



THE BENEFITS OF A MENTALLY HEALTHY UN SYSTEM WORKPLACE

WHY IS IT IMPORTANT FOR MANAGERS AND LEADERS TO DO SOMETHING ABOUT MENTAL HEALTH AND WHAT ARE THE BENEFITS?

Improving the wellbeing of your workforce and investing in a mentally healthy workplace will reap many benefits for your team, and individual staff, to yourself, and for the organisation. Results from four internal UN Staff wellbeing surveys, and internal sick-leave and pension data, demonstrate a clear need that more has to be done to protect, improve and resolve the mental health and wellbeing of UN staff members.

49% of staff reported significant symptoms of mental health concern, but only 6% in total are receiving professional support, and only 2% of those are receiving that support from internal programs. (Source UN Global Health and Wellbeing Survey 2015, total responses n=17365 staff completed or partially completed)

The peak objective of the UN System Workplace Mental Health and Wellbeing Strategy is an increase in staff member resilience, productivity and engagement.

WHY IT IS IMPORTANT

A mentally healthy workplace and the experience of psychological safety at work, have a positive and protective impact on people's health and wellbeing. The benefits are:

1. Good health and wellbeing make a positive difference to employee resilience, engagement, performance and quality of workplace relationships;
2. Good mental health and wellbeing positively impacts on resilience and productivity of individuals, teams and the organization;
3. Managers and leaders have improved workplace relations, experience reputational enhancement, demonstrate improvement in job performance;
4. The organisation can achieve reductions in financial costs of sickness, turnover, poor productivity, incivility, employee claims and benefits;
5. UN agencies as employers, leaders and managers can contribute to achieving Goal Three of the Sustainable Development Goals;
6. It's the right thing to do from a humanitarian perspective. Managers, leaders and organisations are contributing to achieving Goal 3 of Sustainable development goals; are working towards meeting human rights expectations, and their employer / industrial occupational health and safety obligations

THE FIVE REASONS TO DO SOMETHING COVERED IN THIS DOCUMENT ARE:

1. **It impacts on your staff, your team/s and yourself**
2. **It has impacts for your role and performance as a Manager and/or Leader**
3. **It is good for individual Agencies and the work of the UN system**
4. **It is the right thing to do in terms of humanitarian responsibility**
5. **There are Legal implications**



1. MPACT FOR PEOPLE – YOUR STAFF, YOUR TEAM, YOURSELF

i) The workplace can help or harm our physical and mental health

Positive employment experiences contribute a person's sense of self-worth, confidence, sense of having purpose, meaning, and an opportunity to contribute in our life.

The workplace, however, can have a number of adverse impacts on physical and mental health whether that be from physical injury, poor psychological safety, experience of trauma, and or prolonged or chronic stress. Some stress is Ok, it helps drive our motivation and can trigger higher performance. The link between the experience of prolonged exposure to stress on our physical health, and mental health, is very strong. It's bad for the person and bad for workplace.

Poor mental health, stress, and trauma often show up in our bodies first. It is often where we notice something is not right first.

Some common examples are noted below. Many of these can lead to more serious health issues.

They contribute to significant number of days of work (absenteeism) or coming to work but not performing at their best (Presenteeism).

- difficulty with sleeping
- headaches or migraines
- tension/ tightness in various parts of the body
- changes in our breathing patterns
- digestive issues, feelings of “funny stomach”, churning
- changes in weight
- heart/ cardiac problems
- poor immune system health and prone to feeling “run-down”

The experience of stress is commonplace in workplaces these days, and comes from a wide range of sources. For example:

- *Workplace environment /Office space*
- *Workload* - our capacity (time, resources) and capability (skills, knowledge, experience) to do the role;
- *Relationship with manager and or colleagues*; the experience of psychological safety, or not, has very significant impact. Having strong, positive workplaces relationships is vital to team performance and to wellbeing.
- *Exposure to conflict, bullying and harassment.*
- *Uncertainty and change*: both have very specific impact on our brains, and how we handle these.
- *Digital devices* – overuse, not “switching off”. The experience of being available 24/7.
- *Challenging and or high-risk work situations* – especially where people are responding to traumatic events and experiences of others

How we as managers and individuals respond to these situations, our leadership skills, the support provided, and our resilience make a big difference to their impact.

ii) Work and experience of work can contribute to good or poor mental health.

In addition to the experience and impact of Stress outlined above, the impact on poor mental health could include developing or the worsening of Depression, Anxiety, impact of trauma (PTSD), and harmful use of substances.

Work can have a positive impact on these health issues if **managed appropriately**, in terms of sense of purpose, structure, social connection, building mastery. Research over the past 30 odd years has highlighted the positive benefit of work / employment to recovery across all mental health experiences and conditions including the more serious but less frequent mental illness such as Psychoses (Schizophrenia, Bipolar Disorder, for example).

In 2015, just over 17,000 UN staff members across 11 UN entities completed the Global Well Being survey. Overall findings suggest that approximately half of all UN staff members who responded to the survey (49%) reported experiencing symptoms that can be interpreted as being consistent with serious mental health conditions. These results suggest that UN Staff members report experiencing higher level of common mental health conditions than we would expect to see in the general population, for depression, anxiety, PTSD and hazardous drinking. Key risk factors included: How long people worked for UN System made a difference as well as where people worked; Exposure to potentially traumatic events in the past year, either while on assignment or off-duty. The higher the job satisfaction, the lower the risk for these mental health outcomes.



1. IMPACT FOR PEOPLE – YOUR STAFF, YOUR TEAM, YOURSELF (CONT'D)

iii) Will impact on how often we are at work, or not.

Analysis of sick leave data in EARTHMED for three UN entities indicated that the total days lost for sick leave over 4-year period (2011-2016) is 550,033 days, with an average of 137,508 days lost per year among 5328 staff members. Mental health diagnoses made up 14% of total days lost/year (i.e. 18,819 days among 264 staff members), putting it at number two for lost days in the top ten by diagnostic category. Many staff, however, do not report their absence or sickness as related to poor mental health, so the figures are regarded as significantly under representative.

Staff needing time-off work due to ill health is a reality that all organizations need to work with. It is important that staff members take sick leave when they need to have time to recover from a period of ill health. Coming to work while not well, or returning to early, is problematic in terms of effective recovery and reducing the time period of acute ill health.

Being at work while not fully recovered or well is a workplace problem for colleagues, and productivity and performance. This is often a result of feeling unable to take time out and sometimes feeling high sense of responsibility to carry on working regardless often due to workload and personal ethics.

iv) Can impact on how well we do our jobs

The quality of work and the potential for making mistakes is impacted by our health and wellbeing. We all know what having not such a good day at work looks and feels like if we are under par. If it occurs occasionally then it can be manageable.

If it is continuous or prolonged there can be significant effects on:

- Resilience – how we will bounce back from adversity, mistakes, not feeling so well.
- Cognitive impacts on decision making, problem solving, memory, concentration, memory, learning, judgement
- Thoughts/ thinking: level of optimism or pessimism; overly judging and critical, over thinking situations
- Emotions: compassion for others/ our self: and our ability to manage our emotions particularly irritability, anger, sadness.

The effects of high and or prolonged stress, and poor mental health, particularly influence coping with uncertainty.

- The brain does not like uncertainty and change – as humans we are hard wired to experience as a threat at first. How we then respond makes all the difference to how well cope with uncertainty and change.
- If our mental health is poor, we will often experience it as a threat that is very difficult to cope with and affects all the other areas noted here. When we are experiencing good well-being and strong mental health our responses our thing, are different, particularly our thinking, and emotions, and it will have less negative impact.

v) How well they get on with others

The quality of workplace culture and experience impacts on the quality of workplace relationships, health and wellbeing. Good mental health and wellbeing is strongly linked to how well people get on with and time spent with others. This includes levels of trust, the way people communicate, use of language, ability to listen and show compassion, working effectively together (collaboration), supporting each other. The level of workplace conflict and incivility is a clear indicator of the level of psychological safety or of a mentally healthy workplace.

The quality of workplace relationships and communication can impact on:

- The quality of interactions with the people /citizens UN organizations are there to provide services and or protection to.
- Colleagues – quality and experience of working together, and level of co- operation, co-creation: conflict, incivility

- Working with managers –good working relationships, trust, or conflict: complaints, challenges,
- Relationships with friends and family.

The symptoms of poor mental health are treatable, and in many instances preventable.



2. IMPACT FOR YOUR ROLE AND PERFORMANCE AS A MANAGER AND OR LEADER

i) Your experience of your role and your reputation:

This includes your own health and wellbeing: your ability to support and lead others well; being effective and efficient in the role, and the results you achieve; you have an organizational responsibility as a role model, personally enacting the values and priorities of the UN system of organizations. Being proactive in this area can contribute to being recognized as innovative leader.

ii) Achieving results expected of you in your role:

Proactively investing a bit of your time, attention and skills on building teamwork, and a healthy workplace culture, has direct benefits in getting the work of the team and the Agency done, thus the work required of you. These elements are common characteristics of high performing teams.

iii) Resolving operational workload challenges, stressors and demands:

Workplace culture, wellbeing and mental health can all contribute to you and the team's capacity and capability to respond to operational workloads, stressors and demands. The better the relationships and environment the less time spent on things that distract or block or slow down work being done. Good mental health and wellbeing contributes to:

- people coping with work pressures better,
- more able to adapt,
- better cognitive functioning,
- enjoy better workplace relationship with less conflict/incivility, and
- are more likely to be resilient to change and uncertainty.

Workplaces that have a positive and enabling culture can make a difference to work satisfaction and engagement with benefits to recruitment, retention and reducing presence of challenging HR issues. Better engagement and experience of work supports stronger psychological contract between employee and employer. People with a strong psychological bond with their employer often do more and are loyal.

iv) Being prepared for minimizing impact of workplace trauma (and Duty of Care):

UN system staff contribute to enabling a safer, healthier, socially thriving, equitable and productive global community. This does mean staff are often working in challenging situations. The very nature of the work and role of Agencies can mean people working in areas environmentally challenging in terms of potential and actual risk of exposure to trauma including challenges to:

- personal safety
- psychological and emotional safety with exposure to humanitarian disasters and suffering,
- exposure to hazards of war and conflict and its traumatic impact on populations.

People working in some of these environments may also find it difficult to access help.

Work by the Duty of Care UN Taskforce outlines the importance of, and what to do to improve caring for staff better in those environments who are exposed to the trauma of others and at higher risk of being traumatized themselves. Attending to mental health and wellbeing is a core part of that strategy.

3. GOOD FOR INDIVIDUAL AGENCIES AND UN SYSTEM

There is a clear return on investment in quality and financial terms.

The World Bank Group and WHO¹ (2016) describe the social, human and economic benefits of investment in promotion, prevention and treatment interventions in mental health at a global level. While they acknowledge the need for investment is substantial, the returns on investment for economies (and employers) are very favorable. They note “favorable benefit-to-cost ratio, ranging between 2.3-3.0 to 1 when economic benefits only are considered and 3.3-5.7 to 1 when social returns are also included. This includes productivity gains.

1 2016 Seth Mnookin, World Bank Group, and World Health Organization. Out of the Shadows



3. GOOD FOR INDIVIDUAL AGENCIES AND UN SYSTEM (CONT'D)

Impact on cost and financial performance

The average percentage of sick leave related to cited mental health cause is 12.9% across three UN entities noted below and appears to be increasing. While the numbers of people on sick leave due to mental ill health are lower than non-mental health, the impact is greater. There is some skew in the data due to individuals with very extended sick leave (over 300 days in one situation), in most instances days off are nearly double the number of days than that of non-mental health cases.

Often people seek help or sick leave late, resulting in greater severity of the issue and thus longer time off, and recovery generally takes longer. In addition to mental health as the stated cause for sick leave, there is as yet an un-quantified level of sick leave related to mental health but expressed in other symptoms and in co-occurring physical and mental health conditions.

Financial impact of sick leave using average daily salary cost using UN worldwide all duty stations, average cost per day; Average of yearly data for 2011-2016 sick leave (six years of data)

| MENTAL HEALTH AS STATED CAUSE | ORG 1 | ORG 2 | ORG 2 | THREE UN ORG. AVERAGE |
|---|----------------|----------------|-----------------|-----------------------|
| Average lost days per year | 1,149 days | 1,127 days | 17,294 days | 6,523 days |
| Mental Health as % of total days lost per year | 11.08% | 10.66% | 17 | 12.91% |
| Cost per year by average salary only @ \$455.03 (day) | \$522,829.47 | \$512,818.81 | \$7,869,288.82 | \$2,968,312.36 |
| Estimated economic productivity cost to organisation (@ 4 times salary - UK Treasury Formula- includes actual time out, cover, lost productivity on team etc.) | \$2,091,317.88 | \$2,051,275.24 | \$31,477,155.28 | \$11,873,249.46 |

The estimated economic productivity cost to the UN system for these agencies was US\$11,873,249.46. (UK Treasury Formula- @ 4 times salary - includes actual time out, cover, lost productivity on team etc.) Extrapolated to the entire system, this is likely to be approximately \$20M. The “cost” issues arise when return to work is not proactively supported, or there is a frequency of odd days off which sometimes indicates other issues to be attended. The table above indicates in broad terms the “organisational cost” of sick leave.

Unmanaged return to work or frequent time off is where the impact can be made. Further investigation would be needed to determine if the duration of sick leave and days lost is a result of unmanaged sick leave, or the actual required time or recovery period needed.



PENSION FUND DATA

A review in 2017 of Pension Fund data between 2012-2016 identified the number of people whose employment ended on grounds of ill health and were granted a disability pension. A significant rise in the numbers in this situation with a mental health diagnosis was evident. In proportion to the total, this has doubled for those with a mental health diagnosis. The table below provides a summary of data describing the number of people whose employment finished on grounds of ill health and granted a disability pension.

PENSION FUND DATA AND NUMBER OF NEW CASES 2012-2016 WITH MENTAL HEALTH DIAGNOSIS

| YEAR | TOTAL # OF NEW CASES | CASES W/MH DIAGNOSIS | |
|------|----------------------|----------------------|--------|
| 2012 | 41 | 10 | 24.39% |
| 2013 | 71 | 22 | 30.99% |
| 2014 | 65 | 19 | 29.23% |
| 2015 | 83 | 27 | 32.53% |
| 2016 | 70 | 28 | 40.00% |

Please note that the data received from the Pension Fund does not include the following:

1. Diagnosis (the received data was instead manually crosschecked with EarthMed to come up with the number of MH cases);
2. Cases awarded by other SPCs (e.g., FAO, IAEA, ICAO, IFAD, ILO, UNESCO, UNIDO, WHO, WIPO.)

IMPACT ON PRODUCTIVITY AND QUALITY

Presenteeism can be defined as people being physically present at work but functioning below expected productivity and performance levels. It impacts on the quality and quantity of work done alongside workplace relationships. There is a link between presenteeism, turnover, high levels of vacancy, poor mental health and low productivity. Addressing the human and financial costs of presenteeism and absenteeism in the workplace is one of the top priorities for employers, large and small, globally. There is increasing recognition by employers of the presence and impact in the workplace of under-recognized, and untreated mental ill health.

Staff turnover and extended absences have a human, team and administrative cost with the impact on other people's workloads, team culture, work pressures with work not done/ or delayed.

- Turnover is costly in terms of time take to recruit and train new people.
- It is particularly costly in terms of loss of organisational knowledge and experience as well as staff morale, wellbeing and engagement.
- The burden of covering work on top of other commitments, prolonged vacancies and workforce shortages create significant staff dissatisfaction.

ORGANISATIONAL / TEAM RISK

Inability to allocate or complete work in a timely manner due to workforce shortages or low performance is very challenging for organisations and a risk to reputation. Organizational / team risks include: - workforce, social & political, reputational risks of work done poorly, of low quality, delayed, not done or mistakes made.

"Illnesses people take with them to work, even though they incur far lower direct costs, usually account for a greater loss in productivity because they are so prevalent, so often go untreated, and typically occur during peak working years. Those indirect costs have long been largely invisible to employers." (Hemp, Harvard Business Review 2004)"



4. IT IS THE RIGHT THING TO DO IN TERMS OF HUMANITARIAN RESPONSIBILITY

UN Sustainable Development Goals

#Envision2030 Goal 3 is to “Ensure healthy lives and promote well-being for all at all ages”. Within the health goal, two targets are directly related to mental health and substance abuse Target 3.4 requests that countries: “By 2030, reduce, by one third, premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.”

Target 3.5 requests that countries “requests that countries: “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.”

www.who.int/mental_health/SDGs/en/

All UN system workplaces have a significant contribution to make towards well-being and mental health promotion, prevention, early access to help and treatment if needed towards achieving these targets – for their staff and as a role model globally.

Universal Declaration of Humans Rights (UNDR)

Human rights are not a gift or a privilege. They are not bestowed on us by others. They are basic rights that we have simply because we are human. They are fundamental for living a good life and for flourishing.

Article 23 Right to Desirable Work and to Join Trade Unions

(1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment. (4) Everyone has the right to form and to join trade unions for the protection of his interests.

Article 2 Freedom from Discrimination

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

www.un.org/en/universal-declaration-human-rights/

The workplace is where many of us, in adult life, spend a considerable amount of time, up to five and six decades of our life. Employers have a responsibility to be bound by UNDP. Many of the principles of human rights are designed to protect you as a worker within the workplace.

Working contexts and conditions are very diverse across the UN System but leaders and managers can take action to respect, protect and fulfill human rights within the work context. This is particularly important in light of the well documented impact of work on our wellbeing and health (positive and negative) and the fundamental right to live a good life. If a member of staff has health issues, employers have a responsibility to enable access to support and health care.

EMPLOYEES CAN MAKE A CLAIM AGAINST THEIR EMPLOYER IF THEY FEEL THEIR HUMAN RIGHTS HAVE BEEN BREACHED.

Human rights law has been incorporated into general employment law and applies to all employers, such as the right not to be discriminated against because of your sexuality, for example. More on this can be researched under Health and Safety and ILO Conventions – core labour standards based on human rights especially the respect for the dignity of labour.

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

This convention promotes and protects the rights of persons with psychosocial, intellectual or cognitive disabilities. It requires States and Entities to “undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination. www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html. As noted above two, UDHR articles are particularly pertinent to ensuring that, as a manager or leader you respect, protect and fulfil rights of people who experience significant mental health issues including those related to harmful use of substances. Their right to work is not always respected; people with psychosocial, intellectual or cognitive disabilities are often discriminated against by being denied employment opportunities or being dismissed from their job (WHO. Quality Rights Initiative Manual).



5. LEGAL IMPLICATIONS

i) Occupational Safety and Health

There is an evident international Member State trend in regulation that, occupational safety and health standards include psychological safety and mental health. This is increasingly described in standards, requirements of risk assessments and risk management processes. It is not yet universal, but many high-income countries have already established this change.

A UN Occupational Safety and Health Framework is being evolved and will include expectations around mental health in addition to usual occupational health and safety requirements.

ii) Employment law and contractual obligations

There may be times when you may need to consider employment law and contractual implications, such as if a person needs reasonable adjustments to their role. It is important to ensure you reach out for specific advice as required.

