Novel Coronavirus (COVID-19)
Psychosocial Contingency Plan Preparation Guidelines
for Staff/Stress Counsellors in the field
16 February 2020

I. Introduction

The Government of the People's Republic of China officially reported an outbreak of the novel coronavirus in Wuhan, Hubei province on 31st December 2019. This is now known as coronavirus disease 2019 (COVID-19) and was previously referred to as 2019-nCoV. The virus causing COVID-19 is called SARS-CoV-2. On January 30th, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak as a public-health emergency of international concern (PHIEC), thus confirming that the disease represented a risk beyond China.

The number of persons affected by COVID-19 is rapidly evolving though most cases are from mainland China. As at 16th February, 51,857 laboratory-confirmed cases have been reported mainly from China and in 25 other countries. Fatalities have risen to 1666 mainly in China and 3 cases have been reported outside of China. For up to date information refer to the WHO situation reports at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

The term Public Health Emergency of International Concern is defined in the International Health Regulations (IHR,2005) as *an extraordinary event which is determined, as provided in these Regulations: to constitute a public health risk to other States through the international spread of disease; and to potentially require a coordinated international response*. This definition implies a situation that: is serious, unusual or unexpected; carries implications for public health beyond the affected State's national border; and may require immediate international action.

Psychological reactions to COVID-19 such as panic, anxiety and denial may occur that need to be addressed especially after the release of the contingency plan. The consequences of this PHEIC includes psychological and financial burden of the illness, death, drastic changes in the socio-cultural and behavioural patterns triggered by virus containment measures (i.e. movement restrictions / closed borders, people wearing masks, decrease of direct inter-personal contacts, changes in the cultural mourning and bereavement processes) that may add on to the distress of the populations and exacerbate the crisis reactions if left unaddressed in a culturally sensitive manner.

In this regard, UN stress/staff counsellors in collaboration with medical and security professionals in the headquarters and the field are required to adopt appropriate psychosocial strategies and interventions to assist UN personnel and their eligible family members. This document draws upon

the experience and the outcomes of the activities of staff/stress counsellors in the pandemic outbreaks of infectious diseases such as Ebola virus disease and influenza.

II. Target population:

The target population consists of UN personnel responding to the crisis (first responders) in the affected countries that includes medical, security and mental health (counsellors) personnel and all other UN personnel (national and international) serving in country and their dependents. In addition, UN staff serving abroad who have dependents residing in the impacted country should be part of the contingency plan.

III. Coordination and implementation mechanisms in accordance with the Management of Stress and Critical Incident Stress Policy (MSCIS,2015)[1] governing United Nations Security Management System (UNSMS) Organizations:

Overall coordination (Headquarters)

- ✓ The Critical Incident Stress Management Unit (CISMU), United Nations Department of Safety and Security (UNDSS), under the supervision of the Head of CISMU, will coordinate the global psychosocial response for UN personnel.

- ✓ The counsellor/s based in UN Agencies, Funds and Programs (UNAFPs) is/are responsible for the identification, planning, implementation and evaluation of psychosocial activities within the agency, in coordination with CISMU.

- ✓ When no counsellors are available in UNAFPs', CISMU will coordinate the access of UN personnel to psychosocial services.

- ✓ The CISMU, as the Chair of the Critical incident Stress Working Group (CISWG) of the Interagency Security Management Network (IASMN) that comprises counsellors of UNAFP's and medical, security and other personnel, will coordinate psychosocial activities with the Division of Health Care Management and Occupational Safety and Health (DHMOSH) in New York- the lead for all medical emergencies in the UN.

- ✓ The CISMU will disseminate accurate and timely information to the CISWG members, the counsellors in COVID-19 affected countries and other UN stakeholders (i.e. Designated Officials (DO's) and UNDSS Security Advisor's in affected countries, UNDSS Regional Desks of the Dept. of Regional Operations (DRO), Crisis Preparedness and Support Unit (CPSU),Client Support and Special Situations Section (CSSSS) and the Division for Special Activities (DSA) of the Dept. of Operational Support (DOS) in New York et al[2]).

[1] Chapter VI, Security Policy Manual for UNSMS.

- ✓ In the event of the continued spread of the disease that requires increased psychosocial support services for UN personnel and their dependents, CISMU will work towards the establishment of a global referral list of mental health professionals.

- ✓ CISMU will coordinate the network of global mental health professionals (both internal and external) to facilitate psychosocial support service access to all UN personnel and their dependents based upon needs. These psychosocial support services will consist of in person consultations where possible and remote services via telephone, skype etc when in person access is not possible.

Local implementation

- ✓ The local counsellor recruited by the UN, as a member of the Crisis Management Team (CMT) of the UN, is responsible for the coordination, planning, implementation and evaluation of psychosocial services at the country level in coordination with the country specific medical section and the WHO office.

- ✓ The local counsellor will report to the relevant Regional Stress Counsellors of CISMU and the Head of CISMU through the CMT.

IV. Psychosocial support services of counsellors in accordance with the phases of management of critical incident stress outlined in the MSCIS policy, 2015:

The phases of management of critical incident stress	Activities
Crisis Preparedness phase	✓ Capacities will be built at the country level to address the psychosocial well-being of staff in a manner that promotes resilience. This would include the creation of a Critical incident Stress Intervention Cell (CISIC) at the CMT level composed of local mental health professionals, peer helpers and family focal points who will need to be trained as soon as possible. ✓ The CISIC will be managed by a locally hired stress/staff counsellor who will be technically supervised by the relevant CISMU Regional Stress Counsellor. ✓ In order to build the peer helper' network comprising selected staff members in country, CISMU together with the local stress counsellor will conduct training specific to emergencies including the psychosocial aspects of COVID-19. ✓ CISMU will conduct preparatory meetings to build a global mental health referral network of professionals to facilitate culturally appropriate psychosocial support services for UN personnel. ✓ Operational guidelines for the mental health referral network and peer helpers will be prepared and disseminated by CISMU.
Crisis Response Phase	✓ Ongoing assessments and monitoring of staff psychosocial needs as per the functions of staff (i.e. critical staff that require to come to work, staff who telecommute etc.) will be conducted by the stress counsellor in country for business continuity purposes. ✓ Appropriate psychosocial services (preventative and reactive) will be made accessible to staff in need at headquarters and country levels. ✓ Services will include self-help and resiliency building strategies such as buddy systems, coaching, staff support groups, culturally sensitive counselling including grief sessions to bereaved families.
Crisis Recovery Phase	✓ Follow up mechanisms at the headquarter, agency and country levels are recommended in order to:

	➢ maintain the flow of accurate and timely information through the identification of focal points at all levels and the production of information, education and communication (IEC) materials (e.g., newsletters, webpage updates, broadcasts) ➢ ensure continuing support to caregivers and managers (e.g., coaching, buddy systems, and staff support groups); ➢ facilitate the smooth transition of staff back to work; ➢ continue the provision of counselling services, including bereavement counselling, through the implementation of an efficient tracking system of staff and dependents; ➢ draw lessons learned from the crisis at all levels and prepare best practices.

V. Step by step planning of psychosocial support services in a public health emergency

Before the crisis/ crisis preparedness phase : After the release of the contingency plan in country by UNDSS		
No	**Strategies**	**Activities**
1	Capacity building at the country level to address psychosocial wellbeing of staff	✓ Recruitment of a country based stress / staff counsellor (part time or full time). ✓ Create the CISIC composed of trained peer helpers, family focal points and selected local mental health professionals. ✓ Conduct additional peer helper workshops to expand the pool of resources.
2	Development and approval of an emergency contingency plan	✓ Prepare an emergency contingency plan for the psychosocial preparation of, response to and recovery from a public health emergency, based on the psychosocial needs assessment[3]. ✓ Integrate this psychosocial support plan into the UN country team/mission/agency wide public health emergency contingency plan / country security plan (in consultation with the country security advisor) and all other relevant plans. ✓ Obtain the endorsement and approval of UN country team/mission/agency management for implementation of the plan.
3	Information dissemination to managers on COVID-19, including information on potential psychological reactions of staff	✓ Brief the UN Country Team (Heads of Agencies) on the psychosocial aspects of the contingency plan. ✓ Brief managers on possible emotional reactions and recommended measures that could be taken to mitigate the impact. ✓ Disseminate written guidelines for managers on how to deal with staff with anxiety and fear related to COVID-19.
4	Capacity building of UN managers and critical staff on psychosocial	Conduct stress management orientation sessions for: ✓ CMT members.

[3] Refer to Psychosocial Needs Assessment Guidelines for field counsellors

	aspects of the public health emergency	✓ SMT (Security Management Team) members. ✓ Persons identified as critical staff by various agencies. ✓ Staff from agencies involved in high exposure work (e.g. WHO, FAO,WFP,UNHCR, UNICEF, OHCHR,UNDSS etc.). ✓ Staff members with specific responsibilities e.g. wardens, security focal points etc.
5	Awareness raising on psychosocial aspects of the public health emergency for all UN personnel in collaboration with country medical services / WHO	✓ Develop and disseminate IEC materials on COVID-19 psychosocial aspects including myths, beliefs and stigma for staff members and dependents in English (and all other UN languages applicable to the country) and local languages.
6	Preparation of CISMU identified /certified local mental health professionals	✓ Organize coordination meetings and orientation sessions for local mental health professionals.
During the crisis /response phase (When the public health emergency is affecting one or more countries where UN staff operate)		
7	Activation of the UN CISIC by the recruited counsellor	✓ Conduct meetings with brief refresher training sessions for peer helpers. ✓ Peer helpers should be guided and supervised in: ➢ providing emotional support to affected staff and family members. ➢ monitoring employee well-being.
8	Conducting a rapid assessment of psychosocial needs, including ongoing and anticipated needs.	✓ Conduct a triage to identify the worst to the least affected UN personnel (NB: staff with severe reactions to stress and trauma such as obsessive fears, patients with psychiatric disorders, should be referred for adequate treatment) ✓ Pay special attention to vulnerable groups such as; ➢ elderly family members, ➢ children and dependents and ➢ household help and employees of UN personnel; ➢ orphans and widows/widowers in case of death of UN personnel. ➢ Families living away from the staff member's place of assignment et al.
9	Provision of psychosocial services to all staff in need, including workforce resilience building activities to cope with special challenges posed by the public health emergency	✓ Deliver group and individual stress counselling sessions in person where possible. ✓ Provide tele and email counselling. ✓ Activate buddy systems, coaching, intervention and staff support groups

		✓ Provide grief counselling for families, friends and colleagues of deceased staff members. ✓ Appoint designated peer helpers and family focal points to support vulnerable groups.
10	Coordination of psychosocial service provision with CISMU, CMT, SMT, security and human resource officers, UN Agency counsellors, medical doctors, peer helpers, and local mental health professionals	✓ Provide regular updates to UNDSS, CMT and SMT, and other key actors as required. ✓ Liaise with CISMU, CMT, SMT, security officers, HR, Agency counsellors, medical doctors, peer helpers, senior and line managers and peer helpers. ✓ Attend coordination meetings at the country level. ✓ Liaise with local mental health professionals.
11	Dissemination of IEC materials	✓ Circulate psychoeducational materials on critical incidents stress and the management of anxiety, fear and stigma related to COVID-19. ✓ Circulate brochures and bulletins that would educate employees about the importance of developing a "family communication plan", so that family members can maintain contact during the emergency.
12	Developing services to support staff that respond to the crisis (i.e.first responders)	✓ Provide individual and group sessions to first responders to prevent the development of secondary trauma, compassion fatigue, burnout, and other psychosocial consequences. ✓ Provide psychological support during health monitoring (if an exposure has occurred, or in case of sick family members, etc.). ✓ Provide support to manage stigma and xenophobia related to COVID-19.
After the crisis / Recovery phase (once the public health emergency is under control)		
13	Maintaining the flow of accurate and timely information post crisis	✓ Provide technical advice to UN Managers on provision of accurate, timely and culturally sensitive information on COVID-19 to all staff members and dependents.
14	Awareness raising on psychosocial aspects of the public health emergency post-crisis	✓ Produce and disseminate IEC materials in English (all UN languages applicable) and local languages.
15	Ensuring continuing support to first responders, caregivers and managers	✓ Continue psychosocial support to first responders, caregivers and managers through services such as counselling, buddy systems and staff support groups.
16	Facilitating a smooth transition of staff back to work	✓ Provide technical advice to UN managers on best practices in staff support during the recovery period.

17	Continuing the provision of counselling services for a minimum period of 6 months post crisis	✓ Provide psychosocial support services, including bereavement counselling services, for all staff in need up to 6 months.
18	Drawing lessons learned from the crisis.	✓ Prepare lessons learnt and present it at SMT & relevant UN forums for discussion.