



CEB
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for Coordination

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High-level Committee on Management (HLCM)

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UNICEF Global Supply and Logistics Hub, Copenhagen

UN System Workplace Mental Health and Well-being Strategy:
2024 and beyond Strategy

Introduction

1. The purpose of this agenda item is to present the proposed 2024 and beyond UN System Workplace Mental Health and Well-being Strategy for approval by the HLCM. This paper includes:
 - a) Proposed 2024 and Beyond Mental Health and Well-being Strategy, its implementation guide and scorecard, and the JIU recommendations with the corresponding scorecard indicators (Appendix I); and
 - b) Proposed Strategy's implementation staffing structure, location options, 2024 budget and cost-sharing distribution model (Appendix II).
2. Significant progress was made with the 2018-23 UN System Workplace Mental Health and Well-being Strategy¹. While the Covid-19 pandemic had an impact on implementation, it also allowed an increased understanding of the importance of mental health and well-being in the workplace.
3. It is critical we continue to act to create a mentally health working environment, which minimizes the financial impact stemming from reduced productivity pertaining to poor mental health of personnel and enables the UN to deliver on its mandates.
4. The HLCM endorsement of the Mental Health and Well-being Strategy for 2024 and beyond would reflect the UN's ongoing high-level commitment to the mental health and well-being of UN personnel and ensures we build on the progress made to-date.
5. The 2024 and beyond strategy builds on the foundations developed and move toward a sustainable and integrated approach to mental health and well-being across the UN System.
6. We need to ensure a strategy is in place to guide evidence-based actions with a sustainable funding model that supports UN Organizations to take appropriate action.

¹ <https://www.un.org/en/healthy-workforce/files/Strategy%20-%20full.pdf>

7. The benefits of a system-wide approach have been demonstrated during the first phase of the strategy as it allows for minimization of duplication of effort, a shared approach and a mechanism to share lessons learnt.
8. The current strategy has been funded with voluntary contributions (cash and in-kind support)
9. The strategy addresses a number of recommendations made in the recent Joint Inspection Unit (JIU) review into mental health policies and practices in the UN System².

UN System Workplace Mental Health and Well-being Strategy (2018-23)

10. The first UN System Workplace Mental Health and Well-Being Strategy was approved by the HLCM and subsequently launched by the Secretary-General in October 2018.
11. The 2018-2023 UN System Workplace Mental Health and Well-being Strategy aimed to:
 - a) Create a workplace that enhances mental and physical health and well-being;
 - b) Develop, deliver and evaluate high-quality psychosocial services everywhere that UN staff work;
 - c) Welcome and support staff who live with mental health challenges; and
 - d) Ensure sustainable funding for mental health and well-being services.
12. A multi-agency, multi-disciplinary Implementation Board was established, and a P5 Global Lead was appointed and commenced in 2019 to support the implementation of the strategy.
13. Significant progress was made following the launch of the 2018-23 Strategy:
 - a) The establishment of a governance mechanism with the multi-agency, multi-disciplinary Implementation Board has enabled a system-wide approach;
 - b) The creation of quality control and reporting tools with the Mental Health and Well-being Implementation Guide and Scorecard;
 - c) System-wide agreed upon best practices, as reflected in the new 2024 and Beyond Mental Health and Well-being Strategy;
 - d) Education programs such as Lead and Learn which is free to all UN personnel, and outreach events such as World Mental Health Month activities, has resulted in mental health literacy has increasing at the UN. This allows for a robust discussion, at all levels, on the effects, both positive and negative, our working environment can have on the mental health of personnel;
 - e) A variety of new data collection methods has shown the importance of mental health in the workplace, particularly its effect on the productivity, morale and ability for the UN to deliver on its mandate; and
 - f) Communication and engagement activities, particularly during World Mental Health Month.
14. A summary of progress made can be found in CEB/2023/HLCM/18.
15. Implementation of the strategy to-date has been funded with voluntary contributions (cash and in-kind support from UN Organizations).

² https://www.unjiu.org/sites/www.unjiu.org/files/jiu_ml_2023_1.pdf

Proposed UN System Workplace Mental Health and Well-being Strategy for 2024 and beyond

16. Evidence indicates that there are further opportunities for action. This evidence comes from:
 - a) Data from UN health surveys which indicates that the working environment impacts on the mental health of UN personnel.
 - b) The 2023 Mental Health and Well-being Scorecard Report which points to distinct areas where UN organizations can take further action, particularly related to prevention, leadership and stigma reduction.
 - c) The JIU Review 'mental health and well-being policies and practices in the United Nations system organizations', which clearly outlines the negative financial impacts of poor mental health at the UN and the organizational risks posed by not taking a **system wide** approach.
 - d) The WHO/ILO Mental Health at Work Policy Brief³ published in September 2022 identified areas for action based on the latest evidence.
17. At its 44th meeting in October 2022 the HLCM approved the development of a strategy for 2024 and beyond.
18. Following the endorsement by HLCM, the draft 2024 and beyond strategy was) with input from:
 - The Mental Health and Well-being Implementation Board;
 - Senior leaders, the staff federations, human resources professionals and mental health service providers;
 - Data gathering using the UN Health Survey results, Scorecard data and staff union surveys; and
 - WHO/ILO colleagues who developed the Mental Health at Work policy brief.
19. The 2024 and beyond strategy (Appendix I)
 - Builds on the existing strategy;
 - Is guided by the WHO Workplace Mental Health Guidelines⁴ and WHO/ILO Workplace Mental Health Policy Brief;
 - Is accessible and 'user-friendly' for all personnel;
 - Provides overall guidance that can be adapted to the needs of each UN Organization and duty
 - Is evidence-informed, culturally sensitive, and mindful of the unique circumstances that UN personnel face; and
 - Includes an implementation guide and updated scorecard (refer to Annexes I and II in Appendix I).

³ <https://www.who.int/publications/i/item/9789240057944>

⁴ <https://www.who.int/publications/i/item/9789240053052>

Proposed Staffing Structure, location options, 2024 Budget and cost-Funding Model

20. At its 44th meeting in October 2022 the HLCM requested the Implementation Board to develop a sustainable and long-term funding proposal.
21. Furthermore, JIU in paragraph 18 of its report on the review into mental health policies and practices in the UN System i.18. *“Furthermore, securing sustainable funding for coordinating the implementation of the Strategy should be a priority, especially considering its second iteration.7 A more sustainable and predictable staffing and funding arrangement to support the implementation of the Strategy across the United Nations system should be considered, especially given the monitoring and reporting requirements, outreach and a new iteration of the Strategy to be approved in 2023 with a view to commencing implementation in 2024.”*
22. Resourcing requirements have been considered by the Implementation Board with a view to maximizing return on investment and minimizing duplication of effort.
23. Appendix II contains the details of the resource proposal of the next iteration of the Strategy.

Conclusion

24. Implementation of the 2018-23 UN System Workplace Mental Health progressed as planned and built a solid foundation for future success through the governance of the Implementation Board, the system wide data collection of the Mental Health and Well-being Scorecard, and the proposal of a system-wide funding model.
25. For the 2024 and beyond strategy, the Implementation Board endorsed the evidence informed WHO/ILO model at outlined in their Mental Health at Work Policy Brief and focused resources on preventing risks to mental health at work, **promoting** well-being and protecting mental health at work and supporting personnel with mental health conditions.
26. The 2024 and beyond UN System Workplace Mental Health and Well-being Strategy represents a significant step forward in the UN's commitment to promoting mental health and well-being for its workforce. The comprehensive data gathering and consultation process ensured that the strategy is grounded in the needs of personnel and reflects best practices in workplace mental health and well-being.
27. Recommendations have been made to ensure funding is available for the implementation of the 2024 and beyond strategy.

Proposed actions for the HLCM

28. The HLCM is invited to:
 - a) Approve the 2024 and Beyond Mental Health and Well-being Strategy;
 - b) Approve the Strategy's implementation guide;
 - c) Approve the Strategy's scorecard and request the Implementation Board to report on annual basis;
 - d) Approve the staffing structure for an initial period of three years;
 - e) Approve the budget for the year 2024; and
 - f) Approve the cost-sharing distribution model.



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

SUMMARY / OVERVIEW

The UN System Workplace Mental Health and Well-being Strategy (the Strategy) is designed to assist the United Nations to create a working environment that is conducive to good mental health and ensures that support is available when it is needed. The Strategy provides a roadmap to create *“an inclusive, sustainable work environment where mental health and well-being is embedded in the organizational culture and systems - where each and every one belongs, is valued, nurtured and thrives, ensuring an efficient workforce delivering on our promise of a better world”*.

WHO states that mental health is more than the absence of mental health conditions. Rather, 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.

UN personnel, in all locations, can find themselves working in challenging situations. These challenges can be due to pressure and deadlines, being in a high-risk duty station or the result of isolation from family and being away from their country of origin. Successive surveys have shown that UN personnel report high levels of symptoms consistent with poor mental health. Our working environment can play a direct role in this. Good working conditions protect mental health. Work can also be good for us, healthy working conditions can protect mental health. UN personnel, in all locations, may be living with mental health conditions irrespective of work as a contributory factor.

The costs of inaction are high. Poor mental health leads to reduced productivity, staff absences and turnover, and risks our ability to deliver on our mandates. There are also costs to our personnel, their families and communities as they navigate the impact of symptoms of poor mental health and the effect this can have on their lives.

The actions we take now can have a real and positive impact on the mental health of our personnel.

This strategy builds on gains made in the implementation of the first Strategy (2018-23), and takes into account the latest evidence based, data collected from UN survey's and the 2023 JIU review into mental health policies and practices within the UN.

The Strategy is guided by the [WHO/ILO Mental Health at Work policy brief¹](#), which calls for organizations to act:

1. **Preventing** risks to mental health at work
2. **Promoting** well-being and protecting mental health at work
3. **Supporting** personnel with mental health conditions

Each of these three pillars are supported by indicators to help organizations measure success, technical guidance when needed, as well as suggestions for allocation of responsibility.

¹ This is an evidence-based policy brief based on the WHO guidelines on mental health at work
<https://www.who.int/publications/i/item/9789240053052>



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Essentials for effective implementation

1. Everyone has a role to play

This is a shared responsibility, requiring collective effort, with collective action, for a collective benefit.

2. It is not one size-fits all

Each UN Organization has its own organizational culture and will determine how to implement the strategy.

3. System-wide coordination and support

This minimizes duplication of efforts through shared resources, setting common standards and sharing good practices. Good practices are occurring across the UN system, and it is important that a collaborative approach be taken so we can learn from each other.

4. Integrating mental health and well-being into policies and practices

As this is not a stand-alone activity, it needs to be mainstreamed into the way we work and integrated into workplace practices and behaviours.

5. Leadership support is crucial

Senior leaders are asked to be public champions of the strategy, to take responsibility to reduce of workplace risks, to enable actions to promote and protect a mentally healthy workforce, and ensure support is available for personnel living with mental health conditions, when needed.

6. The role of managers is pivotal

Managers need the skills to create a healthy working environment, reduce risks within their teams, and to support staff to access help when needed. They also need to know how to take care of their own mental health.

7. Data informed decision making

Data related to mental health and well-being about the UN Organizations allows us to understand the unique issues we face and where to focus actions.

8. Taking action to support mental health and well-being is possible

Provision of an implementation guide and an accompanying scorecard guides organizations in what actions should be taken and how to measure this.

BACKGROUND

The 2018-23 Mental Health and Well-being Strategy

The first [UN System Workplace Mental Health and Well-being Strategy](#) was launched by the Secretary General in October 2018. This Strategy was developed after a Global Well-Being Survey, completed by over 17,000 United Nations staff members across 11 United Nations Organizations in 2015, revealed that approximately half of all United Nations staff members who responded to the survey reported



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experiencing symptoms that can be interpreted as being consistent with serious mental health conditions.

The implementation of the 2018-23 Strategy was overseen by a system-wide, multi-disciplinary, multi-agency Implementation Board, which reported to the High-Level Committee on Management (HLCM) via the Human Resources (HR) Network.

Significant gains were made during the implementation of the first strategy and the 2024 and beyond Strategy builds on these gains.

Development Process

The Strategy was developed by the system-wide, multi-disciplinary, multi-agency Implementation Board. Key inputs in the Strategy's development include lessons learnt from the 2018-23 strategy, the [WHO/ILO Mental Health at Work policy brief](#), inputs from personnel and the recommendations from the Joint Inspection Unit (JIU) review into UN system-wide mental health policies and practices. After this information was compiled, an in-person retreat with the Implementation Board was held in 2023 to agree on key elements of the strategy. In addition, a multi-disciplinary working group, chaired by the Global Lead, oversaw the drafting of the strategy and its related annexes.

The State of Mental Health in the UN System

The [JIU report](#) highlighted that baseline data, and subsequent studies have confirmed, that UN System personnel experience a number of psycho-social risk factors at work and report high rates of symptoms consistent with a mental health condition.

The report noted that sick leave and disability data provided by participating organizations show that this is an increasing trend. This is of particular concern as associated costs are high. Poor mental health leads to reduced productivity and risks our ability to deliver on our mandate. The poor mental health of personnel has resulted in increased costs for UN system organizations, personnel, families and communities. This is not an isolated trend. Over the last 10 years, several surveys have shown that the mental health of personnel has been declining.

This impacts productivity and has subsequent financial implications. In addition, there are personal cost for our staff and their families.

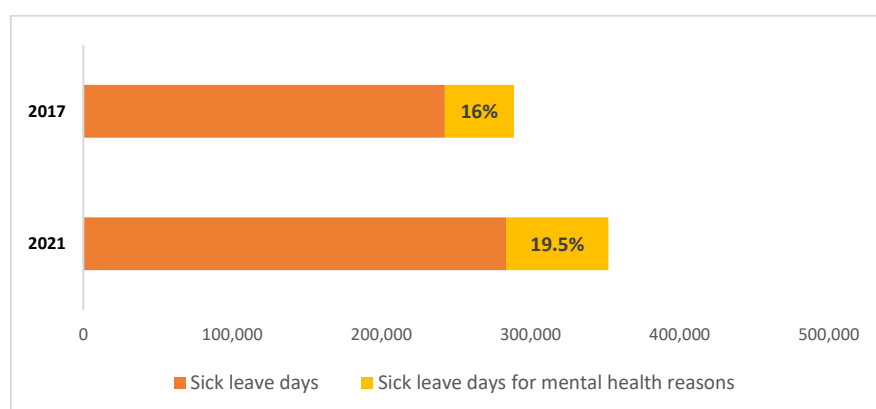
Based on JIU findings, the trend of declining mental health poses two main economic risks to the UN, the increasing cost of sick leave due to mental health diagnoses and the increase of costs due to disability pension claims.



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1. Increased sick leave

Every year, the percentage of sick leave rates associated with a mental health diagnosis is increasing. This not only represents a cost reflected in the lost productivity of the individual on leave, but negatively impacts teams and programme delivery if policies and workplace practices are not enacted. Based on certified sick leave data, provided to JIU by participating organizations, in 2021 nearly 20 per cent of all sick leave taken was attributable to mental health, up from 16 per cent in 2017. Absence and poor implementation of return-to-work policies and mechanisms supporting them, such as partial and temporary disability, reasonable accommodations, talent solutions, etc., increase the negative impact of sick leave for mental health reasons on individuals and organizations.



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

2. Increased disability claims

Based on data provided provided to the JIU from the Legal Office of the United Nations Joint Staff Pension Fund (UNJSPF), the proportion of disability cases granted to United Nations System staff for mental health reasons has increased, from 37.5 per cent for the 2016-2017 biennium to over 45 per cent for the 2020-2021 biennium. Moreover, from the 2010-2011 biennium to 2020-2021, the number of disability cases with a psychiatric diagnosis has increased over 158 per cent.

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

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

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



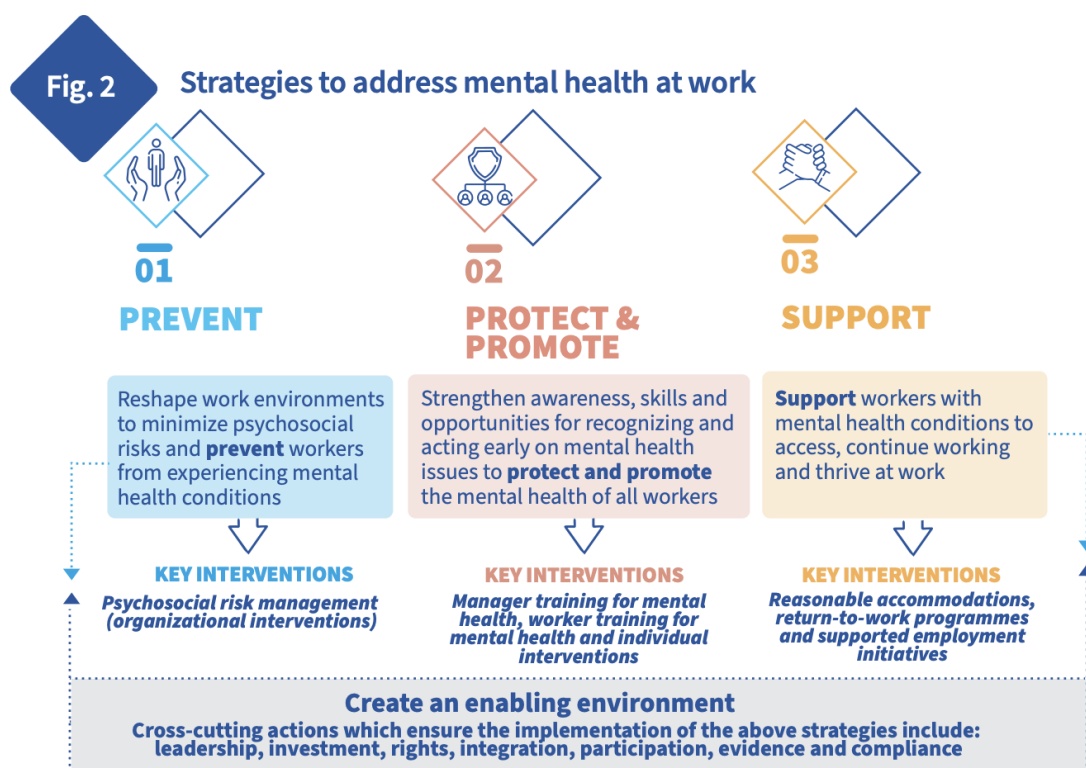
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THE STRATEGY

The Strategy is aligned with the [WHO/ILO Mental Health at Work policy brief](#) which calls for organizations to act to:

1. **Prevent** risks to mental health at work
2. **Promote** well-being and protect mental health at work
3. **Support** personnel with mental health conditions

They also identified a number of cross-cutting issues to create an enabling environment.



System-wide action

This is a system-wide strategy and global efforts will be undertaken to support UN Organizations to take action. An implementation guide and scorecard have been developed to guide the work of UN Organizations. The Strategy provides the overarching framework to address workplace mental health and well-being. How the Strategy is implemented may vary across organizations.

Supportive actions taken the system-wide level will include:



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- Streamlined evaluation and reporting
- Data collection and analysis
- Integration with other system-wide strategies
- Development of policies, tools and learning products that can be adapted by UN Organizations to share resources required to develop products and programmes individually
- Undertake communication and change management activities, including campaigns, multimedia and digital products and events
- Advocacy and strategic support for decision makers to implement the strategy
- Provision of guidance to UN Organizations on how to implement the strategy

Organizational action

UN Organizations are called to develop a Mental Health Action Plan. This could be standalone or integrated within existing mechanisms, such as occupational health and safety plans.

An Implementation Guide (Annex I) has been developed to assist organizations in this process. An assessment of needs will inform development of a plan. The implementation guide recommends ensuring a leader has overall responsibility, the establishment of a multi-disciplinary working group and the development of a tailored action plan with agreed deliverables. This should be based on the indicators across three pillars: Prevent, Promote and Support.

A scorecard (Annex II) has been developed with three indicators for each pillar. Some organizations may have already acted for each of the indicators, others may need to prioritize their starting point. The strategy does not present timelines or recommend which indicators to commence with as organizational circumstances vary. It is important to initiate the new actions and reinforce already existing activities in line with a long-term strategic plan, setting out organization-specific priorities and implementing them in a consistent manner.

UN Organizations will be held accountable via reporting on progress against indicators on an annual basis.

UN Organizations will need to ensure that resources are allocated to implement the action plan, including the time required by relevant personnel is considered and added in their workplans.



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Key Pillars and Indicators

Prevent	Promote	Support
1. Risk Assessment (Prevention & mitigation)	3. Manager Training	7. Enabling Dignified Work
2. Policy & Practice Mainstreaming	4. Stigma reduction activities	8. Access to psychosocial support
	5. Mental Health Literacy training	9. Quality control for psychosocial support
	6. Implementation of well-being initiatives	
Cross cutting		
10. Leadership 11. Reporting 12. Participation		

Overview

1. Preventing poor mental health

Prevention requires an organizational approach to assessing and mitigating psycho-social risks. Actions can be taken to ensure policies and practices consider workplace factors that can lead to poor mental health. The WHO/ILO Policy brief outlines 10 psychosocial risks and interventions that can be taken to mitigate them (see Annex III). UN data has highlighted four areas that need particular focus:

- Work-life harmony / workload management
- Job control
- Communication and interpersonal relationships
- Manager support

Actions need to take into consideration the lifecycle of personnel engagement from attracting candidates, recruitment, on-boarding, learning, performance management, career development through to retirement.

Key actions that can be undertaken under this pillar are:

- Incorporate mental health and well-being considerations into people management policies and relevant practices (such as recruitment, on-boarding and people management)
- Undertake an assessment of psycho-social risks and develop a mitigation plan. The mitigation plan should focus on practical measures that can be taken to manage risks identified. Examples



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of this could include a focus on work planning and strategies to manage work overload and initiatives to reduce incivility in the workplace.

2. Promote and protect mental health

The focus of this pillar is to increase understanding of mental health and well-being, how to promote good mental health and well-being and how to encourage behaviours to support this change. This includes organizations providing conducive conditions for individuals to take action for the benefit of their mental health.

Key actions that can be undertaken under this pillar are:

- Training and skill development for managers possess the skills to create a healthy working environment
- Undertake stigma reduction activities that create conditions that enable personnel experiencing mental health conditions to fully express their potential and meaningfully contribute to the work of the UN Organization
- Provide mental health literacy programmes for all personnel
- Implement well-being initiatives (such as stress management, encouraging physical activity and health promotion activities)

3. Support personnel with mental health conditions

Everyone needs support at different times. This is particularly critical for personnel experiencing poor mental health. Personnel should have access to quality mental health care both through UN services and via appropriate insurance with reasonable coverage.

Policies and practices should also be in place to allow reasonable accommodations to be made where needed and robust return-to-work policies that ensure individuals and teams are supported to return after absence due to a mental health condition.

Key actions that can be undertaken under this pillar are ensuring:

- reasonable accommodation and return-to-work policies and support are in place and that key personnel are knowledgeable on what good support for personnel with mental health conditions should entail
- access to psycho-social support through internal, shared and/or external resources including insurance products
- the United Nations Staff Stress Counsellor Group (UNSSCG) report “Guidance on Professional Standards for UN Counsellors” is followed



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Cross-cutting issues

To support actions undertaken in the key pillars, cross cutting issues have been identified and will be critical to success at an organizational level. While the WHO/ILO Policy outlines several other cross cutting issues, these are the ones identified to be prioritized within the UN:

- leadership
- reporting
- participation

Leadership

Leadership buy-in and advocacy is required to enable a successful change process within an organization. This means that the head of the organization openly advocates for mental health and well-being, behaves in a manner that models and promotes healthy workplaces and ensures that appropriate resources are allocated.

Reporting

UN Organizations will be asked to complete the scorecard on an annual basis, indicating where progress has been made against their action plans. Initially, this will mean specifying what indicators the organization has already met. In 2026, year 3 of the Strategy, a more robust approach will be taken, and organizations will be requested to provide evidence and evidence-based information. Organizations are also encouraged to gather and analyze mental health and well-being related data to guide actions and monitor changes.

Participation

Participation focuses on ways that individuals and organizations can support the strategy. This includes individuals with lived experience taking part in decision making processes, organizations providing focal points for the Implementation Board, and allocating system wide resources for a global coordination mechanism.

WHO IS RESPONSIBLE

We all can and should take action to support our own well-being and create a healthy working environment. It is imperative that no one individual, position or department/office is seen to be responsible for mental health and well-being in the workplace. The emphasis in this phase of the Strategy is for everyone within the UN System to possess the skills to act for themselves and for their role and that their organization and the UN System supports them to achieve change.

The WHO/ILO policy brief asks for actions to be taken on three levels: organizational, managerial, and individual. As the Strategy suggests a mainstreamed multi-faceted approach, this will require organizations to own and lead the implementation at multiple levels and through integrative processes.

Implementation of the Strategy is overseen by a system-wide, multi-disciplinary, multi-agency Board. The Board reports to the HLCM via the HR Network.



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Mental health and well-being is not a stand-alone issue. Action taken in many areas can have an impact on mental health. Given this, the Board works with alignment and in collaboration with other relevant bodies, such as the Occupational Health and Safety (OH & S) Forum, UN Staff Counsellors Group, the Critical Incidence Stress Working Group, Staff Federations, UN Medical Directors, and the HR Network.

MEASURING SUCCESS

Success will be measured based on actions taken across the UN System as outlined in the scorecard. Individually, UN Organizations will be able to compare their scorecard results against those of the whole system.

To facilitate these required actions, system-wide thematic working groups will be set up that report to the larger Implementation Board. The Implementation Board will then report annually on progress made to the HLCM.

Annex IV contains the JIU recommendations with the corresponding scorecard indicators.



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Annex I IMPLEMENTATION GUIDE

INTRODUCTION

The United Nations System Workplace Mental Health and Well-being Strategy (hereafter, 'The Strategy') aims to create *"an inclusive, sustainable work environment where mental health and well-being is embedded in the organizational culture and systems -where each and every one belongs, is valued, nurtured and thrives, ensuring an efficient workforce delivering on our promise of a better world."*

As a supporting document to The Strategy, this Implementation Guide (hereafter, 'The Guide') serves to assist UN organizations to mainstream psychosocial health and well-being into the culture of the United Nations. The Strategy's focus on creating a healthy workplace is underpinned by specific administrative and process related indicators which will facilitate this change.

Recognizing that this is a *workplace* mental health and well-being document, these initiatives focus on the workplace. This includes a focus on preventative measures, investment in mental health and well-being programmes, education to reduce stigma, and ensuring that there is equal access to quality psychosocial support as directed in The Strategy.

While The Guide focuses on collecting data for the three pillar areas of Prevent, Promote and Support (as outlined in The Strategy), other activities may also form part of an overall Action Plan depending on the needs of your organization. Recognizing that not every Pillar Indicator is equally applicable to every United Nations entity, these indicators are not meant to compare groups, but instead create benchmarks Organizations can use to measure progress.

As shown in the Scorecard, many of the actions organizations are being asked to take, involve a variety of departments and specialties. This holistic approach will focus on working together, innovative solutions, and an understanding that we can all take responsibility for improving the environment in which we work. We all have a role to play in improving mental health and well-being at the UN.

THE ROLE OF THE ORGANIZATION

Comparison studies have shown that the reported levels of symptoms consistent with mental health conditions are higher in the UN (at approximately 50%) than in the general population.² Successive Staff Well-being Surveys have highlighted that the longer people work for the United Nations the more likely they are to experience negative mental health outcomes. Anxiety, depression, post-traumatic stress, and hazardous drinking negatively impacts the quality of life of thousands of UN employees and costs the Organization millions of dollars every year.

Structuring the workplace, working conditions and workplace culture to put people first can have a significant impact on the mental health and well-being of personnel. According to the World Health Organization and International Labour Organization, many organizational factors influence the mental



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health of employees. These issues include poor communication and management practices, limited participation in decision-making, long or inflexible working hours and lack of team cohesion.

Despite current investment, there is an opportunity for improvement within the UN organizational mental health and well-being approach. The Guide asks UN partners to influence change in 3 main areas. Recommended actions are based on WHO's "Guidelines on Mental Health at Work". These guidelines, along with [WHO/ILO's 'Mental Health at Work Policy Brief'](#) outline three key pillars, along with a number of cross-cutting actions.

1. **Preventing** risks to mental health at work
2. **Promoting** well-being and protecting mental health at work
3. **Supporting** personnel with mental health conditions

Key indicators have been identified for each of these pillars and can be found in the accompanying Scorecard. Indicators are supported by actionable requirements which will be reported on yearly to HLCM. The Mental Health and Well-being Scorecard will be the tool used for evaluation at the HLCM level.

To support actions undertaken as part of the key pillars, cross cutting issues have been identified which will be critical to success. The cross-cutting issues that are included in the strategy are leadership support, reporting structure and participation at all levels.

These thematic areas will serve as a foundation to achieve the overall goal of creating an environment that enables good mental health and well-being, facilitates the ability of personnel to improve their resilience and ensures targeted quality intervention is available for those seeking help.

To further these efforts, organizations will be asked to develop a Workplace Mental Health and Well-being Action Plan, based on principles found in The Strategy. Keeping in mind that the size and resources of entities vary, partners will be asked to tailor their plans to fit their specific needs and available funding. For some organizations, The Guide will serve as a first step, while for others it is an opportunity to review their existing plans.

DEVELOPING A MENTAL HEALTH AND WELL-BEING ACTION PLAN

A Workplace Mental Health and Well-being Plan refers to a coordinated and comprehensive set of strategies which include programmes, policies, benefits, environmental support, and links to resources designed to meet the mental health and well-being needs of all personnel.³

The systematic process of building a Workplace Mental Health and Well-being Plan emphasizes four main steps:

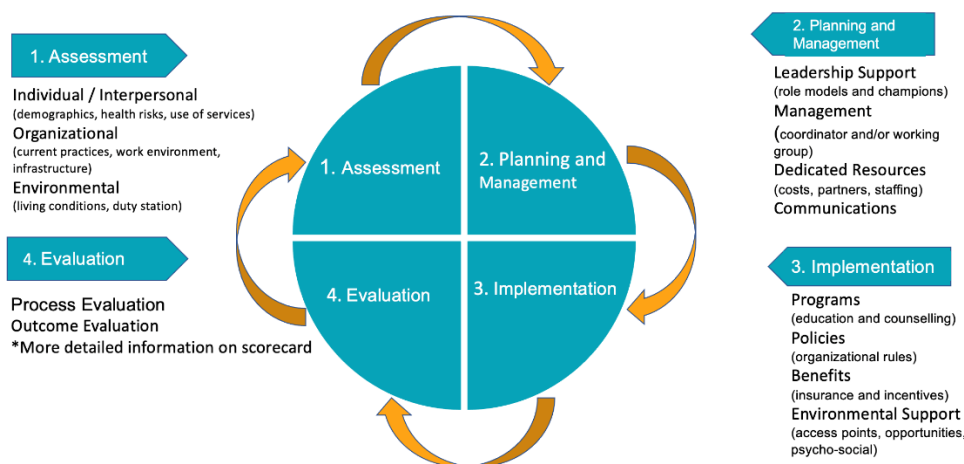
³ <https://www.cdc.gov/workplacehealthpromotion/model/index.html>



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- Step 1 – Workplace Assessment
- Step 2 – Planning
- Step 3 – Implementing
- Step 4 – Determine impact through evaluation

Workplace Mental Health Well-being Action Plan



Step 1- Workplace Assessment

In the first step, data is collected to assist organizations to decide where to focus resources. There are three data collection levels to consider which cover the key areas of people, programmes, and initial funding. Ideally, assessment team members should include people with lived experience.

- Interpersonal – elements of personnel's workplace network which includes relationships with managers and coworkers.
- Organizational – elements of the workplace structure, culture, practices and policies such as benefits, health promotion programmes, work organization, and leadership and management support for workplace well-being initiatives
- Environmental – elements of the physical workplace such as facilities and settings where employees work as well as access and opportunities for health promotion provided by the surrounding duty station.

Data sources for this assessment may include, but are not limited to psychosocial assessment tool, sick leave data, use of EAP or counseling services by topic, job satisfaction surveys, UN-Wide Health Survey, internal data collection methods (surveys, questionnaires, personnel inputs).



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Step 2- Planning

During this phase resources are identified based on the priorities identified in step one. These resources may include:

- Senior leadership- individuals who will serve as role models, communication leaders and champions within management.
- A workplace coordinator/focal point or working group to oversee the plan.
- Dedicating the financial resources necessary to execute the plan.
- Creating a communications strategy to inform all personnel about priorities, resources, and how to join the effort.

Examples of Well-being Planning Group TORs can be found on the [UN Healthy Workforce website](#)

Step 3 – Implementing the Plan

It is important for Mental Health and Well-being Plans to have actions across all of the key pillars and indicators outlined in Annex I. These may include:

1. Mental Health and Well-being related policies and practices– formal or informal written statements that are designed to protect or promote the mental health and well-being of personnel. Supportive policies affect large groups of personnel simultaneously and impact on the working environment. Examples may include return-to-work policies for those coming back after experiencing a mental health condition, SOPs for reasonable accommodations, and policies that allow for greater autonomy for workload management, telecommuting, and work-life harmony.
2. Mental Health and Well-being programmes – this can include training and education (such as the Lead and Learn Programme or stress management) and access to counseling services- either internal or external.

Step 4 – Determine Impact through Evaluation

The evaluation stage of the project is important for two reasons. First, it allows for information to be gathered on ways in which the plan can be improved over time. Second, the evaluation is a way to define the value of the plan to senior management.

There are 4 key areas for inclusion in your evaluation which are reflected in the Scorecard. These areas are based on the 3 key pillars and cross cutting section outlined in the UN Workplace Mental Health and Well-being Strategy. The following areas can be used in all stages of the project including to inform initial data collection, assist with creating the plan and finally implementation and evaluation. The Scorecard will be the tool used for evaluation at the HLCM level.



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Annex II: INDICATORS AND SCORECARD

The challenging work that UN personnel undertake, often under high pressure and in dangerous locations, makes it imperative that our *workplace* is a *safe place*.

This means that action is taken to create a healthy workplace culture, policies and practices are in place to support this, managers are trained to understand mental health and well-being, individuals are provided with the tools they need to stay healthy, and support is provided for those in need.

Organizations are encouraged to take action in as many of these domains as possible. However, not all indicators are appropriate for all organizations. We understand that different organizations will have different structures, goals and personnel profiles and will therefore prioritize accordingly.

Drawing from the WHO/ILO model of Prevent, Promote, and Support, we ask individuals, managers, and organizations to take action under each of these headings to positively affect organizational culture. These actions will be laid out in Action Plans developed by organizations in accordance with their specific conditions and available resources. An example of an Action Plan can be found in the Implementation Guide which accompanies this Scorecard.

Prevent	Promote	Support
1. Risk Assessment (Prevention & mitigation)	3. Manager Training	7. Enabling Dignified Work
2. Policy & Practice Mainstreaming	4. Stigma reduction activities	8. Access to psychosocial support
	5. Mental Health Literacy training	9. Quality control for psychosocial support
	6. Implementation of well-being initiatives	
Cross cutting		
10. Leadership 11. Reporting 12. Participation		



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Prevent

Indicator 1: Risk Assessment

Approaches Requirements	Meets Requirements	Exceeds Requirements
Current risk assessment activities include a psycho-social section.	Current risk assessment activities include a psycho-social section.	Current risk assessment activities include a psycho-social section.
A review of psycho-social risks* has been undertaken* .	A review of psycho-social risks* has been undertaken* .	A review of psycho-social risks* has been undertaken* .
	Psycho-social risk assessment mitigation action plan created and implemented.	Psycho-social risk assessment mitigation action plan created and implemented.
		Review and improvement process in place for psycho-social risk mitigation.
		Evaluation of risk mitigation strategies included in managers performance appraisals.

* Psycho-social risks include, workload management, work/ life harmony, job control, working hours, interpersonal relationships

** May be a pilot programme in one or more duty stations

Prevent

Indicator 2: Policy & Practice Mainstreaming

Approaches Requirements	Meets Requirements	Exceeds Requirements
Mental health and well-being review of existing policies* and practices related to people management across the employee lifespan**.	Mental health and well-being review of existing policies* related to people management across the employee lifespan**.	Mental health and well-being review of existing policies* related to people management across the employee lifespan**.
	Based on the MH&WB review, policies flagged related to people management are edited, or authored , to ensure inclusion of MH&WB considerations.	Based on the MH&WB review, policies flagged related to people management are edited, or authored , to ensure inclusion of MH&WB considerations.
		All policies related to people management are regularly reviewed , and accountability mechanisms are implemented.

*Examples may include: the areas of pre and post deployment, recruitment, workload management, workforce planning, FWA, and work-life harmony, RTW, Sick leave policy, reasonable accommodation, policy on mobility, prevention of harassment, OHS, performance management, values and behaviour framework, People / HR strategy, diversity equity and inclusion, disability, LGBTQI, Staff Safety and Security, etc.

** recruitment, on-boarding, re-assignment, retirement/termination



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Promote

Indicator 3: Manager Education and Training

Approaches Requirements	Meets Requirements	Exceeds Requirements
Training* for new Managers on workplace mental health and wellbeing. is included in induction .	<p>Training* for new Managers on workplace mental health and wellbeing. is included in induction.</p> <hr/> <p>Training* for all Managers on workplace mental health and wellbeing is integrated into managers development and learning initiatives</p> <hr/> <p>Managers have access to coaching and guidance related to mental health and well-being in the workplace.</p>	<p>Training* for new Managers is included in induction.</p> <hr/> <p>Training* for all Managers on workplace mental health and wellbeing is integrated into management development and learning initiatives</p> <hr/> <p>Managers have access to coaching and guidance related to mental health and well-being in the workplace.</p> <p>Manager education and training initiatives are evaluated, and results are integrated to ensure continuous improvement.</p>

*Modify Lead & Learn (or similar courses) to organizational needs

Promote

Indicator 4: Stigma Reduction Activities

Approaches Requirements	Meets Requirements	Exceeds Requirements
<p>Data is gathered to understand stigma within the organization.</p> <p>An inter-disciplinary well-being working group is established to agree appropriate evidence-based actions</p>	<p>Data is gathered to understand stigma within the organization.</p> <hr/> <p>An inter-disciplinary well-being working group is established to agree appropriate evidence-based actions</p> <p>Stigma reduction interventions, informed by evidence-based research and persons with lived experience, are enacted.</p>	<p>Data is gathered to understand stigma within the organization.</p> <hr/> <p>An inter-disciplinary well-being working group is established to agree appropriate evidence-based actions</p> <p>Stigma reduction interventions, informed by evidence-based research and persons with lived experience, are enacted.</p> <hr/> <p>Stigma reduction campaign is mainstreamed and/ data is collected to measure impact.</p>



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Promote

Indicator 5: Mental Health Literacy

Approaches Requirements	Meets Requirements	Exceeds Requirements
MH literacy training is included in onboarding learning programmes.	MH literacy training is included in onboarding learning programmes.	MH literacy training is included in onboarding learning programmes.
	MH literacy training is available for all existing personnel in learning programmes.	MH literacy training is available for all existing personnel in learning programmes.
		Targeted training (inc. suicide prevention) for specific roles (HR, Security, frontline workers) is provided.

Promote

Indicator 6: Implementation of Well-being Initiatives

Approaches Requirements	Meets Requirements	Exceeds Requirements
Process for implementing evidence informed well-being activities is developed - (e.g., Inter-disciplinary well-being* working group)	Process for implementing evidence informed well-being activities is developed - (e.g., Inter-disciplinary well-being* working group)	Process for implementing evidence informed well-being activities is developed - (e.g., Inter-disciplinary well-being* working group)
	Personnel can access evidence informed training programmes and well-being tools online .	Staff can access evidence informed training programmes and well-being tools online .
	Well-being initiatives are accessible organization-wide.	Well-being initiatives are accessible organization-wide. Well-being initiatives are monitored for uptake and utility and assessed regularly.

*Well-being topics may include but are not limited to: Stress management, sleep hygiene, mindfulness, yoga, healthy eating, etc.



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Support

Indicator 7: Enabling Dignified Work (Reasonable Accommodation and Return to Work)

Approaches Requirements	Meets Requirements	Exceeds Requirements
Ad hoc implementation of Reasonable Accommodation and Return-to-Work.	Ad hoc implementation of reasonable accommodations, and Return-to-Work, without formal guidelines. Reasonable accommodation policy exists and is implemented consistently in a multi-disciplinary approach . Clients can provide feedback on the practice and policy.	Ad hoc implementation of reasonable accommodations, and Return-to-Work. Reasonable accommodation policy exists and is implemented consistently in a multi-disciplinary approach . Clients can provide feedback on the practice and policy. Case management provided for personnel.

Support

Indicator 8: Access to Psychosocial Support

Approaches Requirements	Meets Requirements	Exceeds Requirements
Information available to all personnel on support services in-house and external. Assess/review current insurance carriers for MH coverage. Mapping of clients for insurance coverage*	Information available to all personnel on support services in-house and external. Assess/review current insurance carriers for MH coverage. Mapping of clients for insurance coverage* From the onset of UN contract, all personnel and dependents have insurance coverage which includes MH needs. Support within 72 hours regardless of duty station Support in case of critical incident and crisis management Support for conflict resolution (reconciliation, conflict coaching, mediation) -Pre-deployment counseling -Post-deployment counseling Pro-active counseling support for staff in unstable/ high risk environment	Information available to all personnel on support services in-house and external. Assess/review current insurance carriers for MH coverage. Mapping of clients for insurance coverage* From the onset of UN contract, all personnel and dependents have insurance coverage which includes MH needs. Support within 72 hours regardless of duty station Support in case of critical incident and crisis management Support for conflict resolution (reconciliation, conflict coaching, mediation) -Pre-deployment counseling -Post-deployment counseling Pro-active counseling support for staff in unstable/ high risk environment



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

		Family Liaison Officer available to address the well-being needs of the families of staff. <hr/> Ensure appropriate** insurance coverage includes MH needs of all UN personnel and dependents
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*Including dependents & non-staff (long term consultants)

** Ensure reimbursement is client-friendly and an easy one-step process. Direct to recognized MH services without prescription/referral.

Support

Indicator 9: Quality Control for Psychosocial Support

Approaches Requirements	Meets Requirements	Exceeds Requirements
Complete mapping of currently available psychosocial services (internal and external)	Complete mapping of currently available psychosocial services (internal and external)	Complete mapping of currently available psychosocial services (internal and external)
Establishment of lead for psychosocial support with responsibility for oversight of psychosocial programme	Establishment of lead psychosocial staff with responsibility for oversight of psychosocial programme	Establishment of lead psychosocial staff with responsibility for oversight of psychosocial programme
Provide clinical supervision for staff counselors	Provide clinical supervision for staff counselors	Provide clinical supervision for staff counselors
	Ensure providers are licensed/ accredited and those who are not have a plan in place to achieve as per UNSSCG Guidelines	Ensure providers are licensed/ accredited and those who are not have a plan in place to achieve as per UNSSCG Guidelines
		Ensure a feedback mechanism exists for client input and review.
		Minimum of 20 hours yearly continuing education available



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Cross cutting

Indicator 10: Leadership

Approaches Requirements	Meets Requirements	Exceeds Requirements
<p>Leadership focal point is assigned to assume overall responsibility for mental health programming.</p> <hr/> <p>Leadership regularly* communicates with staff about the importance of MH&WB.</p> <hr/>	<p>Leadership focal point is assigned to assume overall responsibility for mental health programming.</p> <hr/> <p>Leadership regularly* communicates with staff about the importance of MH&WB.</p> <hr/> <p>Leadership assigns or assumes responsibility for key actions in a highly visible manner to demonstrate action being taken.</p> <hr/> <p>Mental Health and Well-being***, is included as an assessment criteria of leaders' performance.</p> <hr/>	<p>Leadership focal point is assigned to assume overall responsibility for mental health programming.</p> <hr/> <p>Leadership regularly* communicates with staff about the importance of MH&WB.</p> <hr/> <p>Leadership assigns or assumes responsibility for key actions in a highly visible manner to demonstrate action being taken.</p> <hr/> <p>Mental Health and Well-being*** is included as an assessment criteria of leaders' performance. **</p> <hr/> <p>Leadership takes an active role in securing funding for implementation of the Mental Health and Well-being Strategy.</p>

*3 times or more per year

** This should include, recruitment criteria, performance planning and inclusion in 360 assessments. It should be focused on the manager's behavior in supporting good mental health and reducing psycho-social risks in the workplace.

Cross cutting

Indicator 11: Reporting

Approaches Requirements	Meets Requirements	Exceeds Requirements
<p>Organization takes part in UNHI survey at minimum every two years.</p> <hr/> <p>Yearly completion of the MH&WB Scorecard</p> <hr/>	<p>Organization takes part in UNHI survey minimum every two years.</p> <hr/> <p>Yearly completion of the MH&WB Scorecard</p> <hr/> <p>MH&WB Action Plan created and progress reported* to personnel.</p>	<p>Organization takes part in UNHI survey minimum every two years.</p> <hr/> <p>Yearly completion of the MH&WB Scorecard</p> <hr/> <p>MH&WB Action Plan created and progress reported* to personnel.</p>

* This includes a report of action taken, developed yearly and shared with staff



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Cross cutting Indicator 12: Participation

Approaches Requirements	Meets Requirements	Exceeds Requirements
All relevant mental health and well-being committees, working groups, and/or tasks forces seek membership and/or input from those with lived experience *.	All relevant mental health and well-being committees, working groups, and/or tasks forces seek membership and/or input from those with lived experience *.	All relevant mental health and well-being committees, working groups, and/or tasks forces seek membership and/or input from those with lived experience *.
	Organization has either a representative or focal point for the Implementation Board	Organization has either a representative or focal point for the Implementation Board
		Organization has dedicated resources to the system wide implementation effort either financially or in-kind.

* Process for including the voices of personnel with a lived experience of poor mental health is established



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Annex III: PSYCHOSOCIAL RISKS

Examples of psychosocial risks at work and organizational interventions that employers can take to address them

Aspect of work	Potential psycho-social risks	Examples of organizational interventions
Job content/ task design	Lack of variety in the work: under-use of skills or under-skilled for work	<ul style="list-style-type: none"> - Participatory approaches to job design - Task rotation or job redesign
Workload and work pace	Heavy workloads, high work pace, high time pressure, continual and short deadlines, understaffing	<ul style="list-style-type: none"> - Limits on working hours or number of shifts - Achievable deadlines and targets - Adequate job demands (neither too high or too low) - Safe staffing levels
Work schedule	Long or unsocial work hours, shift working, inflexible hours	<ul style="list-style-type: none"> - Participatory approaches to scheduling - Flexible working arrangements - Planned breaks - Welfare facilities and support available during atypical hours
Job control	Lack of control over job design or workload, limited participation in deciding one's own work	<ul style="list-style-type: none"> - Participatory approaches to job design, work organization and decision-making - Frequent and open communication
Environment and equipment	Unsafe equipment and resources, poor physical working conditions (such as poor lighting, excessive or irritating noise, poor ergonomics)	<ul style="list-style-type: none"> - Investment in improved environments and equipment meeting health and safety requirements, in consultations with workers and/or their representatives
Organizational culture	Unclear organizational objectives, poor communication, culture that enables discrimination or abuse	<ul style="list-style-type: none"> - Opportunities for meaningful consultation and cooperation with workers and/or their representatives - Organizational frameworks for dealing with unfair treatment, offensive behaviour and abuse - Support for affected workers, including access to workers' representatives – where they exist
Interpersonal relationships at work	Social or physical isolation, limited support from supervisors or colleagues, authoritarian supervision and poor line management, violence, harassment or bullying, discrimination and exclusion	<ul style="list-style-type: none"> - Frameworks for preventing violence, harassment and discriminations, and for investing and dealing effectively with incidents - Opportunities to improve knowledge, attitudes and skills for supervisors and managers - Opportunities for peer support, including in atypical working hours or sites
Role in organization	Unclear job role within the organization or team	<ul style="list-style-type: none"> - Clearly defined sustainable work roles, reporting structures and performance requirements
Career development	Under- or over- promotion, job insecurity, poor investment in development, punitive procedures for sickness absence and performance management	<ul style="list-style-type: none"> - Fair and good career training and retraining prospects - Formal, secure work through contracts in line with national law and practice, including paid sick leave - Equal opportunities and transparency in all processes - Supports performance management
Home-work interface	Conflicting home/work demands, being away from home for work	<ul style="list-style-type: none"> - Flexible working arrangements - Support for careers



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Annex IV:

JIU RECOMMENDATIONS WITH CORRESPONDING SCORECARD INDICATORS

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.

Indicator 12: **Participation**

- Organization has either a representative or focal point for the Implementation Board.

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.

Indicator 1: **Risk Mitigation**

- Psycho-social risk assessment **mitigation action plan created and implemented.**

Indicator 2: **Policy and Practice Mainstreaming**

- All policies related to people management are regularly reviewed and accountability mechanisms are implemented.

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.

Indicator 10: **Leadership**

- Leadership assigns or assumes responsibility for key actions in a highly visible manner to demonstrate action being taken.

Indicator 11: **Reporting**

- Mental Health and Well-being Action Plan created and progress reported to personnel (and legislative bodies).



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

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.

Indicator 7: **Enabling Dignified Work**

- Reasonable accommodation policy exists and is implemented consistently in a multi-disciplinary approach.
- Clients can provide feedback in the practice and policy

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.

Indicator 9: **Quality Control for Psychosocial Support**

- Ensure providers are licensed/ accredited and those who are not have a plan in place to achieve as per UNSSCG Guidelines
- Provide clinical supervision for staff counselors
- Minimum of 20 hours yearly continuing education available

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.

Indicator 8: **Access to Psychosocial Support**

- Information available to all personnel on support services in-house and external.
- Support within 72 hours regardless of duty station
- Support in case of critical incident and crisis management
- Pro-active counseling support for staff in unstable/ high risk environment
- Pre and Post -deployment counselling

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.



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Indicator 8: **Psychosocial Access**

- Information available to all personnel on support services in-house and external.
- Support within 72 hours regardless of duty station
- Support in case of critical incident and crisis management
- Pro-active counseling support for staff in unstable/ high risk environment
- Pre and Post -deployment counselling

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.

Indicator 9: **Quality Control for Psychosocial Support**

- Complete mapping of currently available psychosocial services (internal and external)
- Establishment of lead psychosocial staff with responsibility for oversight of psychosocial program

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.

Indicator 4: **Mental Health Literacy**

- Mental health literacy is available for all personnel in learning programs
- Specialized training exists for managers

Indicator 5: **Stigma Reduction**

- Stigma reduction interventions, informed by evidence-based research and persons with lived experience, are enacted.
- Stigma reduction campaign is mainstreamed and/or index/surveys created to measure impact.

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.



Appendix I: UN System Workplace Mental Health and Well-being Strategy (2024 and beyond)

Indicator 6: **Well-being Initiatives**

- Process for implementing evidence informed well-being activities is developed
- Staff can access evidence informed training programs and well-being tools online.
- Well-being initiatives are monitored for uptake and utility and **assessed** regularly.

Indicator 11: **Reporting**

- Organization takes part in UNHI survey minimum every two years.
- MH&WB Action Plan created and progress reported* to personnel.
- Yearly completion of the MH&WB Scorecard

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.

Indicator 3: **Manager Education and Training**

- Training* for all Managers on workplace mental health and wellbeing is **integrated** into managers development and learning initiatives



Appendix 2: Mental Health and Well-being Strategy

Proposed Staffing Structure, Location Options, 2024 Budget and Cost-Sharing Distribution Model

BACKGROUND

The implementation of the 2018-23 Mental Health and Well-being Strategy demonstrated that there are many benefits of a system-wide approach. The recently published JIU Review 'mental health and well-being policies and practices in the United Nations system organizations' clearly outlines the negative financial impacts of poor mental health at the UN and the organizational risks posed by not taking a system wide approach.

Benefits of a system-wide approach, with resources for global co-ordination include:

- effective use of resources to minimize duplication
- standardized reporting and actions
- sharing of good practices
- development of tools and learning products that can be adapted by UN Organizations to reduce resources required to develop these individually
- systemwide communication efforts, including campaigns, website, and events

From 2018 through 2023 the implementation of the Strategy was supported by voluntary contributions from participating organizations. This approach has proven to lack funding predictability which in turn has made an impact on the overall sustainability of the current Strategy implementation. A **budget envelope** is required to ensure continuity in delivery and sustained support to system-wide Strategy implementation.

This Appendix contains the details of the resource proposal of the next iteration of the Strategy.





Appendix 2:

Mental Health and Well-being Strategy

Proposed Staffing Structure, Location Options, 2024 Budget and Cost-Sharing Distribution Model

PROPOSED STAFFING STRUCTURE

P5 – Global Lead (full time)

Reports to: Chair of the Implementation Board.

Overall Purpose: Leading the System wide Strategy Implementation.

Main responsibilities:

- Provide strategic leadership and advocacy for decision makers to implement the Strategy across the UN System.
- Provide guidance to UN organizations on how to implement the Strategy.
- Ensure integration of the Strategy with other system-wide strategies
- Lead programmes of work as agreed with the Implementation Board.
- Lead the development of policies, tools and learning products that can be adapted by UN Organizations to share resources required to develop products and programmes individually.
- Undertake communication and change management activities, including campaigns, multimedia and digital products and events.
- Maintain strategic partnerships within and outside of the UN System.
- Oversee and ensure a streamlined monitoring, evaluation and reporting.
- Manage the budget and funds received.
- Manage personnel employed or seconded to support strategy implementation.
- Manage the recruitment of staff and consultants.

P3 – Programme Manager (Mental Health)– Monitoring & Evaluation/Data Analyst (full time)

Reports to: Global Lead.

Overall purpose: Monitoring and evaluation, analysing data, reporting and providing technical input.

Main responsibilities:

- Provide technical input in activities concerning mental health data, mental health promotion, prevention of mental health conditions, and mental health care.
- Provide technical input in the development, implementation and evaluation of projects emanating from the Strategy.
- Coordinate data collection and analyse the data collected.
- Co-ordinate the implementation the Strategy Scorecards, including data management, report writing and drafting recommendations.
- Prepare reports as required for HRN, HLCM and other stakeholders.

G6 – Administrative Assistant (full time)

Reports to: Global Lead.

Overall purpose: Providing administrative support to the team and Implementation Board.

Main responsibilities:

- Perform administrative duties, as required (e.g., operational travel programme; monitoring accounts and payment to vendors and individual contractors for services; physical space planning; identification of team's technology needs and maintenance of equipment, software and systems; scheduling, organizing and coordinating meetings, workshops and retreats).
- Draft routine correspondence, monitor team inbox and maintains the shared SharePoint site.
- Assist with the collection and analysis of data as well as preparation of data presentations and reports for information sharing, responding to queries, knowledge management, planning and decision making.



Appendix 2: Mental Health and Well-being Strategy

Proposed Staffing Structure, Location Options, 2024 Budget and Cost-Sharing Distribution Model

- Assist with visualizations and updating information material.
- Provide support and manage administrative elements of the recruitment of staff and consultants.
- Assist in the preparation of yearly budgets, monitors expenditures and compares with approved budget
- Assist with day-to-day administration of contracts between the UN and external contractors for outsourced services, audits invoices and processes payments.

P5 – UN Secretariat – 20% in 2024

Reports to: Chair of the Implementation Board.

Overall Purpose: Working as the Secretariat to the Implementation Board and in Leading the System wide Strategy Implementation during the transition.

Main responsibilities:

- Cover Global Lead functions until Global Lead is recruited (estimated 1 March 2024) and transitioned in 2024.
- Cover Global Lead functions during leave.
- Work as the Secretariat of the Implementation Board.

PROPOSED NON-STAFF

Consultants

Overall purpose: Consultants will be engaged to support implementation of the Strategy, reporting to the global lead. The consultants will be developing products, tools, resources, material, project and activities, allowing participating organization to not have to reinvent the wheel. Key outputs:

- Develop learning products, tools and training resources - including project management and translation
- Develop communication and engagement related material, activities (events, speakers, etc) – including project management and translation
- Contribute to policy reviews



Appendix 2: Mental Health and Well-being Strategy

Proposed Staffing Structure, Location Options, 2024 Budget and Cost-Sharing Distribution Model

PROPOSED STAFFING LOCATION OPTIONS (in alphabetical order)

Bonn

The **advantage** of choosing Bonn is that it is a well-connected and accessible city and has a similar cost range compared to least expensive location. In addition, placing the team in Bonn would support the strategic value of OneHR which also is in Bonn. The presence of the UN Staff College is an added benefit.

The **disadvantage** of Bonn is that it would be the headquarters for UN System organizations representing the lowest headcount in relation to the three locations being considered.

Geneva

In contrast to Bonn, Geneva's **advantage** is that it is the duty station with the highest number of UN System organizations, representing the highest headcount in relation to the three locations being considered. The headquarters of many Agencies, Funds and Programmes (AFPs) are in Geneva and there is increased access to senior-level decision authorities. The location is also well-connected and accessible.

The **disadvantage** of Geneva is that it is the costliest option under consideration.

Vienna

The **advantage** of Vienna is that it is the least costly option, while still being well-connected and accessible.

The **disadvantage** of Vienna is that it has a lower number of UN System organizations, when comparing it to Geneva.

At a meeting of Mental Health and Well-being Strategy Implementation Board held on 13 September 2023 most organizations present favoured Geneva as the first option.



Appendix 2: Mental Health and Well-being Strategy

Proposed Staffing Structure, Location Options, 2024 Budget and Cost-Sharing Distribution Model

PROPOSED 2024 Budget

Table I below provides the proposed budget for staff and non-staff costs for the three location options.

**Table I:
Proposed 2024 Budget**

	Location Options		
	Bonn	Geneva	Vienna
Staff Cost (including ASHI)			
1 P5 Global Lead (Full time, 2024 10 months)	\$ 196,833	\$ 215,667	\$ 184,500
1 P3 Programme Manager (Mental Health)– Monitoring & Evaluation / Data Analyst (Full time, 2024 10 months)	\$ 151,750	\$ 162,083	\$ 139,750
1 G6 Administrative Assistant (Full time, 2024 10 months)	\$ 71,667	\$ 124,167	\$ 80,167
1 P5 NY (Part-time, 2024 20%)	\$ 47,240	\$ 47,240	\$ 47,240
Subtotal	\$ 467,490	\$ 549,157	\$ 451,657
Non-Staff Cost			
Consultants: a) Develop learning products, tools and training resources (including project management and translation) b) Develop communication and engagement related material, activities (events, speakers, etc.) c) Contribute to policy reviews (including translation)	\$ 190,000	\$ 190,000	\$ 190,000
Website (including translation)	\$ 60,000	\$ 60,000	\$ 60,000
Travel ^{1 2 3}	\$ 15,735	\$ 20,140	\$ 18,443
Common Premises Services Cost	\$ 20,625	\$ 31,500	\$ 27,900
Staff Development	\$ 10,000	\$ 10,000	\$ 10,000
ICT and Office Supplies	\$ 5,000	\$ 5,000	\$ 5,000
Subtotal	\$ 301,360	\$ 316,640	\$ 311,343
Total	\$ 768,850	\$ 865,797	\$ 763,000

¹ Cologne/Frankfurt to/from: Bern, Copenhagen, Geneva (2), London, Madrid, Montreal, Nairobi, New York, Paris, Rome and Vienna
² Geneva to/from: Bern, Bonn, Copenhagen, London, Madrid, Montreal, Nairobi, New York, Paris, Rome and Vienna
³ Vienna to/from: Bern, Bonn, Copenhagen, Geneva (2) London, Madrid, Montreal, Nairobi, New York, Paris and Rome.



Appendix 2: Mental Health and Well-being Strategy

Proposed Staffing Structure, Location Options, 2024 Budget and Cost-Sharing Distribution Model

PROPOSED COST-SHARING DISTRIBUTION MODEL

It is proposed that the budget is cost-shared by all CEB/HLCM/HRN member organizations. The proposal is that the share for each CEB/HLCM/HRN member organizations be based on:

- a) its size as per the CEB Global Headcount as of 31 December 2022 for central activities;
- b) a maximum of US\$ 70,000 for organizations with a headcount of more than 25,000 except the UN Secretariat which will have a higher share; and
- c) a minimum of US\$ 5,000 for organization with a headcount of or less than 500.

The above approach results in the cost sharing and billable amounts for 2024 as reflected in Table II.



Appendix 2: Mental Health and Well-being Strategy

Proposed Staffing Structure, Location Options, 2024 Budget and Cost-Sharing Distribution Model

**Table II:
Indicative distribution options of the 2024 budget among participating organizations**

Acronym	Organization(s)		Headcount end 2022	Proposed Contribution 2024	
CEB MEMBERS				Maximum	Minimum
UN	United Nations	New York	46,045	\$ 80,000	\$ 75,000
UNDP	United Nations Development Programme	New York	29,077	\$ 70,000	\$ 62,500
WB	World Bank	Washington	25,119	\$ 70,000	\$ 62,500
WFP	World Food Programme	Rome	22,984	\$ 60,000	\$ 55,000
UNICEF	United Nations Children's Fund	New York	22,522	\$ 60,000	\$ 55,000
UNHCR	United Nations High Commissioner for Refugees	Geneva	20,787	\$ 60,000	\$ 55,000
IOM	International Organization for Migration	Geneva	20,715	\$ 60,000	\$ 55,000
WHO	World Health Organization	Geneva	18,141	\$ 55,000	\$ 47,500
FAO	Food and Agriculture Organization	Rome	13,065	\$ 46,000	\$ 41,000
IMF	International Monetary Fund	Washington	5,471	\$ 30,000	\$ 25,000
UNOPS	United Nations Office for Project Services	Copenhagen	5,314	\$ 30,000	\$ 25,000
UNFPA	United Nations Population Fund	New York	5,038	\$ 30,000	\$ 25,000
ILO	International Labour Organization	Geneva	4,881	\$ 24,000	\$ 19,000
UNESCO	United Nations Educational, Scientific and Cultural Organization	Paris	4,725	\$ 24,000	\$ 19,000
UN Women	United Nations Women	New York	2,937	\$ 14,000	\$ 12,500
IAEA	International Atomic Energy Agency	Vienna	2,745	\$ 14,000	\$ 12,500
UNIDO	United Nations Industrial Development Organization	Vienna	1,624	\$ 14,000	\$ 12,500
WIPO	World Intellectual Property Organization	Geneva	1,360	\$ 14,000	\$ 12,500
IFAD	International Fund for Agricultural Development	Rome	1,172	\$ 14,000	\$ 12,500
ICAO	International Civil Aviation Organization	Montreal	973	\$ 10,000	\$ 8,000
ITU	International Telecommunication Union	Geneva	829	\$ 10,000	\$ 8,000
WTO	World Trade Organization	Geneva	620	\$ 10,000	\$ 8,000
WMO	World Meteorological Organization	Geneva	344	\$ 5,000	\$ 4,000
IMO	International Maritime Organization	London	326	\$ 5,000	\$ 4,000
UNRWA	United Nations Relief and Works Agency	Amman	314	\$ 5,000	\$ 4,000
UPU	Universal Postal Union	Bern	264	\$ 5,000	\$ 4,000
UNWTO	United Nations World Tourism Organization	Madrid	196	\$ 5,000	\$ 4,000
HRN MEMBERS					
PAHO	Pan American Health Organization	Washington	1,827	\$ 14,000	\$ 12,500
ITC	International Trade Centre	Geneva	1,049	\$ 14,000	\$ 12,500
UNAIDS	Joint United Nations Programme on HIV/AIDS	Geneva	759	\$ 10,000	\$ 8,000
UNFCCC	United Nations Framework Convention on Climate Change	Bonn	366	\$ 5,000	\$ 4,000
Total			261,589	\$ 867,000	\$ 765,000