



Australian Government

Open Arms - Veterans & Families Counselling

NATIONAL ADVISORY COMMITTEE MEETING DARWIN 13 – 14 JUNE 2019

ATTENDEES	
Members	Representing
Professor Jane Burns	Chair
Dr Andrew Khoo	Psychiatrists
Major Benjamin Flink	Reservists
Mrs Anne Pahl	Peacekeepers
Mrs Melanie Pike	Partners and Families
Ms Leanne Galayini	Sons and Daughters
Mr Kenneth Foster	Vietnam Veterans
Dr Michael Seah	General Practitioners
Ex-Officio	
Maj Gen Mark Kelly AO DSC	Repatriation Commissioner
Mr Don Spinks AM	Commissioner
Professor David Forbes	Director, Phoenix Australia
WO Grant McFarlane	RSM-A
Mr Paul Way	Director General, DCO
WO-N Gary Wight	Warrant Officer Navy
BRIG Leonard Brennan	Director General, JHC
WO Phil Martin - <i>Representative</i>	Group Warrant Officer Air Force Training, RAAF
Secretariat	
Miss Laura Thompson	NAC Secretariat, Open Arms
Invited Guests	
Mr Marcus Schmidt	Regional Director Central West, Open Arms
Ms Jennifer Veitch	Assistant National Manager, Open Arms
Ms Breeanna Till	Community & Peer Advisor NSW, Open Arms
Apologies	
Ms Talissa Papamau	Contemporary Veterans
Dr Jennifer Firman	Chief Health Officer, DVA
WOFF-AF Robert Swanwick	Warrant Officer, RAAF
Dr Stephanie Hodson	National Manager, Open Arms

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

The Chair opened the meeting acknowledging the traditional custodians of the land, the Larrakia People.

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 (Open Arms) is their legacy.

Apologies were accepted from Ms Talissa Papamau, Dr Jennifer Firman and Dr Stephanie Hodson. WO Phil Martin attended the meeting on behalf of WOFF-AF Robert Swanwick as representative for the Royal Australian Air Force.

The Chair welcomed the Committee to the second meeting of 2019. A special welcome was extended to WO Gary Wright, BRIG Leonard Brennan and WO Phil Martin attending their first meeting in the ex-officio capacity.

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:

- Ms Anne Pahl declared that she is currently a paid employee of the Victorian RSL and a past client of Open Arms. Ms Pahl has also been appointed to the Females United by Defence Service and Families Board.
- Professor David Forbes declared his conflict as a Director of Phoenix Australia, in which Open Arms are collaborating with on a number of current projects.

Statement of Objectives

The Chair highlighted the main focus for this meeting:

- 1) Future Family Focus in Open Arms
 - Individual experiences as a family member;
 - Peer Support Program;
 - Current family supports; and
 - Shaping future support for families.

Matters from Previous Meeting:

Action Item 2018-05: Invite SANE to provide a briefing at a future National Advisory Committee (NAC) meeting.

Update: SANE were invited to attend the June meeting, however, SANE could only present via videoconference due to travel restrictions. It was the Committee's preference to have the presentation face-to-face, and SANE will be invited to the November NAC meeting.

Status: OPEN

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

Update: Ministerial Submission pending clearance prior to progression to the Minister.

Status: OPEN

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

Update: Brief has been progressed to the Minister for consideration. Proposed ToR were provided to the Open Arms Regional Directors for comment. It was suggested to rename the forum to Regional Advisory Forum (RAF) to align with the NAC. This title was included in the brief to the Minister. All amendments supported by the Directors.

Status: CLOSED.

Previous Minutes:

The Chair advised minutes from the March 2019 meeting will be circulated out of session for formal endorsement.

Correspondence: Nil

Item 3: Open Arms National Manager's Report

Open Arms Regional Director for Central West, Mr Marcus Schmidt provided the National Manager update on behalf of Dr Hodson.

- *Client Overview:* Mr Schmidt discussed the most recent (Financial YTD Data as at April 2019) Open Arms data on Clients by Age and Clients by Region. The data supported the theme of families, as clients under the age of 18 make up over 10% of total clients, in comparison to clients over the age of 65 making up only 6.4%. The Committee discussed this shift in age of clients as a result of the expansion of eligibility and the rebrand.
- *Property and Staffing:* Mr Schmidt updated the Committee on recent office moves in ACT, SA and WA to meet client demand. He gave a brief outline of the Client Assist Contact Centre for members that were not present at the Brisbane meeting in February, and updated that the Client Assist Contact Centre has now been implemented nationally.
- *Staff Activities:* The Committee was shown data produced from a trial of an activity app used to measure how Open Arms staff are using their time at work. As an outcome of the draft Productivity Commission Report Open Arms have implemented an app that can provide data on the use of time within the service. This will assist with assessing quality of time, as well as budget and staffing plans. The app has now been rolled out for use in all regions.
- *Mental Health Accreditation:* Mr Schmidt advised members that Open Arms have received their renewed Mental Health Accreditation. The accreditors visited all centres and consulted widely with clients, stakeholders, staff and management. The Committee were shown key quotes from both staff and clients demonstrating extremely high satisfaction levels in both groups. Some examples included;
 - *"They understand military context – it makes a world of difference."*
 - *"I am talking to you [auditors] because they were there when I wanted to end it all."*
 - *"The help they gave me early on probably saved my life – now they're keeping me stable."*
- *Transition and Wellbeing Research Programme:* The Committee noted a key theme from emerging research linking with the meeting focus of families.

Help seeking predicted by:

- Self-Stigma
- Positive Social Family Support (Benassi, 2018)

The Committee requested a presentation of key findings from the Transition and Wellbeing Research Programme Reports at the next Committee meeting.

Item 4: Scenario Planning Presentation

Presenter: Major Benjamin Flink, Reservists Representative

MAJ Flink presented to the Committee on understanding the environment in which the organisation operates and predicting changes prior to investment. The presentation explained the difference between traditional planning with a single 'present, path and future prediction' and scenario planning in which there are multiple 'current realities, pathways and future images'. The Committee noted that with the increased pace of change it is important to consider multiple possibilities for what the future may look like. MAJ Flink briefed the Committee on transactional environments and how all aspects of this environment need to be considered with each future scenario.

The NAC were particularly interested in the broad spectrum that was consulted during the scenario planning process MAJ Flink was involved in, in his position at Royal Automobile Association (RAA). Four future scenarios were put forward to a very broad group so all extreme views were shown. In

the health space MAJ Flink recommended consultation with local and international parties, artists, technology specialists, and health providers to ensure different perspectives are conveyed.

Item 5: Personal Story – Family Perspective

Presenter: Ms Melanie Pike, Partners and Families Representative

The Committee invited Ms Pike to present her personal story as a family member. Ms Pike's experience as a partner of a veteran set the scene for the major focus of the meeting. Ms Pike shared her journey over the past 10 years as the wife of a veteran and her navigation through the Defence, DVA and Open Arms systems.

Ms Pike's experience allowed the Committee to reflect on what would have made a difference for her as a partner and for her husband. The main points raised in this discussion included:

- acknowledging the significant reliance on families and the enormous amount of pressure for family members to support a veteran;
- the importance of connection and support by colleagues and managers during the time when no longer able to work;
- how can the processes for carers to seek practical assistance (cleaning, lawn mowing, etc.) be simplified? Current processes are insulting and difficult to complete;
- opportunities to better communicate the entitlements for family members;
- potential for Defence to promote relationship connections during a member's time serving, enabling relationships to be prepared for the member's transition;
- identification of ways to keep people employed in the jobs they love. Messaging that a mental illness does not mean a career is over, and that Defence will help with the management of this; and
- priority to better position family members as deserving recipients of services, including ways to communicate this to families, reduce the stigma of asking for help and to make this a natural process.

Item 6: Community and Peer Program from the Family Perspective

Presenter: Ms Breeanna Till, Community & Peer Advisor NSW – Family Representative

Ms Breeanna Till, Open Arms Community & Peer Advisor was invited to address the Committee. Ms Till works from the Sydney NSW office and was the first peer recruited to represent families and partners in the Open Arms Community and Peer Program.

Ms Till shared with the Committee, her story as a young war widow and a mother of four children. As a Community and Peer Advisor, Ms Till uses her experiences to help others in similar situations. Key points the Committee took away from the discussion were:

- the unique political aspect of grief for defence personnel and the public platform in which family members are placed at a difficult time;
- the importance of wellbeing, in Ms Till's particular case the impact art therapy had for herself and her children as a communication tool to better understand their emotions;
- the substantial support, connection and understanding provided by the Community and Peer Advisors;
- potential research opportunities around intergenerational trauma, including the effects of trauma on children and their growth, and how our service can translate incorporate any learnings; and

- the importance of the Community and Peer Program allowing Peers to share practical solutions based on their own experiences.

Item 7: Darwin Office Visit

The Committee visited Darwin's local Open Arms office located in Winnellie, and met with the local counselling staff. Regional trends were discussed and staff were consulted on their experiences with family cases in Darwin.

Item 8: Debrief from Day One and Set Focus for Day Two

Item 9: Family Focused Programs

Presenter: Mrs Jennifer Veitch, Assistant National Manager Open Arms

The Chair invited Open Arms' Assistant National Manager, Ms Veitch to present to the Committee on current Open Arms programs with a focus on families.

- Family inclusive practice
 - Open Arms have identified that family members and supporters are vital in an individual's process to recovery.
 - Working in an open, respectful and collaborative fashion with families, supporters and individuals is likely to promote and enhance recovery.
 - Families and supporters have needs in their own right and have a right to have their needs acknowledged.
- Group Programs:
 - Parenting Programs: Let's Talk about Children (Let's Talk), Engaging Adolescence, 123 Magic and Emotion Coaching, and Tuning into Kids.
 - Programs for Couples: Residential Lifestyle Management Group (LMP), Support with Child Care, and Building Better Relationships.
 - Transition Programs: Stepping Out.
- Open Arms has recently re-developed four group programs; Doing Anger Differently, Managing Pain, Understanding Anxiety and Recovery from Trauma. The re-development focused on making the programs family inclusive.
 - Programs now include access to online learning that supports the participants to practice skills at their own pace while empowering family members by creating the opportunity for them to see what the veteran is learning in the group sessions.

The Committee were offered the opportunity to raise any questions or comments for Open Arms to consider in their service delivery. The main ideas raised in this discussion include:

- potential to use different language to make 'Group Programs' more enticing;
- messaging for eligibility to access Mental Health Training, for example grandparents who are primary carers, to attend parenting programs;
- need to expand the availability of parenting programs to all States;
- opportunities for improved follow up with participants after a Group Program, especially if they are not engaged in regular follow up sessions;
 - possibility to create Part 2 "refresher" programs; and
- scheduling of Group Programs to be more accessible, as for many people, out of office hours or weekends would be more accommodating.

More broadly, the Committee discussed ways to support children of ADF families in their schooling environment.

- Open Arms are establishing links with Defence School Mentors (DSM).
 - At this stage, Defence Community Organisations (DCO) provides funding to schools with 20+ students with a current serving parent. The Committee suggested DCO could investigate the possibility to change this to 20+ students with current *or* former serving parents.
- Suggestion for engagement at Universities.

Additional Item: Open Arms Placement

An additional item was introduced by the Chair requesting members to provide feedback on a placemat document for Open Arms. The Committee provided the following feedback;

- the map of Australia should more accurately show the client demand by including both centres and outreach providers;
- the satisfaction quotes should be in a larger font or emphasised; and
- text under 'Our Achievements' and 'Current & Future Projects' could be simplified.

The finalised Open Arms Placemat is at [Attachment A](#).

Item 10: Future Focus on Family Support

The Chair led an open table discussion on opportunities to extend support for families in Open Arms. Key issues discussed by the Committee were:

1. Changes DVA White Card
 - The Committee noted the importance of ensuring family members are informed of their entitlements to support. To position family members as deserving recipients of services, the Committee discussed that the DVA White Card for Mental Health Support could be amended to include the member's partner and children (where applicable).
 - This is a tangible outcome that will prompt family members to understand the services that they are entitled to as an individual, as well as in aid of their family member.
2. Strengthening communications
 - It was noted that the rebranding of the service has been successful in ensuring current and former serving personnel are aware of the support services available. The Committee recommended the communications for Open Arms can now be enhanced further. The following items were suggested:
 - Development of electronic 'resource pack' for clients who have completed intake and are awaiting an appointment with a counsellor;
 - Utilising multimode means of communication including videos, Facebook, podcasts etc.;
 - Sharing content across networks – Open Arms, DVA, DCO, Defence, RSL etc.;
 - Webinar family series including stories of lived experience, clinical background explanations from Practitioners (e.g. what happens in the brain? drug side effects), focuses of important issues effecting the family such as intimacy, early signs and interventions.
 - The Committee noted the modern changes to the definition of family and agreed it is important for Open Arms to continue working on the wording and imagery of communications to ensure diversity.
 - Families often only receive exposure to Open Arms through the veteran. Ways to access the family without going through the veteran should be explored.
 - Agenda item to be added for first meeting of 2020 on Communications Post-Rebrand.

3. Research opportunities

- The Committee recommended for a research task to be undertaken on the family as an individual component. Current research has been looking at the family as a part of the veteran. It was suggested for this to be in the form of a process map with various case studies on the family journey. The map should include:
 - What was the situation?
 - What did you need as a family?
 - Where were the blockages?
 - What worked well?

4. Funding

- Reflecting on the personal stories of Ms Pike and Ms Till the Committee noted the benefit of accessing instant practical assistance in these situations.
- Current funding packages are difficult to apply for and often perceived as not worth the hassle. In times of loss and crisis, package care plans that are needs based would better assist families.

Item 14: Meeting Summary

To conclude the meeting, the Chair thanked Committee members for a valued discussion on improving Open Arms family supports. The Committee identified the key priority for the November NAC meeting as;

Development of Veteran Wellbeing Framework

- Open Arms to consider developing a Veteran Wellbeing Framework based on the Department's existing framework.
- The recent Transition and Wellbeing Research Program (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 client are engaged and retained in their clinical treatment while participating in their wellbeing plan.

Open Action Items after NAC Meeting 2019/2

Action Item	Description
2018-05	Invite SANE to provide a briefing at the November 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.
2019-01	Postpone key priority for Development of Veteran Wellbeing Framework to November 2019 meeting.
2019-02	Postpone key priority for discussion on strengthening Open Arms Communications post re-brand to the first meeting of 2020.
2019-03	Invite Helen Benassi to present to the committee on the finding from the Transition and Wellbeing Research Programme reports.



Open Arms is Australia's leading provider of high quality mental health assessment and clinical counselling services for Australian veterans and their families.



26K Clients who received Open Arms Services in 2017/18

Counselling Clients	
ADF	54%
Family Members	44%
Duty of Care	2%

106K Number of session with clients in 2017/18

What we've done

- Counselling Program**
 - Re-branding of the mental health service
 - Expanding access to counselling through additional sites and improved services
 - Clinical audit processes to enable service enhancement following adverse events.
- Case Management Program**
 - Pilot of Community and Peer team completed.
 - Senior Clinical roles created nationally.
 - Implementation of the activity app to better forecast need.
- Group Treatment & Mental Health Training Program**
 - Four new group treatment programs have been developed and launched - Anger, Anxiety, Pain and Trauma.
 - Update to the Open Arms website.
- Outreach Providers Program**
 - Maintenance of the network of 1300 Outreach Program Counsellors nationally.
 - Open Community webinars on transition and other subjects.
 - Involvement in the Invictus Games to raise service profile
- Client Assist Program**
 - National Intake becoming fully operational in May 2019.
 - Increased number of clients accessing the After-Hours Telcounselling Service.
 - Successful pilot of Business Hours Telcounselling Service (BHTS).
- Research, Pilots and evaluation**
 - Roll out of the national Stepping Out: Attention Reset (SOAR) Trial.
 - Rapid Exposure Supporting Trauma Recovery (RESTORE) Trial.
 - Trial of digital dashboard (Project Synergy).
 - Partnered in international program to develop Moral Injury Outcomes Scale (MIOS).



Current & Future Projects

- Counselling Program**
 - Enhanced ability for clinicians to assess risk of harm.
 - Training to move effectively to deal with Intimate Partner Violence.
 - Enhanced referral pathways with DVA and the veteran community.
 - Pilot of national Neurocognitive Health Program.
- Case Management Program**
 - National roll-out of the Open Arms Community and Peer teams.
 - Enhanced case management policy and monitoring.
- Group Treatment & Mental Health Training Program**
 - Collaborate with RSL to promote suicide intervention skills training.
 - Expanded Service offering to support families.
 - Redevelopment of alcohol and depression programs
- Outreach Providers Program**
 - Expansion of professional groups providing mental health support.
 - Integration of At-Ease professional resources to Open Arms brand.
- Client Assist Program**
 - Promotion of RedSix App
 - Restructuring of regional forums
 - National roll out of online video-counselling.
 - Expansion of the 24 hour support line capability
- Research, Pilots and evaluation**
 - Clinical Efficacy Evaluation Framework to measure outcomes.
 - Trial of enhanced transition support, including:
 - Online and peer based 'Survive to Thrive' Pilot
 - 'Resilient Mind' Pilot
 - Mindfulness Based Stress Reduction Pilot

DVA Wellbeing Framework

Social Support

Health

Mission: Improved quality of life for the veteran and their families achieved through a person-centred approach to optimising mental health and wellbeing

- Fully accredited mental health service
- 24/7 access to support
- suicide prevention

94 Percent of clients highly satisfied with service

"Open Arms are respective of our work and are genuine partners with us"

"Helped me understand what my partner was going through with PTSD and why they acted the way they did"

"They understand military context – it makes the world of difference."

"The help they gave me early on probably saved my life – now they're keeping me stable"

"If it wasn't for her I wouldn't be here"

"I am talking to you because they were there when I wanted to end it all"

"I feel so much better, I've come so much further in managing, I'm so grateful."