

HRDN SESSION REPORT
HRDN WELLBEING INITIATIVE

Resilience Begins Within

*Understanding Mental Health & Emotional Wellbeing at the
Workplace*

Interactive Wellbeing Session with Dr. Naima Hassan

14 July 2026 | Islamabad

An interactive session for professionals of HRDN member organizations, individual members and IUCN

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Contents

Executive Summary

1. Background and Context
2. Event Information
3. Proceedings
4. Participation and Profile of Participants
5. Reflections and Key Insights
6. Participant Reflections
7. Recommendations and Way Forward

Annexure: Attendance Sheet

Acknowledgements

Sources

Executive Summary

On 14 July 2026, the Human Resource Development Network (HRDN) launched its Wellbeing Initiative, an ongoing platform to promote mental health, emotional wellbeing and resilience across the development sector. The first session, “Understanding Mental Health & Emotional Wellbeing at the Workplace”, was held in Islamabad under the title “Resilience Begins Within”. It drew a high-level gathering of seasoned professionals from HRDN member organizations, individual members and colleagues from IUCN.

Ms. Robeela Bangash, Chief Executive Officer of HRDN, opened the session with a welcome note on why those who serve communities also need care, and acknowledged Dr. Naima Hassan, who offered to lead the Initiative’s sessions on a voluntary basis. Dr. Hassan then guided the room through her presentation “Mental Health Matters”, not as a lecture but as a conversation. She opened with a reflection exercise in pairs, put questions to the group at each turn, invited participants to name their own current concerns, and moved from the idea of mental health as a continuum, through stigma, psychological safety, the warning signs of poor wellbeing and the pressures of the workplace, to practical strategies for organizations and for individuals. Twenty-three professionals signed the attendance sheet, among them directors, chief executives, managers, consultants and specialists from fifteen or so organizations.

Highlights

- First session of the HRDN Wellbeing Initiative, a continuing platform for mental health and emotional wellbeing in the sector.
- A high-level audience: about two-thirds of participants were directors, managers or senior professionals.
- A fully interactive session: a pair exercise, open questions to the room and a group listing of present concerns.
- Both aspects of the theme, mental health and emotional wellbeing, explained in plain language and tied to the workplace.
- Dr. Naima Hassan’s voluntary service was warmly acknowledged, and souvenirs and gifts were presented to her at the close.
- Members urged HRDN to make the Initiative a regular series and to carry it into their own organizations.

Key message

Those who carry the work of development need care too. Resilience begins within, and it is strengthened when workplaces make it safe to say, “I am not okay,” and when colleagues know what to do next.

1. Background and Context

1.1 Mental health and wellbeing in the world of work:

Work shapes mental health in both directions. A secure, respectful job with purpose can protect it, while excessive workload, insecurity or poor management can erode it. The scale of the issue is large. The World Health Organization's World Mental Health Report (2022) estimates that about one in eight people in the world, roughly 970 million, were living with a mental disorder in 2019. A WHO and International Labour Organization release of September 2022 estimates that around 12 billion working days are lost every year to depression and anxiety, at a cost of close to US\$1 trillion in lost productivity. The same release accompanied WHO's first guidelines on mental health at work, which call on employers to act on the conditions that harm wellbeing and to equip managers to respond.

Pakistan's needs are also considerable. A senior psychiatrist quoted in the national press in October 2025 put the share of the population with some form of mental illness at about 24 per cent, and the number of practising psychiatrists at around 500. These are indicative figures rather than definitive ones, but they point in one direction: demand for support is high, specialist services are scarce, and awareness at the workplace is a first line of help.

1.2 The people behind the impact:

Development and humanitarian work depend on people: Programme staff who spend weeks in the field, finance and administration teams who keep organizations running, researchers, consultants and managers who answer to donors, boards and communities at once. Deadlines, long hours, funding, insecurity and the emotional weight of the issues they work on are part of the job, yet they are seldom discussed. The Initiative's opening message, "Supporting the People Behind the Impact", was chosen to say that this silence can end.

1.3 About HRDN and the Wellbeing Initiative

The Human Resource Development Network (HRDN) is a membership-based network of national and international non-governmental organizations and individual professionals. It was conceived in 1999 as a platform for professionals working on human resource development in Pakistan and was registered in 2002 under the Societies Registration Act XXI of 1860 and currently with SECP under Section 42 of Societies Act 2017 with its Head office in Islamabad. HRDN reports about 850 individual professional members and more than 145 organizations, supported by a pool of over 300 experts, and its work spans education, women's empowerment, institutional capacity building and governance, humanitarian assistance, youth engagement, health, environment and climate change, and community engagement.

HRDN's mission and vision

Mission: "to enhance the individual and institutional competencies by facilitating capacity development."

Vision: "competent human resource to achieve professional excellence towards sustainable development."

The Wellbeing Initiative follows directly from this mission and vision. Competence cannot be sustained in professionals who are exhausted, anxious or unsupported, and institutional capacity depends on the health of the people inside the institution. The Initiative therefore adds a human dimension to HRDN's capacity development work: learning sessions and activity-based workshops, led by Dr. Naima Hassan, on mental health, emotional wellbeing and resilience. This session on 14 July 2026 was the first, and HRDN has continued the series since, with sessions that can be followed on its Facebook page.

2. Event Information

Title	Understanding Mental Health & Emotional Wellbeing at the Workplace: “Resilience Begins Within”
Initiative	HRDN Wellbeing Initiative (Professional Wellbeing: Mental Health & Emotional Wellbeing)
Date and time	Tuesday, 14 July 2026, 11:00 AM
City	Islamabad
Organised by	Human Resource Development Network (HRDN)
Resource person	Dr. Naima Hassan, Mental Health & Wellbeing Professional (voluntary service)
Welcome note	Ms. Robeela Bangash, Chief Executive Officer, HRDN
Participants	23 professionals from HRDN member organisations, individual members and IUCN, including one who joined online
Format	Interactive presentation with pair reflection, questions to the room and group discussion
Participation	HRDN members: PKR 1,000 (refreshments only)

3. Proceedings

3.1 Welcome note



The session began with a welcome by Ms. Robeela Bangash, Chief Executive Officer of HRDN. She thanked the participants, many of them senior professionals who had set aside a working morning, and welcomed colleagues from member organisations, individual members and the team from IUCN. She noted that the gathering itself said something: the sector was ready to talk about wellbeing.

She explained why HRDN had chosen to start the Initiative. For more than two decades HRDN has worked to build the skills and institutions of Pakistan's development sector. Skills, she said, are carried by people, and people cannot give their best when they are tired, anxious or afraid to admit that they are struggling. The Initiative would therefore be an ongoing platform and not a single event: a regular space for learning sessions and activity-based workshops where professionals could talk about stress, emotions and mental health without embarrassment, and take home tools they could use at work and in their families.

She then spoke about the cost of participation. Because the resource person had offered her services as a volunteer, HRDN could keep the sessions open to members for the cost of refreshments only. She called this generosity the foundation of the Initiative and asked the participants to help it grow by bringing colleagues to future sessions.

From the welcome note:

"We invest a great deal in the skills of our people. Today we begin to invest in the people themselves. Those who work for the wellbeing of communities deserve a place where their own wellbeing is taken seriously, and where it is safe to say, 'I am not okay today.'"

Ms. Bangash set out the ground rules for the morning. The session was a safe and respectful space, participants were invited to take what was useful to them and to speak only as far as they were comfortable, and what was shared by colleagues would be treated with care. She then introduced Dr. Naima Hassan.

3.2 Introducing the resource person



Acknowledging Dr. Hassan, Ms. Bangash described her as a complete world in herself, dedicated to the peace and wellbeing of humanity, and said that her voluntary spirit deserved to be saluted. Dr. Hassan is a mental

health professional specializing in psychological counselling, with more than twenty-five years of experience with national and international organizations. Twenty of these years were with the United Nations, in East Africa, Thailand, Cambodia, Nepal and Pakistan, and she has also worked with other international organizations including IRC, ARC, MDM, ACF, WHH and People in Need.

Experience and service	Current activities
• Taught graduate and post-graduate students for ten years. • Provided free counselling to women at the DASTAK shelter home. • Provided trauma counselling during and after major crises in Pakistan, South Asia and South-East Asia.	• Providing free counselling to women, girls and youth. • Teaching counselling to graduate students at Bahria University, H-11, Islamabad. • Volunteer service with HRDN.

Dr. Hassan's stated objective is to train volunteers in Psychological First Aid and Psychosocial support so that help can reach as many people in the country as possible. In offering her time to the HRDN Wellbeing Initiative, she brought that purpose to the sector's own professionals.

Participants who wish to follow up with Dr. Hassan can reach her at naimahassan1@yahoo.com or on WhatsApp at +92 345-8509045, the contact details shown on the opening slide of her presentation.

3.3 The session: a conversation on mental health and wellbeing

Dr. Hassan's presentation, "Mental Health Matters", carried a clear call on its opening slide: it is time to priorities mental health and wellbeing in the workplace. She did not read the slides to the room. Each part began with a question, the participants answered, and the slide then served to organise what had been said. What follows records the session in the order in which it unfolded.



Starting with ourselves: the pair exercise

Dr. Hassan began by asking everyone to turn to the person beside them. “Before we speak about mental health in general,” she said, “let us speak about how we are doing at work.” She gave the pairs six prompts and let each person take a turn.

The prompts were simple. Each person was asked to name one thing they enjoy most about their work and workplace, to say how they appreciate their colleagues in the office and which one colleague they appreciate most and why, to name a personal strength they had shown that week, to describe a small daily habit that has lasted and supports their wellbeing, and finally to rate their stress level on a scale of one to ten.

The room filled with conversation quickly, and the exercise drew out more than numbers. When Dr. Hassan asked what people had heard, several participants said that they had mentioned the satisfaction of seeing a project reach the people it was meant for, and the colleagues who made long days bearable. Appreciation, she observed, was easy to find when it was asked for, and rarely given unprompted. Participants also spoke of the habits that keep them steady: an early walk, a regular prayer, a few quiet minutes with tea. When she asked for the stress ratings, many were in the middle of the scale or higher, which prompted a few knowing smiles. “That is exactly why we are here,” she said. The exercise served its purpose: it showed that the topic belonged to the people in the room, and not to someone else.

Do we all have mental health?

Dr. Hassan then asked the room whether we all have mental health and drew a mixed response. Some participants said that mental health was something people had only when something went wrong. She disagreed gently. Every one of us has a mental health situation, she explained, and it is not fixed but dynamic. It is not simply good or bad: it moves along a continuum, shaped by our experiences, and can run from an optimal state of wellbeing, in which we cope with the challenges of daily life, to deep emotional pain, distress and mental illness. Mental wellbeing, in her words, describes our mental state: how we feel and how well we can cope with day-to-day challenges.

Moving to the next slide, she turned to mental health problems. They can affect any of us, whatever our age, personality or background. They can appear as a result of experiences in our personal or working lives, or without any easily identifiable cause, and can affect the way people think, feel or behave. Some are mild or moderate, others more severe and disruptive to daily living. She grouped them broadly into stress and anxiety-related problems, behavioral problems, substance abuse, and psychotic conditions. A participant asked how one can tell stress from something more serious. Dr. Hassan replied that the difference lies in duration, intensity and the effect on everyday functioning: when a difficulty persists, deepens or stops a person from working, sleeping or relating to others, it is time to speak to a professional.

What does good mental health look like?

Asked what we would see in someone who is mentally healthy, participants offered answers such as calm under pressure, a sense of humor, and the ability to say no. Dr. Hassan gathered these into her own description. A person with good mental wellbeing can recognize the good in themselves and feel happy about their achievements, can feel and express a range of emotions, can face and accept challenges, can cope with the stresses of daily life and manage times of change and uncertainty, feels engaged with the world around

them, and can live and work productively. She added a point that landed with the seasoned professionals in the room: good mental health is not the absence of difficulty, but the ability to meet it.

The weight of stigma:

Turning to a harder question, why people do not talk about this, she heard answers that came readily: fear of being judged, fear of being thought weak or unfit for responsibility, concern for career. Dr. Hassan agreed that, despite many efforts, discrimination, harmful stereotypes and stigma around mental health are still present across cultures and countries. People with mental health conditions can experience stigma from families, neighbors, colleagues and even health professionals, and some begin to believe the negative messages themselves, which is known as self-stigma. For senior professionals, who are expected to be strong, the pressure to hide struggle can be greater still. She urged the room to be the first to change this in their own teams.



Naming our own concerns:

At this point Dr. Hassan invited each participant to think of the issues currently weighing on them and to sort them under four headings: personal, family-related, work and workplace, and social. Participants noted their concerns on paper, up to seven each, and a few chose to share. Workload and deadlines, balancing work with family, the uncertainty of funding and the pace of social change featured among the themes that surfaced. The point of the exercise, she said, was not to solve these on the spot but to see them clearly: a worry that is named and sorted is easier to carry than one that stays vague.

What the World Health Organization says?

She then anchored the discussion in the WHO's definition: mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Mental health, she added, is an integral part of overall health and a basic human right. Good mental health means that we are better able to connect, function, cope and thrive, which is why we should look after it as carefully as we look after our physical health.

What helps and what does not: when emotions run high?

Dr. Hassan asked what we usually do when we are upset, and whether it helps. Participants laughed as they recognised their own habits. She then listed what not to do when facing emotional difficulty, and the room agreed with most of it. Do not label yourself weak, emotional or crazy. Do not make decisions while in an emotional state. Do not start or increase the use of alcohol, smoking or self-medication, and avoid too much caffeine and other stimulants. Do not try to simply "forget it" or act as though everything is fine, because it

is okay not to be okay. Avoid people who drain and depress you, and avoid watching sad or violent programmes when you are low. She also named overwork, using work as an escape, as a pattern to watch.

To lighten the moment, she showed a cartoon of two colleagues standing nose to nose, captioned “Do we see eye to eye on this matter?” The room laughed, and she used it to make a serious point: disagreement and tension between colleagues are a normal part of working life, and how we handle them, calmly or in anger, shapes both our own wellbeing and the atmosphere of the team.

Wellbeing at the workplace:

Turning from the individual to the organization, Dr. Hassan described wellbeing at work as an environment in which employees feel psychologically safe, emotionally supported, able to perform effectively and able to maintain a healthy balance between work and life. The benefits reach both sides: better productivity, less absenteeism and greater job satisfaction.

She asked the participants what a psychologically safe workplace feels like. Their answers matched her list: respect and inclusion, diversity and equity, transparent communication, trust between leadership and employees, participation in decisions, and opportunities for professional development. “Psychological safety,” she said, “is the confidence that you can speak up, ask for help or admit a mistake without being punished or ridiculed.”

She then asked a more personal question: how would you know if a colleague, or you yourself, were not doing well? Participants named the signs, and Dr. Hassan completed the list. Reduced productivity and concentration, frequent absence, irritability and mood changes, emotional outbursts, fatigue and low motivation, social withdrawal, a higher rate of errors and accidents, and physical complaints such as headaches or disturbed sleep are all signals worth noticing. Several participants said that they had seen at least one of these in their teams and had not known how to approach the person; the strategies later in the session addressed this.

Next, she asked the group to name what causes these problems at work. The list that followed was familiar to everyone: excessive workload and unrealistic deadlines, long hours and poor balance between work and life, job insecurity, bullying, harassment or discrimination, lack of recognition and career growth, poor leadership and ineffective communication, unclear roles and conflicting expectations, and limited support from colleagues and supervisors. Dr. Hassan noted that several of these are in the hands of the organization, not the individual.

What can organizations and individuals do?

The practical part of the session followed, and participants took notes. Dr. Hassan presented two sets of strategies and asked about the room which they already used.

Organizational strategies	Individual strategies
• Foster a psychologically safe workplace culture. • Provide awareness and resilience training, and hold a five-minute discussion on mental health and wellbeing in every meeting. • Encourage open communication without stigma. • Train managers to identify and respond to concerns. • Promote flexible work where possible and distribute workloads fairly. • Recognize and reward contributions. • Adopt clear anti-bullying and anti-harassment policies. • Offer employee assistance programmes or counselling.	• Keep boundaries between work and life, and set realistic goals. • Take regular micro-breaks: three minutes of stretching after each hour. • Ask for support when needed, with clear communication. • Practise mindfulness, “not the mind full”, and deep breathing when angry, frustrated or sad. • Use stress management and relaxation techniques. • Recognise achievement, even small ones. • Look after nutrition, sleep, hydration and exercise. • Build supportive relationships and keep hobbies outside work. • Seek professional help without fear.

Participants responded most to two ideas. The five-minute wellbeing conversation in team meetings was seen as simple and immediately usable, and the three-minute stretch break as something that even a busy director could manage. Dr. Hassan summarized the benefits of putting these into practice: greater engagement and motivation, better teamwork, communication and morale, fewer absences and less staff turnover, stronger organizational performance and innovation, and less stress, burnout, anxiety and depression.

When you cannot manage:

The tone of the room grew quieter as Dr. Hassan reached the question she described as the most important: what if you cannot manage? She said that you should know your own limits, and that being overwhelmed is not a failure. Take a time out, take a break, acknowledge your situation and be honest with yourself, and talk to a stress or staff counsellor. She offered a four-word path to hold on to: accept, identify, address and learn.

Self-awareness and the key message:

Dr. Hassan closed by describing self-awareness as the key to mental health and wellbeing. Being mindful of our thoughts and emotions and of how we handle them, and reflecting on how the events of our lives affect us, allows us to ask for support before waiting too long. She urged participants to practice self-care, to treat mental health as seriously as physical health, and to remember that a meaningful life is possible alongside a health condition or mental illness, provided that proper treatment and support are available. Participants should never be afraid to seek help.

Key message of the session

A healthy workplace is not only one that protects physical safety, but one that actively supports the mental and emotional wellbeing of every employee. Mental health is an essential part of overall workplace wellbeing, and organisations that prioritise it create healthier, more engaged and more productive workforces.

3.4 Discussion and encouragement from members:

The question and answer period that followed was lively. Participants thanked HRDN and Dr. Hassan for opening a conversation that is rarely held openly between professionals of different organizations. Several noted that it was unusual to find colleagues from international organizations, the financial sector, health, education and the arts in one room talking candidly about stress, and said that the exchange itself had been a relief.

The members' encouragement was clear and consistent. They urged HRDN to continue the Initiative as a regular series and to keep it open to individual members and to organizations that are not yet in the network. Several offered to carry the five-minute wellbeing conversation and the micro-break practice back to their own teams, and some suggested that leaders and managers in particular should attend future sessions, since the working culture is largely set from the top. Others asked for sessions on specific topics such as managing anger, burnout and supporting colleagues who are struggling. Dr. Hassan welcomed each suggestion and encouraged participants to stay in touch with HRDN as the programme grows.

3.5 Vote of thanks and presentation of souvenirs:

The session closed with words of thanks from HRDN. Ms. Bangash thanked the participants for coming in such number and for their openness, thanked IUCN and the member organizations for their support of the Initiative, and expressed HRDN's gratitude to Dr. Naima Hassan. She said that Dr. Hassan had given the sector her time, her experience and her warmth, and that her voluntary spirit was the heart of the Initiative.

As a gesture of appreciation, a souvenir shield was presented to Dr. Hassan by Ms. Humera Malik, Member of the HRDN Board of Directors and Life Member of HRDN. Ms. Asma, Programme Director, HRDN, also presented a gift to Dr. Hassan. One of the participants then presented a framed calligraphy to Ms. Robeela Bangash, a gesture the HRDN team received with thanks.



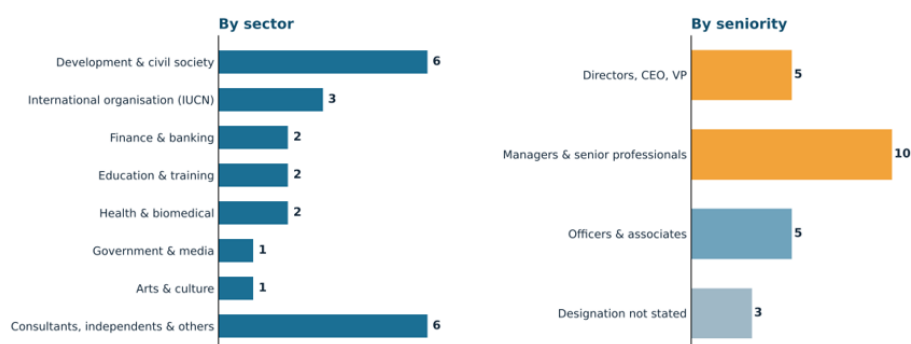


The session ended with a group photograph of the participants and the HRDN team, followed by refreshments and informal conversation, during which many participants continued discussing the themes of the morning.



4. Participation and Profile of Participants

Twenty-three professionals signed the attendance sheet, one of whom joined online. The gathering was notable for its seniority and its range. Reading the sign-in sheet, which is reproduced in full in the Annexure, about two-thirds of the participants were chief executives, directors, vice-presidents, managers, consultants or senior professionals, and the rest were officers, associates and specialists. They came from roughly fifteen organizations, and from international organizations, development and civil society organizations, banking and finance, education and training, health and biomedical services, government media, and the arts.



Taken together, the profile shows a gathering of people who shape working culture. Managers and senior professionals formed the largest group, joined by directors, a chief executive and a vice-president. The range was equally notable: IUCN was represented by a team of three, and professionals from banking, education, health, media, the arts and civil society sat alongside them, which gave the pair exercise and the discussion unusual breadth. Members of the HRDN Board and the HRDN team attended together with member organizations and individual members, a sign that the Initiative is owned by the network as a whole.

The grouping is indicative: it is drawn from handwritten entries, some of which were unclear or left blank, and organizations are classified by their principal activity.

5. Reflections and Key Insights

This section offers the organizers' reading of the session, intended to inform the next steps of the Initiative.

5.1 Wellbeing is a leadership question:

The audience held many of the people who set targets, approve workloads and decide how colleagues are treated. For them, the most useful part of the session was not a technique but a reframing: attention to wellbeing is a responsibility of leadership, and not only a personal matter for staff. The strategies that seemed most valuable, a short wellbeing conversation in every meeting and managers trained to notice and respond, are all within a leader's power to adopt at once.

5.2 The language of the continuum lowers the barrier:

Describing mental health as a continuum, in which everyone has a position that shifts over time, allowed accomplished professionals to speak of strain without feeling labelled. "Not good or bad" was a phrase participants carried out of the room. It suggests that future sessions should begin with this idea before turning to any specific condition.

5.3 Starting in pairs creates safety:

Beginning with a conversation between two people, around appreciation and strengths as well as stress, gave participants a warm and low-risk way in. By the time the group was asked to name its concerns, the room had already practised speaking openly. The same pattern of pair work followed by a wider conversation can be used in later sessions and in members' own teams.

5.4 Volunteerism makes the Initiative possible:

Dr. Hassan's decision to give her time freely lets HRDN offer the sessions for the cost of refreshments, and sets a tone of service. It is also an example that others in the network may follow. Other professionals with relevant skills could be invited to contribute in the same spirit, widening the range of what the Initiative can offer.

5.5 The workplace is both the cause and the cure:

Participants recognized that many of the pressures they named, such as workload, deadlines, insecurity and unclear roles, are produced inside organizations. This also means that organizations can do a great deal to relieve them. The message of the session was therefore balanced: individuals can build resilience, and workplaces can build the conditions in which resilience is possible.

Key insights at a glance

- Wellbeing at work starts with leadership.
- Mental health is a continuum; naming it plainly lowers stigma.
- Small, regular practices (a five-minute conversation, a three-minute stretch) are the easiest to adopt.
- Peer conversation across organizations is itself a source of support.
- Voluntary expertise can make a sustained Programme affordable and open.

6. Participant Reflections

The first session of the Initiative drew warm responses from those who attended. The reflections below have been compiled by HRDN to express the spirit of what participants shared and are offered so that the word can be spread to more of the sector.

On the experience:

It is rare for professionals from so many organizations to sit together and talk honestly about stress. I left feeling lighter and less alone.

Dr. Naima made a difficult subject feel safe. The idea that mental health is a continuum, and not simply good or bad, has changed how I think about my own team.

I have attended many training courses on skills. This was the first that asked how I am doing, and it was a welcome change.

The pair exercise was a lovely way to begin. Appreciating a colleague out loud is something we should do far more often.

On what they will take back, and on the Initiative:

A five-minute wellbeing conversation in every meeting and a three-minute stretch each hour. They are such simple things, and I will start them with my team on Monday.

As a manager I realised how many of the signs of poor wellbeing I have seen in colleagues without knowing how to respond. Now I know where to begin.

That Dr. Naima gives her time as a volunteer says everything about the spirit of this initiative. We are deeply grateful to her.

Thank you, HRDN, for remembering that the people behind the impact need care too. Please keep this going, and let more of us join.

A message from HRDN to the sector:

Thank you to every professional who joined us on 14 July. Your presence, your honesty and your encouragement have given the HRDN Wellbeing Initiative a strong beginning. Our deepest gratitude goes to Dr. Naima Hassan, whose voluntary service and warmth are the foundation of this work.

Together, we build resilience, strengthen wellbeing, and create healthier workplaces for those dedicated to serving communities.

Please help us spread the word. Share the news of the Initiative with your colleagues, your teams and your networks, and join us at the next session. Resilience begins within, and it grows when we support one another.

7. Recommendations and Way Forward

Drawing on the session and the reflections above, the organisers propose the following next steps. HRDN has already continued the series since this launch, and the recommendations below are intended to give it a steady shape.

Recommendation	Why	Suggested lead
Hold wellbeing sessions regularly as a continuing platform.	One session opens the door; continuity builds trust and habit.	HRDN
Invite leaders and managers of member organisations to attend and to host sessions for their teams.	Working culture is set from the top, and managers are best placed to adopt the practices.	HRDN with member organisations
Prepare a short wellbeing toolkit for workplaces: a five-minute meeting conversation, a micro-break routine, and a guide for supporting a struggling colleague.	Participants responded most to simple, immediately usable practices.	HRDN with Dr. Naima Hassan
Develop themed sessions on stress management, anger, burnout and supporting others.	Members asked for topics that go deeper.	HRDN
Create a simple referral list of counselling and support services.	Specialist services are scarce and hard to navigate.	HRDN
Collect feedback after each session and share the news through HRDN's website and social media.	It keeps the programme responsive and widens its reach.	HRDN communications
Welcome other qualified professionals who wish to contribute their time.	Voluntary expertise keeps the sessions open and affordable.	HRDN

Annexure: Attendance Sheet



ATTENDANCE SHEET HRDN WELLBEING INITIATIVE JULY 14, 2026

7, SUNRISE AVENUE, PARK ROAD, NEAR COMSATS UNIVERSITY, ISLAMABAD

Sr#	Name	Designation	Organization	Email	Contact	Signature
1	✓ Maria Ali	APO	CWSA	maria.ali@communitywelfare.org	03285132142	
2	✓ Riquana Hayat	ACM	SBD	riqana.hayat@sbp.org.pk	03006060102	
3	✓ Isha Jannat	Biomedical Scientist	DSI	esajid53@gmail.com	0327-9073542	
4	✓ Naveera Talha	Biomedical Engineer	DSI	naveera@developnet.org	0335203045	
5	✓ Samra Raza	Admin Assistant	IUCN	Samra.raza@iucn.org	0333-7663233	
6	✓ Mussad Khan	Sr. Admin Officer	IUCN	mussad.khan@iucn.org	0303-2823170	
7	✓ Iflikhar Ali	Manager IT	IUCN	iflikhar.ali@iucn.org	0303-3335756	
8	✓ Anis Bukhari	Consultant	MDC	anisbukhari66@gmail.com		
9	✓ Sardar Shah	CEO	IDEAS FORUM	Sardar.shah@ideasforum.org	03333449002	

online

10	✓ Spd Mazzum Hussain	Internal Auditor	Gibti	Mazzum.Hussain@gibti.org	0332-5135013	
11	✓ Robina Zafar	V.P. RWCC	F.P. Baytul Azzal		030065394	
12	✓ Shabana				03340006040	
13	✓ CARA Mulla	PO	IRM	Sara@irm.edu.pk	0331-8788000	
14	✓ Robin Vlogi	DEM	IRM	robin@irm.edu.pk	0331-8788000	
15	✓ Naila Afzal	Deputy Dir	SBP	naila.afzal@sbp.org	0334-543646	
16	✓ Asma Zia	Artist	Cocoon Arts	asma.zia@cocoonarts.org	0300888800	
17	✓ Nasir Ali	Consultant	Sufy	nasir@nafy.com	0301-538944	
18	✓ Hader Ali	R. A	Agna Kh	hader.ali@agna.org	0321-7382375	
19	✓ Nadia	Rin	Falima	nadia@falima.org	0313518000	
20	✓ Humaira Malik	Director	HRDN BOD	humaira.malik1947@gmail.com	03008543074	
21	✓ Fauzia Tariq		IFES	Ftariq@IFES.org	0301-8564914	
22	✓ Manzoor Muttiah			manzoor.muttiah@sungri.org	0345-5111172	

23	✓ M. Raza	Director	PIE	m.raza@pie.gov.pk	0321-552154	
24						
25						

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