



Australian Government

Open Arms - Veterans & Families Counselling

NATIONAL ADVISORY COMMITTEE MEETING

BRISBANE 28-29 MARCH 2019

ATTENDEES	
Members	Representing
Professor Jane Burns	Chair
Dr Andrew Khoo	Psychiatrists
Major Ben Flink	Reservists
Mrs Anne Pahl	Peacekeepers
Mr Phillip Thompson	Contemporary veterans
Mrs Melanie Pike	Partners and Families
Ms Leanne Galayini	Sons and Daughters
Mr Ken Foster	Vietnam veterans
Ms Talissa Papamau	Contemporary veterans
Ex-Officio	
Maj Gen Mark Kelly AO DSC	Repatriation Commissioner
Mr Don Spinks AM	Commissioner
Dr Stephanie Hodson CSC	National Manager, Open Arms
Professor David Forbes	Director, Phoenix Australia
Ms Gina Craig – <i>Representative</i>	Director ADF Transition
Secretariat	
Ms Amanda Roche	NAC Secretariat, Open Arms
Invited Guests	
AVM Tracy Smart	Commander, Joint Health Command
Ms Karen Butler	Director, Client Assist Contact Centre Regional Director, South Queensland
Dr Jenny Firman	Chief Health Officer, Department of Veterans' Affairs
Mr Simon Geraghty	Executive Officer to Dr Stephanie Hodson
Ms Laura Thompson	Executive Assistant to Dr Stephanie Hodson
Apologies	
Mr Paul Way	Director General, Defence Community Organisation
Dr Mike Seah	General Practitioners
WO Grant McFarlane	RSM-A
WOFF-AF Robert Swanwick	Warrant Officer, RAAF
WO-N Gary Wight	Warrant Officer, Navy

Items 1 & 2: Welcome, Apologies, Acknowledgements and General Business

The Chair opened the meeting acknowledging the traditional custodians of the land, the Turrbul People both past and present.

The Chair acknowledged the service of all current and former Australian Defence Force (ADF) members, and their families. The Chair acknowledged Australia's Vietnam veterans, noting that Open Arms – Veterans and Families Counselling is their legacy.

Apologies were accepted from Dr Mike Seah, Mr Paul Way, WO Grant McFarlane, WOFF-AF Robert Swanwick and WO-N Gary Wight.

The Chair welcomed the Committee to the first meeting of 2019. The Chair offered a special welcome to Ms Talissa Papamau who was attending her first Committee meeting as a representative of the contemporary veteran cohort.

The Chair also welcomed invited guests;

- Air Vice Marshall Tracy Smart, Surgeon General, Joint Health Command (JHC);
- Dr Jenny Firman, Chief Health Officer, Department of Veterans Affairs (DVA); and
- Ms Gina Craig, representative for Defence Community Organisation (DCO).

The Chair acknowledged her conflict of interest as a board member for Innowell Pty Ltd and involvement in Project Synergy. The Chair sought other perceived or actual conflicts of interest, with the following identified:

- Professor David Forbes declared that Phoenix Australia has a number of projects being conducted in collaboration with Open Arms;
- Anne Pahl declared that she is currently a paid employee of the Victorian RSL and a past client of Open Arms;
- Talissa Papamau declared that her organisation (TJ Affiliates) completed a DVA funded pilot 'Life After Service' designed to address Senate Inquiry Recommendation 11 and 19; and
- Phillip Thompson declared that he is currently a Liberal National Party (LNP) candidate for Herbert, Director of Swiss8 and Director of Royal Australian Regiment (RAR).

The Chair then outlined the meeting agenda.

Statement of Objectives

The Chair highlighted three core areas of focus for this meeting:

- 1) Transition with presentations and group discussions to stimulate suggestions for how the service can enhance support during transition;
- 2) Understanding the functionality of the Client Assist Contact Centre and participating in a site visit to the Brisbane Client Assist centre; and
- 3) Discuss the outcomes of the Community and Peer Pilot and opportunities to link with existing community and ex-service community peer programs.

Matters from Previous Meeting

Action Item 2018-05: Invite SANE to provide a briefing at a future NAC meeting.

Update: SANE were invited to attend the March meeting. However, due to conflicting schedules and a full agenda, SANE was unable to present. SANE would like to dial-in to the June meeting to present. This is to be considered by the NAC and advise SANE of the outcome.

Status: OPEN

Action Item 2018-10: Invite Paul Way to provide update on Transition Taskforce at next NAC meeting.

Update: Ms Gina Craig (representative of DCO) will present on Day One on the Current Status of Transition.

Status: CLOSED

Action Item 2018-11: Open Arms to submit brief to Minister regarding Open Arms formal display at the Australian War Memorial (AWM) and recommendations of how the display should look.

Update: Open Arms has commenced drafting a Ministerial Submission based on the discussions from the previous Committee meeting.

Status: OPEN

Action Item 2018-12: Committee members to provide relevant adjustments for June Minutes to be incorporated by NAC Secretariat.

Update: Updated June Minutes are included in these Committee papers for endorsement.

Status: CLOSED

Action Item 2018-13: Open Arms to seek agreement from Secretary of DVA and Chief Defence Force (CDF) to approach the Minister to expand the NAC Ex-Officio membership. If agreed, Open Arms to write to the Minister.

Update: Both the Secretary of DVA and CDF approved the expansion of the NAC membership. The Minister has approved four new ex-officio memberships to be offered to:

- Warrant Officer of the Navy (WO-N)
- Warrant Officer of the Air Force (WOFF-AF)
- A representative from Joint Health Command (JHC)
- DVA's Chief Health Officer (CHO)

Minister signed invitations will be sent to the new ex-officios in the coming days.

Status: CLOSED

Action Item 2018-14: Open Arms to circulate the Senate Inquiry Report into the use of quinoline anti-malarial drugs mefloquine and tafenoquine in the ADF when released.

Update: Circulated to the Committee on 19 December 2018.

Discussion: Dr Hodson spoke of the extensive work underway in Open Arms in terms of the development and implementation of the Neurocognitive Health Program. The Committee discussed the importance of having Primary Health Networks (PHNs) and JHC involved in the program.

Status: CLOSED

Action Item 2018-15: Open Arms to distribute evaluation report from Townsville Community Engagement Pilot.

Update: Included in the Committee papers for this meeting. Dr Annabel McGuire, Director of Gripfast Consulting, will present the findings to the Committee on Day Two.

Status: CLOSED

Action Item 2018-16: Provide letter to the Minister with proposed revised Regional Consultative Forum (RCF) Terms of Reference (ToR).

Update: In progress.

Status: OPEN.

Previous Minutes:

Previous minutes (November 2018) were endorsed as tabled.

Additionally, the revised June 2018 Minutes were endorsed as tabled.

Correspondence: Nil

Item 3: Open Arms National Manager's Report

Open Arms National Manager, Dr Stephanie Hodson, presented her report on current Open Arms activities. The focus of the National Manager's update included:

- *Key focus one – The Current Client:* Dr Hodson discussed the breakdown of Open Arms' clients based on location, age group and presenting problems based on data captured by the Open Arms clinical file system. Clients' location is used to inform where new satellite centres are required which is particularly important given the current Open Arms model is based on regional need. The largest workload is currently in the NSW/ACT and Open Arms has responded by employing another five staff to support this high need. The age breakdown of clients shows 50% of Open Arms clients are 39 years or under. With this in mind, partnerships with DCO should be leveraged as they already have a large presence in schools. The Committee commended the profound change in eligibility to access Open Arms and the success of this change is reflected in the increased demand for services.
- *Key focus two – Property and Staffing:* Dr Hodson advised that staffing had increased significantly to support the increase in demand for Open Arms services. The new regional organisational structure is designed to improve the wrap-around model. A 'new capability' has been established in each region which allows for formalised, structured case management of clients with complex needs. As part of this model the Peers will play a crucial role to bridge the clinical component of Open Arms with the veteran community.
- The Committee raised the importance of external providers, such as Primary Health Networks (PHNs), understanding the role of the peers and being actively engaged in the system. Dr Hodson echoed this and explained that in the future Open Arms would like to have formal relationships with General Practitioners and Psychiatrists imbedded within the service, a feature the Committee noted is lacking in the current model.
- *Key focus three – Open Arms' Priorities for 2019:* Through consultation with Open Arms Directors key priorities for the service have been developed for 2019. Dr Hodson explained that of the key priorities, the most pressing are the demand driven financial modelling and the clinical efficacy framework. The Committee agreed that to achieve these priorities would be a considerable success for the service. Dr Hodson noted the important addition of a Project and Change Management Team to the service to ensure these priorities are managed smoothly.

Morning Tea – Client Consultation

The NAC hosted a consultation with current and former Open Arms clients to gather feedback on Open Arms services in the South Queensland region. A significant portion of the discussion centred on the advertisement of Open Arms in the community with the clients explaining that:

- Many veterans aren't aware of the range of services available from Open Arms.
- RSLs need to have a deeper understanding of the range of services available in Open Arms.
- Younger veterans aren't engaged with RSLs and therefore alternative strategies to engage and advertise to this cohort need to be considered.

- A younger client suggested Open Arms should have a greater presence on Facebook and Instagram.

Overall, they spoke highly of the services provided by Open Arms. In addition to increasing advertising, other areas for improvement that were raised included:

- The need for quality outreach providers. The clients felt these providers lacked the same veteran-specific understanding as in-centre clinicians, and that this could be improved.
- The considerable time lag between intake and seeing a counsellor and the need to reduce waiting times.
- Open Arms should consider providing an information pack to clients who are waiting for counselling. This pack could include tips and resources about coping with mental health issues.
- Some veterans are still hesitant to engage with Open Arms for fear that their information will be shared with DVA. This is not accurate and we need to change this perception. The fact that information is only shared with client consent or in situations involving risk needs to be reinforced.

Item 4: Current Status of Transition – Update

Presenter: Ms Gina Craig, Representative of DCO

Ms Gina Craig provided a briefing on the current status of transition. Specifically, she spoke in detail on the initiatives underway by DCO to better support ADF personnel during transition, such as the Defence Transition Coaching Support Model. This model includes;

- ADF member and family transition seminars (30 events planned for 2019);
- coaching and development of an individualised transition plan;
- assistance to meet administrative requirements;
- support to meet the 'Transition with Documentation' policy;
- civilian employment support through the transition coaching, CTAS, PCEP, T4E and PEAP;
- liaison with department, other government and community stakeholders; and
- post-transition support.

DCO has shifted to a needs-based model as reflected in the post-transition goal plan developed with the client and coach. The Committee acknowledged the importance of the support being individually tailored to the transitioning member and commended DCO for facilitating this change. However, the Committee raised that mental health seems to be overshadowed by employment in this initiative. Ms Craig advised that employment was a focus due to Government needs. Overall, DCO is designing initiatives for ADF members to transition into independence, not dependence. The Committee reinforced the importance of a strong relationship between DCO and Open Arms.

Item 6: Open Arms Transition Initiatives

Presenter: Dr Stephanie Hodson, Open Arms National Manager

Dr Hodson provided a briefing to the Committee on the transition initiatives underway in Open Arms. Specifically, these initiatives included:

- Residential Lifestyle Management Program – designed for veterans and their partners who want to improve their wellbeing and enhance their relationship. This program provides an

opportunity to take time out from a daily routine and focus on stress management, communication skills and relationship building.

- Stepping Out – group program specifically for ADF members and their partners who are about to, or have recently separated from the military. This program examines the transition process and what it means to go from military to civilian life as an individual and as a family.
 - Stepping Out: Attention Reset (SOAR) Trial – innovative research trial aiming to reduce mental health difficulties in military personnel who transition to civilian life.
 - Survive to Thrive – modularised self-development and coaching program that aims to help individuals manage stress and rebuild physical, psychological and emotional resilience.
- . The Committee applauded the efforts of Open Arms, as well as DCO, in including families in the transition process. Their involvement is especially evident through increased attendance of families at transition seminars.

Item 7: Opportunities to Improve Transition

The Chair led an open table discussion on opportunities to improve transition in Open Arms. Key outcomes discussed by the Committee were:

- A common theme woven throughout the discussion was the need for peers to utilise their referral networks. The peer support cohort has a wealth of unique knowledge that is critical in the transition phase.
- There is a range of support available and veterans are simply not aware these services. The Committee recommended sharing of resources across established platforms, such as Modern Soldier, ForceNet and Open Arms. This cross promotion has the power to have a greater reach than individual platforms operating in isolation.
- Open Arms may wish to consider developing more group programs targeted at the pre-transition phase.
- An important concluding message discussed was that it takes a community to transition a member out of defence.

Item 8: Client Assist Access Centre – site visit

Presenter: Karen Butler, Director Client Assist Contact Centre.

The NAC visited the Brisbane Client Assist Contact Centre and Karen Butler briefed the Committee on the background to the service. Key points discussed were:

- The aim of Client Assist is to reduce wait times for clients, therefore reducing the risk to the client, as well as providing national consistency across all regions.
- There are two queues in Client Assist, each with its own Assistant Director:
 - One queue manages outgoing calls, such as escalations, risk assessments, after hours, and scheduled calls.
 - The other queue manages the incoming calls, such as intake assessments.
- A third Assistant Director manages the scheduling for both queues to ensure there is sufficient staffing allocated at all times.
- Developing a multidisciplinary team has been highly successful for Client Assist.
- The team's key focus is conducting intakes however they also provide extensive administrative support by changing client's appointments and processing Outreach Program Counsellor (OPC) invoices.

- Client Assist staff participate in training for approximately 4-6 weeks. Trainees are mentored by more experienced staff to ensure they are confident and competent before taking live phone calls.

The Committee was then invited to explore the centre and interact with Client Assist staff. The Committee noted the significant improvement in service access for clients, as most will now receive their intake interview at the point of initial contact.

Item 9: Debrief from Day One and Set Focus for Day Two

Item 5: Issues Emerging from Transition & Wellbeing Research Programme (carried over from Day One)

Presenter: Professor David Forbes, Phoenix Australia

Prof David Forbes provided the NAC with an overview on the *Transition and Wellbeing Research Program (TWRP): Pathways to Care* report with a focus on the findings and implications for Open Arms. These implications were:

- Higher satisfaction with services that were military-aware and had an understanding of veteran and military issues, including face-to-face and web-based / telephone services.
- Ensure service provision from those with skills in the assessment and treatment of military and veteran mental health problems and who follow practice guidelines in the delivery of evidence based care.

Prof Forbes also discussed strategies to increase pathways to care, including:

- Greater integration and coordination of services to ensure no transitioning members fall through the cracks.
- Continuing to build knowledge of military culture.
- Bolstering the skills and effectiveness of treatment through evidence-based treatments.
- Bolstering support networks for family and friends.
- Enhancing early engagement and intervention.
- Balance messaging around self-reliance.
- Coordinate linkages between broader complementary quality of life activities and evidence based clinical services.

The Committee raised the following key points:

- It is important there are open channels of communication between the client and clinician to ensure both parties understand exactly the issue being treated and why.
- The integral role evidence-based wellness activities have on mental health issues and the need to implement such activities as an adjunct therapy to Cognitive Behaviour Therapy (CBT).
- Open Arms should encourage clients getting involved in the free wellness activities offered by ESOs. The Open Arms Peer Advisors have an important role to play in this engagement.

The presentation also covered related research collaborations such as SOAR, Centenary of Anzac Centre and RESTORE.

Item 10: Project Synergy

Presenter: Haley La Monica, Innowell Care, Project Lead.

The Chair excused herself from the meeting due to a conflict of interest. The Deputy Chair, Dr Andrew Khoo, chaired this agenda item. Ms La Monica presented to the Committee on Project Synergy. Project Synergy is designed as a mental health online dashboard owned by the client and act as a complementary service to Open Arms' current record management system. Key topics discussed during the presentation were:

- Participatory design and clinical service advisory board will help to ensure the platform effectively meets the needs of the user cohort.
- Clients involved in user-testing found the program a useful self-management tool to monitor progress over time, as well as it being simple in functionality. Service staff involved in user-testing found the platform increased accessed to care. The feedback from user-testing is currently being incorporated.
- Client Assist now offer all clients who call from the Sydney region to be involved in the Project Synergy Trial.
- To increase engagement, the trial is now open to existing clients to participate and a comprehensive marketing strategy is also being developed. Transition seminars may be an effective promotional opportunity to increase engagement.

Item 11: Outcomes from the Community and Peer Program Pilot - Gripfast Report

Presenter: Dr Annabel McGuire, Director at Gripfast Consulting.

Dr McGuire presented to the Committee on the *Townsville Community Engagement Pilot: Qualitative Evaluation*. Key points from the presentation were:

- The evaluation assessed the Community Engagement Pilot against seven outcomes. For example, Outcome 1 was "has the pilot met its key objective of enhancing support available to complex and/or high-risk clients in Townsville".
- The evaluation interviews consisted of 48 individuals and 28 separate interviews, including ESOs, Mates for Mates, Hospitals, peers, clients and Open Arms management.
- Feedback indicated that there was a consistent understanding of the peer's role among those who worked with the peers and among the peers themselves.
- Matching peers and clients based on demographics (e.g. age, experience etc.) was found to be highly useful from the perspective of health services.

A robust group discussion followed the presentation. Key discussions points were:

- There is great benefit in using a similar selection criteria implemented in Townsville to select peers in the national roll-out. Furthermore, to ensure consistency across regions and similar success seen in Townsville, it is recommended the Director of North Queensland be a panel member in all future peer recruitment.
- Peers participate in a significant amount of training and gain an in-depth understanding of the service prior to engaging with any clients. It is important to also ensure the workload of the peers is managed closely.
- All regions will be different as a result of location, demographics and local relationships. Nonetheless, peers play a unique and valuable role in the service by providing a relatable contact point for veterans to speak to.
- Dr Hodson advised the peer network is expanding and a family peer has been on boarded.
- The Committee concluded by reflecting on the importance of setting boundaries in the peer network and ensuring appropriate referral networks are utilised when required.

Item 12: Group Discussion – Established Peer Networks

This agenda item was interwoven throughout the meeting. Therefore the topic had been sufficiently discussed and a separate agenda item was no longer required.

Lunch with South Queensland Open Arms and Client Assist Staff

The Committee met with South Queensland Open Arms and Client Assist staff over lunch. This provided an informal discussion to provide feedback to the Committee regarding any concerns staff may have about their region.

Item 13: South Queensland Regional Director Update

Presenter: Karen Butler, Regional Director South Queensland.

Karen Butler briefed the Committee on unique nature of service provision in the South Queensland region. Particular areas of interest discussed during the presentation were:

- The South Queensland region manages one of the highest levels of case escalations across the country. The Committee considered whether this high escalation rate is influenced by the location being a highly sought after posting and, as a result, there being a high proportion of transitioning members.
- There has been a significant increase in clients seeking services in the SQLD region which may be due to increased marketing as a result of the rebrand.
- Data indicates that OPC client sessions are nearly double in comparison to in-centre staff. This data should be further analysed to determine why this difference exists and what it tells us about how services are provided by OPCs and in-centre clinicians.
- Community engagement activities in the region include attending ADF bases, local hospitals and DCO events.

Item 14: Meeting Summary

To conclude the meeting, the Committee members discussed the importance of keeping the messaging from Open Arms simple and only including its core business. With this in mind, the Committee recommended a brief one-page summary be available on the Open Arms website after each NAC meeting in addition to the detailed Minutes. Additionally, the Committee should start to consider succession planning and how its membership can continue to reflect the needs of all veteran cohorts.

Finally, the Committee identified two key priorities for the June NAC meeting:

1. Communications and the Peer to Peer Networks
 - The Open Arms Communications team, in consultation with the NAC, will develop a communications strategy for the promotion of all Open Arms services, in particular the advertisement of the Community and Peer Program. This strategy should utilise existing networks within the NAC such as DCO and ESOs.
 - To facilitate this consultation, the new Assistant Director of Communications will be invited to attend the June NAC.

2. Development of Veteran Wellbeing Framework

- Open Arms should consider developing a Veteran Wellbeing Framework based on the departments existing framework.
- The recent TWRP findings must inform Open Arms' framework and it should focus on evidence based treatments that support participation and engagement in wellbeing activities.
- The wellbeing services should complement the veteran's clinical care. It is essential that clients are engaged and retained in their clinical treatment while participating in their wellbeing plan.

Open Action Items after NAC Meeting 2019/1

Action Item	Description
2018-05	Invite SANE to provide a briefing at the next NAC meeting.
2018-11	Open Arms to submit brief to Minister regarding Open Arms formal display at AWM and recommendations of how the display should look.
2018-16	Provide letter to the Minister with proposed revised RCF ToRs