



## MINISTRY OF HEALTH

### **STANDARD OPERATING PROCEDURES (SOPs) FOR COUNSELLORS AND PSYCHOLOGISTS PROVIDING MHPSS FOR THE COVID-19 RESPONSE IN KENYA**

#### **Background**

These Standard Operating Procedures (SOPs) have been developed for the MHPSS Team in Kenya responding to the COVID-19 pandemic that is currently affecting the whole world. The purpose of having these SOPs, is to ensure that all the counsellors and psychologists involved in this response are applying uniform processes and procedures, while delivering services.

These SOPs will be divided into sections addressing various aspects of the intervention, namely; COVID-19 information on-boarding, reporting/linking with the site official in charge, reporting structure, relevant safety procedures, use of technology in the MHPSS, documentation requirements, ethical considerations, identifying and making contact with clients, delivering intervention protocol, referral network, guest/clients rights, debriefing and reporting after cases, clinical supervision and finally, self-care.

#### **I. COVID-19 Information On-boarding**

Every team member in the MHPSS Intervention will receive information delivered by Ministry of Health designated officials on the COVID-19 Pandemic, to be able to get a working understanding about what the situation is, and to familiarize themselves with common concepts in the face of a pandemic such as the current one. This is the starting point of the intervention team's operations.

#### **II. Reporting/linking with the site official in charge/ Quarantine Facility Lead**

Each member of the MHPSS intervention team will be linked with both the Quarantine facility lead, as well as a clinical supervisor, to ensure that they are plugged in to the structure of the intervention as designed.

#### **III. Reporting Structure**

Each member of the MHPSS intervention team will be attached to a specific site, from which they will draw the clientele that they will serve. Each of the designated quarantine sites will have a team leader, as well as a clinical supervisor, who will be responsible for the proper running of the MHPSS

activities at the sites. The clinical supervisors as well as team leaders will report to the national coordination team, at a predetermined rate, to ensure that there is continuity in service provision, as well as in addressing any challenges that may be experienced during the interventions themselves. The national coordination team will also be responsible for ensuring that the logistical questions per site are well taken care of, to facilitate smooth operations.

#### **IV. Relevant Safety Procedures**

Closely related to what will be disseminated in clause I above, the Ministry of Health designated officials will also take the MHPSS team members through the thorough safety procedures that must be adhered to at all times, if they will be at any physical site deploying their interventions. As it stands, the proposal is to deploy a technology based intervention, in order to minimize risk of exposure to the COVID-19.

#### **V. Use of Technology in the MHPSS Intervention**

The preferred mode of delivery of services during this pandemic by the MHPSS team in Kenya will be through deployment of both telecommunication and Internet resources, depending on the availability of the same for service delivery. Video conferencing applications, such as WhatsApp Video, Skype and Zoom have been found to be stable over internet networks in Kenya and can be easily rolled out without much capital investment. The availability of the computer terminals as well as mobile telephony requirements will be confirmed by the Ministry of Health officials and partners involved in the response.

#### **VI. Documentation Requirements**

For each MHPSS Intervention team member, the following documentation will be required during service provision: Demographic data sheet, date and time of contact, content of session, using brief SOAP or BIRP note modalities, activities undertaken and summary of progress. Finally, a reporting tool will have to be filled on a daily basis, to ensure accurate data capture. Guidance on consent will be sought, however, it is a must to gather it, in order to safeguard the process within ethical and legal guidelines.

#### **VII. Ethical Considerations**

The provision of MHPSS interventions will require each member of the team to observe the highest level of ethical standards, according to the ethics that govern the practice of counselling and psychology. Due to the sensitive nature of the operations, privacy and confidentiality of the clients served during the course of the interventions is of paramount importance. Any limits to confidentiality will have to be communicated with the team leaders, who will in turn communicate with the supervisor and the national coordination team.

## **VIII. Identifying and making contact with Clients**

The clients to be intervened with during the course of the MHPSS for COVID-19 will be identified by the MOH officials, as well as the Quarantine Facility Team leads, by being guests of the Quarantine facilities, provided by the government. On reception of the guests/clients at the quarantine centres, they will be provided with information on MHPSS services and helpline, and the contacts of the provider on call. The allocation of the clients will be done by the team leaders, in conjunction with the clinical supervisors. The team leads and supervisors will provide the MHPSS intervention team members the contact information of all the guests in the facilities, and the team members will initiate contact with them, abiding by the provided-for protocol. The provider will reach out to the guest to provide details of services available and to establish rapport. They will establish any immediate needs of the guests and on how to reach out in case of emerging need.

## **IX. Delivering Intervention Protocol**

The Intervention protocol that will be used during the MHPSS for the COVID-19 response will be the approved Psychological First Aid (PFA), contextualized for our current situation. Every member of the team **MUST** be trained in the protocol, regardless of whether or not they have previous training in PFA. This is to ensure that the understanding of all team members is standard, on how PFA might be best applied in the current circumstances. Once contact has been established as described in clause VIII above, the team members will proceed to introduce themselves and to offer themselves as a support system for the Quarantine Facility Guests (QFG). The team member will proceed to address any questions and concerns by the QFGs, and only offer definitive answers on contentious issues after consulting with the Quarantine Facility leads. The guest will be asked to give feedback on services for purposes of evaluation and continued improvement.

## **X. Referral Network**

During the course of the intervention, there may be guests that require referrals for other health concerns, ranging from physical, mental or otherwise. For the cases that may require a psychiatric referral, the national coordination team has identified both Kenyatta National Hospital and Mathari Teaching and Referral Hospital as the two facilities within the public facilities list that will provide the service as part of the MHPSS referral system.

## **XI. Guests Rights**

All the guests and clients in the quarantine centres will be treated with the highest level of regard, and accorded all the rights and privileges due to them as

members of the community. The guests have the right to request a change in provider, or report any complaints about any of the services that they are offered.

## **XII. Debriefing and Reporting after Cases**

Every team member will be required to generate daily reports and be part of a debriefing team from their Quarantine site, led by their team leader and Clinical Supervisor. The frequency of the meetings will be daily, if possible, in the beginning, to ensure that there is adequate feedback about how the process is working and to be able to address any hiccups that may be experienced. The frequency of such meetings will be more widely spaced as the MHPSS Intervention develops and matures and all the team members develop a rhythm through which to work. These sessions will be logged by the team leaders as well as supervisors, to ensure continuity and adequate record keeping.

## **XIII. Clinical Supervision**

Clinical Supervision is paramount for the smooth running of the MHPSS Intervention. It is therefore mandatory for all members of the team to be part of a minimum of one group supervision session per week, as well as one individual supervision session for every 10 cases they handle. This is key, to ensure that all the team members are applying the interventions with fidelity and that any clinical issues that may arise are addressed before they become a problem.

## **XIV. Self-Care.**

The cornerstone of any counsellor or psychologist's ability to provide services well, is the degree to which they take care of themselves. It is this reason that motivates the design of this intervention to have a robust self-care component, which will require the MHPSS intervention team members to be active in engaging in self-care to prevent burnout. This is especially crucial because no one can predict the length of time that this intervention will take; it behoves us all to be careful

These SOPs will be updated as needed, to suit the dynamic prevailing circumstances.