



NATIONAL ADVISORY COMMITTEE & STAKEHOLDER MEETING
29 April 2020 10:30am – 12:30pm

ATTENDEES

Members	Representing
Professor Jane Burns	Chair
Mrs Anne Pahl	Peacekeepers (from 11am)
Major Benjamin Flink	Reservists
Dr Michael Seah	General Practitioners
Dr Brad Murphy	General Practitioners
Ms Leanne Galayini	Sons & Daughters
Ms Talissa Papamau	Contemporary Veterans
Mr Adrian Sutter	Contemporary Veterans
Mr Kenneth Foster	Vietnam Veterans
Ex-Officio	
Dr Trish Batchelor	A/g Chief Health Officer, DVA
Mr Don Spinks AM	Repatriation Commissioner, DVA
Dr Stephanie Hodson CSC	National Manager, Open Arms
Professor David Forbes	Director, Phoenix Australia
WO Grant McFarlane	Regimental Sergeant Major Army
Mr Paul Way	Director General, DCO
WO-N Deb Butterworth	Warrant Officer, Navy
BRIG Craig Schramm	Director General, JHC
Secretariat	
Miss Laura Thompson	NAC Secretariat, Open Arms
Mrs Kate Sowerby	NAC Secretariat, Open Arms
Invited Guests	
Ms Maree Sirois	Defence Families Australia (from 11am)
Ms Connie Boglis	Partners & Families (from 11am)
Apologies	
Dr Andrew Khoo	Psychiatrists
WOFF-AF Fiona Grasby	Warrant Officer, RAAF
Mrs Melanie Pike	Partners and Families (technical difficulties)
RADM Sarah Sharkey	CJHLTH, JHC

Items 1: Welcome, Introductions and Apologies

Apologies were accepted from Dr Andrew Khoo, and WOFF-AF Fiona Grasby. Mrs Melanie Pike was also an apology due to technical difficulties, providing input via email for the Partners and Families.

The Chair welcomed the Committee and invited guests. A special welcome was extended to the two new members of the NAC Mr Adrian Sutter, representing contemporary veterans; and Dr Brad Murphy, representing General Practitioners.

As this is an extra-ordinary meeting of the NAC, the secretariat has not sort formal declarations of interest from members.

Item 2: Open Arms National Manager Update

Presenter: Dr Stephanie Hodson, National Manager Open Arms

Dr Hodson provided an update on Open Arms, including Open Arms' response to the COVID-19 Pandemic.

Current Status

- *Centres:* Open Arms major centres remain open, with majority of support being provided virtually through tele-counselling or via video conference platforms. Open Arms satellite sites are currently closed. Major centres are staffed with a minimum of six staff to coordinate and triage workload and to ensure support can be provided face-to-face if required - ensuring to meet physical distancing requirements. Primarily, clinicians are using face-to-face appointments to transition clients to virtual solutions where possible.
- *Workforce:* As at 28 April 2020 Open Arms has 92% of their clinical workforce available (265 clinicians).
- *Client Assist:* In response to the COVID-19 Pandemic, the Client Assist Contact Centre (Client Assist) commenced 24/7 operation on the 7 April 2020. This was brought forward by six weeks from the planned commencement date. Formerly, the Open Arms 1800 number was answered after hours by external provider 'On the Line', an organisation utilising a shared services model for a number of Australian telephone based counselling services. Since 'in-house' operation of this function Open Arms have been able to significantly reduce their wait times. As the Client Assist team are dedicated solely to Open Arms, we are able to forecast trends within the veteran community and adapt accordingly.

Trends

- *Client demand trends:* in January and February, Open Arms saw a spike in demand for counselling, this trend corresponded with the Australian Bushfires. Demand has since dropped off, but continues to be consistent with the usual monthly average, indicating that our clients have increased their willingness to utilise telephone and video counselling during the pandemic. Open Arms has seen an increase in individuals seeking support for mental health distress, and a decrease in clients seeking treatment of a mental health disorder.
- *Anzac Day 2020:* This Anzac Day Open Arms saw a 21% increase in demand from the average number of calls from the previous 5 Saturdays. In comparison to Anzac Day 2019 this was a 41% increase in demand.
- *Clinical Services:* There has been a decrease in requests for the Crisis Accommodation Program over the last two months, we will be promoting this through social media to ensure individuals are aware this is still available. Complex Case Management cases have seen an increase over the same time period, this is likely to be linked to the reluctance of hospital admissions or incarcerations during this time.

Pandemic Response

- *Communication:* Open Arms is working to ensure clients are aware that the service is open during this time.
 - The week prior to ANZAC Day 27,324 SMS messages were sent to all clients that had accessed the service since 2018, advising that support is available.
 - A letter was distributed to media outlets advising them of Open Arms services and requesting inclusion of contact details with any relevant news articles.

Item 3: Impacts of COVID-19 Pandemic on the Veteran Community

Facilitated Discussion

The Chair opened the discussion outlining the purpose of the discussion, to identify main issues and impacts for the veteran community during the COVID-19 pandemic and to share insights into how these could be managed.

A service founded by Vietnam veterans, now for all veterans and families

Older veterans and the Vietnam Veteran cohort: Mr Ken Foster reported that the Vietnam Veteran cohort are coping well in the current environment and consistent with their history are supporting each other through their associations and networks.

Contemporary Veterans cohort: Mr Adrian Sutter agreed and advised that the contemporary veteran cohort feel comfortable in crisis. Mr Sutter raised concerns that once the pandemic is over, and the world 'returns to normal' the veteran community will struggle.

General Practitioner: Dr Brad Murphy advised many of his veteran patients are currently coping well.

The Chair noted that the importance of digital tools and online peer support has been highlighted during this time.

Contemporary Veterans cohort: Ms Talissa Papamau noted veterans being challenged by increasing time spent with family and disruption of coping mechanisms; such as closing of gyms and sporting clubs. There has been a reported increase in enquiries for early release of CSC member reserved benefit due to financial hardship.

Defence Community Organisation: Mr Paul Way advised that DCO are focusing their messaging to highlight veteran's core strength of resilience. Mr Way noted there have been an increased number of requests for the partner employment assistance program. The accessibility was extended to all ADF partners however, there has not been the employment opportunities at this time. Members discussed the barriers being faced in relation to bereavement during public health restrictions. DCO are offering for memorial services to be deferred until restrictions are lifted.

Repatriation Commissioner: The Commissioner commended Open Arms on their efforts adapting to the circumstances. He reminded members of the impact COVID-19 is having on non-for-profit organisations, and encouraged consideration of how these organisations could be supported with funding.

Peacekeepers cohort: Ms Anne Pahl noted that the RSL's major fundraising opportunity - ANZAC Day - was lost this year. Ms Pahl reiterated the need to focus on veteran's resilience. RSL have seen an increase in veterans experiencing homelessness.

Reservists cohort: MAJ Ben Flink raised concerns fatigue in the Reservist cohort, following the bushfire and then COVID-19 taskforces. Working from home has reduced connectedness for individuals. MAJ Flink queried what will be the new 'normal' and the long term implications from extended social distancing measures.

Sons & Daughters cohort: Ms Leanne Galayini reported increases in cases of domestic violence, difficulty adapting to caring responsibilities while children were home from school, pressure on small businesses, increase in use of drugs and alcohol, and difficulties adapting to technology for older individuals. Ms Galayini noted when reaching out to individuals in remote regional areas, usually flagged as highly vulnerable in public health matters, they were generally coping well and seeing little impact on their lifestyle.

The Chair noted the positive shift in public conversation toward keeping mentally well. This has also been reflected in the Open Arms call data trends.

Item 4: Regional Advisory Forum Webinar – Objectives & Topics for Discussion

Members discussed the objectives for the upcoming webinar and agreed on the topics:

- How to support cohorts identified
- How to make Remembrance Day 'huge' this year?
 - o How to get the traction/recognition it deserves?
 - o This will be the last primary fundraising event for ESO for 2020

Meeting Closed at: 12:30 pm

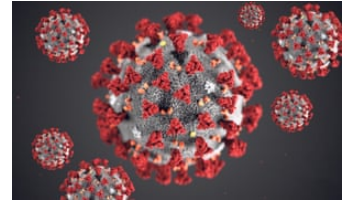
Open Action Items after Extra-ordinary Meeting of the NAC

Action Item	Description
Nil	

Annex A.1 Open Arms COVID-19 Factsheet

Annex A.2 Open Arms Consultation Trends

Open Arms – Veterans & Families Counselling (Open Arms) is Australia’s leading provider of high quality mental health services to Australian veterans and their families. Open Arms offers free and confidential counselling, peer support, self-help resources, crisis accommodation support, group treatment programs and suicide intervention workshops.



WE ARE OPEN

Open Arms remains open for business through this period. Clients are being encouraged to access their mental health support through phone and video options. We have also implemented increased hygiene practices and provided guidance for staff and clients on appropriate measures to take if a client attends a centre when they are unwell.

Our free phone support lines remain open 24/7 for assistance by calling 1800 011 046.

Importantly, as a critical government function, we will continue to support our veteran community with our centres remaining open nationally—even if community closures increase. All major centres are open, and satellite centres will begin re-opening to meet demand.

A NEW WAY OF DOING BUSINESS

The Open Arms’ workforce is able to work from home with minimal disruption to services. Our workforce continue to see clients by telephone and online video counselling, and are also continuing their care coordination and community engagement work.

TRAINING & SUPPORT

Open Arms clinicians and Outreach Program Counsellors (OPC) are undertaking training to enhance their ability to provide telephone and online video counselling.

Given the practicalities of working remotely while supporting individuals at risk of suicide, Open Arms clinicians are also undertaking online training to implement the SafeSide Suicide Risk Prevention Framework. This framework prioritises problem solving with the client to mitigate potential risk factors—creating a future focus and enhancing safety planning.

Clinicians also continue to be provided with support for complex clients through the Practitioner Support Network at Phoenix Australia (Phoenix). Specialists from Phoenix will also be conducting online training and professional development activities in areas of emerging need.

CLIENT ASSIST 24/7

In response to the COVID-19 pandemic, we have brought forward the commencement of the 24/7 operation of our Client Assist Contact Centre—enhancing our ability to support Open Arms clients with a workforce trained in veteran issues. Client Assist is accessible 24/7 by calling 1800 011 046.

SAFE ZONE SUPPORT

Safe Zone Support is a free and anonymous counselling line, created for vulnerable cohorts of veterans and their families who might not otherwise seek mental health care due to concerns about protection of anonymity. It is accessible 24/7 by calling 1800 142 072. This service provides immediate access to Open Arms counsellors who understand military culture and experience.

COMMUNITY AND PEER PROGRAM

The Community Engagement Teams and Peer Advisors are actively reaching out to ex service organisations and their community contacts to offer support and promote Open Arms services. They are also investigating a range of ways to be more present in the online environment for their clients so that they can remain connected.

GROUP PROGRAMS

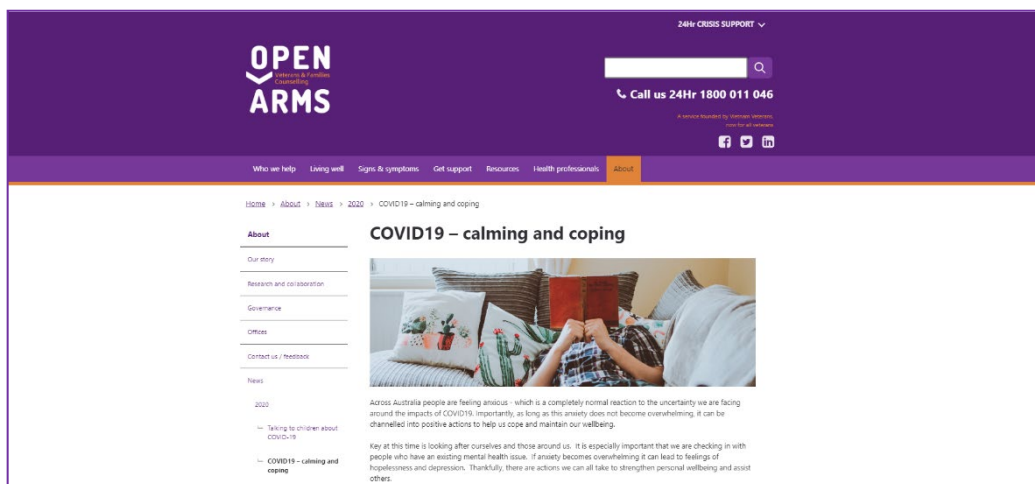
All face-to-face Group Treatment Programs and Suicide Prevention Training sessions were postponed. Recommencement of face-to-face programs will be considered in line with state public health advice.

Delivery of the 'Livingworks Start' program to the veteran community commenced late last month. This online training module takes 60-90minutes to complete and provides a brief overview of key knowledge to assist with community suicide awareness and prevention.

DIGITAL

The Open Arms website (openarms.gov.au) has been updated with additional self-help resources to support the veteran community, including a specific COVID-19 – Calming and Coping page and Adapting and Adjusting page. Content includes guidance for maintaining wellbeing and staying connected while social distancing, information on talking to children, tip on coping with uncertainty and how to adjust to a new state.

We have also implemented a regular schedule of COVID-19 related posts on our social media channels. Content includes updates on our services, a creative distractions series, and shared content from our partners.



OPEN ARMS – NATIONAL ADVISORY COMMITTEE

Consultation Trends – Impact on COVID-19 on the Veteran Community



INCREASED COMPLEX CASES

Increase in people with more serious or complex mental health conditions and sustained period of stress.

- Exacerbated life circumstances due to COVID-19
- Crisis or disaster situations can be catalyst for an increase in mental health issues
- 2020 has been a time of enormous change for reservists, with their three core elements impacted – family network, civilian employment and reservist employment
- Open Arms seeing increase in people seeking treatment for more serious mental health conditions.



RE-ENGAGEMENT

Future program delivery needs to be designed to bring veterans out of isolation and re-engage with support and the community.

- ESOs working together to bridge the divide between the old face-to-face model with new technologies, need to focus on getting people active and back to in person contact.
- The high risk demographic for suicide, male contemporary veterans, tend to be introverts and prone to isolation habits. This cohort will need additional support to transition back in to the community.
- While the focus has been providing new ways to connect online, ESOs will need to work together as public health restrictions ease, to encourage reconnection. For those with mental health issues, it can be appealing to stay isolated.



RESILIENCE

Veterans are known for their resilience and their ability to survive in crisis situations.

- Overall, serving and former serving members and their families are highlighting their resilience and coping well during this time – the community are supporting one another.
- Resilience is challenged for those in vulnerable situations such as unstable housing.
- Reservists still need support in this time of constant change and uncertainty.
- The nation's collective mindset has made a positive change with community coming together. Hopes for this to continue beyond the crisis.
- Ex-service organisation community is working together to provide supports. This includes online interactions to connect communities and individuals, and to maintain enthusiasm to prioritise their own wellbeing.
- Veterans are able to manage a crisis. Concerns for distress following the end of the crisis, when life returns to 'normal'.



ONLINE DELIVERY

The move to digital technology is providing Open Arms with a broader reach, making early intervention more achievable.

- Digital platforms have created an opportunity to better connect with individuals in rural or remote areas.
- Some groups, including in the over 80s cohort, have now shift to online platforms such as Zoom.



PROACTIVE APPROACH

The COVID-19 pandemic has increased the need to be proactive in approaching mental health.

- Valuable work being done in preventative models, including on early intervention, prevention and resilience.
- With the uncertainty individuals may be facing, relating to employment, economic and other conditions, mental health service delivery will need to shift to be more proactive.
- Open Arms is prioritising early intervention services, such as group programs.
- Ensuring post crisis, digital connections do not seek to replace face-to-face connection. Having a significant online presence does not prevent an individual from being socially isolated.

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