



Australian Government

**Veterans and Veterans Families
Counselling Service**

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

27 – 28 July 2016

VVCS Darwin Counselling Centre

ATTENDEES	
Members	Representing
Professor Jane Burns	Chair
Dr Andrew Khoo	Psychiatrists
Dr David Cockram	Vietnam Veterans
Ms Leanne Galayini	Sons and Daughters
Dr Mike Seah	General Practitioners
Mr Brenton Russell DSM	Contemporary Veterans
Ms Heike Dunn CSM	Contemporary Veterans
Mrs Anne Pahl	Peacekeepers
Mrs Melanie Pike	Partners and Families
Major Ben Flink	Reservists
Ex-Officio	
MAJGEN Mark Kelly AO, DSC	Repatriation Commissioner
Dr Andrea Phelps	Deputy Director, Phoenix Australia
Mr Paul Way	Director General, Defence Communities Organisation
WO1 Matthew Sullivan OAM	Regimental Sergeant Major, 1st Brigade, Australian Army
Dr Loretta Poerio	A/g National Manager, VVCS
Invited Guests	
Ms Marita Sloan	Director, Policy and Planning, VVCS
Mr Marcus Schmidt	Director, VVCS Darwin
Secretariat	
Ms Kylie Robinson	Secretariat, VVCS
Apologies	
Professor David Forbes	Director, Phoenix Australia
WO Don Spinks OAM	Regimental Sergeant Major - Army

Welcome and Apologies

The Chair opened the meeting acknowledging the Aboriginal and Torres Strait Islander peoples as the traditional custodians of our land, Australia. We acknowledge that we are meeting on Larrakia Country. The Chair also acknowledged that VVCS is the legacy of Australia's Vietnam veterans and recognised the commitment and sacrifice of all Australia's serving men and women and their families.

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 WO Don Spinks RSM-A, OAM and Professor David Forbes and the Chair welcomed WO1 Matthew Sullivan, OAM and Dr Andrea Phelps as their representatives.

The Chair noted four positions on the Committee were filled by the Minister in April 2016 and welcomed:

- Mrs Melanie Pike – partners and families representative;
- Mrs Anne Pahl – peacekeeper representative, who is also a contemporary veteran and ADF partner;
- Major Benjamin Flink – reservist representative, who is also a peacekeeper; and
- Mrs Heike Dunn, CSM – re-appointed as a contemporary veteran representative.

Opening Statement of Objectives

The Chair welcomed the re-appointment of the Hon Dan Tehan, MP as the Minister for Veterans Affairs, noting that the Minister had expanded his responsibilities to Defence Personnel. The Chair highlighted the focus for this meeting was to learn more of the communication channels VVCS clients use and to identify ways the NAC can support and enhance VVCS communication outcomes.

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

Matters from Previous Meeting:

Previous Minutes: Endorsed as tabled.

Action Items: Completed. Nil to carry over.

Correspondence: Nil.

Government/ DVA Update

The Repatriation Commissioner briefed the Committee of the re-election of the Coalition and the re-appointment of the Hon Dan Tehan MP as Minister for Veterans' Affairs.

National Managers Report

Dr Poerio, A/g National Manager, VVCS presented her report on activities since the February meeting. The NAC sought additional detail on:

- *2014 Functional Review of VVCS* – status update on the various national projects agreed to in the Departmental response to the review recommendations
- *Research* – VVCS' online video counselling trial will utilise Health Direct technology.
- *Cognitive Processing Therapy* – VVCS continues to provide clinical staff with external supervision under an agreement with Phoenix Australia to enhance CPT delivery.
- *Technology* – VVCS is undertaking an upgrade of its client information management system in 2016, which will enhance functionality.
- *Non-Liability Health Cover (NLHC)* – the NAC enquired if the changes had come into effect and where you could find information on the VVCS website.

Action Item 2016 – 06: VVCS to review website detail on the eligibility impact of the changes to Non-Liability Health Cover.

Regional Directors Report

Mr Marcus Schmidt briefed the Committee on the following for the NT region:

- VVCS provides direct client services from Darwin, a satellite service in Katherine once per fortnight, and at the RAAF Base Tindall. Client services are also provided by 20 Outreach providers situated in Darwin, Katherine, Tindall and Alice Springs. Skype and telephone counselling is also offered due to the remoteness of the Territory.
- In 2015-16, 1,149 clients completed intake with VVCS NT, 805 clients received counselling, the remainder either participated in group programs, were referred to more appropriate services, or had their concerns resolved at intake.
- VVCS has built a strong relationship with the major representatives for ESO organisations in the Territory.
- The Army, Airforce and Navy are all present to varying degrees in the NT. And VVCS maintains close relationships with all three. The majority of referrals under the AFS to the NT Centre are from Army at this time.

The staff consultation re-iterated these observations.

Action Item 2016-07: Mr Paul Way, DCO was asked to provide an update to the NAC on mental health service supports provided to members within the Airforce and Navy.

Visit to Robertson Barracks

WO1 Major Matt FitzGerald received and hosted the NAC visit. The NAC visited the Soldier Recovery Centre (SRC) for a tour of the facilities and to meet members and partners. The Centre offers a large gym, personal trainers, physiotherapists, yoga teachers, hydrotherapy classes, a large common area, squash courts, a vegetable patch to tend etc. The NAC met with members and workshopped VVCS mental health communication challenges.

Key Learnings

- Social media is a preferred form of communication for younger defence personnel – the current ‘viral’ success of the *#22PushUpChallenge* suicide awareness initiative was highlighted, with suggestions that VVCS should pursue a similar challenge to raise awareness in the future;
- Despite extensive work within the ADF to increase mental health literacy, stigma around the career impact of mental illness persists. Members and NAC discussed the challenges of reducing stigma – suggestions to address this included addition of mental health awareness and support (inc VVCS) content in early educational sessions, for example at Unit Introductory Sessions. It was additionally suggested that VVCS seek new opportunities to increase service awareness with partners;
- Some attendees within the Command and Medical streams raised concerns regarding potential non-disclosure of illness that could occur due to self-referrals to VVCS – this led to a robust discussion on the merits of self-referral or direct ADF-referral to mental health support. It was recognised that a ‘no wrong door’ approach to gaining support for mental health was important.

Action Item 2016-08: VVCS to investigate the inclusion of the VVCS wallet card and/or information brochure in Defence Housing Australia welcome packs.

Client Consultation

The NAC hosted a workshop with current and former VVCS clients that sought to review VVCS’s communications activities. The NAC sought feedback, based on the clients lived experience of VVCS services, on areas such as: how clients found out about VVCS, how they felt about

contacting VVCS, could VVCS have done anything differently to improve their experience, and to encourage people to seek help early.

Key Learnings

- A one size fits all approach to national communication and promotion may not be applicable – ‘NT impacts’ discussed included the transient nature of the population, the climate, the remoteness of some areas in the NT, accessibility of acute care etc.
- The lack of social and peer support options in the Territory were highlighted and those clients who had visited such centres (i.e. Mates4Mates) in other states, noting that a safe and supportive, veteran-aware space can be highly beneficial during the recovery period. A place where people can get out of the house and go somewhere safe - even if it's just to have a coffee.
- It was acknowledged that the location of the local centre could be a disincentive to attendance for some in the community, as could the required security measures. It was noted that clients also had the option of attending outreach providers if these elements of the local service were inhibitive.
- It was acknowledged that the VVCS current imagery and name could be seen to be out of date and un-relatable to some in the community.

Key Principles - VVCS service delivery:

- There is no ‘wrong door’ to accessing support for mental health issues – any actions that encourage early intervention and help seeking are to be treated as positive. Where may the service entry points be > self-referred, GP/MOs, mums, sister, partners, social workers.
- A wrap round service is vital to ongoing health - holistic person-centred focus should underpin care that has a wellness/recovery objective and enable the client to stepped up and down in their care levels at right time.
- VVCS cannot (and should not) fill all roles in the service spectrum – continue to enhance and explore linkages with peer and community support systems that focus on mentoring, creating a mentally healthy workplace.
- Technological linkages, such as health direct and the digital gateway, allied health professionals, greater integration with existing resources such smart apps etc. Explore new options – avatars that support the client journey.

Key Principles - VVCS communications:

- Reframing the message - *being the best that we can be!*
 - Mental illness - signs, symptoms, stigma.
 - Mental fitness - highs resilience, good sleep, healthy eating, healthy relationships.
- Go for a 'tune-up' (men's shed) - having a dialogue on how you are traveling at regular intervals. Enhanced by a presence on base that could be delivered by third parties such as OBAS or DCO staff (Family Liaison Officers).
- Relatability of the VVCS brand is important – the brand was created in the 1980s and refined in 2006-7; concerns exist that it is no longer reflective of the modern Australian ADF construct.
 - VVCS is a ‘mentor and a trusted insider of the ADF family – we appreciate your/ your partner/parents service, understand how this can impact your mental health and want to support you to return to being the most mentally fit person you can be.

- Needs to be supported by testimonials – lived experience of those who have been hurt and are now healthy. Or families who have worked through the impact of a service related mental illness and are stronger than ever.
- Focus in 2017 on the key supports to those with an illness – partners, parents, siblings and carers – the accidental counsellors, DCO social workers, who have a positive influence on staying/regaining health.

Strategic Recommendations on Communication to VVCS

The NAC is supportive of VVCS:

1. Initiating a branding co-design process with the veteran and ex-service community, including engagement of a branding professional to assist in realising a modern and relatable brand for VVCS that resonates with the current and former serving community;
2. Undertaking a grass roots campaign to identify community members with the lived experience of recovery from mental illness or caring for a loved one with mental illness who can provide testimonials and advocacy to encourage help seeking behaviour in the community. Noting these testimonials could assist in increasing mainstream awareness of VVCS.
3. VVCS working closely with organisations that are ‘on the ground’ within the ADF community, such as DCO and OBAS teams, to leverage face to face provision of information to members and their families about services available in the mental health support space.
4. VVCS working closely with external organisations to explore the possibility of leveraging national initiatives, such as Beyondblue’s Movember Challenge, to raise awareness of mental health and the services available to the ADF community.

Next Meeting:

The next meeting will be held in Perth, WA. The Chair thanked members for their involvement and wished them all safe travels home.