

MENTAL HEALTH RESILIENCE

SUPPORTING DRG STAFF, PROGRAMS, AND IMPLEMENTING PARTNERS

July 2024

The United States Agency for International Development (USAID) Democracy, Human Rights, and Governance (DRG) Bureau commissioned NORC at the University of Chicago to produce an internally distributed literature review on strategies for cultivating mental health resilience at the individual and organizational level for USAID staff and partners (delivered in August 2023). This document provides an externally-facing, adapted summary of the findings and conclusions of that report.

This document was produced for review by USAID. It was prepared by Social Impact for the DRG Learning, Evaluation, and Research III activity. The authors' views expressed in this publication do not necessarily reflect the views of USAID or the United States Government.



Students from a rural village in Lamjung, Nepal, paint a mural on their school building. Image credit: Carleigh Sned, [USAID Flickr](#).

I. GETTING STARTED

I.1 WHY READ THIS DOCUMENT?

Democracy, Human Rights, and Governance (DRG) practitioners can face increased risk of mental health issues such as anxiety, depression, mental burnout, and post-traumatic stress disorder (PTSD) or other trauma symptoms. Donor organizations, USAID implementing partners (IPs), and program participants can all be impacted by these issues. Contributing factors include exposure to human rights violations, deterioration of democratic values, threats to family, censorship, government pressure to conform, etc. The harm these conditions cause is not limited to individuals; it can potentially alter workplace dynamics and negatively affect organizational resilience, program performance, and relationships with IPs.

In such contexts, resilience strategies offer: protective mechanisms for the maintenance of psychological well-being and safety of DRG staff within USAID and among DRG IPs; continuity of operations; and stability in service provision.



Theater and dance performances, Mali. Image credit: Jim Huylebroek on behalf of Creative Associates International, [USAID Flickr](#).

I.2 CONTENTS

This document summarizes key literature on whether and how the concepts of resilience, mental health, well-being, safety, and security have been integrated into DRG programs. It is intended to inform the USAID DRG Bureau's efforts to expand protections for its staff, IPs, and program participants defending democracy and human rights around the world. In line with a DRG Bureau commitment at the second Summit for Democracy in March 2023,¹ the 2024 USAID Mental Health Position Paper,² and the 2024 DRG Policy,³ (for more information on these, see "2.2: The Need for Resilience"), practitioners should consider the integration of Risk Mitigation, Prevention, and Response (RMPR) resources into the program cycle to expand protections.

This document is divided into three primary sections:

Walk the Walk: Discusses resilience strategies for USAID staff at both the individual and organizational levels

Imagine: Provides an overview of how trauma-informed approaches can be applied to DRG programming, and considerations for women and members of marginalized groups

Deeply Commit: Reviews strategies to enhance the security, safety, and well-being of USAID IPs and partners through RMPR

Finally, the document provides recommendations on next steps for USAID management, staff, and partners.

¹ [USAID. 2023c](#)

² [USAID. 2024b](#)

³ [USAID. 2024a](#)

2. CONTEXT

2.1 DEMOCRATIC BACKSLIDING

Democratic backsliding is becoming increasingly common across the world. The weakening of democratic institutions and violation of individual rights present challenges to those working in the DRG sector (see below), as the active participation of staff in democracy and human rights programs in these contexts can be highly stressful.

In some cases, the attack against previously enshrined democratic values and the contributions of international development organizations are more severe, involving public officials targeting DRG programming staff. Consequently, organizations may fear losing their ability to openly work on DRG-related issues when faced with targeted harassment by politically restrictive governments.⁴

Issues common in countries experiencing democratic backsliding that directly affect organizations and staff engaged in DRG work include:

Disconnect between the work context and democratic values

Exposure to traumatic events; threats to the well-being and mental health of staff

Lack of access to information; spread of misinformation and hate-speech

Strong opposition to international nongovernmental organizations

As a result, staff may experience feelings of disconnect, self-doubt, and existential dilemmas that can lead to moral distress.⁵

KEY DEFINITIONS

- **Resilience:** “A person's ability to cope with adversity, recover from traumatic experiences, develop emotional strength, and adapt to challenges or change.”⁶
- **Resilience in mental health:** Adaptive process by which individuals and organizations build systems of protective factors in a developmental fashion to promote well-being and strength despite conditions of risk and adversity.⁷
- **Well-being:** “Includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment, and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good.”⁸
- **Risk Mitigation, Prevention, and Response (RMPR):** A set of tools and resources used to help IPs and program participants address risks affecting their safety, security, and well-being. RMPR is seen as a shared responsibility among USAID, its partners, and participants. It involves identifying and addressing risk factors in all stages of the program cycle, including physical safety and security, digital security, legal protection, psychological and wellness support, emergency assistance, and available rapid response funds.
- **Voluntary duty of care:** The institutional responsibility that aid organizations have to mitigate, prevent, protect, and respond to risks that threaten wellness and mental health.

⁴ Rodríguez-Garavito, 2014

⁵ Thompson, 2023

⁶ SAMHSA, 2022

⁷ Adapted from Comoretto, Crichton, & Albery, 2015; Nolty, et al., 2018; and Partners Global, 2020

⁸ Miles, Powell, Muller and Lough, 2023

2. CONTEXT (continued)

2.2 THE NEED FOR RESILIENCE


Over the past decade, there has been increasing recognition at the federal level in the United States⁹ of the importance of investing in mental health and resilience, with several institutional initiatives adopted in recent years. For example:

- In 2021, members of the U.S. House and Senate introduced the **Mental Health in International Development and Humanitarian Settings Act** to “integrate mental health and psychosocial support activities across all U.S. foreign assistance programs.”¹⁰
- The October 2022 **National Security Strategy** noted that “America’s success in the world depends on our resilience at home... Prioritizing diversity, equity, inclusion, and accessibility to ensure national security institutions reflect the American public they represent.”¹¹
- In 2024, USAID launched the **Mental Health Position Paper**.¹² Based on consultations with nearly 200 diverse stakeholders from 39 countries, the paper underscores the Agency’s commitment to the integration of mental health and trauma-informed approaches.
- Released in 2024, the **DRG Policy**¹³ recognizes that “partnering with USAID in closed and closing spaces comes with substantial risk and requires a heightened commitment to provide psychosocial support and intimidation. USAID DRG programming will integrate mental health resilience, use trauma-informed

approaches, and give due consideration to the safety, security, well-being, and mental health of USAID’s local Mission staff, implementing partners, and project participants.”

- The importance of mental health and well-being is also reflected in the **USAID Leadership Philosophy**: “At USAID, leaders promote well-being. Leaders are mindful and care for the well-being of ourselves and others.”¹⁴

Despite important strides in creating policies and practices to address mental health, challenges remain. The impact of work-related stress is severely under-researched among locally recruited staff and partners of international organizations in particular.¹⁵ A dearth of high-quality mental health services and lack of access to services can hinder care. These realities highlight the importance of normalizing access to services, creating systematic monitoring of support, and further ensuring institutional accountability and quality assurance.



“The USAID workforce is currently exposed to **severe and unsustainable levels of stress** that (a) are adversely affecting the health of the workforce, (b) very likely are reducing the mission effectiveness of the Agency, and (c) require a coordinated, holistic institutional response.”¹⁶—Under Secretary for Management at the State Department, 2015

⁹ Domestically, the Biden-Harris administration has initiated several actions to address mental health and resilience. Examples include:

- [Executive Order on Saving Lives Through Increased Support For Mental- and Behavioral-Health Needs](#)
- [Executive Order 13625—Improving Access to Mental Health Services for Veterans, Service Members, and Military Families](#)
- [Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers](#)

¹⁰ [H.R. 3988, 2021](#)

¹¹ [The White House, 2022](#)

¹² [USAID, 2024b](#)

¹³ [USAID, 2024a](#)

¹⁴ [USAID, 2023d](#)

¹⁵ [Ager et al. 2012](#)

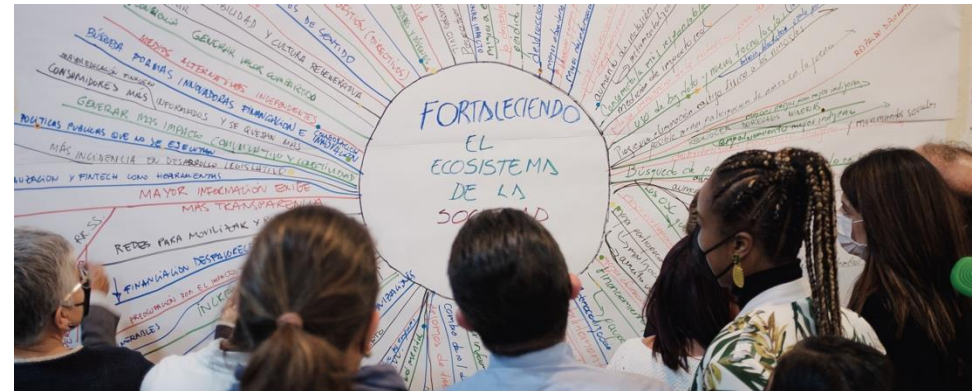
¹⁶ [Cole-Martin, 2022](#)

3. WALK THE WALK INDIVIDUAL AND ORGANIZATIONAL WORKPLACE RESILIENCE

3.1 RESILIENCE AND MENTAL HEALTH

Resilience skills are important for individuals to maintain good mental health and sustain their well-being. As such, resilience skill sets are preventive and protective approaches that serve as buffers from developing mental health issues (see figure below).

Cultivating resilience is not limited to the individual; it can also be applied organizationally to foster a healthy working environment. Critical shifts because of the COVID-19 pandemic have presented the opportunity to “build workplaces that are engines of well-being—showing workers that they matter, that their work matters, and that they have the support necessary to flourish, thereby fostering more resilient, productive, and successful organizations and communities.”¹⁷

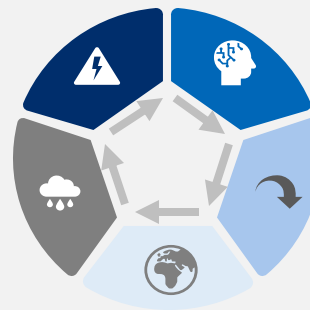


Workshop for USAID Colombia's Strengthening Together Activity. Image credit: Andrés Felipe Castilla, FHI 360 Strengthening Together Activity, [USAID Flickr](#).

Mental health issues that resilience can improve

PTSD: PTSD appears because of exposure to traumatic events that generate intensive fear, helplessness, or loss.¹⁸ It is estimated that between 5 and 40 percent of development professionals experience PTSD.¹⁹ Prevalence of PTSD may be higher among locally recruited humanitarian aid staff, who also have a higher exposure rate to traumatic events.²⁰

Depression: Depression can best be described as “a state of profound helplessness and hopelessness” marked by feelings of emptiness, apathy, and overwhelming sadness.²¹



Anxiety: Symptoms of anxiety may manifest differently across individuals, and it may be difficult to separate the risk factors for anxiety and depression, as both are connected to heightened psychological distress and challenges associated with aid work.²²

Burnout: Burnout refers to “emotional exhaustion.”²³ Those in management positions are 5.2 times more likely to face burnout than other staff.²⁴ Evidence also suggests that locally employed staff obtain worse scores on measures of emotional exhaustion.

Moral injury: Moral injury is the perceived transgression from one's value system or core moral boundaries. It may also be in response to actions from a third party such as organization leadership.

¹⁷ [Murthy, 2022](#)

¹⁸ [Wen et al., 2021](#)

¹⁹ *Ibid.*

²⁰ [Shee-Foo et al., 2023](#)

²¹ UNHCR, 2016

²² [Young et al., 2021](#)

²³ [Akinslure-Smith, 2018](#)

²⁴ [Eriksson et al., 2012](#)

3. WALK THE WALK INDIVIDUAL AND ORGANIZATIONAL WORKPLACE RESILIENCE

3.2 INDIVIDUAL RESILIENCE STRATEGIES

There are a variety of strategies that one can employ to “strengthen their inner resources,” which can be categorized into three foundational values: 1) social support; 2) psychological flexibility; and 3) active pursuit of personal support activities.

3.2.1 Social support. Researchers and practitioners emphasize that developing and cultivating trusted relationships mitigates loneliness and helps workers cope with uncertainty. Findings indicate that those who actively nourish their relationships and build their support networks “showed increased resilience compared to those who had not searched for available social support networks.”²⁵



USAID-funded and ACDI/VOCA-implemented Program of Alliances for Reconciliation, Colombia.
Image credit: Katherine Ko of ACDI/VOCA in Colombia, [USAID Flickr](#).

3.2.2 Psychological flexibility. Psychological flexibility is defined as “the capacity to act in a manner aligned with one’s values in the presence of challenging thoughts, emotions, and sensations.”²⁶ When faced with morally injurious experiences, psychological flexibility can enable staff to accept their difficult thoughts and emotions, reaffirm their values and sense of purpose, and continue their work.²⁷

Evidence from mental health and psychosocial support services interventions implemented in low- and middle-income countries shows that there are various strategies that can be employed individually and organizationally to promote psychological flexibility (see example below).

Young, et al., 2021 identified **acceptance and commitment therapy (ACT)**, a variant of cognitive behavioral therapy, as effective in improving psychological flexibility in an international development context. The ACT framework includes six key processes:

1. Contact with the present moment (mindfulness)
2. Acceptance of internal experiences such as distress
3. “Cognitive defusion”²⁸ or observing
4. Self as context or taking a flexible perspective
5. Values clarification
6. Committed action in line with personal values

If moral injury is sustained over time, coping skills developed through ACT can help an individual relate differently and “move toward their values even in the presence of moral pain.”²⁹

²⁵ [Comoretto et al., 2015](#)

²⁶ [Hayes et al., 2006](#); [Young, et al., 2021](#)

²⁷ [Young, et al., 2021](#)

²⁸ [The University of Sydney](#)

²⁹ [Borges et al., 2022](#)

3. WALK THE WALK *INDIVIDUAL AND ORGANIZATIONAL WORKPLACE RESILIENCE*

3.2 INDIVIDUAL RESILIENCE STRATEGIES

3.2.3 Personal support activities. Over time, staff may develop coping strategies that are tailored to their own needs, values, and work contexts. Mindfulness—the practice of being in contact with the present moment—is widely cited as an effective strategy to help align emotions and purpose.³⁰ International development professionals who practice mindfulness may more easily enter a state of self-acceptance that allows them to reconnect with the present.³¹

This strategy is just one of many that can be used to cope with work-related emotional distress. Other examples include talking with a trusted friend or family member, meditating, engaging in an appropriate rest or recovery period, physical exercise, etc.

As a key part of its **Collaborating, Learning, and Adapting** process, USAID offers opportunities for USAID staff to engage in reflection sessions and workshops that start with breathing, meditation, and appreciation time,³² all techniques that help with the practice of mindfulness. One example is the USAID Practical, InnoVative, On-the-job training program’s use of mindfulness during training: “Participants reported appreciating and utilizing these techniques to increase their focus and composure at work and to gather more diverse and inclusive viewpoints when making decisions.”³³



Focus group discussions held by the Youth Advocacy, Linkages, Leadership in Elections and Society Program, Guyana. Image credit: Meredith Applegate, International Foundation for Electoral Systems Guyana Country Director, [USAID Flickr](#).

³⁰ [Young, et al., 2021](#)

³¹ [Young, et al., 2021](#); [Wen et al., 2021](#)

³² [Bocock, P. 2017](#)

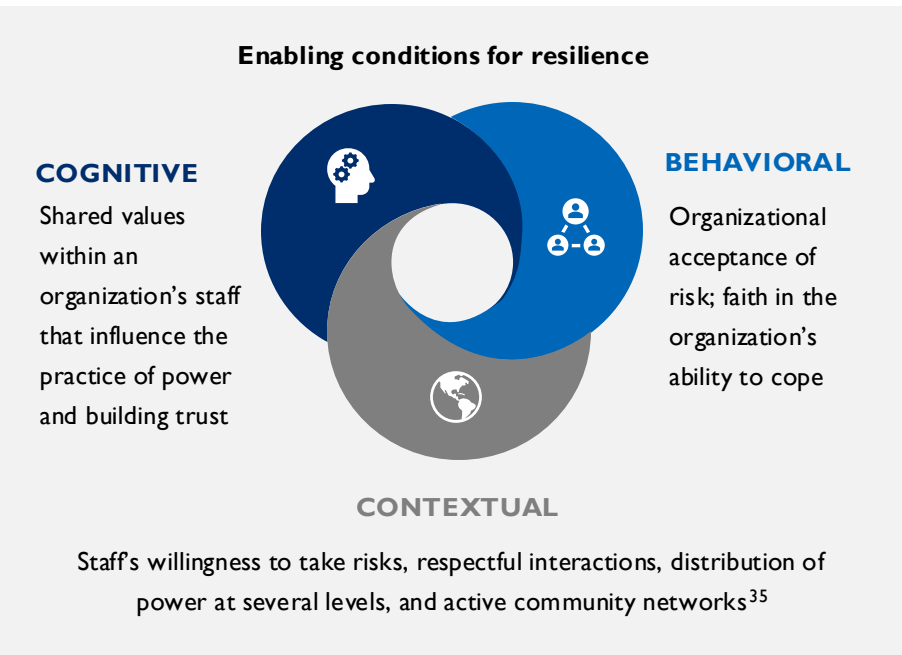
³³ [Brown, Acierno, and Linetsky, 2021](#)

3. WALK THE WALK *INDIVIDUAL AND ORGANIZATIONAL WORKPLACE RESILIENCE*

3.3 ORGANIZATIONAL RESILIENCE STRATEGIES

The organizational responsibility to address staff mental health—while fraught with challenges relating to staff receptivity—is one that researchers and practitioners recommend approaching through practical measures to encourage work-life harmony.³⁴

3.3.1 Enabling environment. An enabling environment for organizational resilience includes maintaining flexibility in workplace policies; managers frequently assessing the organization’s cognitive, behavioral, and contextual capacities (see figure below) to adapt; training and supporting adaptive and distributed management; and incorporating employee-related matters into planning activities.



Without an enabling environment where staff are adequately supported in their mental well-being, strategies to build staff and organizational resilience (e.g., flexible schedules, hands-on training, engaged leadership, etc.) can seem futile and misaligned.

3.3.2 Leadership and managerial strategies. The role of leaders and managers in supporting workplace resilience interventions is key to a comprehensive approach. Both at headquarters and in international posts, demonstrating a genuine, sustained commitment to staff well-being and safety is a core component to cultivating resilience at the leadership and managerial levels.

The cases discussed in the literature³⁶ suggest that DRG leadership should work on creating a culture of inclusion and belonging at the workplace to protect staff and increase resilience across Missions. Managers should promote positive social relationships and cultivate an environment where workers of all backgrounds are included without fear of retaliation when raising concerns with management.

At the same time, the literature recognized important challenges to adapting for resilience in international development. These barriers are common to the international aid workplace and are not exclusive to resilience efforts. These include: the stigma that can be associated with mental health and being perceived as unable to cope with one’s job; guilt about being privileged compared to the individuals being served; limited understanding of the effects of stress on individuals without resilience strategies; and conflicting demands in the field, especially at the frontlines.³⁷

³⁴ [Ager et al., 2012](#)

³⁵ [Gilson et al., 2017](#)

³⁶ Sat, Camacho, and Orca, 2023; Staff Care Center, 2018; USAID/Philippines, 2020; USAID RMPR Working Group, 2023

³⁷ [Brownbridge, 2023](#)

4. IMAGINE RESILIENT DRG PROGRAMMING

4.1 TRAUMA-INFORMED APPROACHES

Trauma-informed approaches aim to reduce the harm of traumatic experiences and improve support mechanisms and policies.³⁸ These approaches are based on six key principles to support mental health:

- **Safety:** Physical and emotional safety through an environment with clear communication, boundaries, and trust-building.
- **Trustworthiness and Transparency:** Reliable and consistent interactions, and transparency about processes and procedures.
- **Peer Support:** Connecting people with shared experiences to build relationships and support each other's healing and growth.
- **Collaboration and Mutuality:** Engaging people in the planning and delivery of services and fostering shared decision-making.
- **Voice, Choice, and Empowerment:** Focusing on strengths and resources; empowering people to use their strengths in healing.
- **Local Context, Cultural, Historical, and Gender Issues:** Recognizing the impact of context, culture, history, and gender on individuals' experiences, and seeking to provide services that are sensitive to these factors.



Advancing equal human rights protections in Georgia. Image credit: Mikheil Meparishvili, Equality Movement, [USAID Flickr](#).

4.2 GENDER AND MARGINALIZED GROUPS

Women development professionals, both expatriate and local staff, must navigate complex and sensitive cultural nuances that add an additional layer of stress to the built-in stressors of the jobs (see list below).

Other individual characteristics of staff members—such as race, ethnicity, national origin, migration status, disabilities, and self-identification as a member of the lesbian, gay, bisexual, transgender, intersex, asexual, and other diverse gender and sexual identities (LGBTQIA+) community—and the intersection of these, can also be conditions that trigger stressors such as inequalities in task assignments and interactions at the workplace.³⁹

Alice Gritti explores **gender dynamics in development** in “Building aid workers’ resilience: why a gendered approach is needed.” Gritti states:

“In particular, women aid workers have to cope with the specific following factors of stress:

1. Situational factors, such as insecurity (real and subjective) linked to gender-based violence and sexual harassment when out in the host country.
2. Job-related factors, such as tense relationships with national male colleagues, where gendered expectations of women create specific stresses (difficulties in being trusted and recognized as leader, and sexual harassment in the workplace).
3. Organizational factors, linked to a sexist organizational culture (hidden chauvinism and discrimination in hiring practices).
4. Personal risk factors, such as problems in balancing professional and personal lives.”

³⁸ [Powell et al., 2023](#)

³⁹ [Gritti, 2015](#)

5. DEEPLY COMMIT TRAUMA-INFORMED RELATIONSHIPS WITH IPs AND PARTICIPANTS

5.1 VOLUNTARY DUTY OF CARE

International development organizations are increasingly including measures to protect IPs and program participants. To that end, USAID created the “RMPR Working Group” in 2023 to advance the safety, security, and well-being of these groups. The RMPR Working Group aims to understand lessons learned and identify current initiatives to mitigate, prevent, and respond to risks—while increasing awareness of RMPR tools and resources (see figure below).



In March 2023, during the **Second Summit for Democracy**, USAID committed to “expand protections for defenders of democracy and human rights through improved duty of care and strengthen social safeguards.”⁴⁰

5.2 RMPR

Key to RMPR is ensuring that approaches are incorporated in project design, that costs covering the safety and well-being of IPs and program participants are considered, and that lines of communication remain open within and across USAID teams and partners.

The DRG Bureau organized two “Global Gathering” sessions on RMPR, interviewed 30 Missions, and held six listening sessions with IPs and participants. The findings were incorporated into two information memos (including one for the Administrator) and an internal toolkit to guide protection efforts. Some of the highlighted best practices emphasized the significance of incorporating rapid response mechanisms, organizing “pause and reflect” sessions⁴¹ to enhance psychosocial well-being, and ensuring that flexibility and budget for RMPR tools (e.g., rapid response and crisis modifiers, and resources for security equipment and training) are integrated into planning.

The 2023 U.S. Surgeon General’s “Framework for Workplace Mental Health”⁴² offers principles centered on worker voice and equity to put into practice and to develop an effective resilience framework within USAID. This framework is a starting point for organizations to design their policies and practices on voluntary duty of care.

Protection from harm: safety and security

- ✓ Prioritize workplace physical and psychological safety
- ✓ Enable adequate rest
- ✓ Normalize and support mental health
- ✓ Operationalize Diversity, Equity, Inclusion, and Accessibility (DEIA) norms, policies, and programs

Work-life harmony: autonomy and flexibility

- ✓ Provide more autonomy over how work is done
- ✓ Make schedules as flexible and predictable as possible
- ✓ Increase access to paid leave
- ✓ Respect boundaries between work and non-work time



Connection and community: social support and belonging

- ✓ Create cultures of inclusion and belonging
- ✓ Cultivate trusted relationships
- ✓ Foster collaboration and teamwork

Mattering at work: dignity and meaning

- ✓ Provide a living wage
- ✓ Engage workers in workplace decisions
- ✓ Build a culture of gratitude and recognition
- ✓ Connect individual work with organizational mission

Opportunity for growth: learning and accomplishment

- ✓ Offer quality training, education, and mentoring
- ✓ Foster clear, equitable pathways for career advancement
- ✓ Ensure relevant, reciprocal feedback

⁴⁰ [USAID, 2023c](#)

⁴¹ [USAID, 2023b](#)

⁴² [Murthy, 2022](#)

5. DEEPLY COMMIT TRAUMA-INFORMED RELATIONSHIPS WITH IPs AND PARTICIPANTS

5.3 PROTECTION

The employer's responsibility to protect workers from harmful physical or mental stress due to conditions of work is an obligation that the World Health Organization (WHO) State Members recognize, particularly in the aftermath of COVID-19 (see list below).⁴³

As such, "USAID is committed to ensuring that [programming] reflects the principle of "do no harm," protects and advances human dignity, and ensures respect for human rights."⁴⁴ "USAID is striving for a 21st century work environment where its total workforce feels valued and where employee resilience, wellness, and work-life balance are integral parts of the USAID culture."⁴⁵

Within USAID, the DRG Bureau and its RMPR Working Group have begun developing strategies to protect staff mental wellness; for example, by identifying weak and best practices as well as hosting sessions on resilience, mental health, and well-being for IP staff and stakeholders during the internal Annual Learning Forum and DRG Global Gathering, both in 2023.

The WHO framework for action to protect workers encompasses four main components:⁴⁶

1. **Preventing harm** from dangers and hazards in work
2. **Providing support** with fair and equitable compensation and social protection; ensuring time for workers to access care
3. **Promoting inclusivity** of rights, protections, and enablers for equal treatment and nondiscrimination
4. **Safeguarding rights** to collective bargaining, individual empowerment, whistleblower protections, and freedom from retaliation

5.4 RESPONSE AND REMEDY

When immediate response is needed to address and relieve harm, organizations have the option to adopt absorptive, adaptive, and transformative strategies.

- An **absorptive strategy** consists of having the capacity to cope against shocks and stress, neutralize stressors, and "return the system to its previous state with minimal or no effect in its functionality."⁴⁷
- An **adaptive strategy** requires the organization to make changes to continue to function. For example, to address trauma and psychological harm, organizations can implement formal peer support programs, have readily available and confidential counseling, offer rehabilitation and reintegration programs, etc.
- A **transformative strategy** is pertinent when the system receives greater and persistent shocks to transform it into a new state.⁴⁸



Right to Food and Nutrition campaign, Bangladesh. Image credit: Right to Food Bangladesh Network, [USAID Flickr](#).

⁴³ [Abdul Rahim, et al., 2022](#)

⁴⁴ [USAID, 2023e](#)

⁴⁵ [USAID, Staff Care](#)

⁴⁶ [Abdul Rahim, et al., 2022](#)

⁴⁷ [Gilson et al., 2017](#)

⁴⁸ *Ibid.*

6. WHAT'S NEXT?

6.1 CONCLUSIONS AND RECOMMENDATIONS

DRG staff and programs have been increasingly acknowledging the importance of resilience and mental health, documenting some lessons learned and good practices. **A summary of these is presented in this section—alongside relevant recommendations, indicated in blue**—for each of the three components of this document’s framework (Walk the Walk, Imagine, and Deeply Commit) for applying mental health resilience to international development work.

Moving forward, this framework can serve as a basis for comprehensive mental health, resilience, and well-being support for the global DRG cadre, DRG IPs, and program participants by signaling the importance of psychological safety and security, resilience skills, and psychological preparedness to adapt to unforeseen challenges in increasingly restrictive environments. Ultimately, resilience, well-being, mental health, and trauma-informed approaches should be embraced by the USAID global DRG cadre and DRG IPs to enable stronger adaptive management in volatile or uncertain contexts.



Local leaders and members of the Dobrotvir community in Ukraine’s Lviv region taking refuge in a bomb shelter. Image credit: Oleksandr Voloshynskyi, USAID HOVERLA Activity, [USAID Flickr](#).

6.1.1 Walk the Walk. At the individual level, the literature highlights strategies for strengthening resilience, including the importance of strong social support. For organizations, it is vital to create enabling environments where staff have access to specific mental health or resilience resources. Team leaders and program managers have a crucial role to play in building cohesion.

- **High- and mid-level DRG managers and IPs’ chief of parties should receive training on mental health** as part of a continuous capacity building process on how to manage staff.⁴⁹ This will help enable those in leadership positions to recognize the high levels of individual trauma and its impact on individual well-being among DRG professionals, equipping them to consider and implement appropriate strategies to strengthen resilience.
- **The U.S. Surgeon General’s Framework for Workplace Mental Health and Well-Being should be used to support DRG staff globally** in building a culture of gratitude, trust, and recognition—connecting individual work with organizational mission, including DEIA as a foundational resilience tool. For example, Bureau leadership should consider implementing some of the framework’s strategies for the global DRG cadre.

⁴⁹ [Briggs et al., 2015](#)

6. WHAT'S NEXT? (continued)

6.1 CONCLUSIONS AND RECOMMENDATIONS

6.1.2 Imagine. Trauma-informed approaches hold promise for promoting resilience and can be incorporated into policies and procedures. These considerations are particularly important in nonpermissive environments for women and members of marginalized groups, who may have increased mental health issues but may feel reluctant to seek support in male-dominated leadership structures.

- ❑ DRG Agreement Officer Representatives (AORs) and Contracting Officer Representatives (CORs) should integrate mental health and trauma-informed approaches in their activity management teams, as well as in the design, monitoring, evaluation, and learning activities for DRG programs.
- ❑ DRG should work with partners with local psychosocial professionals to train community members in countries where democratic backsliding, war, and conflict cause trauma from exposure to violence, internal displacement, and migration.

Priorities for future research. This literature review found promising areas of research to better understand the challenges that development professionals face. However, gaps remain:

- Limited understanding of the impact of democratic backsliding on staff and organizational resilience
- Taking an intersectional approach (i.e., how other aspects of identity affect resilience) to future research
- Exploring the implementation of mindfulness in future studies

6.1.3 Deeply Commit. The DRG Bureau and several USAID Missions have worked to provide a set of services to promote resilience among staff, IPs, and participants. These services include on-demand wellness and mental well-being resources, periodic staff discussion roundtables, augmented crisis management plans, and more.

- ❑ DRGAORs and CORs should consider adoption of the U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being among DRG IPs. The framework can be a useful tool to support risk mitigation, prevention, and protection measures in IP programming.
- ❑ Missions should continue including RMPR measures in new activity and program designs to ensure the safety, security, and well-being of IPs and partners.
- ❑ USAID's DRG RMPR Working Group should continue compiling best practices and lessons learned to enhance the protection of the security, safety, and well-being of IPs and partners. This will form the basis of a toolkit to be used by Missions.



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