



Australian Government

Veterans and Veterans Families  
Counselling Service

## Minister for Veterans' Affairs National Advisory Committee on the Veterans and Veterans Families Counselling Service

Townsville, Queensland  
20-21 July 2017

ATTENDEES	
Members	Representing
Professor Jane Burns	Chair
Dr Andrew Khoo	Psychiatrists
Dr David Cockram	Vietnam Veterans
Ms Leanne Galayini	Sons and Daughters
Mr Brenton Russell DSM	Contemporary Veterans
Major Ben Flink	Reservists
Mrs Anne Pahl	Peacekeepers
Mrs Melanie Pike	Partners and Families
Ms Heike Dunn CSM	Contemporary Veterans
Dr Mike Seah	General Practitioners
WO Don Spinks OAM	Regimental Sergeant Major – Army
Ex-Officio	
MAJGEN Mark Kelly AO, DSC	Repatriation Commissioner
WO1 Michael Clarke	Regimental Sergeant Major, Army - Representative
Dr Andrea Phelps	Director, Phoenix Australia (representative)
Mr Paul Way	Director General, Defence Communities Organisation
Dr Stephanie Hodson CSC	National Manager, VVCS
Invited Guests	
Ms Marita Sloan	Director, Strategic Operations, VVCS
Secretariat	
Ms Patrice Ruddick	Secretariat, VVCS
Apologies	
Professor David Forbes	Director, Phoenix Australia

### 1. Welcome and Apologies

The Chair opened the meeting acknowledging the traditional custodians of the land, the **Bindal** and Wulgurukaba People.

The Chair acknowledged the service of all current and former Australian Defence Force members and their families and acknowledged Australia's Vietnam veterans, noting that VVCS is their legacy.

Apologies were accepted from Professor David Forbes. The Chair welcomed Dr Andrea Phelps who will represent Phoenix Australia.

The Chair welcomed the reappointment by Minister Tehan of Dr Mike Seah, the NAC's GP representative and Ms Leanne Galayini, the NAC's Sons and Daughters representative.

The Chair welcomed the NAC to the second meeting of 2017, and outlined the meeting agenda for the subsequent two days, including a briefing on the VVCS Coordinated Care Pilot, a briefing on the Townsville Suicide Prevention Trial, client consultation and a visit to the local RAAF Base.

The Chair sought advice on perceived or actual conflicts of interest with the following identified:

- The Chair noted her role in a new company (joint venture with Price Coopers Waterhouse) established to deliver on the Australian Government's investment in the Synergy ICT Technology. She also noted her role as Chair of [STREAT](#) (a social enterprise supporting young homeless people).
- Dr David Cockram noted his association with working for Health Care Australia in the Department of Defence.
- Dr Phelps noted the involvement of Phoenix Australia in a range of VVCS, including the RESTORE (intensive prolonged exposure research) trial and the redesign of VVCS group programs.

### Opening Statement of Objectives

The Chair noted that from the strategic planning undertaken at the March meeting, the objective for this meeting was to drill down into initiatives underway to address suicide in the veteran and ex-service community. There are two projects currently underway in Townsville focused on this issue – the Suicide Prevention Trial led by the North Queensland Primary Health Network (NQPHN) and the Care Coordination Pilot to support the trial, involving an experienced VVCS clinician and a lived experience peer.

Day One will consist of consultation meetings with Townsville staff and clients and a visit to the RAAF base to talk to the local command and members. Day two is focused on formulating recommendations for the Minister in relation to meeting learnings and for formulating advice to VVCS as appropriate.

### Matters from Previous Meeting

**Previous Minutes:** Endorsed as tabled.

### Action Items:

Action Item	Description	Status / Comment
2017-01	NAC to provide advice to the Minister and VVCS on social media messaging to promote NLHC	Closed (provided as part of the March meeting)
2017-02	NAC to support VVCS exploring the creation of social media messages to promote NLHC	Closed – NLHC Social Media videos were reviewed and discussed by NAC.

### Correspondence:

Two letters had been received since the March meeting (one the day before the meeting) regarding the representation of contemporary veterans on the NAC. The correspondence including Chair's response to the letter received in March were provided to members for review and comment.

### **Item 3 – National Manager’s Report**

VVCS National Manager, Dr Hodson CSC, presented her report on activities since the March 2017 meeting. Dr Hodson detailed recent activities to prepare for the 2017 expansion of client eligibility, announced in the 2017 Budget, to the partners and children of current and former ADF members who have at least one day continuous full time service; and former partners of any current and former ADF member who is eligible for VVCS for a period of five years following separation, or for the duration of co-parenting responsibilities for a child under 18.

She explored recent communications activities, including a Community Webinar on PTSD in April 2017 and the development of a set of videos on non-liability health care for use on social media over the Anzac commemorative period, and provided an overview of current research activities and strategic projects being undertaken in VVCS.

The NAC sought additional details on:

- *Episode of Care Model* - There is still the misconception in some areas of the community that VVCS services to clients are capped. VVCS services are not capped. They are demand driven and available to clients for as long as is clinically required. VVCS expects its clinicians to engage in goal orientated, outcome focused, clinical service delivery, where recovery, rather than a dependency on services, is promoted.
- *Accessibility* – NAC had a discussion on ways in which VVCS ensures it is accessible to clients and if technology can further enhance this. This included a discussion on embedding a true stepped care model in the service improved care coordination, as is being trialled in Townsville. It was noted that re-design of any services must include participatory design processes with the community.
- *Brand Recognition Activities*’ – there was a discussion on the process for a review of the VVCS Brand. It was noted that this was timely given the recent expansion of VVCS eligibility to even more family cohorts and all current and former members with at least one day continuous full time service. The NAC agreed with VVCS’ proposal that any actions in this space will include a co-design process with representatives from all client cohorts.

**Action Item 2017-03:** VVCS to hold a participatory design session with the NAC on activities it is undertaking to improve internal management and governance of the outreach provider program at the next meeting.

**Action Item 2017-04:** VVCS to hold a participatory design session with the NAC on the initial findings on brand recognition work at the next meeting.

**Action Item 2017-05:** VVCS to present NAC with a high level analysis of client cohorts by region for review at the next meeting.

### **Item 4: Standard Operating Procedure Review**

Presenter: Ms Marita Sloan, Director, Strategic Operations, VVCS

Ms Sloan noted that the Australian Government has made changes to its system of governance and accountability over recent years, cumulating in the *Public Governance, Performance and Accountability Act 2013*. To ensure that the NAC operates in a manner consistent with this framework and maintains confidence through clear and transparent governance arrangements, the Secretariat has drafted a modern set of Standard Operating Procedures based on best practice principles for the NAC’s review and consideration.

The NAC discussed the draft and provided feedback to the Secretariat in the meeting.

**Action Item 2017-06:** NAC Secretariat will revise the SPOs based on NAC feedback and progress to the Minister for his consideration, with a view to approval, before they are adopted for use by the Committee.

#### **Item 5: Staff Consultation**

The NAC Chair acknowledged the national focus on veteran suicide prevention activities in the Townsville region and facilitated a staff consultation to explore the impact on service delivery in the Northern Queensland region. The team noted the apparent benefits already beginning to flow from the Coordinated Care Pilot and indicated an eagerness to continue to collaborate with other providers across the region to ensure excellence in client outcomes.

#### **Item 6: Townsville VVCS Coordinated Care Pilot Briefing**

Presenter: Dr Melody Fudge, Regional Director, VVCS North Queensland

Dr Fudge provided an overview of the Community Coordination Pilot that has just commenced in the North Queensland Region of VVCS. The goal of the pilot is to enhance the management of complex and/or high risk clients in the region; this is especially applicable to clients considered at risk of suicide.

The pilot will explore if the establishment of a Care Coordination team within the region, comprising a skilled VVCS clinician and a lived experience peer, who will work collaboratively within the local community to enhance the clinical service experience of clients with complex needs. The role of the Community and Peer Engagement Officer is a new position for VVCS. The integration of a peer worker with lived experience of mental illness in VVCS is intended to reduce the stigma associated with accessing mental health services and to assist in the identification of at risk individuals and their families.

Extensive work has been undertaken in establishing stronger links with local community services including membership in the Townsville Suicide Prevention Network. Meetings undertaken include Mates for Mates, Trauma Recovery Centre, Townsville Private Clinic, DVA Complex Client Support Team, Lavarack RMHT and Relationships Australia. The result of these visits has been increased awareness of regional services and referral sources for the clinical team.

Learnings from this Pilot will seek to enhance VVCS' ability to support clients to access a more holistic model of care that promotes recovery.

#### **Item 7: Townsville Suicide Prevention Trial, Primary Health Network Briefing**

Presenter: Mrs Gayle Roe, Suicide Prevention Project Manager, North Queensland Primary Health Network

Mrs Roe provided a briefing on the Townsville Suicide Prevention trial that is being led by the North Queensland Primary Health Network (NQPHN). This Townsville trial has a strong focus on veteran mental health and is developing innovative and collaborative approaches to suicide prevention.

A project steering committee, made of up representatives from local health services and ex-service community, is providing direction as the trial develops. This committee, led by Lieutenant General John Calligari (Ret'd), meets monthly and is currently finalising an implementation plan and future actions for the trial. VVCS is an active member of the steering committee.

The three year trial aims to reduce the rates of suicide in ex-ADF community and their families through Transition, Connection and Adapting to life in Townsville. Key partnerships have been developed within the community including Black Dog Institute, Townsville City Council, ADF, DVA,

VVCS, Townsville Hospital and Townsville Private Clinic, Legacy and RSL. The VVCS Care Coordination Team is a key stakeholder in this trial.

**Action Item 2017-07:** VVCS to provide an update on both the Coordinated Care Pilot and the Townsville Suicide Prevention Trial at the next meeting.

### **Item 8: Client Consultation**

The NAC hosted a consultation with current and former VVCS clients and their partners, to gather feedback on VVCS services in the north Queensland region. A significant proportion of the discussion centred on the challenges of transition and separation from the ADF and how VVCS can support positive outcomes for clients during this challenging period. It was noted that when members transition the main challenges encountered involve social connectivity and seeking meaningful employment. These two issues are big contributors to developing mental health problems, which can lead to suicide. It was suggested that a greater focus on normalising the stressors during this period and greater provision of information regarding civilian life (i.e. interactions with Medicare, the ATO, housing, social supports, GPs, and provision of employment opportunities) could enhance this process for many members. VVCS noted that work was underway to improve its 'Stepping Out' transition program and that feedback from this session would augment future program development.

Additionally, attendees sought clarification on a number of elements of the VVCS clinical practice in relation to:

- the recent expansion of client eligibility to children of eligible members of any age; and to ex-partners.
- parental consent requirements in order to provide services to minors.
- the length and reporting responsibilities of providers in relation to an episode of care to a VVCS client – noting that services are uncapped and available as long as clinically required by the client.
- the reporting requirements of ADF referred clients compared to self-referred clients. Noting that an ADF referred client has agreed in accepting the ADF referral that the ADF will be provided with feedback on the episode of care.
- accessibility of counselling in remote and rural areas using outreach providers, online video counselling and phone counselling.

### **Item 9: Royal Australian Air Force's (RAAF) Base Townsville**

The Townsville RAAF Base is an important forward operating base located north-west of Townsville. It is home to:

- No 27 (City of Townsville) Squadron - Airbase Operations
- No 383 Squadron - Contingency Response
- No 452 Squadron Townsville Flight - air traffic control
- No 38 Squadron (38SQN)
- Combat Survival Training School - evasion and escape training
- Army's No 5 Aviation Regiment - Black Hawk and Chinook helicopters
- 1 Expeditionary Health Squadron Detachment Townsville
- No 2 Security Squadron detachment Townsville

The NAC received a tour of the Townsville RAAF Base and met with Commanding Officer, Phil Godfrey, RAAF Squadron 27 and his team. They also received a briefing from the Australian

Army's 5<sup>th</sup> Aviation Regiment. This included a meeting with Joint Health Command's (JHC) health and unit support team including Rehabilitation, Chaplain, Medical Officers and Welfare Officers.

It was acknowledged that the high operational tempo for many of the base's units has had a detrimental impact on relationships, with some flow though to mental wellbeing. However, strong support systems are in place and functioning well to ensure operational requirements are met.

Overall there is a strong local relationship between VVCS and the base, with good awareness of VVCS services. The MOs noted that they primarily refer members to VVCS for relationship and family issues; noting the benefits of access to VVCS for families. It was noted that increased referrals may result if there was greater internal clarity/comfort regarding reporting processes back into the MO; VVCS took this feedback on board for future discussion with JHC. Similarly, the rehabilitation team has a closer interaction with VVCS clinicians in order to support their clients. It was suggested that a more streamlined process for information sharing be developed so treatment of the members can be inclusive and complementary. VVCS noted work to improve complex case management could aid in this regard.

NAC members noted the value and learning from visiting a RAAF base and advised that a future visit to NAVY would be similarly beneficial.

### **Item 10: Consolidation of Learnings**

The Chair led an open table discussion on observations and learnings from the community consultation and briefings on day one.

#### Transition: Employment

Mr Way provided the NAC with a briefing on activities underway to enhance the experience of separation from the ADF for members and their families. Approximately 5500 members leave ADF each year. Of those, around 960 medically separate – assistance is provided to these members in the initial recovery phase to either 1. Return to normal duties, 2. Transfer to another role in Defence or 3. Transition to external employment.

He advised that Defence and DVA established a Transition Task Force to improve the transition process for exiting members and their families and remove barriers to seeking support and/or assistance. The briefing included an update on the Prime Ministers veterans' employment program and other activities being undertaken in Defence to support members during transition. NAC was additionally briefed on DVA's vocational services for medical separating members and Defence's Transition for Employment (T4E) program for members on specific Medical Employment Classifications.

#### Transition: Mental Agility

The Chair led a discussion on the role for VVCS in supporting members and their families who are separating / recently separated from the ADF. The National Manager advised of activities to update and augment the Stepping Out transition program, which is offered to members from three months before they transition to 12 months after separation. She highlighted the Attention Reset in Transition Study that will be trialled as part of 'Stepping Out'. This involves training military personnel to focus their attention and react differently at different stages in the pre and post deployment cycle. Developed at Israel's Tel Aviv University the technology has proven highly effective in assisting Defence personnel to mentally transition between environments of different threat levels and reduce the risks developing symptoms of mental illness or disorder, such as Posttraumatic Stress Disorder.

#### Transition: Coordinated Care & Peer Support

The important role of coordinated care for high risk clients during this period was also acknowledged and the NAC noted the Community Coordination Pilot that has commenced in Townsville. It was noted that a briefing on the commencement of this trial will be brought forward to the October meeting.

Drawing on the learnings from the RAAF visit, the National Manager lead a discussion on the relationship between rehabilitation and mental health. Noting work underway to allow VVCS clinicians to, with the client's informed consent, support clients with complex and comorbid needs, who are in receipt of DVA funded rehabilitation services; and the recent DVA funded Peer to Peer trial that is currently undergoing an evaluation.

It was noted that the rehabilitation pilot will allow clinical oversight and case coordination for these individuals, supporting early intervention where mental illness presents and providing recovery orientated psychoeducation to support positive recovery outcomes. As part of this pilot, VVCS is providing support to a small number of complex cases managed out of Brisbane, VVCS will soon move to identify a small network of counsellors nationally with the right skill set to undertake this work.

The NAC noted that complex case coordination can be highly effective when managed through a combination of trained clinician and lived experience peer; a balance that ensured the professional expertise was practical and appropriately tailored to the needs of the individual being supported.

The NAC expressed its view that VVCS was uniquely placed within the veteran mental health continuum – as a clinical service embedded in location communities – to lead on the establishment of a support model coordinated care that integrated peer experience with clinical expertise to the benefit of the client. Pending the initial findings of the related pilots over coming months, the NAC would be supportive of VVCS strengthening national services in this area.

#### Connecting with Clients: Social Media

The NAC reviewed the videos on demand developed following the March meeting to support community awareness of non-liability health care. The National Manager provided an overview of the enhanced capability in the VVCS communications team, which has expanded to include a social media manager. This will see an increase in use of Twitter and LinkedIn in addition to Facebook to connect with clients. Additionally, VVCS has planned a 12 month community webinar strategy, designed to increase community literacy in veteran mental health matters.

The NAC acknowledged the expansion of the VVCS social media agenda and reiterated its ongoing desire for VVCS to ensure co-design with the community remains central to the development of new online communication solutions.

#### Connecting with Clients: Advisory Committee Representation

Members noted that they had received two representations regarding the demographic of membership; specifically relating to the age and lived experience of representatives.

The NAC acknowledged that appointment to the Committee is at Ministerial discretion and observed that appointment of members is based not only on their experience in the ADF, but also on their subsequent commitment to working collegiately to support positive mental health outcomes for members of the wider veteran and ex-service community.

Membership includes former commissioned and non-commissioned officers, families and medical professionals. A number of members also remain active in the service and/or continue to support those who do. In this context, the term contemporary relates not to age, but to the experience of ADF service and operations.

It was acknowledged that different client groups have different requirements from VVCS. For this reason, the NAC works consultatively with the community to formulate advice to the Minister for Veterans' Affairs on potential enhancements and strategic partnerships to ensure that VVCS service provision continues to align to the needs of all community cohorts. The NAC also noted that, at the Minister's discretion, future membership renewal processes provide an opportunity to review if the representative balance on the committee remains appropriate; in this regard the recent inclusion of a Reservist representative, with contemporary service experience was noted.

*Connecting with Clients: Supporting Families*

The NAC reviewed the challenges faced by young parents seeking support from VVCS and acknowledged that requirements to care for young children can make attending medical appointments difficult, be they appointments to the local general practitioner, dentist, VVCS or other health commitments.

The NAC noted that there may be occasions when a parent is not able to attend a VVCS counselling session as childcare arrangements have fallen through, or an unforeseen crisis has arisen. The National Manager noted that VVCS does not, and will not, turn clients or potential clients in crisis away. If a parent seeks urgent assistance and has a small child, VVCS is still able to provide counselling or intake services. VVCS Centres have child friendly family counselling rooms and family inclusive practices. VVCS is also able to make short term arrangements with clients, such as providing telephone counselling, until parents can make alternate child care arrangements.

**Next meeting:** Thursday 26– Friday 27 October, Canberra