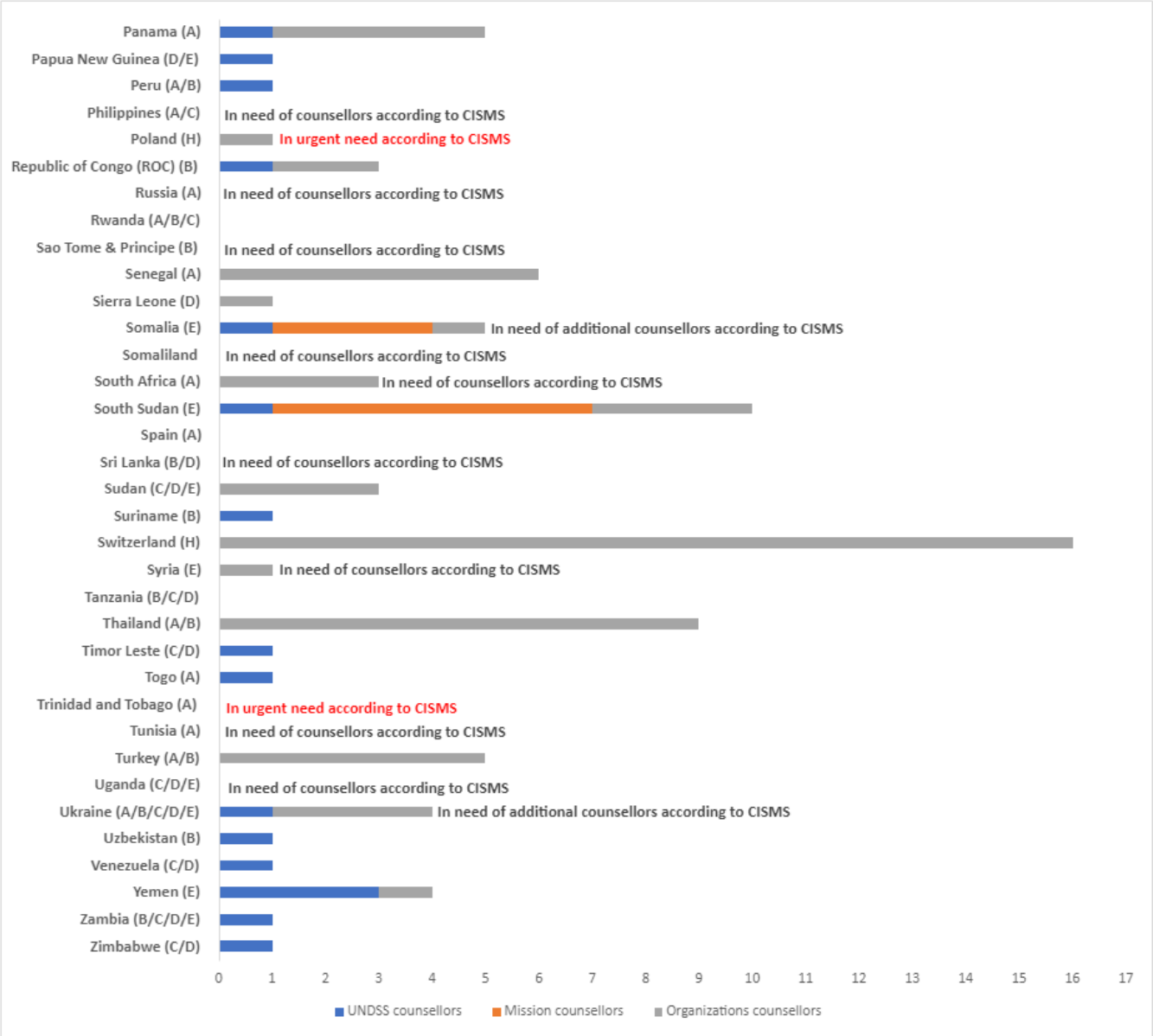
Annex XIII

Overview of United Nations system counsellors by location





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).

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

Annex XIV

Responses provided by the management of participating organizations, mental health practitioners and the resident coordinators, regional directors and heads of funds and programmes and specialized agencies at the field level on the main barriers to accessing psychosocial support services

	Management of participating organizations (number)	Mental health practitioners (percentage)	Resident coordinators, regional directors and heads of funds and programmes and specialized agencies (percentage)
Lack of human resources to meet demand in terms of psychosocial support (e.g. lack of qualified counsellors)	12	36.29	43.80
Presence of stigma, a negative social attribute or stereotype associated with seeking help for mental health or well-being	12	81.45	50.89
Trust and confidentiality concerns of personnel in accessing psychosocial support services provided by the United Nations system (counsellor reporting lines, physical location of counsellors' services etc.)	7	33.87	39.49
Language limitations (e.g. psychosocial support services and resources only offered in selected languages)	6	12.10	23.29
Lack of awareness of personnel about available psychosocial support services that could be utilized	4[a]	37.90	43.80
Lack of awareness of managers about available psychosocial support services to which personnel could be referred to		34.68	19.75
Cultural context – uncomfortable or unfamiliar with the psychosocial support or counselling	4	60.48	41.52
Lack of financial resources to provide psychosocial support services (e.g. lack of resources to develop well-being programmes, training etc.)	3	40.32	36.46
Workload and time constraints of personnel seeking support and counsellors	3	70.16	50.13
Preference of personnel to seek support externally	2	8.06	23.54
Inadequate coverage by health insurance that prevents personnel from accessing psychosocial support services or limits access	1	24.19	18.48
Costs associated with external mental health providers that prevent or limit access to psychosocial support services	1	16.94	16.71
Lack of local or regional mental health professionals for referrals	1	19.35	13.92
Technological limitations/restrictions limiting access to remotely available psychosocial support services (Internet, landlines etc.)	1	13.71	8.10

	Management of participating organizations (number)	Mental health practitioners (percentage)	Resident coordinators, regional directors and heads of funds and programmes and specialized agencies (percentage)
Contractual arrangements of personnel prevent them from accessing services		9.68	

Source: information provided by participating organizations to JIU corporate questionnaire and online surveys of mental health practitioners and field managers (2022).

Note: The United Nations Secretariat provided an aggregated response for 22 entities in the form of percentages, which included information on UNEP, UN-HABITAT and UNODC. UPU communicated that its governing body had agreed that the organization would not participate in the review.

[a] These two barriers were combined in the responses from the management of organizations.

Annex XV

Areas for inter-agency coordination and cooperation

1. **Appetite for more inter-agency coordination**. In the corporate questionnaire addressed to the management of the participating organizations, the Inspectors inquired about which areas would be seen as benefiting from (increased) inter-agency coordination within the workstream of mental health and well-being. A similar inquiry was included in the survey addressed to the mental health practitioners providing psychosocial services to United Nations personnel and in the survey submitted to resident coordinators, regional directors and heads of funds and programmes and specialized agencies at the field level. Globally, information gathered suggests a strong appetite for more inter-agency coordination in several areas. The areas attracting the most interest were around training and joint well-being and psychosocial programmes. It is interesting to note that such positive interest originates from different audiences, having different constraints and objectives. Such a consensus is relatively uncommon in the United Nations system.

Figure I
Responses on increased inter-agency coordination/cooperation from participating organizations, mental health practitioners and the resident coordinators, regional directors and heads of funds and programmes and specialized agencies at the field level

	Number of participating organizations supporting inter-agency coordination/cooperation	Percentage of mental health practitioners supporting inter-agency coordination/cooperation	Percentage of resident coordinators, regional directors and heads of funds and programmes and specialized agencies at the field level supporting increased inter-agency coordination/cooperation
Designing and implementing shared or joint well-being programmes	22	71.54	66.08
Offering shared or joint mental health and psychosocial services	19	60.98	61.52
Conducting joint psychosocial risk assessments	18	73.17	67.85
Offering joint training opportunities to support mental health and well-being of personnel	23	72.36	73.92
Pooling of resources to address psychosocial service needs and/or meet surge capacity	19	69.92	65.06

Source: responses provided by participating organizations to the JIU corporate questionnaire and JIU online surveys to mental health practitioners and field managers.

Note: UPU communicated that its governing body had agreed that the organization would not participate in the review.

2. **Gap between intention and concretization**. Despite the interest, responses rarely indicated any concrete suggestions regarding how such coordination could work. Moreover, the tasks in relation to coordination and consultation with other United Nations system counsellors represent a minimal amount of time of the counsellors across all three disaggregated categories surveyed by JIU. There is thus significant room for improvement, which should be further explored. The Inspectors note that initial steps do exist on which the United Nations system organizations could build a more coordinated, cooperative and cost-effective approach. In the area of training, the online "Workplace Mental Health and Well-being: Lead and Learn" training programme and the application-based well-being platforms jointly used by several organizations are promising examples. In the view of the Inspectors, the Implementation Board is the relevant forum to explore those opportunities.

Figure II
Respondents reporting implementation of coordination initiatives

	Mental health practitioners (percentages)	**Resident coordinators, regional directors and heads of funds and programmes and specialized agencies at the field level (percentages)**
Designing and implementing shared or joint well-being programmes	7.32	14.68
Offering shared or joint mental health and psychosocial services	8.13	23.29
Conducting joint psychosocial risk assessments	8.94	4.56
Offering joint training opportunities to support mental health and well-being of personnel	5.69	8.61
Pooling of resources to address psychosocial service needs and/or meet surge capacity	6.50	14.43

Source: responses to surveys of mental health practitioners and field managers.

Note: UPU communicated that its governing body had agreed that the organization would not participate in the review.

Annex XVI

List of informal recommendations

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

1. Improved records management of sick leave information, with due regard to confidentiality regarding mental health conditions, would better enable organizations to design programmes in support of the general health and well-being of its staff (para. 35).

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 (para. 42).

Chapter III. Inter-agency 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 (para. 51).

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 (para. 53).

5. There is thus an opportunity to broaden the perspective and competencies within the Implementation Board through membership expansion, including within established networks, such as the 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 (para. 55).

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 (para. 57).

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 (para. 61).

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

8. Having a dedicated multifunctional management structure proactively addressing mental health and well-being issues and activities allows for a more coherent approach across an organization (para. 63).

9. The mental health and well-being of personnel should be given due consideration in risk management processes and should be included as appropriate (para. 66).

10. For the majority of participating organizations, more work is thus required to further integrate mental health and well-being considerations into the broader occupational health and safety management systems in a substantive manner (para. 68).

11. The Inspectors encourage participating organizations to include [mental health and well-being of personnel] 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 (para. 70).

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 United Nations system. The data collected should be used to inform decision-making and improve mental health and well-being initiatives across the United Nations system (para. 74, Box 1).

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 (para. 74, Box 1).

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 on the potential psychosocial implications of policies (para. 81).

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 (para. 82).

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 (para. 83).

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 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 to respect the confidentiality of services delivered and demonstrates a leadership voice within the organization for mental health (para. 98).

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 integrate 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 (para. 99).

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 counsellors 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 (para. 105).

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 (para. 106).

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 (para. 107).

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 (para. 110).

23. The Inspectors recommend that organizations that mostly rely on consultants or other contractual modalities reassess [arrangements for delivering counselling services] (para. 111).

24. Onboarding cannot be neglected as it provides inside knowledge, which is a prerequisite for providing effective support and internal referrals and advice (para. 112).

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 (para. 113).

26. Bearing in mind the requirements of confidentiality surrounding the 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 (para. 114).

27. Even if counselling information does not constitute a medical record, proper record 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 (para. 115).

Chapter VII. Overview of capacity and resources to support psychosocial support services in 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 (para. 121).

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 (para. 130).

30. The Inspectors strongly advocate for a solution to be found to ensure consistent and professional recruitment and supervision of counsellors in peacekeeping and political missions (para. 139).

31. Recognizing the potential contribution of 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 their management and training represent a good return on investment (para. 140).

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 (para. 144).

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 (para. 149).

34. An essential component of such a strategic approach 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 (para. 151).

Chapter VIII. Psychosocial support services available to United Nations system organizations 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 without professional supervision, as highlighted in chapter VII (para. 157).

36. To ensure effectiveness, organizations should define the framework for provisioning [tele-counselling] services, the technological parameters necessary to ensure confidentiality and launch proper training for counsellors (para. 161, Box 2).

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 (para. 163).

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 (para. 170, Box 3).

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 they mitigate identified workforce risks and whether these initiatives are cost-effective (para. 174).

40. Executive heads of United Nations system organizations are strongly encouraged to continue supporting and/or joining system-wide global awareness initiatives (para. 176).

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 (para. 180).

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 (para. 182).

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 (para. 185).

Annex XVII

Overview of actions to be taken by participating organizations on the recommendations of the Joint Inspection Unit

			United Nations, its funds and programmes															*Specialized agencies and IAEA*											
		Intended impact	**United Nations**	**UNAIDS**	**UNCTAD**	**ITC**	**UNDP**	**UNEP**	**UNFPA**	**UN-Habitat**	**UNHCR**	**UNICEF**	**UNODC**	**UNOPS**	**UNRWA**	**UN-Women**	**WFP**	**FAO**	**IAEA**	**ICAO**	**ILO**	**IMO**	**ITU**	**UNESCO**	**UNIDO**	**UNWTO**	**UPU**	**WHO**	**WIPO**	**WMO**
Report	**For action**		☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
	For information		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Recommendation 1		**d**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**
Recommendation 2		**a**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**
Recommendation 3		**a**	**L**	**L**			**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**
Recommendation 4		**f**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**
Recommendation 5		**d**	**E**	**E**			**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	
Recommendation 6		**f**	**E**																										
Recommendation 7		**f**	**L**																										
Recommendation 8		**f**	**E**	**E**			**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	
Recommendation 9		**f**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**
Recommendation 10		**f**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**
Recommendation 11		**f**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**	**E**

Legend:

L: Recommendation for decision by legislative organ and/or governing bodies

E: Recommendation for action by executive head

☐ Recommendation does not require action by this organization

Intended impact:

a: enhanced transparency and accountability **b**: dissemination of good/best practices **c**: enhanced coordination and cooperation **d**: strengthened coherence and harmonization **e**: enhanced control and compliance **f**: enhanced effectiveness **g**: significant financial savings **h**: enhanced efficiency **i**: other.