

United Nations System Mental Health and Well-being Strategy for 2024 and beyond



**United
Nations**

United Nations System Mental Health and Well-being Strategy for 2024 and beyond



A view of United Nations peacekeepers of the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA).

Summary/overview

The United Nations System Mental Health and Well-being Strategy for 2024 and beyond is designed to assist the United Nations in creating a working environment that is conducive to good mental health and that ensures that support is available when it is needed. The Strategy provides a road map for creating 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.

The World Health Organization (WHO) states that mental health is more than the absence of mental health conditions. Rather, it is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their communities.

United Nations personnel at all locations can find themselves working in challenging situations. The challenges can stem from pressure and deadlines, being at a high-risk duty station, isolation from family and being away from one's country of origin. Successive surveys have shown that United Nations personnel report high levels of symptoms consistent with poor mental health. The working environment can play a direct role in this. Good working conditions protect mental health. Work can also be good for people, and healthy working conditions can protect mental health. United Nations personnel at 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 and staff absences and turnover, and it affects the ability of the United Nations to deliver on its mandates. There are also costs to United Nations personnel and their families and communities as they navigate the impact of symptoms of poor mental health and the effect that they can have on their lives. The actions that are taken now can have a real and positive impact on the mental health of United Nations personnel.

The Strategy is built on gains made in the implementation of the first Strategy (2018–2023) and takes into account the latest evidence-based data collected from United Nations surveys and a 2023 Joint Inspection Unit report on mental health and well-being policies and practices within the United Nations.¹

The Strategy is guided by the WHO/International Labour Organization (ILO) policy brief on mental health at work, in which organizations are called upon to act by:

- Preventing risks to mental health at work²
- Promoting well-being and protecting mental health at work
- Supporting personnel with mental health conditions

Each of these three pillars are supported by indicators to help organizations measure success. UN Organizations will receive technical guidance and suggestions for allocation of responsibility when needed.

¹ JIU/REP/2023/4.

² An evidence-based policy brief based on the World Health Organization (WHO) guidelines on mental health at work. For more information, see www.who.int/publications/i/item/9789240053052.

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 United Nations 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 in place across the United Nations system, and it is important that a collaborative approach be taken so that staff members can learn from one another.

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 in which people work and integrated into workplace practices and behaviours.

5 Leadership support is crucial

Senior leaders are asked to be public champions of the strategy, take responsibility to reduce workplace risks, enable actions to promote and protect a mentally healthy workforce, and ensure that 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 support staff in gaining access to help when needed. They also need to know how to take care of their own mental health.

7 Data-informed decision-making

Mental health and well-being-related data on United Nations organizations allow us to understand the unique issues that 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 the actions that should be taken and how to measure them.

Background

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

The first United Nations System Mental Health and Well-being Strategy³ was launched by the Secretary-General in October 2018. The Strategy was developed after a global well-being survey, completed by more than 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 had reported having experienced symptoms that could be interpreted as being consistent with serious mental health conditions.

The implementation of the Strategy for 2018–2023 was overseen by a system-wide multidisciplinary, multi-agency implementation board that reported to the High-level Committee on Management through the Human Resources Network. Significant gains were made during the implementation of the first Strategy, and the Strategy for 2024 and beyond is built on those gains.

Development process

The Strategy was developed by the system-wide multidisciplinary, multi-agency implementation board. Key inputs in the Strategy's development include lessons learned from the Strategy for 2018–2023, the WHO/ILO policy brief on mental health at work, inputs from personnel, and recommendations from the Joint Inspection Unit report on United Nations system-wide mental health policies and practices. After the 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 multidisciplinary working group, chaired by the global lead, oversaw the drafting of the Strategy and its related annexes.

State of mental health in the United Nations system

In the report of the Joint Inspection Unit, it was highlighted that baseline data and subsequent studies had confirmed that United Nations system personnel experienced a number of psychosocial risk factors at work and reported high rates of symptoms consistent with a mental health condition.

It was also noted in the report that sick leave and disability data provided by participating organizations showed that this is an increasing trend. This is of particular concern, as associated costs are high. Poor mental health leads to reduced productivity and affects staff's ability to deliver on the United Nations mandate. The poor mental health of personnel has resulted in increased costs for United Nations system organizations, personnel, families and communities. This is not an isolated trend. Over the past 10 years, several surveys have shown that the mental health of personnel has been declining.

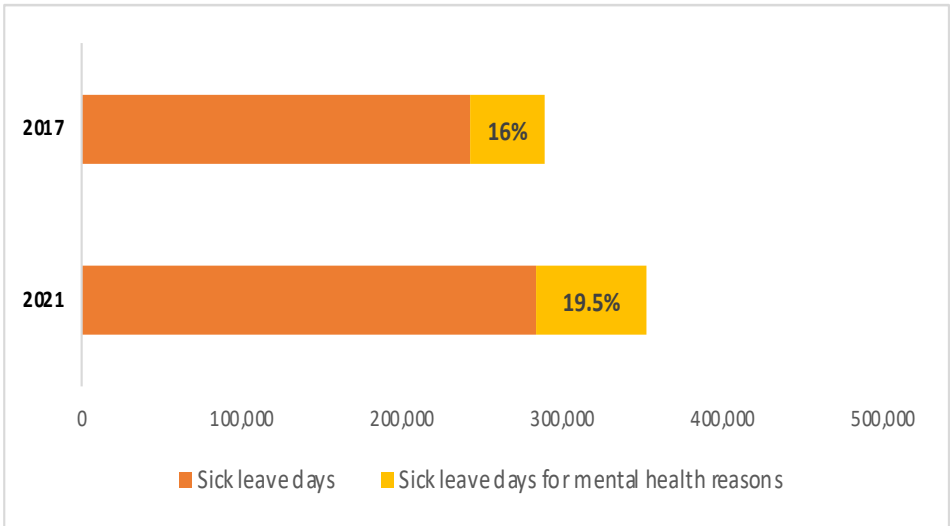
³ See www.un.org/en/healthy-workforce/strategy.

This has an impact on productivity and has subsequent financial implications. In addition, there are personal costs for United Nations staff and their families.

Based on Joint Inspection Unit findings, the trend of declining mental health poses two main economic risks to the United Nations: the increasing cost of sick leave owing to mental health diagnoses and the increase in costs owing to disability pension claims.

1 Increased sick leave

Every year, the percentage of sick leave rates associated with a mental health diagnosis increases. This not only represents a cost reflected in the lost productivity of the individual on leave but also has a negative impact on teams and programme delivery if policies and workplace practices are not enacted. According to certified sick leave data provided to the Joint Inspection Unit by participating organizations and as shown in the figure below, 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 accommodation and talent solutions, increase the negative impact of sick leave for mental health reasons on individuals and organizations.



Source: Joint Inspection Unit, based on information provided by the United Nations Secretariat, the Food and Agriculture Organization of the United Nations, the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund (UNICEF), the World Food Programme and the World Intellectual Property Organization

2 Increased disability claims

According to data provided to the Joint Inspection Unit by the Legal Office of the United Nations Joint Staff Pension Fund and as shown in the table below, the proportion of disability benefits granted to United Nations system staff for mental health reasons has increased, from 37.5 per cent for the biennium 2016–2017 to more than 45 per cent for the biennium 2020–2021. Moreover, from the biennium 2010–2011 to 2020–2021, the number of disability cases with a psychiatric diagnosis increased by more than 158 per cent.

INFORMATION ON DISABILITY CASES BY BIENNIUM, 2016–2021

BIENNIUM	CASES IN WHICH DISABILITY BENEFITS WERE GRANTED	CASES WITH A PSYCHIATRIC DIAGNOSIS	PERCENTAGE OF CASES WITH A PSYCHIATRIC DIAGNOSIS
2016–2017	245	92	37.5
2018–2019	339	153	45.1
2020–2021	262	119	45.4
Total	846	364	43 (average)

Source: Joint Inspection Unit, based on information provided by the United Nations Joint Staff Pension Fund (2022).

Strategy

The Strategy is aligned with the WHO/ILO policy brief on mental health at work, in which organizations are called upon to:

- Prevent risks to mental health at work
- Promote well-being and protect mental health at work
- Support personnel with mental health conditions

A number of cross-cutting issues have been identified to create an enabling environment, as shown in the figure on the next page.

Strategies to address mental health at work



System-wide action

As this is a system-wide strategy, global efforts will be undertaken to support United Nations organizations in taking action. An implementation guide and a scorecard have been developed to guide the work of United Nations organizations. The Strategy provides the overarching framework through which to address workplace mental health and well-being. The way in which the Strategy is implemented may vary across organizations.

Supportive actions taken at the system-wide level will include:

- 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 United Nations organizations to share resources required to develop products and programmes individually
- Undertaking of 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 United Nations organizations on how to implement the strategy

Organizational action

United Nations organizations are called upon to develop a mental health action plan, which could be stand-alone or integrated into 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 the development of such a plan. In the Guide, the following are recommended: ensuring that a leader has overall responsibility, the establishment of a multidisciplinary 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 (see annex II) has been developed with three indicators for each pillar. Some organizations may have already acted with respect to each of the indicators, while others may need to prioritize their starting point. The Strategy does not include a presentation of timelines or recommendations as to which indicators to commence with, as organizational circumstances vary. It is important to initiate the new actions and reinforce existing activities in line with a long-term strategic plan, setting out organization-specific priorities and implementing them in a consistent manner.

United Nations organizations will be held accountable through reporting on progress against indicators on an annual basis. United Nations organizations will need to ensure that resources are allocated to implement the action plan, including that the time required by relevant personnel is considered and added to their workplan.

KEY PILLARS AND INDICATORS

PREVENT	PROMOTE	SUPPORT
1. Risk assessment (prevention and mitigation)	3. Manager training	7. Enabling dignified work
2. Policy and 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		



Secretary-General António Guterres (at podium and on screens), addresses the opening of the SDG Summit.

Overview

1 Prevent poor mental health

Prevention requires an organizational approach to assessing and mitigating psychosocial risks. Actions can be taken to ensure that policies and practices take into account workplace factors that can lead to poor mental health. The WHO/ILO policy brief provides an outline of 10 psychosocial risks and interventions that can be taken to address them (annex III). Four areas that need particular focus are highlighted in United Nations data:

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

Actions need to include consideration of the life cycle of personnel engagement, from attracting candidates, recruitment, onboarding, learning, performance management and career development to retirement.

Key actions that can be undertaken under this pillar are:

- Incorporating mental health and well-being considerations into people management policies and relevant practices (such as recruitment, onboarding and people management)
- Undertaking an assessment of psychosocial risks and developing a mitigation plan. The mitigation plan should be focused on practical measures that can be taken to manage risks identified. Examples 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. The pillar includes organizations providing conditions that are conducive to individuals taking action for the benefit of their mental health.

Key actions that can be undertaken under this pillar are:

- Training and skill development to provide managers with the skills to create a healthy working environment
- Undertaking 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 United Nations organizations
- Providing mental health literacy programmes for all personnel
- Implementing well-being initiatives, such as stress management, and encouraging physical activity and health promotion activities

3 Support personnel with mental health conditions

Everyone needs support at some time. It is particularly critical for personnel experiencing poor mental health. Personnel should have access to high-quality mental health care through both United Nations services and appropriate insurance with reasonable coverage.

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

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

- Reasonable accommodation and return-to-work policies and support are in place and that key personnel know what good support for personnel with mental health conditions should entail
- There is access to psychosocial support through in-house, shared and/or external resources, including insurance products
- The report of the United Nations Staff/Stress Counsellors Special Interest Group entitled “Guidance on professional standards for United Nations counsellors” is followed

Cross-cutting issues

To support actions undertaken in the key pillars, cross-cutting issues have been identified and will be critical to success at the organizational level. While several other cross-cutting issues are outlined in the WHO/ILO policy, the following are the ones identified to be prioritized within the United Nations:

- 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 mental health and well-being, behaves in a manner that models and promotes a healthy workplace, and ensures that appropriate resources are allocated.

Reporting

United Nations organizations will be asked to complete the scorecard on an annual basis, indicating where progress has been made against their action plan. Initially, this will mean specifying which indicators the organization has already met. In 2026, the third year 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 analyse data related to mental health and well-being to guide actions and monitor changes.

Participation

Participation is focused on ways in which 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 the allocation of system-wide resources for a global coordination mechanism.

Who is responsible

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

In the WHO/ILO policy brief, it is requested that actions be taken at 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 multidisciplinary, multi-agency implementation board. The board reports to the High-level Committee on Management through the Human Resources Network.

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 in alignment and collaboration with other relevant bodies, such as the Occupational Health and Safety Forum, the United Nations Staff/Stress Counsellors Special Interest Group, the Critical Incident Stress Working Group, staff federations, United Nations Medical Directors and the Human Resources Network.

Measuring success

Success will be measured on the basis of actions taken across the United Nations system, as outlined in the scorecard. Individually, United Nations organizations will be able to compare their scorecard results with those of the whole system.

To facilitate these required actions, system-wide thematic working groups that report to the larger implementation board will be established. The implementation board will then report annually to the High-level Committee on Management on progress made.

Annex IV contains the recommendations of the Joint Inspection Unit, along with the corresponding scorecard indicators.



Annex I

Implementation Guide

Introduction

The United Nations System Mental Health and Well-being Strategy is aimed at creating 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 for the Strategy, the Implementation Guide serves to assist United Nations organizations in mainstreaming 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 that will facilitate this change.

Out of recognition that this is a workplace mental health and well-being document, these initiatives are focused on the workplace. This includes a focus on preventive measures, investment in mental health and well-being programmes, education to reduce stigma and ensuring that there is equal access to high-quality psychosocial support, as directed in the Strategy.

While the Guide is focused 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 the organization. Out of recognition that not every pillar indicator is equally applicable to every United Nations entity, the indicators are not meant to be used to compare groups, but rather to create benchmarks that organizations can use to measure progress.

As shown in the scorecard, many of the actions that organizations are being asked to take involve a variety of departments and specialties. This holistic approach will be focused on working together, innovative solutions and an understanding that all staff can take responsibility for improving the environment in which they work. Everyone has a role to play in improving mental health and well-being at the United Nations.

Role of the Organization

Comparative studies have shown that the reported levels of symptoms consistent with mental health conditions are higher at the United Nations (at approximately 50 per cent) than in the general population.⁴ In successive staff well-being surveys, it has been 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 have a negative impact on the quality of life of thousands of United Nations employees and cost the Organization millions of dollars per year.

⁴ See United Nations, “A healthy workforce for a better world: United Nations System Mental Health and Well-being Strategy”, p. 8, available at www.un.org/en/healthy-workforce/files/Strategy%20-%20full.pdf.

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 WHO and ILO, many organizational factors influence the mental health of employees. They include poor communication and management practices, limited participation in decision-making, long or inflexible working hours and lack of team cohesion.

Notwithstanding current investment, there is an opportunity for improvement within the United Nations organizational mental health and well-being approach. In the Guide, United Nations partners are asked to influence change in three main areas. Recommended actions are based on the WHO “Guidelines on Mental Health at Work”. The Guidelines, along with the WHO/ILO policy brief on mental health at work, provide an outline of the following 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 that have been identified for each of the pillars can be found in the accompanying scorecard. Indicators are supported by actionable requirements that will be reported on yearly to the High-level Committee on Management. The Mental Health and Well-being scorecard will be the tool used for evaluation at the High-level Committee on Management level.

To support actions undertaken as part of the key pillars, cross-cutting issues have been identified that 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 for achieving 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 that targeted high-quality intervention is available to those seeking help.

To further these efforts, organizations will be asked to develop a workplace mental health and well-being action plan on the basis of 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 will provide an opportunity to review their existing plans.

Developing a mental health and well-being action plan

“Workplace mental health and well-being action plan” refers to a coordinated and comprehensive set of strategies that includes programmes, policies, benefits, environmental support and links to resources designed to meet the mental health and well-being needs of all personnel.⁵

⁵ See www.cdc.gov/workplacehealthpromotion/model/index.html

The systematic process of building a workplace mental health and well-being action plan includes the following four main steps, as shown in the figure below:



Step 1: assessment

In the first step, data are collected to assist organizations in deciding 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 teams should include people with lived experience.

- **Interpersonal:** elements of personnel's workplace network, which includes managers and co-workers
- **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 to and opportunities for health promotion provided by the surrounding duty station

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

Step 2: planning and management

During this phase, resources are identified on the basis of the priorities identified in the first step. The 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
- The financial resources necessary to execute the plan
- A communications strategy to inform all personnel of priorities, resources and how to join the effort

Examples of terms of reference for the Working Group can be found on the United Nations Healthy Workforce website.⁶

Step 3: implementation

It is important that mental health and well-being action plans include actions from across all the key pillars and indicators outlined in annex I. They may include:

- 1 Policies and practices related to mental health and well-being: 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 have an impact on the working environment. Examples may include return-to-work policies for those coming back after experiencing a mental health condition, standard operating procedures for reasonable accommodation, and policies that allow for greater autonomy for workload management, telecommuting and work-life harmony.
- 2 Mental health and well-being programmes: may include training and education (such as the “Lead and Learn” programme or stress management) and access to counselling services (in-house or external).

Step 4: evaluation

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

Four key areas for inclusion in the evaluation are reflected in the scorecard. They are based on the three key pillars and cross-cutting issues outlined in the United Nations Mental Health and Well-being Strategy. The areas can be used at all stages of the project, including to inform initial data collection, assist in creating the plan and, lastly, implement and evaluate. The scorecard will be the tool used for evaluation at the High-level Committee on Management level.

⁶ Available at www.un.org/en/healthy-workforce/resources

Annex II

Indicators and scorecard

The challenging work that United Nations personnel undertake, often under high pressure and in dangerous locations, makes it imperative that the workplace be a safe place.

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

Organizations are encouraged to take action in as many of the domains as possible. However, not all indicators are appropriate for all organizations. It is understood that different organizations will have different structures, goals and personnel profiles, and priorities will therefore be established accordingly.

Drawing from the WHO/ILO model of prevent, promote and support, individuals, managers and organizations are asked to take action under each of the headings to positively affect organizational culture. The 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 that accompanies the scorecard.

PREVENT	PROMOTE	SUPPORT
1. Risk assessment (prevention and mitigation)	3. Manager training	7. Enabling dignified work
2. Policy and 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		

Prevent

Indicator 1: risk assessment

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
Current risk assessment activities include a psychosocial section	Current risk assessment activities include a psychosocial section	Current risk assessment activities include a psychosocial section
A review of psychosocial risks* has been undertaken*	A review of psychosocial risks* has been undertaken*	A review of psychosocial risks* has been undertaken*
	A psychosocial risk assessment mitigation action plan has been created and implemented**	A psychosocial risk assessment mitigation action plan has been created and implemented**
		Review and improvement process in place for psychosocial risk mitigation
		Evaluation of risk mitigation strategies included in managers' performance appraisals

* Psychosocial risks include workload management, work-life harmony, job control, working hours and interpersonal relationships.

** May be a pilot programme at one or more duty stations.

Prevent

Indicator 2: policy and 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 * and practices related to people management across the employee lifespan**	Mental health and well-being review of existing policies * and practices related to people management across the employee lifespan**
	Based on the mental health and well-being review, policies flagged as related to people management are edited or authored to ensure inclusion of mental health and well-being considerations	Based on the mental health and well-being review, policies flagged as related to people management are edited or authored to ensure inclusion of mental health and well-being 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, flexible working arrangements, work-life harmony, return to work, sick leave policy, reasonable accommodation, policy on mobility, prevention of harassment, occupational health and safety, performance management, values and behaviour framework, people/human resources strategy, diversity, equity and inclusion, disability, lesbian, gay, bisexual, transgender and intersex persons, and staff safety and security.

** Recruitment, onboarding, reassignment and retirement/termination.

Promote

Indicator 3: manager education and training

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
Training* for new managers on workplace mental health and well-being is included in induction	Training* for new managers on workplace mental health and well-being is included in induction	Training* for new managers on workplace mental health and well-being is included in induction
	Training* for all managers on workplace mental health and well-being is integrated into managers’ development and learning initiatives	Training* for all managers on workplace mental health and well-being is integrated into managers’ development and learning initiatives
	Managers have access to coaching and guidance related to mental health and well-being in the workplace	Managers have access to coaching and guidance related to mental health and well-being in the workplace
		Manager education and training initiatives are evaluated , and results are integrated to ensure continuous improvement

* Modifying the “Lead & Learn” programme or similar courses according to organizational needs.

Promote

Indicator 4: stigma reduction activities

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
Data are gathered to understand stigma within the organization	Data are gathered to understand stigma within the organization	Data are gathered to understand stigma within the organization
An interdisciplinary stigma working group is established to agree on appropriate evidence-based actions	An interdisciplinary stigma working group is established to agree on appropriate evidence-based actions	An interdisciplinary stigma working group is established to agree on appropriate evidence-based actions
	Stigma reduction interventions , informed by evidence-based research and persons with lived experience, are enacted	Stigma reduction interventions , informed by evidence-based research and persons with lived experience, are enacted
		A stigma reduction campaign is mainstreamed , and data are collected to measure impact

Promote

Indicator 5: mental health literacy

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
Mental health literacy training is included in onboarding learning programmes	Mental health literacy training is included in onboarding learning programmes	Mental health literacy training is included in onboarding learning programmes
	Mental health literacy training is available to all existing personnel in learning programmes	Mental health literacy training is available to all existing personnel in learning programmes
		Targeted training , such as suicide prevention, for specific roles (e.g. human resources, security and front-line workers) is provided

Promote

Indicator 6: implementation of well-being initiatives

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
A process for implementing evidence-informed well-being activities is developed (e.g. interdisciplinary well-being* working group)	A process for implementing evidence-informed well-being activities is developed (e.g. interdisciplinary well-being* working group)	A process for implementing evidence-informed well-being activities is developed (e.g. interdisciplinary well-being* working group)
	Personnel can gain access to evidence-informed training programmes and well-being tools online	Staff can gain access to 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 are assessed regularly

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

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 accommodation and return to work, without formal guidelines	Ad hoc implementation of reasonable accommodation and return to work
	Reasonable accommodation policy exists and is implemented consistently through a multidisciplinary approach	Reasonable accommodation policy exists and is implemented consistently through a multidisciplinary approach
	Clients can provide feedback on the practice and policy	Clients can provide feedback on the practice and policy
		Case management is 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)	Information available to all personnel on support services (in-house and external)	Information available to all personnel on support services (in-house and external)
Assess/review current insurance carriers for mental health coverage. Mapping of clients for insurance coverage*	Assess/review current insurance carriers for mental health coverage. Mapping of clients for insurance coverage*	Assess/review current insurance carriers for mental health coverage. Mapping of clients for insurance coverage*
	From the onset of a United Nations contract, all personnel and their dependants have insurance coverage, including for mental health needs	From the onset of a United Nations contract, all personnel and their dependants have insurance coverage, including for mental health needs
	Support within 72 hours, regardless of duty station	Support within 72 hours, regardless of duty station
	Support in cases of critical incident and crisis management	Support in cases of critical incident and crisis management
	Support for conflict resolution (reconciliation, conflict coaching and mediation)	Support for conflict resolution (reconciliation, conflict coaching and mediation)
	Predeployment counselling Post-deployment counselling	Predeployment counselling Post-deployment counselling
	Proactive counselling support for staff in an unstable/high-risk environment	Proactive counselling support for staff in an unstable/high-risk environment
		Family Liaison Officer available to address the well-being needs of the families of staff
		Ensure that appropriate** insurance coverage includes coverage for the mental health needs of all United Nations personnel and their dependants

* Including dependants and non-staff (long-term consultants).

** Ensure that reimbursement is client-friendly, involves an easy one-step process and direct to recognized mental health services without a prescription/referral.

Support

Indicator 9: quality control for psychosocial support

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
Complete mapping of currently available psychosocial services (in-house and external)	Complete mapping of currently available psychosocial services (in-house and external)	Complete mapping of currently available psychosocial services (in-house and external)
Establishment of lead for psychosocial support with responsibility for oversight of the psychosocial programme	Establishment of lead for psychosocial support with responsibility for oversight of the psychosocial programme	Establishment of lead for psychosocial support with responsibility for oversight of the psychosocial programme
Provide clinical supervision to staff counsellors	Provide clinical supervision to staff counsellors	Provide clinical supervision to staff counsellors
	Support within 72 hours, regardless of duty station	Support within 72 hours, regardless of duty station
	Ensure that providers are licensed/ accredited and that those who are not have a plan in place to achieve in accordance with United Nations Staff/Stress Counsellors Special Interest Group guidelines	Ensure that providers are licensed/ accredited and that those who are not have a plan in place to achieve in accordance with United Nations Staff/Stress Counsellors Special Interest Group guidelines
		Ensure that a feedback mechanism exists for client input and review
		A minimum of 20 hours per year for continuing education is available

Cross-cutting

Indicator 10: leadership

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
Leadership focal point is assigned to assume overall responsibility for mental health programming	Leadership focal point is assigned to assume overall responsibility for mental health programming	Leadership focal point is assigned to assume overall responsibility for mental health programming
Leadership regularly* communicates with staff about the importance of mental health and well-being	Leadership regularly* communicates with staff about the importance of mental health and well-being	Leadership regularly* communicates with staff about the importance of mental health and well-being
	Leadership assigns or assumes responsibility for key actions in a highly visible manner to demonstrate action being taken	Leadership assigns or assumes responsibility for key actions in a highly visible manner to demonstrate action being taken
	Mental health and well-being** is included as an assessment criterion for leaders' performance	Mental health and well-being** is included as an assessment criterion for leaders' performance**
	Ensure that providers are licensed/ accredited and that those who are not have a plan in place to achieve in accordance with United Nations Staff/Stress Counsellors Special Interest Group guidelines	Ensure that providers are licensed/ accredited and that those who are not have a plan in place to achieve in accordance with United Nations Staff/Stress Counsellors Special Interest Group guidelines
		Leadership takes an active role in securing funding for implementation of the Mental Health and Well-being Strategy

* Three or more times per year.

** Should include recruitment criteria, performance planning, and inclusion in 360-degree assessments. Should be focused on the manager's behaviour in supporting good mental health and reducing psychosocial risks in the workplace.

Cross-cutting

Indicator 11: reporting

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
Organization takes part in United Nations Health Intelligence survey a minimum of every two years	Organization takes part in United Nations Health Intelligence survey a minimum of every two years	Organization takes part in United Nations Health Intelligence survey a minimum of every two years
Yearly completion of the Mental Health and Well-being scorecard	Yearly completion of the Mental Health and Well-being scorecard	Yearly completion of the Mental Health and Well-being scorecard
	Mental Health and Well-being action plan created, and progress reported* to personnel	Mental Health and Well-being action plan created, and progress reported* to personnel

* Includes a report on action taken, developed yearly and shared with staff.

Cross-cutting

Indicator 12: participation

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
All relevant mental health and well-being committees, working groups and/or task forces seek membership and/or input from those with lived experience *	All relevant mental health and well-being committees, working groups and/or task forces seek membership and/or input from those with lived experience *	All relevant mental health and well-being committees, working groups and/or task forces seek membership and/or input from those with lived experience *
	Organization has either a representative or a focal point for the implementation board	Organization has either a representative or a focal point for the implementation board
		Organization has dedicated resources to the system-wide implementation effort, either financially or in-kind

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

Annex III

Psychosocial risks

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

ASPECT OF WORK	POTENTIAL PSYCHOSOCIAL RISKS	EXAMPLES OF ORGANIZATIONAL INTERVENTIONS
Job content/task design	Lack of variety in the work: underuse of skills or underskilled for work	Participatory approaches to job design Task rotation or job redesign
Workload and work pace	Heavy workload, fast work pace, high time pressure, continual and short deadlines, and understaffing	Limits on working hours or the number of shifts Achievable deadlines and targets
Work schedule	Long or unsocial work hours, shift work and inflexible hours	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, and limited participation in deciding on one's own work	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 (e.g. poor lighting, excessive or irritating noise and poor ergonomics)	Investment in improved environments and equipment meeting health and safety requirements, in consultation with workers and/or their representatives
Organizational culture	Unclear organizational objectives, poor communication and a culture that enables discrimination or abuse	Opportunities for meaningful consultation and cooperation with workers and/or their representatives Organizational frameworks for dealing with unfair treatment and offensive behaviour and abuse Support for affected workers, including access to workers' representatives, where they exist

ASPECT OF WORK	POTENTIAL PSYCHOSOCIAL RISKS	EXAMPLES OF ORGANIZATIONAL INTERVENTIONS
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	Frameworks for preventing violence, harassment and discrimination and for investigating and dealing effectively with incidents Opportunities to improve knowledge, attitudes and skills for supervisors and managers Opportunities for peer support, including at atypical working hours or sites
Role in organization	Unclear job role within the organization or team	Clearly defined sustainable work roles, reporting structures and performance requirements
Career development	Under- or overpromotion, job insecurity, poor investment in development, and punitive procedures for sickness, absence and performance management	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 Support for performance management
Home-work interface	Conflicting home/work demands, and being away from home for work	Flexible working arrangements Support for careers

Annex IV

Joint Inspection Unit recommendations and corresponding scorecard indicators

Recommendation 1

Executive heads of those United Nations system organizations who do not already participate in 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 a focal point on 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 should design, by the end of 2025, a workplace action plan and reflect its principles in their enterprise risk management process, occupational health and safety framework, and human resources strategies.

INDICATOR 1: RISK MITIGATION

Psychosocial 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 to 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

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 in which roles and responsibilities, including decision-making, are clearly identified.

INDICATOR 7: ENABLING DIGNIFIED WORK

Reasonable accommodation policy exists and is implemented consistently through a multidisciplinary approach

Clients can provide feedback on 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 in which to improve their counselling function in the organizational context, using the guidance on professional standards for counsellors prepared by the United Nations Staff/Stress Counsellors Special Interest 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 that providers are licensed/accredited and that those who are not have a plan in place to achieve in accordance with United Nations Staff/Stress Counsellors Special Interest Group guidelines

Provide clinical supervision to staff counsellors

A minimum of 20 hours per year for continuing education is available

Recommendation 6

The Secretary-General should request that the High-level Committee on Management of the United Nations System Chief Executives Board for Coordination 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 cases of critical incident and crisis management
- Proactive counselling support for staff in an 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.

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 cases of critical incident and crisis management
- Proactive counselling support for staff in an 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 the psychosocial support capacity available at 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 (in-house and external)
- Establishment of lead psychosocial staff with responsibility for oversight of the psychosocial programme

Recommendation 9

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

INDICATOR 4: MENTAL HEALTH LITERACY

- Mental health literacy is available to all personnel in learning programmes
- 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 indexes and surveys are 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.

INDICATOR 6: WELL-BEING INITIATIVES

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

INDICATOR 11: REPORTING

- Organization takes part in United Nations Health Intelligence survey a minimum of every two years
- Mental health and well-being action plan created, and progress reported to personnel
- Yearly completion of mental health and well-being scorecard

Recommendation 11

Executive heads of United Nations system organizations should explore the integration, by the end of 2024, of mental health and well-being considerations into training programmes, in particular for managers, as a means of providing 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 well-being is integrated into managers' development and learning initiatives

* Includes a report on action taken, developed yearly and shared with staff.
** Modifying the "Lead & Learn" programme or similar courses according to organizational needs.



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