

MENTAL HEALTH & WELL-BEING OF INGO STAFF

How We Got Here: Our Working Notes

Overview

According to the United Nations Department of Economic and Social Affairs ([U.N. DESA](#)), an estimated one in four people globally will experience a mental health condition. **Depression**, for example, impacts approximately 280 million people worldwide **across** every age, community, and income group and ranks **third in the global burden of disease**. Like so many other mental health illnesses, depression results from a complex interaction of social, psychological, and biological factors and is exacerbated by the fact that people with mental and psychosocial disabilities often face stigma and discrimination. In the context of international development and humanitarian work, these challenges are intensified.

The [World Health Organization](#) reports that nearly all people affected by emergencies such as armed conflicts, natural hazard events, and other humanitarian crises will experience psychological distress, with one in five “likely to have a mental disorder such as depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia.” For many staff working in the international development and humanitarian sectors, encountering crises is part of the job—whether it is firsthand because an individual is from or working directly in a community experiencing the crisis or secondhand through the sustained engagement with such crises.

Because of this reality, mental health and well-being cannot be secondary to our work but must, in fact, be a core and critical priority for international non-governmental organizations (INGOs) whose work necessitates placing staff in positions where they are exposed to intense mental and emotional pressures. Those pressures are further compounded for staff who already experience prejudice and discrimination based on race, gender, sex, ethnic group, disability, or any number of identity factors and the intersections thereof. To reinforce more just, equitable, and inclusive cultures and communities, organizations must ensure that they support staff from underrepresented groups that have experienced (and may still experience) negative emotional and physical experiences such as exclusion, violence, and poverty. Moreover, organizations have a responsibility to safeguard those staff members from the additional exclusion, emotional labor, and **psychologically** damaging **microaggressions** so often experienced by staff from underrepresented groups.

These working notes focus on the mental health and well-being of INGO staff, but we recognize the need to explore related topics even further in connection to the populations INGOs serve.

Impact

All people navigate mental health challenges. By the same token, all people require a sense of well-being in their work lives and in their lives beyond work. This fact alone makes mental health a necessary focus for organizations in the social sector. Yet, compounding the universal challenge of maintaining a healthy work-life balance, the particular difficulties of dealing with social and structural injustice, emergency contexts, high stress environments, and the urgency of social change work mean that NGO staff are often managing mental and emotional stressors triggered by both the work itself and other triggers unrelated to work.

Applying a diversity, equity, and inclusion (DEI) lens to INGO work and its implications on staff mental health also requires acknowledgment of the added mental and emotional impact that socially excluded and oppressed groups continue to experience within our organizations.

This section explores some of the ways that organizations must prioritize mental health at the individual, social, and structural levels.

Equipping individuals with mental health tools at work

Awareness and championing mental health require tools to address **burnout** and draining of emotional energy. Access to mental health professionals is paramount, but so are other spaces to foster positive mental health and prevent burnout. Organizations should promote a culture where mental health can be openly discussed and supported to avoid “one size fits all” approaches. This could look like different work schedule options for parents and non-parents, flexible work locations for people engaging with potentially traumatic work projects, or offering practical support and reassurance to individuals with anxiety. Surveys are great tools to determine which populations may need additional support during specific times and the type of support they need. As a starting point, organizations should consider providing access to mental health screenings, suggesting apps for mental health and promotion of healthy lifestyles, and/or offering a stipend that can be used specifically for a service that improves mental health.

Recognizing unique impacts of social injustice on mental health

Ideally, individuals should feel they can be their full selves at work without fear of judgment, exclusion, shame, or isolation. Yet the social stigma and discrimination around mental health can be difficult to navigate, and as a result, those struggling with mental illnesses are often at risk of experiencing **worsening symptoms** and are less likely to pursue treatment. Amid the COVID-19 pandemic (that began with a prolonged period of isolation for many across the globe) and recent social movements—such as Black Lives Matter, the #MeToo movement, the March for Our Lives, and many others—the importance of prioritizing mental health has never been more evident.

According to a 2021 study by **Mind Share Partners**, over half of survey respondents reported experiencing burnout in the past year, and “emotionally draining work” and “challenges with work-life balance” were cited as the top workplace factors that negatively impacted respondents’ mental health. Per the study, the marked divisions among populations and the difficult conversations that polarizing political campaigns and social movements have produced have had an impact on people’s mental health. For example, while many of the conversations about racial justice prompted by the Black Lives Matter movement have been part of a necessary reckoning with our racist past, the same conversations have inadvertently led many to feel overwhelmed as they questioned privilege and their individual roles in perpetuating harmful systems, or as they were singled out to represent DEI initiatives or lead emotionally-taxing conversations due to their race.

Mental health is thus clearly multidimensional and cannot be addressed only as a personal or individual issue. It is necessary to approach DEI and discussions of mental health with information and awareness on at least two fronts: the inclusion of those with both pre-existing and socially impacted mental illnesses and the impact that opening dialogue and discussions surrounding mental health will have for all parties involved.

Ensuring organizational structures prioritize mental health

An organization's human resources (H.R.) team plays a key role in management and leadership that can influence and empower mental health and well-being for a diverse staff. Ideally, an H.R. team recognizes that part of its role is to create a respectful and inclusive culture that grants each employee the opportunity to learn, grow, and contribute to the organization. The most common H.R. models that address mental health and well-being include comprehensive sick leave packages (i.e., sick leave, short and long-term disability, and employee assistance programs), paid vacation and holidays, and some version of a personal leave option. While these traditional options are a minimum benchmark for organizations, H.R. responsibilities have expanded to be more innovative in cultivating a culture of mental health and well-being. As H.R. departments are often the first place employees go if they need assistance, it is important for H.R. teams to proactively communicate all modes of mental health and well-being support to the wider staff. Understanding the unique diversity profiles on staff and their wellness needs is key to promoting timely and relevant services for all employees.

Beyond H.R. teams, organizational leaders also have a responsibility to be responsive to all categories of staff, including parents (single and partnered), caregivers, staff who live alone, staff in headquartered areas, staff in partner country offices, and staff members whose sense of self lies at the intersection of different identities (e.g., age, race/ethnicity, religion, gender/sex, sexuality, disability, etc.). With the logistical impact of the COVID-19 pandemic, both the virtual and hybrid workplace have created new opportunities for organizational leaders to redefine the traditional workday—allowing employees to create flexible work schedules that center their well-being, increasing the amount of paid time off to help avoid burnout, and closing the entire office periodically to empower all staff to disconnect from work.

Additionally, more organizational leaders are actively acknowledging the negative impact that difficult times or complex situations—be it a pandemic, civil unrest, violence, or natural hazard event—is having on their staff and responding by providing workplace counseling as an employee support intervention. Giving all employees access to a free, confidential workplace counseling service can potentially be viewed as part of an employer's duty of care, and NGOs, especially those working on traumatic issues, should consider offering such services.

A diverse and inclusive workforce must be nourished and supported by a responsive, engaged H.R. team and organizational leaders as employees' needs and circumstances change. Today's complex problems require a variety of viewpoints and a work environment that cultivates and values a diversity of thoughts, identities, and ideas.

Recommendations

1. **Seek out and offer more comprehensive healthcare benefit packages:** Organizations should ensure healthcare options cover mental health, including therapy. Staff should have flexible time off with an awareness of the mental health impacts of the work itself (duty of care).
2. **Ensure reasonable accommodations** for people with mental health challenges.
3. **Adopt regular surveys and data collection:** Organizations should conduct regular check-ins on staff wellness to inform and adapt organizational policies and practices to changing staff and their needs.

4. **Encourage supportive staff groups:** Organizations, and specifically, those in positions of power, can encourage and enable the formation of resource or affinity groups that bring staff together around shared interests or identities.
5. **Watch for burnout:** Organizations must recognize that the work of social change can trigger trauma and burnout, and that efforts to advance DEI initiatives can be emotionally draining and overwhelming for staff from underrepresented groups. Organizations should be mindful of how conversations about difficult topics such as DEI and mental health are broached with staff and equipped to offer resources and support to those who may be struggling.
6. **Consider wellness stipends:** Organizations should consider setting aside funds for staff to use on mental health resources. Recognizing that people have different needs in responding to mental and emotional health, staff should be given a choice in how they use such benefits (for example, on a gym membership, art class, therapy, mindfulness app, or other service).

Working Notes