

Veterans' Affairs National Advisory Committee (NAC) on the Veterans and Veterans Families Counselling Service (VVCS)

*18 & 19 February 2016
VVCS Brisbane Counselling Centre*

Participants:

Chair	Assoc. Prof Jane Burns	Technical Expert
Members	Dr Andrew Khoo	Psychiatrists representative
	Dr David Cockram	Vietnam veterans representative
	Dr Michael Seah	General Practitioners representative
	Mrs Leanne Galayani	Sons and Daughters representative
	<i>vacant</i>	Families representative
	<i>vacant</i>	Peacekeepers representative
	<i>vacant</i>	Contemporary veterans representative
Ex-Officio	MAJGEN Mark Kelly, AO, DSC	Repatriation Commissioner
	Mr Paul Way	Director General, Defence Communities Organisation
	WO1 Don Spinks RSM-A, OAM	Australian Defence Force
	Professor David Forbes	Phoenix Australia: ACPMH
	Mr Wayne Penniall	National Manager, VVCS
Invited Guests	Mr Paul Copeland, OAM, JP	Peacekeeper
	Mrs Heike Dunn CSM	Contemporary veteran
	Ms Marita Sloan	Director, Policy & Planning VVCS
Secretariat	Ms Kylie Robinson	Programmes Officer, VVCS

Welcome and Apologies

The Chair opened the meeting acknowledging the Turrbul Peoples of North Brisbane and the Jagera Peoples of the South as the Traditional Owners of the land and paying respect to Elders past and present. The Chair also acknowledged Australia's Vietnam veterans, without whom VVCS would not exist.

The Chair sought advice from the Committee on any actual or perceived conflicts of interest. None were declared at this time.

Apologies were accepted from Mr Brenton Russell, DSM, a Contemporary Veterans Representative on the Committee. The Chair noted that three positions were currently unfilled and thanked the former cohort representatives, Peacekeeper, Mr Paul Copeland, OAM, JP and Contemporary Veteran, Mrs Heike Dunn CSM for their attendance.

Opening Statement of Objectives

The Chair acknowledged the appointment of a new Minister for Veterans Affairs, the Hon Dan Tehan, MP and highlighted the strategic goals of the meeting, including to consider the NAC's future objectives, strategy and focus.

The Committee acknowledged that the NAC provides advice to the Minister as the veteran community's voice on VVCS matters.

National Managers Report

The National Manager presented his report on activities since the October meeting. The NAC sought additional advice on:

Community Consultation on Service Delivery in Albury-Wodonga – VVCS will continue to have a strong presence in the Albury-Wodonga region into the future, offering face-to-face counselling, phone counselling and group programmes. The consultation has focused on the future service delivery model in the region.

Technology Application in Service Delivery – it was noted that services are adapting to meet the needs and expectations of contemporary clients, including the use of smartphone apps to augment clinical support.

Functional Review of VVCS – status update on activities in relation to this work.

Client Feedback Integration – how VVCS collects and uses information from clients to underpin its continuous quality improvement activities. It was agreed that the NAC be provided with a copy of blank client feedback forms VVCS uses.

Warm Transfer Rates for members separating from the ADF – DCO advised that around 85% of members leaving the ADF consent to sharing of pertinent information between Defence and DVA in order to streamline future potential interactions with DVA. This work has been augmented by direct contact (with consent) with ex-serving members by the DVA Secretary reiterating available supports. This letter includes the VVCS wallet card.

Basis of the NAC – VVCS confirmed that the NAC was established by a decision of the Fraser Cabinet.

Environmental Scan: Government Digital Reforms

Mr Alex Gerrick, Assistant Secretary, Business Reform & Defence Relations, Department of Veterans' Affairs (video conference)

Mr Gerrick provided a comprehensive overview of the Australian Government's Business Reform Agenda and how this is impacting on business improvement in DVA. Reform initiatives have been triggered by a need to meet the challenges of changing client demographics, aged ICT systems and an increasing emphasis on efficiency and effectiveness. These challenges offer DVA an opportunity to implement reforms which make business easier for staff and for clients to achieve their objectives.

Regional Client Consultation (working lunch)

The NAC was joined by ten regional clients to get first hand views on how VVCS is tracking locally. The Chair welcomed attendees and briefly outlined the role of the NAC and the objectives of the session.

Clients were complimentary of the services they have received from VVCS. They were pleased to be informed that VVCS now has an outpost in Cairns. Feedback on possible future service enhancements from this session, included:

- Ongoing consideration of options to increase clinician accessibility (for example increasing ADF on-bases presence (NB – mental health of active ADF members is, in the first instance a matter for the ADF);
- Increased on-base information sessions on mental health (NB – the ADF holds a compulsory annually mental health awareness information session as part of World Mental Health Day);
- Increased promotion of VVCS services from entry into the ADF (NB – VVCS client eligibility makes this problematic as new recruits often do not have eligibility for services);
- Increased activities to further reduce the stigma of mental illness within the ADF - noting that peer advocacy is a powerful tool in addressing this issue.

Action Item 01-2016: Secretariat to send thank you letters to all attendees on behalf of the Chair.

Action Item 02-2016: A revised format for this session will be trialled at the next NAC meeting with the Secretariat to facilitate a questionnaire in advance of the session to guide feedback. A draft questionnaire will be sent to NAC for comment by 31 May 2016.

Action Item 03-2016: Partners of clients are encouraged to attend future sessions.

Environmental Scan: Mental Health Reforms

Mr Stuart Bagnall Director Health Promotion and Early Intervention

Mr Bagnall outlined the incidence of mental health in the current and ex-serving community and the DVA stepped care model for mental health; recognising the need to balance self-care and self-management with varying degrees of clinical care coordination in complex cases.

Noting that apart from VVCS, DVA primarily purchases from the mainstream Australian health system. Support and care includes online mental health information and support (including self-care), GP services, psychologist and social work services, psychiatric services, pharmaceuticals, trauma recovery programs, alcohol and drug specialist treatment services and hospital services. The associated expenditure on these services was also presented and discussed.

Mr Bagnall highlighted the strategic guidance provided in the *Veteran Mental Health Strategy* and *Social Health Strategy*, and the research undertaken to support the evidence base for treatment and health promotion. He also outlined the Department's approach to key issues including homelessness, suicide prevention, and early intervention, most recently with the release of the GP Health Assessment tool.

Mr Bagnall discussed the range of on-line technology to support mental health literacy and self-care that is available through the At Ease portal. The At Ease portal is DVA's principle mechanism to help serving and ex-serving personnel and their family members to recognise the symptoms of poor mental health; locate self-help tools, mobile applications and advice; and access providers and treatment. He also briefly explained the range of provider resources on At Ease to support their treatment of serving and ex-serving ADF members and understand the military experience and its impact on mental health. Finally, Mr Bagnall

outlined the Department's efforts to 'future-proof' on-line resources and discussed some of the strategic issues that are impacting the direction of on-line support resources such as the Office of Digital Transformation.

Regional Directors Report

The newly appointed Director, VVCS Southern Queensland, Dr Phillip Stacey provided a comprehensive presentation on regional activities including an overview of staff, clients, regional issues, presenting issues and application of national quality improvement practices.

Role of the NAC

The Chair and National Manager lead a discussion on areas where the gravitas of the NAC could have a positive influence for VVCS client outcomes:

- *Strategic Partnerships* – using networks to support the National Manager and Regional Directors to establish effective pathways to care, including strategies to engage with General Practitioners;
- *Awareness Raising* – supporting community awareness of VVCS and the activities of the national communications team;
- *Stigma Reduction* – enabling initiatives to help breakdown the fundamental roadblocks to help seeking;
- *Clinical Leadership* – where the NAC can, at a strategic level, support VVCS outcomes.

Trial Meeting Structure – Region: Northern Territory

It was agreed that the structure of the next meeting will be as follows:

- 0900 National Managers Report - will include: Functional Review Update; analysis of the client survey feedback; standard reports.
- 1000 Regional Director's Report - to include an update on Key partnerships; community concerns identified through the Regional Consultative Forums; and key regional challenges
- 1030 Staff Morning Tea
- 1115 session debrief
- 1130 NAC Discussion: Regional Survey Analysis
- 1230 Working lunch: Clients and Partners/Carers
- 1400 session debrief
- 1430 Planning: Development of the 2016-2018 NAC Strategic Plan
- 1700 End of Day 1

Day 2

- 0900 Visit Robinson Barracks, Darwin (tbc), including meeting with the Soldier Recovery Centre to discuss a range of specific questions (tbc)

1200 Working lunch

1215 Debrief of the two days.

Consideration of Action Items, Outcomes Achieved and the next meeting Agenda

1500 session debrief Meeting Close