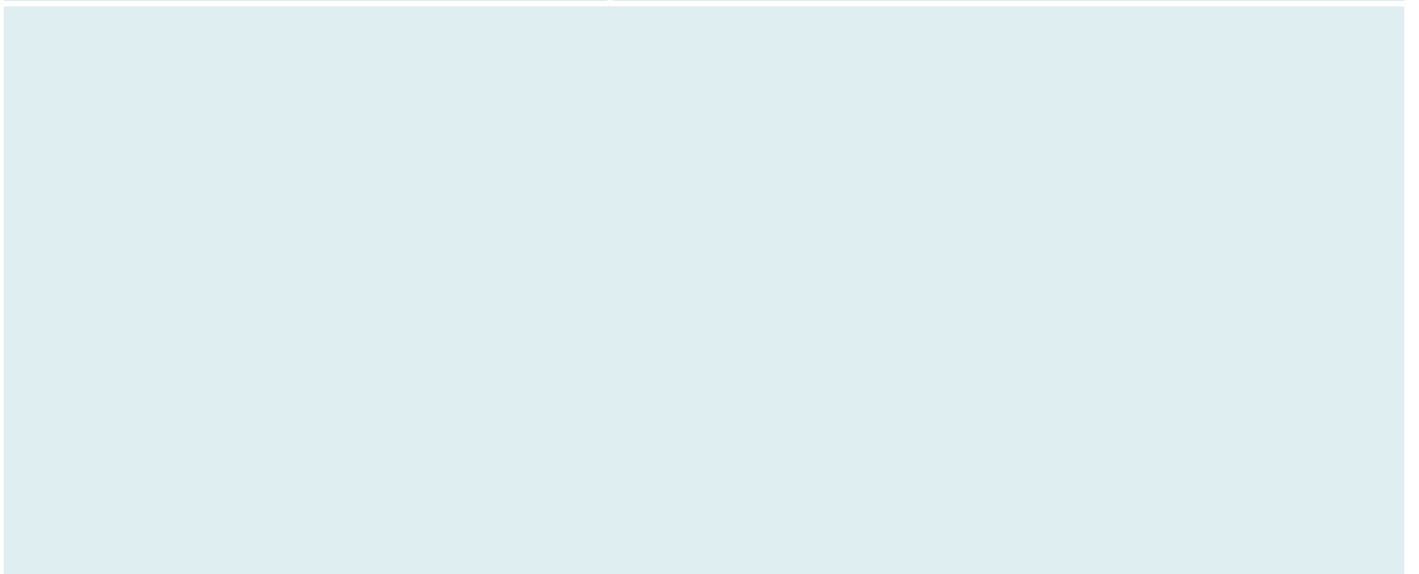
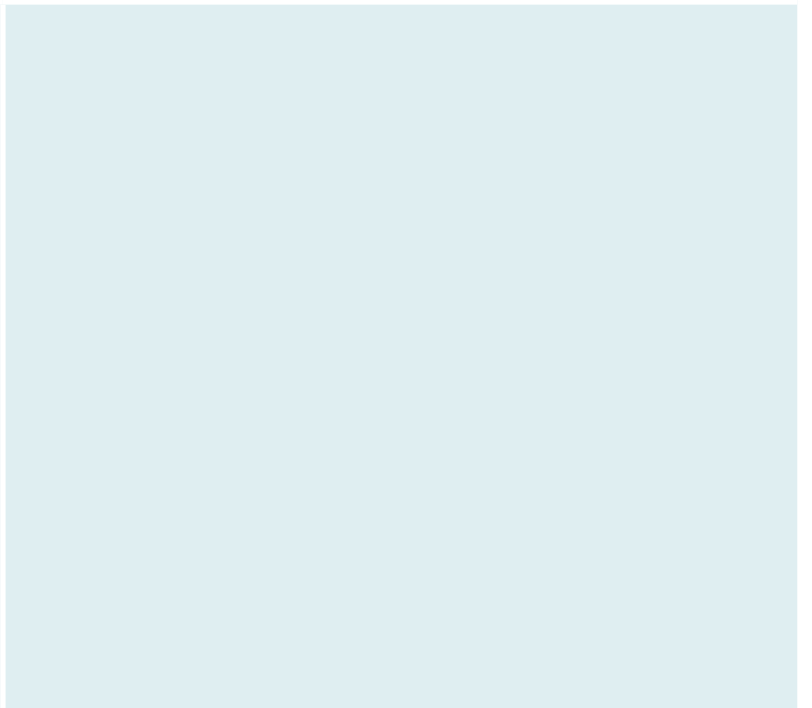
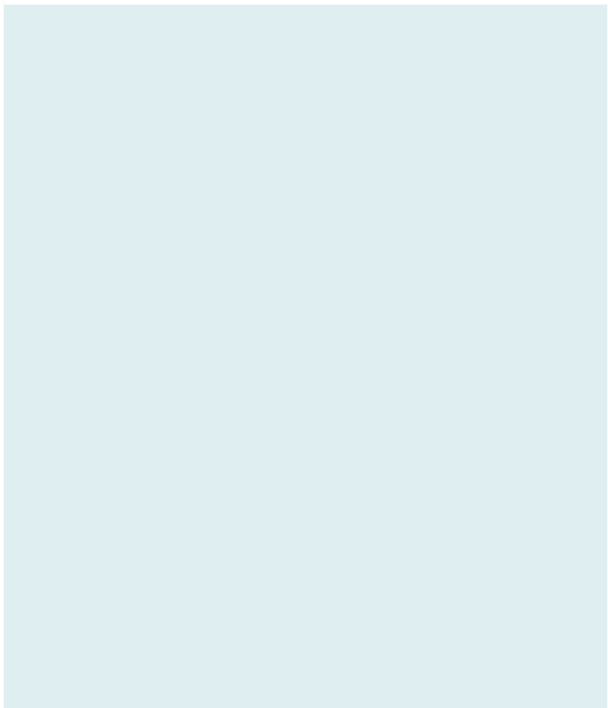
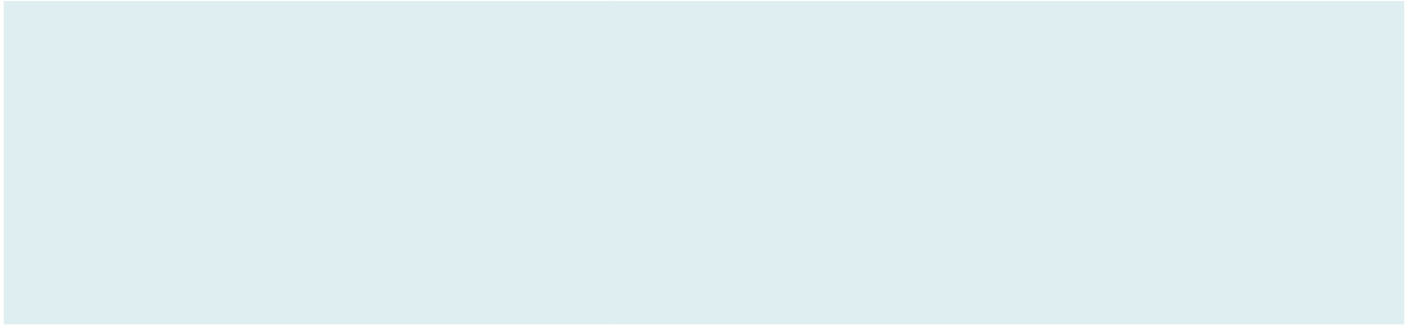


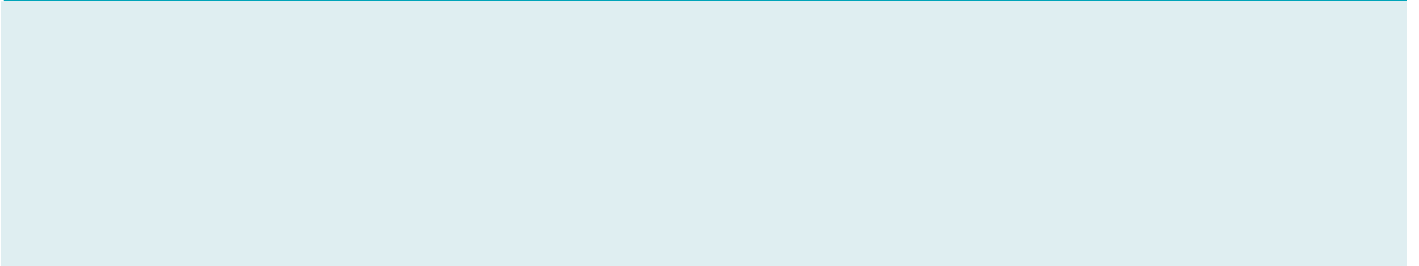
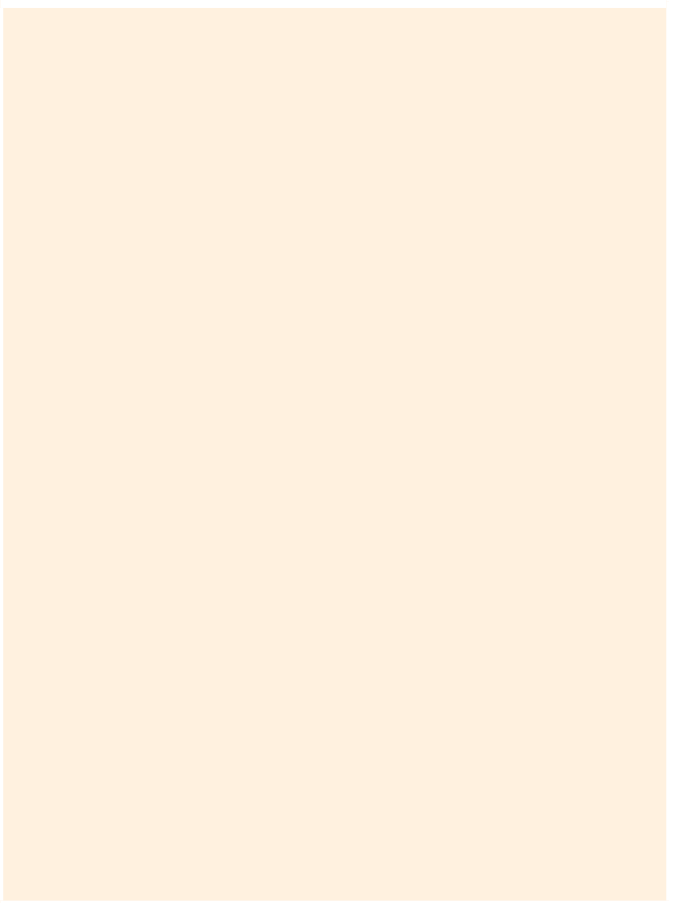
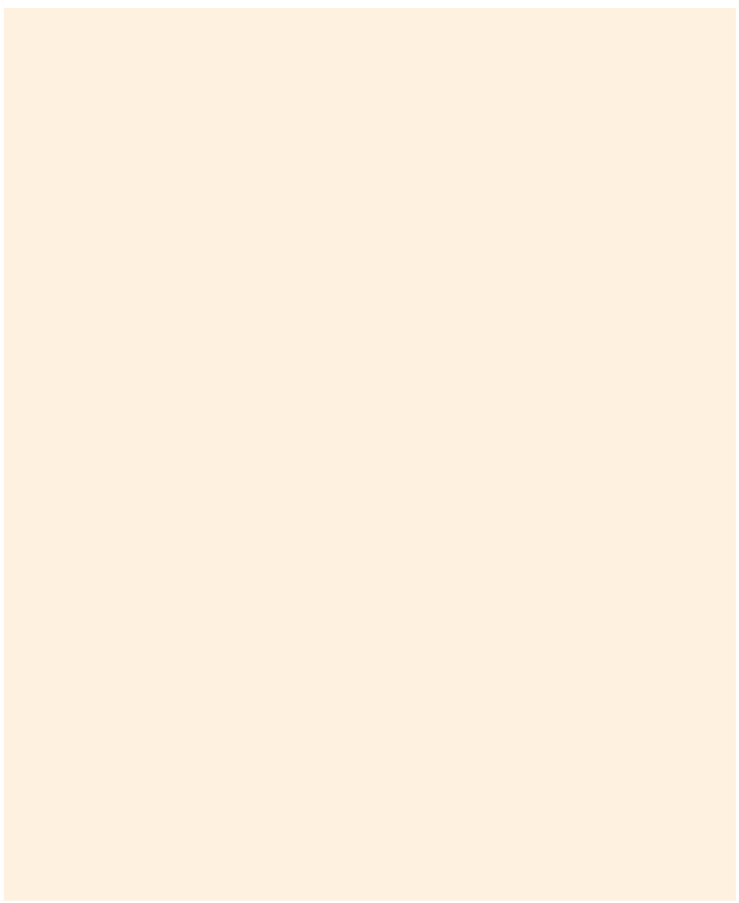
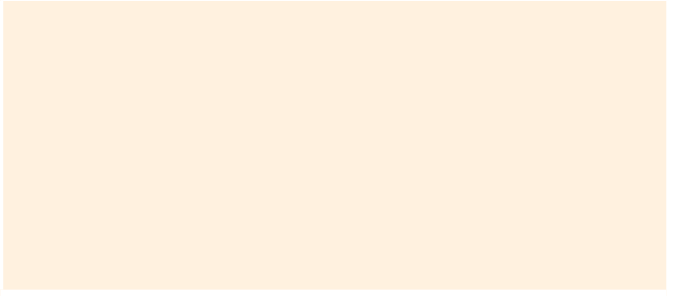
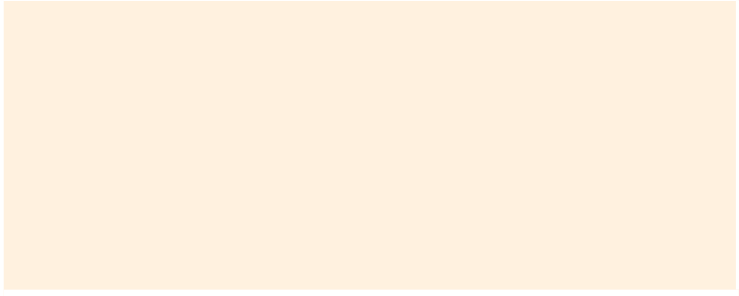
Improving the wellbeing of your workforce and investing in a mentally healthy workplace will reap many benefits for your team, and individual staff, to yourself, and for the organisation. Results from four internal UN Staff wellbeing surveys, and internal sick-leave and pension data, demonstrate a clear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

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

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;



(CONT'D)





(CONT'D)

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)

	1,149 days	1,127 days	17,294 days	6,523 days
	11.08%	10.66%	17	12.91%
	\$522,829.47	\$512,818.81	\$7,869,288.82	\$2,968,312.36
	\$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.

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.

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.)

#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.

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.

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).

