

UN System Workplace Mental Health and Well-being Strategy Implementation Guide

INTRODUCTION

The United Nations System Workplace Mental Health and Well-being Strategy (hereafter, 'The Strategy') aims to increase the effectiveness of the United Nations by optimizing the psychological health of its personnel. 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 and the individual's interaction with their 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 Priority Actions (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 Priority Action is equally applicable to every United Nations entity, these indicators are not meant to compare groups, but instead create benchmarks the Agencies, Funds and Programs can use to measure progress.

GOVERNANCE

In 2015 the High-level Committee on Management (HLCM) endorsed the Occupational Safety and Health Framework, recognizing the need for the systematization of the management of occupational health risks. Concurrently, HLCM developed a body of work on duty of care for staff in high-risk duty stations. One of the recommendations was for an overarching policy framework for psychosocial health. However, based on the results from the 2015 UN-Wide Health Survey, it was clear that the need for improved psychosocial health was not limited to high-risk duty stations, and should be a priority for all UN personnel. This realization produced the strategy document *A Healthy Workforce for A Better World* developed by a multi-agency, multi-disciplinary working group. The document outlined the United Nations System Mental Health and Well-being Strategy and was adopted by the HLCM in September 2018, launched in October 2018 with work commencing in 2019.

As a follow up to the Mental Health and Well-being Strategy, the Chief Executive Board for Coordination (CEB) published a 'High Level Implementation Plan and Budget' which underlined the interagency nature of the work. Special attention was given to the 'complexity' versus the 'complicated' nature of the implementation model and listed the core requirement of the approach 'to be cognizant of [the] complexity of UN system of agencies and recognition of agency autonomy and a desire to pro-actively implement what is 'right for their agency'. UN

Agencies, defined as ‘partner agencies’ were tasked with implementing a co-creative process, along with joint investment and governance of a shared resource fund, utilization, and outcomes. This governance is currently maintained through the Mental Health Strategy Implementation Board where ‘members have strategic oversight and [provide] support via a hybrid approach to successful and practical operational implementation of [the strategy] across the UN family of agencies...’¹

THE ROLE OF THE ORGANIZATION

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, many organizational factors influence the mental 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. Bullying and psychological harassment are well-known causes of work-related stress and related mental health problems.²

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.³ Successive Staff Well-being Surveys have highlighted that the longer people work for the United Nations the more likely they are to have 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.⁴

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 four main areas as taken from The Strategy:

1. Create a workplace that enhances mental and physical health and well-being.
2. Develop, deliver, and continuously evaluate mental health and well-being services in all duty stations.
3. Welcome and support staff who live with mental health challenges.
4. Ensure sustainable funding for mental health and well-being services.

These thematic areas will serve as a foundation to achieve the overall goal of *increasing staff member resilience, productivity, and engagement*.⁵ Actions need to be taken to ensure the UN is 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.

¹ [Implementation Board TORs](#)

² [WHO Mental Health in the Workplace](#), 22 Jan 2019

³ A Healthy Workforce for A Better World, pg. 8

⁴ A Healthy Workforce for A Better World, pg. 8

⁵ A Healthy Workforce for A Better World, 01 Outcome Measure, pg.10

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 programs, policies, benefits, environmental supports, and links to resources designed to meet the mental health and well-being needs of all personnel.⁶

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

Step 1 – Workplace Assessment

Step 2 – Planning

Step 3 – Implementing

Step 4 – Determine Impact through Evaluation



⁶ <https://www.cdc.gov/workplacehealthpromotion/model/index.html>

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, programs, 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 programs, 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)

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 a role models, communication leaders and champions within management.
- A workplace coordinator 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 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 contain a combination of individual and organizational level interventions. These may include:

1. Mental Health and Well-being programs – opportunities available to personnel to begin, change or maintain behaviors supportive of their mental health and well-being goals. This may include access to counseling services- either internal or external- educational programming, online well-being tools, and training opportunities such as the Lead and Learn Program.

2. Mental Health and Well-being related policies – 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 make adopting healthy behaviors easier. Examples may include return-to-work policies for those coming back after experiencing a mental health condition, SOP's for reasonable accommodations, and policies that allow for greater autonomy for workload management, telecommuting, and work-life harmony.

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 6 key areas for inclusion in your evaluation which are reflected in the Scorecard provided. These areas are based on the Priority Actions outlined in the 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.

PRIORITY ACTION 1 – Psychosocial support

Resource and distribute psychosocial support and mental health services to enable all United Nations staff who need it, especially those at higher risk, to have universal and equitable access to these services within 18 months of endorsement.

Psychosocial support is defined by The Strategy as services which are;

1. *appropriate*, 'this includes access to advice, psychosocial support and mental health treatments which are responsive to [an individual's] personal characteristics'⁷ and take into consideration cultural, linguistic, and social factors.
2. *accessible* and allows staff members to 'engage with services regardless of where they are working'.⁸
3. *achieve* the goal of return-to-work where 'staff takes part in the return-to-work programmes that are coordinated and integrated across professional groups'.⁹

Action Plan (potential items for inclusion in initial assessment/ planning):

- Review of currently available service delivery options (internal counsellors, external access, peer support specialists, etc.) (Tool provided)
- Review of return-to-work policies through a mental health and well-being perspective.

⁷ A Healthy Workforce for A Better World, pg. 17

⁸ A Healthy Workforce for A Better World, pg. 17

⁹ A Healthy Workforce for A Better World, pg. 17

- Review practices in place to facilitate reasonable accommodation for personnel with a mental health condition (educating managers, informing staff of their rights, case management in place).
- Assess wait times for access to mental health professional through internal resources or an external provider

Reporting –indicators listed in Scorecard

PRIORITY ACTION 2- Stigma Reduction

Implement stigma reduction and health promotion approaches over the five-year period, to strengthen the knowledge, skills and behavior of all United Nations staff members with regard to staying psychologically fit and healthy and to ensure that concerns about stigma, anticipated and/or experienced, are not a barrier to achieving good mental health and well-being.

Stigma can be influenced at three levels: organizational, managerial, and individual.

1. At an *organizational level*, issues such as the use of appropriate language, policies to assist those seeking help, and parity in the support of those with physical and mental health diagnosis should be supported.
2. At a *managerial level*, training to recognize and discuss mental health and well-being challenges both in individual and team settings is important. Additionally, managing the processes around return-to-work is a vital role for managers, both with other departments and within their own teams.
3. At an *individual level*, people should know not only *where* to access mental health and wellness services, but also recognize any internal or external stigma that might be preventing them from seeking help.

Cultural, social, and institutional contexts influence the way staff members experience and perceive stress and mental health issues. This culturally influenced, anticipated and perceived stigma, are common and contribute to fear of acknowledging one's mental health issue and subsequently seeking mental health care. This delayed, or no-care, outcome is associated with lower self-esteem and compromised engagement in employment.¹⁰ The sooner people get help the better the outcome for them, and for the organization.

Action Plan (potential items for inclusion in initial assessment/ planning):

- Review of currently available stigma reduction tools such as language guides, educational material for individuals and managers, communications materials.

¹⁰ <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-019-1271-3#Sec2>

- Review of return-to-work policies through a mental health and well-being perspective with an emphasis on perceived or actual stigma people may experience.
- Assess if practices are in place for those who are experiencing stigma to be able to seek help through official (reporting) or unofficial (counseling) channels.
- Check current levels of perceived or actual stigma using the UN-Health Survey or other organizationally pertinent surveys.

Reporting - indicators listed in Scorecard

PRIORITY ACTION 3 and 4 - A Healthy Workplace (Prevention and Well-being)

Initiate a suite of prevention interventions, informed by best practice and shown to influence positively the protective factors associated with good mental health and well-being, as well as avert or minimize harm from known risk factors, directly and indirectly for the staff member, and/or from the environment in which they work.

Establish a workplace well-being programme, with an agreed charter, practical support, training and recognition awards for teams and managers that enables the achievement of respectful, resilient, psychologically safe and healthy United Nations workplaces over a five-year timescale.

Workplace prevention and well-being interventions differ from most interventions as they are organizationally based, not individually based. While the result will ultimately be measured by improvements for the individual, the delivery methods differ.

To support prevention and well-being in the workplace, organizations need to consider *how we work* and *the environment* in which we work- all resulting in the individuals *experience* of the workplace.

Organizations will be asked to identify the most prevalent *workplace* risk factors and the most prevalent *workforce* risk factors. While these two concepts are closely related, they differ in that workplace factors are organizationally driven, while workforce factors are individual behaviors based on the perceived wants, needs or constraints of the workplace.

United Nations personnel report *workplace* risk factors around 3 main topics: lack of time, lack of resources and lack of control over job/ career. *Workforce* stressors are often the behavioral results of the primary stressors listed above and can be modified with coping strategies supported by the organization and managers. These stressors include; working outside core hours, feeling obligated to be online/available 24/7 and wanting to improve work life balance.

Workplace and workforce stressors are often closely linked. Improvement in one area can lead to gains in the other and often advancement can be made simultaneously. One way these gains can be made is through educational programs for both managers and staff

on the well-being benefits of clear expectations and boundaries in the work/ life harmonization arena. Additional educational areas may include managing stress (work related or otherwise), healthy communication styles, and timely and open conversations career plans and goals.

Action Plan (potential items for inclusion in initial assessment/ planning):

- Psychosocial Risk Assessment and eventual mitigation plan
- Implementation of recommendations from the Future of Work report.
- Review work policies to ensure staff have autonomy and flexibility within policy limits (tele-commuting, right to disconnect, workload management, work-life harmony, etc.)
- Potential creation of a well-being working group

Reporting - indicators listed in Scorecard

PRIORITY ACTION 5 – Insurance

Complete a review of United Nations Health Insurance provision, and United Nations social protection schemes (for disability and compensation) within two years, to achieve equity of coverage for mental health, and ensure that provision is adequate, acceptable and appropriate.

Quality health insurance is necessary for organizations and individuals to optimize their psychological health. Adequate networks, acceptable levels of coverage and appropriate delivery mechanisms, empower personnel to seek help when needed. While insurance coverage related to physical illness is well understood, reaching mental health parity can be a challenge. When organizations have inadequate coverage for mental health care, they effectively discriminate against the people who need that assistance.

This discrimination is unintentional. It is often buried in the fine print of second opinions, session caps, language barriers and out of pocket costs. Couple this with a mental health challenge and the opportunity for a cost-saving early intervention may be lost. This is why it is imperative that the UN System review, simplify, and standardize their health insurance schemes as related to mental health, well-being, and disability.

Based on a review done by the United Nations Health Insurance Working Group and a survey of Employer Health Benefits Survey by the Kaiser Family Foundation, the following actions have been established for review in your organization's Action Plan.

Action Plan (items for inclusion in initial assessment/ planning):

- Decide on contract modalities that will receive mental health coverage
- Review of your organization's existing insurance provisions for mental health and social protection. (Tool provided)
- Identify gaps in coverage and/or access and take steps to reach basic minimum standards

- Create insurance review working groups with membership including those with lived experience

Reporting - indicators listed in Scorecard

PRIORITY ACTION 6 – Quality Control

Create systems to enable and oversee the safety and quality of psychosocial support programmes.

As outlined in the United Nations Staff Stress Counsellor Group (UNSSCG) report “Guidance on Professional Standards for UN Counsellors” the United Nations has a commitment to ensuring the quality and ongoing professional development of those who support the psychosocial needs of UN personnel. “Minimum standards for counsellors are vital to ensure the protection of staff and that those employed as counsellors are competent to practice and work to the highest ethical standards.”¹¹

Due to the variety of cultural competencies needed by the United Nations, not all counsellors are trained in countries with national licensing and/or accreditation boards. As a result, the United Nations Staff/ Stress Counsellors Group has outlined internal standards that will help ensure the quality of providers. The standards can be found discussed in detail via the UNSSCG document “Guidance on Professional Standards for UN Counsellors”.

To summarize,

1. Licensure/ certification is preferred
2. Professional organization membership is accepted under certain circumstances
3. An alternate track is required where the abovementioned tracks are not available

In addition to ensuring providers have the competency to practice effectively and ethically, ongoing education is needed to ensure the programmes being implemented meet international standards. As per the UNSSCG Guidelines this requires a minimum of 20 hours of mental health related ongoing education annually. To ensure the maintenance of these standards an ongoing assessment should be included in a pre-existing structure such as annual performance reviews.

Action Plan (items for inclusion in initial assessment/ planning):

- Review of psychosocial support personnel and their existing licensure/ accreditation/ organizational membership status. This may include personnel from professional specialty groups which are employed as counsellors.¹²
- Identify deficits in professional status’ and ensure managers have created plans with the staff member to reach basic minimum standards as outlined in UNSSCG Guidance document.

Reporting - indicators listed in Scorecard

¹¹ UNSSCG Guidance on Professional Standards for UN Counsellors, v.1.5

¹² UNSSCG Guidance on Professional Standards for UN Counsellors, v.1.5