

THE UMN BATTLE BUDDIES NO-MANUAL MANUAL

OVERVIEW

There is no manual for what we are rolling out, but there is a small evidence base to guide us. Importantly, this initiative is also actively contributing to that evidence base.

- The situation is unprecedented and changing rapidly.
- The terrain ahead is unknown.
- **Each unit/ department/ setting has unique needs (that will change over time).**

This program consists of 2 complementary components:

- Helping units implement the 1-on-1 [Battle Buddy system](#), used throughout the Army (from new recruits to senior leadership).
- Providing a **dedicated mental health consultant (MHC)** to each unit, who:
 - Is present at the kick-off/ launch meeting with the unit
 - Provides their phone number and email to the members of the unit
 - Takes their cues from the unit, responding to unit-specific needs
 - Connects with the Unit Lead or Champion regularly to track needs
 - Offers to facilitate small group sessions customized to each specific unit and focused on stress inoculation
 - Establishes brief, non-intrusive “touchpoints” with the unit to maintain visibility of the program (the goal is **culture shift** and not formal “compliance”)
 - Assesses the amount of patient/family distress and deaths that their unit is handling and any additional patient-related mental health needs the unit is experiencing

The MHC is also available for **rapid individual consultation and support (NOT treatment)** as well as **rapid referral** for more specialized mental health resources when needed. The MHC can refer individuals to a dedicated scheduling resource to schedule an additional confidential support session with Dept. of Psychiatry faculty, and/or can help the person get connected to a provider for formal treatment.

The **evidence base, rationale, and structure** of our program is described in detail in [this paper](#).

ADMINISTRATION

The program is led by department head and division leadership from the Department of Psychiatry & Behavioral Sciences. These leaders invite Psychiatry & Behavioral Sciences faculty members (and other colleagues) to join and serve as MHCs to specific units.

The **Steering Committee** includes leaders from Psychiatry and Behavioral Sciences, Anesthesiology, and Risk Management. The program is supported by staff from Risk Management, who track which units are enrolled, their Leaders, the assigned MHC, the start date, and other important information.

OPERATIONS

The [Roll-out process](#) is as follows:

- Leadership meeting: Project leaders and MHC meet with the Unit leaders to:
 - Describe program, distribute Pocket Card
 - Offer suggestions on how to pair BBs based on similar demographics and duties
 - Some Units prefer to assign BBs
 - Some Units prefer for staff to name 2-3 possible partners, and then make assignments
 - Introduce and describe role of MHC
 - Listen to needs of units
- Unit Leaders identify a unit Champion, decide how they want to do BB pairings, invite project leaders and MHC to present to their staff at a kick-off/ launch meeting
- Kick-off / launch meeting: the Battle Buddy system is explained to the entire staff
- MHC introduces self, describes what they can offer
- Pocket Card distributed to entire staff, with MHC photo, name, contact info
- Posters with same info placed in Unit areas

Within 1-2 days of the kick-off / launch meeting, the MHC reaches out to Unit Champion to offer small group sessions.

- Each small group session will be tailored to the unit (needed or not, frequency, content vs. open forum, etc.)
- General principles are to:
 - Be non-intrusive and highly flexible
 - Learn from unit staff about the stressors they are experiencing
 - Reflect what is happening in other units (e.g. build a sense of common goals / struggles / tactics across units)
 - [Engage in stress inoculation discussions](#)

Steering Committee, Unit Champions, and MHCs hold a weekly huddle Thursdays at 8:30 am to learn how roll-outs are going on various units, receive feedback, improve process; Steering committee meets weekly to address the general direction of the program / troubleshooting, etc.

MHCs meet for group peer supervision weekly to discuss emerging best practices and issues they are observing.