

# UNITED NATIONS SECURITY MANAGEMENT SYSTEM

## *Security Policy Manual*

### Chapter

# VI

## ADMINISTRATIVE AND LOGISTICS SUPPORT FOR SECURITY OPERATIONS

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### SECTION

# G

## Management of Stress and Critical Incidents Stress (MSCIS)

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## A. Introduction

1. The primary goal of the United Nations Security Management System (UNSMS) is to enable the conduct of United Nations (UN) activities while ensuring the safety, security and well-being of personnel.<sup>1</sup> The conditions under which UNSMS personnel operate in the field have changed drastically over the years, particularly in light of the UN's shift to a "stay and deliver" approach to operating in high-risk environments. This has substantially increased the number of individuals exposed to stress and critical incident<sup>2</sup> stress. While many individuals who experience stress or critical incident stress are able to resume their daily activities with minimal or no disruption, some may encounter difficulty resuming such activities due to psychological, somatic or social reactions linked to such exposure.
2. This policy<sup>3</sup> governs the coordination and provision of psycho-social services by Counsellors,<sup>4</sup> contracted or employed by UNSMS organisations, to those who are at risk of experiencing or experiencing stress or critical incident stress. The coordination and provision of such services shall be in accordance with the following principles:
  - a. The management of stress and critical incident stress shall be conducted in accordance with the principles of immediacy, proximity, and availability of high-quality professional services, which are embodied in the Management of Critical Incident Stress Framework (MCISF) (see Annex A, "Management of Critical Incident Stress Framework (MCISF)").
  - b. The management of critical incident stress has three distinct phases:
    - i. Pre-incident Preparedness
    - ii. Incident Response
    - iii. Post-incident Recovery

## B. Applicability

3. This policy is applicable to all individuals covered under Chapter III of the UNSMS' *Security Policy Manual* ("Applicability of the United Nations Security Management System").

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<sup>1</sup> The UNSMS' *Framework of Accountability*, Section II, para. 5 states: "The goal of the UNSMS is to enable the conduct of United Nations activities while ensuring the safety, security and well-being of personnel and the security of United Nations premises and assets."

<sup>2</sup> For purposes of this policy, a "critical incident" is "any sudden event or situation that involves actual, threatened, witnessed or perceived death, serious injury, or threat to the physical or psychological integrity of an individual or group" (Source: Diagnostic Statistical Manual IV).

<sup>3</sup> This policy shall be read in conjunction with the *Guidelines for the Management of Stress and Critical Incident Stress (MSCIS)*.

<sup>4</sup> For purposes of this policy, a "Counsellor" shall include Staff Counsellors, Stress Counsellors and Staff Welfare Officers appropriately trained and certified in the provision of psycho-social services and contracted or employed by a UNSMS organisation to provide such services.

## C. Structure

4. The United Nations Department of Safety and Security's (UNDSS) Critical Incident Stress Management Unit (CISMU) shall serve as the central body responsible for ensuring the adequate and timely coordination and provision of psycho-social services. In coordinating the provision of such services, CISMU shall take into account the respective capacity of each UNSMS organisation to coordinate and provide such services to their respective personnel.
5. Such services shall be provided primarily at the field level through the establishment of a Critical Incident Stress Intervention Cell (CISIC), with coordination and support provided at the headquarter level, in accordance with the following structure:
  - a. Headquarter level
    - i. UNDSS/CISMU
      1. CISMU-UNHQ
        - a. Chief of CISMU
        - b. Regional Counsellors
    - ii. Staff Counselling/Welfare Units or Sections of UNSMS organisations<sup>5</sup>
      1. Chiefs/Heads of Sections/Units<sup>6</sup>
      2. Staff Counsellors/Staff Welfare Officers<sup>7</sup>
    - iii. Psycho-social Crisis Coordination Centre (PCCC)
      1. The PCCC is a sub-group of the Crisis Coordination Centre (CCC) that is dedicated to coordinating the provision of psycho-social services to UNSMS personnel and their eligible family members in a crisis setting.<sup>8</sup> The Chief of CISMU shall determine when to activate the PCCC in a crisis setting. Upon activation, the PCCC shall operate twenty-four (24) hours per day and seven (7) days per week, whereby daily communication between relevant stakeholders listed under Section C ("Structure") shall be required.

<sup>5</sup> Excluding UNDSS; UNSMS organizations may maintain their own, respective Staff Counselling/Welfare Units, at the headquarter level, under various titles.

<sup>6</sup> UNSMS organizations may employ their own, respective Chiefs/Heads of their respective Staff Counselling/Welfare Units Counsellors, at the headquarter level, under various titles.

<sup>7</sup> UNSMS organizations employ their own Counsellors, at the headquarter level, dedicated to the provision of psycho-social services to their respective personnel, under various titles, including, but not limited to, "Staff Counsellor" or "Staff Welfare Officer."

<sup>8</sup> For the purposes of this policy, a crisis is any event that requires a UN system-wide coordinated response.

- iv. Critical Incident Stress Working Group (CISWG)<sup>9</sup>
  - b. Field level
    - i. Critical Incident Stress Management Cell (CISIC)
    - ii. UNDSS
      - 1. CISMU-Field Counsellors
    - iii. Department of Peacekeeping Operations (DPKO) – Department of Field Support (DFS), Department of Political Affairs (DPA)
      - 1. Staff Counsellors
    - iv. Staff Counselling/Welfare Units or Sections of UNSMS organisations<sup>10</sup>
      - 1. Regional Staff Counsellors/Staff Counsellors/Staff Welfare Officers<sup>11</sup>
- 6. In order to ensure the adequate and timely provision of psycho-social services, coordination with the following partners may be required:
  - a. Emergency Preparedness and Support Team (EPST)<sup>12</sup>
  - b. United Nations Medical Emergency Response Team (UNMERT)<sup>13</sup>
  - c. Representatives of UNSMS organisations
  - d. UNSMS security professionals
    - i. Inter-Agency Security Management Network (IASMN)

<sup>9</sup> The CISWG is a multi-disciplinary IASMN working group, chaired by the Chief of CISMU. CISWG members are nominated by their respective IASMN Security Focal Points (SFPs). Such members include Counsellors, Medical Officers, Human Resources Officer or Security Officers. The Office of the Ombudsman is represented as an Observer. The members meet throughout the year, either via Video Teleconference (VTC) or via formal meetings and reports on their progress to the IASMN. The CISWG draws upon lessons learned, promotes the identification of best practices, develops and promotes policies and guidelines to enhance the management of critical incident stress, with the aim of improving the psycho-social well-being of UNSMS personnel and their eligible family members.

<sup>10</sup> Excluding UNDSS; UNSMS organizations may maintain their own, respective Staff Counselling/Welfare Units, at the field level, under various titles.

<sup>11</sup> UNSMS organizations employ their own Counsellors, at the field level, dedicated to the provision of psycho-social services to their respective personnel, under various titles, including, but not limited to, “Regional Staff Counsellor,” “Staff Counsellor” or “Staff Welfare Officer.” Such Counsellors may also operate independently of the CISIC.

<sup>12</sup> Established in 2010, EPST coordinates and provides essential human resources support to UN personnel and their eligible family members during all phases of incidents related to malicious acts, natural disasters and other emergency incidents. It is housed under the Department of Management (DM)/Office of Human Resources Management (OHRM). More information is available at <http://un-epst.org>.

<sup>13</sup> Established in 2009, UNMERT is composed of over thirty (30) volunteer, emergency trained medical professionals within the UN system who are ready to deploy globally at short notice to support mass casualty incidents (MCIs) affecting UN personnel. The UNMERT is managed by a Coordinator attached to MSD at UNHQ. It is deployed within the first twenty-four (24) to forty-eight (48) hours of MCI and works closely with UN medical and security personnel in the field to identify, triage and provide emergency medical treatment for UN personnel and their eligible family members immediately following a MCI and to facilitate medical evacuation.

- ii. UNDSS/Division of Regional Operations (DRO)
- iii. UNDSS/Division of Headquarters Security and Safety Services (DHSSS)
- iv. Designated Official (DO)/Security Management Team (SMT)
- v. Chief Security Advisers (CSAs)/Security Advisers (SAs), Chief Security Officers (CSOs), Single-Agency Security Officers (S-ASOs) or Country Security Focal Points (CSFPs)
- e. UNSMS network of Peer Helpers, Peer Support Volunteers and Family Focal Points (“PH/PSV/FFP”)<sup>14</sup>

## **D. Roles and Responsibilities of CISMU**

### **7. CISMU shall be responsible for the following:**

- a. Developing standardized methods and procedures for managing stress and critical incident stress, needs assessment and data gathering tools, recording and reporting templates for all relevant stakeholders listed under Section C (“Structure”).
- b. Developing mandatory certification and training courses for relevant UNSMS Counsellors, including guidance on how to establish a CISIC and maintain a functional network of PH/PSV/FFP.
- c. Developing mandatory joint training courses for relevant UNSMS Counsellors, human resources, medical, and security professionals, focusing on joint planning and coordination in the field and ways to coordinate with the CISIC at the duty station.
- d. Developing mandatory training courses for UNSMS personnel<sup>15</sup> on managing stress and critical incident stress (e.g., preparation for deployment, emotional first-aid, burnout), including the development of “refresher” training courses.
- e. Developing mandatory certification and training courses for External Mental Health Professionals (“EMHP”) and identifying EMHP in the field.<sup>16</sup>
- f. Maintaining regular communication with relevant stakeholders listed under Section C (“Structure”), including the CISWG and IASMN.

### **8. The Management of Critical Incident Stress: Three Phases**

#### **a. Pre-incident Preparedness**

- i. CISMU shall be responsible for the following:

<sup>14</sup> Integrated into the crisis management response structure to ensure managerial preparedness and enhance human resources crisis response during the aftermath of a MCI by providing comprehensive and compassionate support to survivors and surviving families of personnel.

<sup>15</sup> While not mandatory, eligible family members of UNSMS personnel should be strongly encouraged to attend any relevant training courses provided to UNSMS personnel.

<sup>16</sup> EMHP are externally trained and certified mental health professionals licensed to practice in their respective countries that may be trained, certified and/or employed by UNSMS organisations in order to play a role in the management of critical incident stress at the field level.

1. Ensuring the capacity to respond to a critical incident through the establishment of a CISIC at a given duty station. In particular, CISMU shall (1) ensure the capacity to rapidly mobilise and deploy CISMU Regional or Field Counsellors, DPKO-DFS and/or DPA Staff Counsellors, PH/PSV/FFP and EMHP, in coordination with the CISWG as well as other, relevant UNSMS Counsellors and UNSMS security professionals; and (2) immediately relay any request for psycho-social services to all relevant UNSMS organisations so that a consensus can be reached as to whether such services shall be funded by one or more select UNSMS organisations or, alternatively, through the local, cost-shared security budget.
  - a. At a minimum, a CISIC shall consist of one UNSMS Counsellor and a functional network of PH/PSV/FFP. A CISIC should also consist of EMHP, whenever possible.
  - b. At high-risk duty station, CISMU shall regularly assess the need to establish a standing CISIC,<sup>17</sup> in consultation with the Designated Official (DO)/Security Management Team (SMT), based on the psycho-social needs of UNSMS personnel and their eligible family members.
2. Ensuring that an updated and approved psycho-social contingency plan exists, in consultation with all relevant stakeholders listed under Section C (“Structure”).
3. Ensuring the capacity to maintain regular communication and coordination with all relevant stakeholders listed under Section C (“Structure”), including through formal briefings, based on up-to-date Terms of Reference (TORs). Such communication and coordination shall be sufficient to assess and address the psycho-social needs of UNSMS personnel and their eligible family members.
4. *In a crisis setting*, the PCCC shall be responsible for implementing paragraphs 1-2 under Section E(a)(i) of this policy.
- ii. Chiefs/Heads of Staff Counselling/Welfare Units or Sections of UNSMS organisations<sup>18</sup> shall be responsible for the following:
  1. Establishing and implementing their respective Pre-incident Preparedness plans.
  2. Sharing their respective Pre-incident Preparedness plans with CISMU.
  3. Seeking support from CISMU whenever internal resources are insufficient or unavailable.
- iii. The DO/SMT shall be responsible for the following:

<sup>17</sup> The definition of a “high risk” duty station shall be in accordance with the UNSMS *Security Policy Manual*, Chapter IV (Security Management), *Guidelines to Determining Acceptable Risk*.

<sup>18</sup> Excluding UNDSS.



1. Ensuring the availability of safety and security-related resources required to implement any approved security contingency plan for the duty station, including the provision of psycho-social services, as required.<sup>19</sup>
- iv. CSAs/SAs, CSOs, S-ASOs or CSFPs shall be responsible for the following:
  1. Including the provision of psycho-social services in any security contingency plan for high-risk and safe haven<sup>20</sup> duty stations, in coordination with all relevant stakeholders listed under Section C (“Structure”).<sup>21</sup>

**b. Incident Response**

- i. UNDSS/DRO shall be responsible for the following:
  1. Informing CISMU of any critical incident occurring at a duty station that may endanger the well-being of UNSMS personnel or their eligible family members in a timely manner, thereby triggering an incident response.
  2. Maintaining regular communication with CISMU regarding any changes in the prevailing environment at the duty station and serving as a liaison between CISMU and UNSMS security professionals in the field.
- ii. Upon receiving notification from UNDSS/DRO, CISMU shall be responsible for the following:
  1. Rapidly assessing the needs of UNSMS personnel and their eligible family members and mapping locally-available resources, including EMHP.
  2. Establishing or expanding a CISIC at the duty station in a timely manner, if necessary.
  3. Coordinating the appropriate incident response through regular communication with all relevant stakeholders listed under Section C (“Structure”), including, but not limited to, the following:
    - a. Mobilising the deployment of CISMU Regional or Field Counsellors, DPKO-DFS and/or DPA Staff Counsellors, PH/PSV/FFP and EMHP, in

<sup>19</sup> The *Framework of Accountability*, Annex, Section H, para. 7 mandates the SMT to ensure “that resources are available to implement all measures which are approved.”

<sup>20</sup> A “safe haven” duty station is identified as part of the country-specific security plan.

<sup>21</sup> The *Framework of Accountability*, Annex, Section J, para. 11 mandates CSAs/SAs to prepare, maintain and update “the country-specific security plan, contingency plans and security lists of personnel employed by the organizations of the United Nations system and their recognized dependents;” Annex, Section L, para. 13 mandates CSOs to contribute “to security risk assessments for all locations in the mission area where personnel are present, and actively participates in the planning and evaluation of the effectiveness of the country security plans and other aspects of security operations;” Annex, Section M, para. 1 mandates S-ASOs to advise and assist “the agency country representative or operations manager on his/her security responsibilities, including participation in operational planning, and provides security inputs, including information regarding compliance with United Nations security policies, practices and procedures;” Annex, Section K, para. 1 mandates CSFPs to manage “day-to-day security-related matters supported by UNDSS.”

- coordination with other, relevant UNSMS Counsellors and UNSMS security professionals, in order to ensure delivery of appropriate services to all individuals referenced in Section B (“Applicability”).
- b. Activating any updated and approved psycho-social contingency plan, if necessary. Prior to activating any psycho-social contingency plan, such a plan shall first be adapted by CISMU, in consultation with all relevant stakeholders as listed under Section C (“Structure”), to the local context, including the prevailing security environment at the duty station, in a manner that ensures the well-being of UNSMS personnel and their eligible family members.
  4. Maintaining regular communication with all relevant stakeholders listed under Section C (“Structure”) so as to remain aware and rapidly react to any changes to the prevailing environment at the duty station, with goal of ensuring the well-being of UNSMS personnel and their eligible family members.
  5. *In a crisis setting*, the PCCC shall be responsible for implementing paragraphs 1-5 under Section E(b)(ii) of this policy.
  - iii. The DO/SMT shall be responsible for the following:
    1. Ensuring the implementation of the approved security plan for the duty station including the provision of psycho-social services, as required, with the aim of maintaining the well-being of UNSMS personnel and their eligible family members.<sup>22</sup>
  - iv. Representatives of UNSMS organisations shall be responsible for the following:
    1. Ensuring that their respective personnel, deployed to the duty station as part of the incident response, attend a security briefing<sup>23</sup> upon their initial arrival.<sup>24</sup>

<sup>22</sup> The *Framework of Accountability*, Annex, Section G, para. 1 mandates the DO to implement “the arrangements detailed in UN security policies and procedures as well as developing and implementing the required plans for the duty station with the aim of maintaining the security and safety of UN personnel, premises and assets.”

<sup>23</sup> The *Framework of Accountability*, Annex, Section J, para. 14 mandates Chief Security Advisers/Security Advisers to establish a “system for briefing all personnel employed by the organizations of the United Nations system and their recognized dependants upon initial arrival, providing local security training as necessitated by changes in the security environment and ensuring such personnel are kept informed of matters affecting their security.”

<sup>24</sup> The *Framework of Accountability*, Annex, Section G, para. 16 mandates representatives of United Nations Security Management System (UNSMS) organisations to require their respective personnel to “attend appropriate security awareness training and briefings.”



2. Ensuring that all activities of UNSMS personnel, deployed to the duty station as part of the incident response, are conducted in a way that manages the security risks to such personnel.<sup>25</sup>
- v. If established or expanded, the CISIC shall be responsible for the following:
  1. Re-assessing the needs of UNSMS personnel and their eligible family members at the duty station and clarifying strategies for carrying out the incident response with all relevant stakeholders listed under Section C (“Structure”) and locally-available resources, including EMHP.
  2. Providing psycho-social services to UNSMS personnel and their eligible family members as necessitated by the prevailing environment at the duty station, referring individuals to the most appropriate offices, if applicable (e.g., other UNSMS Counsellors, UNMERT, EPST, UNDSS Field Office).
    - a. All relevant stakeholders listed under Section C (“Structure”) shall encourage the use of psycho-social services by UNSMS personnel and their eligible family members, ensure equal access to such services, and work to counter any stigmatisation associated with the use of such services.
    - b. The CISIC shall gather relevant data on various aspects of the incident response, in coordination with all relevant stakeholders listed under Section C (“Structure”).
  3. Maintaining regular communication and coordination with all relevant stakeholders listed under Section C (“Structure”) so as to inform such stakeholders of any changes to the prevailing environment at the duty station and coordinate any shift in approach or allocation of resources, with the goal of ensuring the well-being of UNSMS personnel and their eligible family members.
  4. *In a crisis setting*, the PCCC shall be responsible for implementing paragraphs 1-3 under Section E(b)(v) of this policy. The PCCC shall also be responsible for ensuring the rotation of CISMU Regional and Field Counsellors, in coordination with the CISWG and other UNSMS Counsellors, in order to avoid burnout.

<sup>25</sup> The *Framework of Accountability*, Annex, Section G, para. 8 mandates representatives of United Nations Security Management System (UNSMS) organisations to ensure “that activities of their organisation are conducted in a way that manages the risks to personnel, premises and assets.”

- vi. Chiefs/Heads of Staff Counselling/Welfare Units or Sections of UNSMS organisations<sup>26</sup> shall be responsible for the following:
  - 1. Rapidly assessing the needs of their respective personnel and their eligible family members.
  - 2. Activating their respective Incident Response phase.
  - 3. Informing CISMU of their respective Incident Response and requesting CISMU's support whenever internal resources become insufficient or unavailable.
  - 4. Coordinating their respective Incident Response phase with relevant, internal offices.

**c. Post-incident Recovery**

- i. If established or expanded, the CISIC shall be responsible for the following:
  - 1. Maintaining contact with and establishing adequate support mechanisms for impacted UNSMS personnel or eligible family members.
  - 2. Maintaining regular communication and coordination with all relevant stakeholders listed under Section C ("Structure") so as to inform such stakeholders of psycho-social status of any UNSMS personnel or eligible family members and their ability to resume daily activities.
  - 3. Submitting a written report to CISMU-HQ, including any relevant data, detailing their activities and observations at the duty station, including best practices and lessons learned, no later than twenty-one (21) calendar days after the Incident Response phase has concluded.
- ii. CISMU shall be responsible for the following:
  - 1. Ensuring any necessary follow-up with impacted UNSMS personnel or eligible family or, alternatively, referring such individuals to UNSMS organisations with the ability to provide immediate and adequate psycho-social services.
  - 2. Compiling and circulating all relevant reports received from the CISIC and other relevant stakeholders listed under Section C ("Structure") to relevant parties, respecting the confidential or classified nature of any information contained therein.
- iii. Chiefs/Heads of Staff Counselling/Welfare Units or Sections of UNSMS organisations<sup>27</sup> shall be responsible for the following:
  - 1. Implementing their respective Post-Incident Recovery phase, whereby continued access to counselling services for all respective personnel impacted by a given critical incident shall be ensured.
  - 2. Coordinating their respective Post-Incident Recovery phase with relevant, internal offices.

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<sup>26</sup> Excluding UNDSS.

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## 9. Final Provisions

- a. This policy shall be made available to all UNSMS organisations and to all individuals covered under *UNSMS Security Policy Manual*, Chapter III (“Applicability of United Nations Security Management System”).
- b. This policy enters into force on [Day] [Month] [Year].
- c. This policy hereby supersedes all previous communiqués, memoranda, and other communications related to the management of critical incident stress in the field.

## Annex A

### Management of Critical Incident Stress Framework (MCISF)

1. The Management of Critical Incident Stress Framework (MCISF) envisions an integrated and coordinated continuum of care that provides for the basic psycho-social needs of UNSMS personnel and their eligible family members. This multi-layered approach includes the local community resources in order to grant full access to all available UN resources, with all individuals involved in the management of stress and critical incident stress providing valuable feedback on their preparedness, response and recovery efforts.
2. The MCISF adopts a holistic approach, encompassing all three phases required in managing critical incident stress (i.e., Pre-incident Preparedness, Incident Response and Post-incident Recovery), taking into account the whole person and the systems to which he or she belongs: family, work and society. Psycho-social services must be provided with the highest degree of cultural awareness and sensitivity towards the needs of the individual and his or her local context. Such services focus on factors supporting human health and well-being, rather than those causing disease. The goal is to recognize and treat stress reactions on an as needed basis while recognising that not all symptoms are pathological.
3. The management of critical incident stress begins well before the occurrence of a critical incident, primarily through the implementation of adequate preventative measures, and continues during and after the critical incident itself. Such services aim to mobilise the individual’s intrinsic coping mechanisms, which are inherent to every human being. In this regard, an assessment is made to determine if a higher level of psycho-social intervention is necessary, with the ultimate goal of allowing the individual to resume his or her daily activities with no disruption.