



Australian Government

Open Arms - Veterans & Families Counselling

NATIONAL ADVISORY COMMITTEE MEETING CANBERRA – 26 – 27 November 2019

ATTENDEES	
Members	Representing
Professor Jane Burns	Chair
Dr Andrew Khoo	Psychiatrists
Mrs Anne Pahl	Peacekeepers
Major Benjamin Flink	Reservists
Mr Ken Foster	Vietnam Veterans
Ex-Officio	
Dr Jenny Firman	Chief Health Officer, DVA
Mr Don Spinks AM	Repatriation Commissioner, DVA
Dr Stephanie Hodson CSC	National Manager, Open Arms
A/Professor Andrea Phelps	Deputy Director, Phoenix Australia
WO Grant McFarlane	Warrant Officer, Army
Mr Paul Way	Director General, DCO
WOFF-AF Fiona Grasby	Warrant Officer, RAAF
BRIG Leonard Brennan	Director General, JHC
Secretariat	
Miss Laura Thompson	NAC Secretariat, Open Arms
Mrs Kate Sowerby	NAC Secretariat, Open Arms
Invited Guests	
Mr Justin Mein	Veteran Services Design, Department of Veterans Affairs
Ms Jennifer Hamer	Veteran Services Design, Department of Veterans Affairs
Dr Anna Colwell	Deputy National Manager, Open Arms
Ms Janey McGoldrick	Senior Manager, Black Dog Institute
Mr Jon Wauer	Clinical Initiatives Assistant Director, Open Arms
Apologies	
Dr Michael Seah	General Practitioners
Ms Leanne Galayini	Sons and Daughters
Ms Talissa Papamau	Contemporary Veterans
Mrs Melanie Pike	Partners and Families
WO-N Deb Butterworth	Warrant Officer, Navy
Professor David Forbes	Director, Phoenix Australia

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

The Chair opened the meeting acknowledging the traditional custodians of the land, the Ngunnawal 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 & Families Counselling (Open Arms) is their legacy.

Apologies were accepted from Dr Michael Seah, Ms Leanne Galayini, Ms Talissa Papamau, Ms Melanie Pike, WO-N Deb Butterworth and Prof David Forbes. A/Prof Andrea Phelps attended the meeting on behalf of Prof David Forbes as representative for Phoenix Australia.

The Chair welcomed the Committee to the final meeting of 2019. A special welcome was extended to WOFF-AF Fiona Grasby, Warrant Officer for the RAAF attending her first meeting in the ex-officio capacity.

The Chair acknowledged her relationship with BUPA and sought conflicts of interest from the committee, with the following identified on the Declaration of Interest forms submitted:

- Ms Anne Pahl declared that she is currently a paid employee of the Victorian RSL, a Council Member of Female Veterans and Families Untied by Service and a past client of Open Arms.
- Mr Don Spinks declared conflict of interest as a board member for Phoenix Australia, and as a Research Board Member for the Department of Veterans Affairs.
- BRIG Leonard Brennan declared his conflict of interest as Director General Garrison Health, whom has a contract with Open Arms for services, and his eligibility for Open Arms services as a current serving member.

Matters from Previous Meeting:

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

Update: Committee agreed briefing is no longer relevant and this item should be removed from action item register.

Status: CLOSED

Action Item 2019-02: Postpone key priority for discussion on strengthening Open Arms Communications post re-brand to the first meeting of 2020.

Update: Postponed. Strategic communications plan to be circulated out of session for discussion at the first meeting of 2020.

Status: CLOSED

Previous Minutes:

The Committee provided their endorsement of the meeting minutes from NAC meeting held in June 2019.

Correspondence: Nil

Item 3: Open Arms National Manager's Report

Presenter: Dr Stephanie Hodson, National Manager Open Arms

Dr Hodson provided updated data on the increased demand for Open Arms demonstrating the increase in number of clients, as well as, the number of services they are accessing.

Communications: It was noted that Open Arms celebrated the one year anniversary since the rebrand of the service. The increase in demand following this has been noteworthy, particularly the 67% increase in website users. The Committee noted the merge of former DVA website 'At Ease' to Open Arms, and the advantage of promoting a single brand.

The Committee noted agenda item Strengthening Communications has been postponed to the first meeting for 2020. The Committee requested this agenda item to include a road map on how the website merge occurred, data pre and post merge and a discussion on a draft strategic communications plan.

Executive Structure: Dr Hodson informed the Committee of the changes to the Open Arms executive structure including the establishment of the Deputy National Manager position. The Deputy National Manager will be working with the regions to connect with Primary Health Networks (PHNs) and other local community services.

Client Assist Contact Centre (Client Assist): Dr Hodson provided an update on the success of the Client Assist Contact Centre since the national implementation in May 2019. In the first six months 34,000 calls had been received by Client Assist and the speed of acceptance target was exceeded monthly. Dr Hodson noted focus has now shifted to improving time taking for allocation to a clinician after initial intake.

The Committee noted the challenges in allocation, particularly for regions that are under-resourced in mental health professionals. Data will be provided to the Committee at the first 2020 meeting, on regional wait times.

The Committee discussed recent public commentary regarding after-hours call wait times. Dr Hodson advised that Open Arms continues to provide additional resources to the after-hours service provider. The Committee requested comparative data of On the Line's (the after-hours provider) wait times and abandonment rates against other services such as Lifeline and Open Arms Client Assist.

Community and Peer Program: Members were provided with an update on the national implementation of the Community and Peer Program. The group of 35 Community and Peer Advisors were attending a four-day induction workshop to provide training for their role in Open Arms. The Committee were invited to meet the Peer Advisors at the Australian War Memorial Last Post Ceremony, followed by dinner.

Item 4: Black Dog Lifespan Framework Presentation

Presenter: Janey McGoldrick, National Manager Black Dog Institute

Ms McGoldrick presented to the Committee on the Black Dog Institute's National Suicide Prevention Strategy, providing key statistics on suicide in Australia and highlighting that help seeking behaviour is low across all cohorts of Australians, not only members of the veteran community.

The Black Dog Institute has developed a community wide, integrated suicide prevention program, LifeSpan. The LifeSpan model ([Attachment A](#)) builds a community safety net that aims to prevent suicide and includes nine evidence based strategies, implemented simultaneously:

- improving emergency and follow up care for suicidal crisis;
- using evidence-based treatment for suicidality;
- equipping primary care to identify and support people in distress;
- improving the competency and confidence of frontline workers to deal with suicidal crisis;
- promoting help-seeking mental health and resilience in schools;
- training the community to recognise and respond to suicidality;
- engaging the community and providing opportunities to be a part of the change;
- encouraging safe and purposeful media reporting; and
- improving safety and reducing access to means of suicide.

Ms McGoldrick provided highlights on the achievements of the model in use at Suicide Prevention Trial sites. In particular the Committee were interested in the use of a mental health screening tool by General Practitioners (GPs). This digital tool triggers the individual to think about their mental health prior to their GP appointment, as well as, creates a conversation starter for GPs to discuss mental health with their patients.

The Committee discussed the risks of sustainability at the completion of the trial period. It was requested that Ms McGoldrick's presentation slides be circulated out of session.

Item 5: Regional Advisory Forum Wellbeing Consultation Outcomes

Presenter: Prof Jane Burns, NAC Chair and Mr Jon Wauer, Assistant Director Clinical Initiatives Open Arms

Prof Burns and Mr Wauer presented the outcomes of the recent round of Regional Advisory Forums. Members discussed the themes which emerged, including the importance of supporting ADF members as they transition out of service, and the potential for greater linkages between DVA, Defence and Open Arms.

Item 6: Suicide Prevention Options Discussion

The Committee commenced a group discussion of Suicide Prevention.

- Dr Hodson outlined the increase in Open Arms' clinical capacity, with the introduction of an Assistant Director, Clinical Coordination in each region. This expansion strengthened the Service's suicide prevention focus including the practice of 'assertive reach-outs' to vulnerable individuals.
- The Committee noted the recent training provided to the Open Arms Clinical Leadership team, SafeSide CARE's Recovery-Oriented Suicide Prevention Framework.
- The success of community campaigns for suicide awareness and encouragement to 'check your mates' has identified a need for tools to use when someone is not coping, to ensure they are connected with support.

Item 7 & 8: Debrief from engagement with Peer Advisors and Set Focus for Day Two

The Committee noted the benefit of spending time with the Community and Peer Advisors for the evening. Members spoke of the enthusiasm and talent in the Peer cohort, which reflected the potential benefits of the program for the veteran community.

The National Manager provided an overview of the training components that comprised the four day induction workshop including; DVA Peer Mentor Training, workshop on how to meaningfully deliver their lived-experience story, and Mental Health First Aid training.

The Committee requested more information on the proposed evaluation of the Community and Peer program as it is rolled out nationally. Members were specifically interested in the qualitative and quantitative outcomes, and the effects on the Peer Advisors' individual wellbeing.

Item 9: Research – TWRP & Wellbeing

Item postponed.

Item 10: DVA Wellbeing Initiatives

Presenter: Mr Justin Mein and Ms Jennifer Hamer, Veteran Service Design Section DVA

Mr Mein and Ms Hamer presented on behalf of DVA on the Veteran Wellbeing model, aiming to empower veterans to achieve greater independence for themselves and their families. The Committee were provided an overview on the 2019 Election Commitment of \$30 million on a national network of six Veterans' Wellbeing Centres located in Townsville, Perth, Adelaide, Wodonga, Darwin and Nowra.

The proposed wellbeing centre elements were divided into sections of priorities by DVA (Attachment B).

The Committee discussed concerns around duplication of services being felt by the veteran and ESO communities, and utilising local knowledge to ensure community needs are met. Members queried how the model will be governed to ensure all ESO groups and services are brought together, rather than having a competitive and exclusive nature.

The Committee provided key messages to the DVA representatives for stakeholders to consider in the development of wellbeing offices, including;

- ensuring all services are logically presented and not in competition with one another;
- focus on sustainability;
- have a close relationship with Open Arms;
- have a united understanding and language;
- inclusiveness;
- focus on wellbeing;
- no wrong door model;
- meet community needs; and
- do not duplicate already existing services.

Item 11: Open Arms Wellbeing Discussion

Item not required. Matters were discussed during the DVA Wellbeing presentation.

Item 12: Endorsement of NAC Terms of Reference

The NAC Terms of Reference were endorsed as amended (Attachment C).

Item 13: 2020 Dates/Locations – Determine Key Priorities

Members considered the proposed 2020 schedule for NAC meetings and agreed to advise the Secretariat of any scheduling major conflicts.

The meeting locations and priorities were determined by the Committee:

Meeting 1: Sunshine Coast – March 2020

- Communications Strategy
- Reservists Eligibility
- Thompson Institute visit/briefing

Meeting 2: Canberra – June 2020

- Clinical Service Delivery
- Outreach Program Counsellor Management
- VeteransMATES Presentation

Meeting 3: Albury/Wodonga – November 2020

- To be determined

Additional Item: Presentations from Swiss8 & REDSIX

Mr Adrian Sutter from Swiss8, and Mr Michael Handley from REDSIX, were invited to speak to the Committee about the work they are doing to support veterans in mental health and suicide prevention.

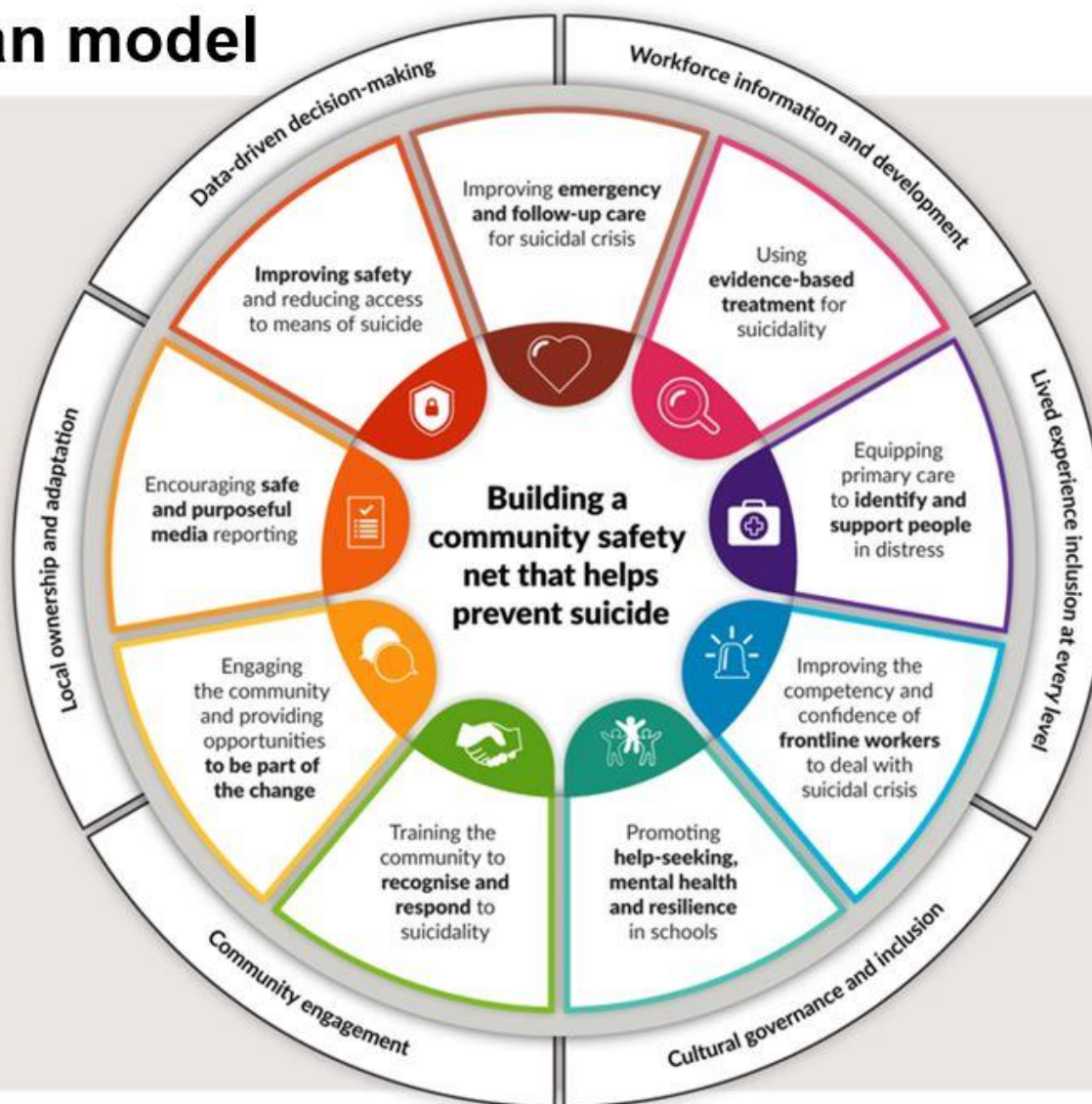
Item 14: Meeting Summary

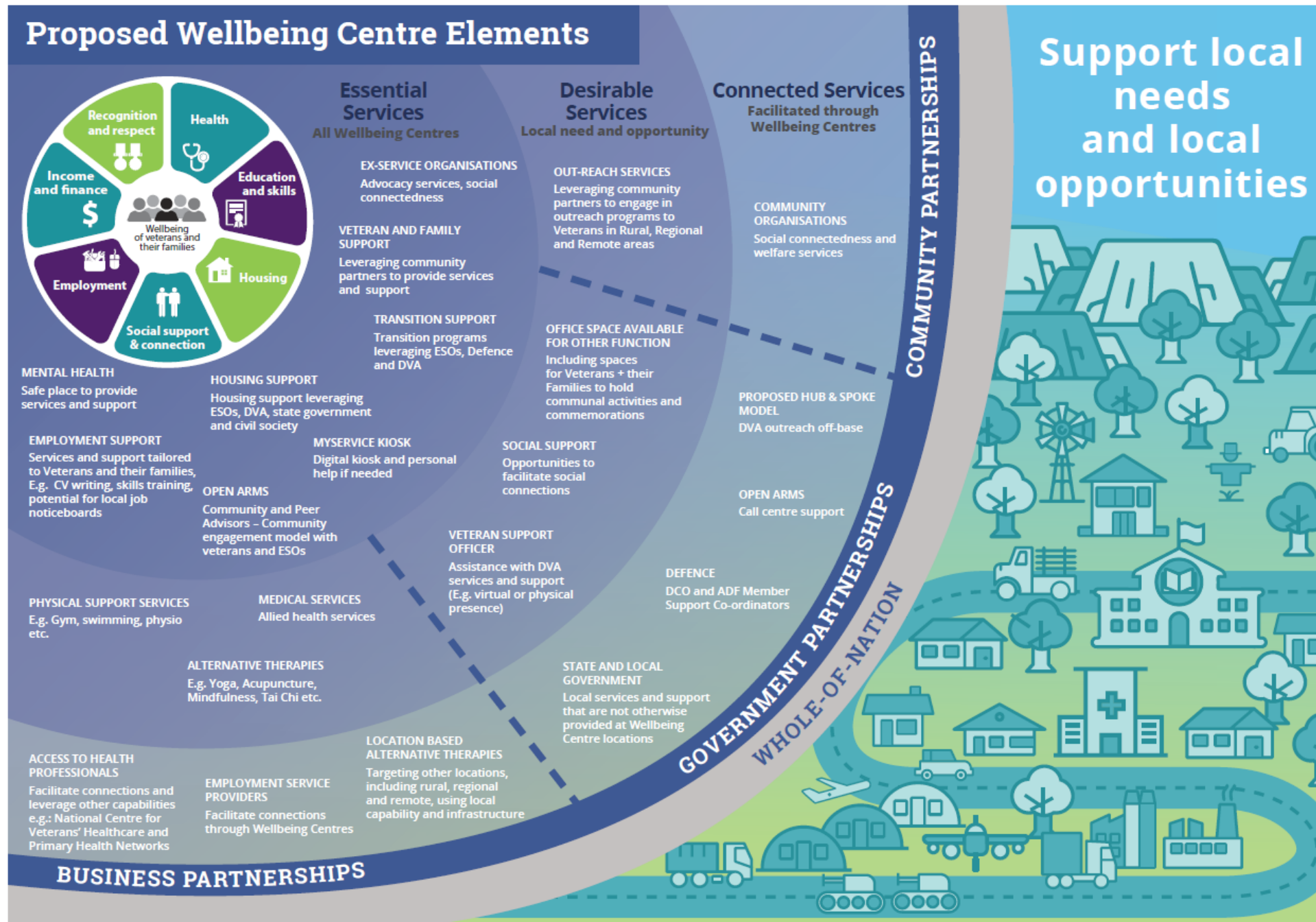
The Chair thanked the members for their contributions and closed the meeting.

Open Action Items after NAC Meeting 2019/3

Action Item	Description
2019-03	Provide Committee with data on regional wait times and comparative call wait times.
2019-04	Information to be provided to the Committee on the proposed evaluation of the Community and Peer Program.

The LifeSpan model





National Advisory Committee Terms of Reference and Vision

Vision:

To provide quality, independent, consultation based advice to the Minister on the effectiveness of Open Arms – Veterans & Families Counselling (Open Arms).

Terms of Reference:

The role of the National Advisory Committee (NAC) is to:

1. Deliver independent and distinctive advice to the Minister on the needs of the veteran community and ways in which these can be addressed through Open Arms.
2. Support Open Arms to develop programs and service delivery arrangements that are:
 - a. responsive to the mental health care needs of all Australian veterans and their families;
 - b. based on a health and wellness approach;
 - c. assist in liaison with other mental health agencies to facilitate a co-ordinated approach to mental health care; and be
 - d. consistent with the government's mental health policy enabling Open Arms to fulfil its role as key component of the Department of Veterans' Affairs delivery of community based mental health care.
3. Provide guidance to Open Arms on:
 - a. issues and needs within the veteran and defence communities that impact on the delivery of Open Arms programs; and
 - b. provide strategic service delivery partnerships that will enable Open Arms to play its part, with other providers in an integrated approach to mental health care.
4. Assess and report to the Minister on the operations and quality of outcomes delivered to the veteran community, through Open Arms programs.