

Open Arms 2023-24

Model of Care

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The Purpose of Open Arms

Open Arms is proud of its history as a service established by Vietnam veterans who had lived experience of the unique nature of military service and its impact on veterans and families. A group of Vietnam veterans lobbied government to provide professional support, with the result that in 1982 the Australian Government agreed to fund the Vietnam Veterans Counselling Service. In subsequent years eligibility was expanded to include all current and former serving members of the ADF and their families and so the name of the service was changed to Open Arms.

Open Arms – Veterans & Families Counselling (Open Arms) is a leading provider of military-aware and trauma-informed mental health and counselling services to Australia's military community. As a service of the Department of Veterans' Affairs (DVA), we provide mental health counselling, relationship counselling, peer support services and group programs for people with Australian Defence Force (ADF) service (current and former serving members) and their immediate families. Anyone who has served at least one day in the ADF and their immediate family are eligible for Open Arms services. A description of eligibility is provided in Appendix A.

Open Arms provides free and confidential counselling through a national network of multi-disciplinary mental health professionals, both in dedicated Open Arms centres across the country and by outreach partnerships with private psychologists and social workers. Open Arms can provide counselling, care coordination and peer support services to veterans and their families within an episode of care model, where clients engage with our services for goal directed interventions for a defined period.

As a provider of mental health services dedicated to Australia's military community, we understand the unique nature of military service and its impact on families. Applying recovery principles and an holistic approach to care, Open Arms provides evidence based and informed relationship and mental health counselling, mental health treatment and peer support. This includes specialised care coordination and Post-Traumatic Stress Disorder (PTSD) treatment services. Although not a provider of medical or psychiatric services, Open Arms works closely with providers of these services to support our clients.

Open Arms aims to provide timely access to appropriate services and care, based on a comprehensive holistic assessment and integrated care pathways to meet client needs and support recovery. This includes working in partnership with health systems, including primary health, as well as other community agencies to ensure comprehensive support for our clients.

This Model of Care was developed with awareness of Royal Commission into Defence and Veteran Suicide Interim Report recommendations.

Military aware and trauma-informed

Australian Defence Force (ADF) members and their families experience a range of military lifestyle challenges such as postings, service related separations including exercises and deployments, and transition from service to civilian life. The military and family experience results in beliefs, attitudes and understandings that are particular to this community, and also act as a bond that connects the community's members. Open Arms promotes military-aware services in a number of ways:

- Employment of counsellors and peer workers with a history of military service, and/or experience as a family member or carer of a veteran with mental illness, who contribute directly to military-aware care and assist other staff to understand the impact of military experience.
- Delivery of services that have been developed as a result of 40 years' experience in providing mental health services to veterans and their families.
- A program of training, professional development and resources centred on understanding the unique nature of military service and Trauma-informed Care made available to Open Arms staff.

Open Arms operates within a context of trauma-informed practice. Trauma-informed practice is a strengths-based approach which recognises the physical, psychological and emotional symptoms of exposure to trauma and acknowledges the impact of trauma on the individual and their family. Trauma is a broad term and includes personal lived-experiences as well as cultural, inherited (intergenerational) history and collective trauma. Trauma-informed practice values awareness and understanding of the impact of military culture and training, and awareness and understanding of the impact of trauma.

All services and interventions within Open Arms are trauma-informed in:

- Being attentive and responsive to the impacts of trauma on mental health and recovery;
- Ensuring policies and daily practices do not contribute to re-traumatisation;
- Recognising that unresolved trauma may impact upon a person's feelings of safety and trust; it may also lead to a reliance on harmful coping strategies, such as substance use or self-injurious behaviours;
- Appreciating the complexity of recovery that comes and the need for both evidence-based clinical interventions and support to overcome functional and other barriers in order to achieve better health outcomes; and
- Supporting all Open Arms staff to deliver trauma-informed care.

Focus of Care

Open Arms provides a range of trauma-informed services and supports with a focus on community based counselling, psychological treatment, education and peer support, using a strengths-based approach. The most common reasons for our community requesting help from Open Arms is in relation to anxiety, depression, family or relationship and trauma counselling.

It is an objective of care that Open Arms provides clients with efficient access to and pathways through care, to provide a seamless journey through the care continuum, based on internal consistency of services and comprehensive and integrated procedures and processes.

Open Arms operates within the context of the broader health and mental health systems as a community-based service. This requires partnerships and referral pathways to ensure we can meet the diverse needs of clients. This includes integration between Open Arms' internal services and external providers such as Primary Care /General Practitioner (GP) and other community health and mental health services, community/private hospitals, major teaching hospitals, and also other non-health services such as housing, financial, legal and lifestyle, to provide comprehensive and holistic support.

Open Arms workers act at all times with the welfare of the client being paramount, with particular care taken when working with children or vulnerable persons¹. Open Arms supports others close to the client and the veteran community, demonstrating respect and courtesy to the client and others, regardless of age, disability, cultural and linguistic background, gender, sexual orientation, socio-economic status, and religious or spiritual preference.

In the context of a therapeutic relationship, an Open Arms clinician uses evidence-based assessments, case formulations, risk formulations, safety plans, and treatments in which they have appropriate qualifications and training, to promote wellbeing and recovery and prevent relapse. Open Arms engages actively in clinical governance, through supervision by senior clinicians, consultation with senior psychiatry and medical advisors, regular clinical audits and reviews of clinical incidents.

Open Arms is a community-based counselling and mental health service and can assist acutely unwell members of the veteran community access acute and sub-acute mental health care when required. This is through liaison with emergency services, the treating General Practitioner (or other treating specialists) and through accessing treatment and referral pathways across the private and public sectors.

Services not offered by Open Arms

Specialised Family and Domestic Violence

Client-facing Open Arms workers are trained in assessing and identifying risk of Family and Domestic Violence (FDV), but Open Arms is not a specialised FDV service. Open Arms will work with the FDV sector to engage with needed supports and work with the client(s) to maximise safety while waiting for those supports to commence.

Open Arms triage will refer requests for couples counselling to the relevant region to assess suitability. This allows individual FDV risk screening to occur to determine if couples counselling is appropriate. When couples counselling is assessed to be appropriate, the family will be referred to an appropriately trained counsellor.

Criminal Justice System

Similarly, where there are matters pertaining to the criminal justice system, such as court-ordered counselling, Open Arms will refer to an organisation with the specialist skills and procedures to undertake this work.

Children under five years old

Open Arms is primarily a service for adults that supports children as part of a family. We may provide generalist individual counselling to children over five years of age, where they have the competence to participate in the proposed counselling and have either given their own consent or have the consent of a parent or legal guardian. Individual counselling for a child focuses on the issues of the child as an individual and within a broader family context. The provision of services to

¹ The [Australian Charities and Not-for-profits Commission](#) defines a vulnerable person as a person aged under 18 or an individual who may be unable to take care of themselves or are unable to protect themselves against harm or exploitation. This may be for a number of reasons including but not limited to mental health, physical or intellectual functioning issues.

children under five years requires specific expertise, and the provision of this service directly by Open Arms can be limited if there is not a suitably qualified clinician in location to undertake the required clinical intervention. Where a suitably trained clinician is not available on staff, Open Arms may be able to facilitate a referral to an external specialist where this service is available.

Where family or relationship counselling is required, children will be included in this, subject to the clinical opinion of the counsellor regarding the appropriateness of their participation. Family counselling is counselling for a family unit as a whole, typically at least one parent and at least one child. The family unit is the focus of the counselling, rather than the issues of individuals within it. This is distinct from relationship or couples counselling, the focus of which is the relationship of the partners in a relationship.

Specialised Assessments

Open Arms does not provide specialised assessments or reports for children or adults, such as medico-legal reports or assessments or treatment for conditions such as Attention Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). Open Arms can provide a statement of attendance at counselling for clients through their counsellor.

In specific circumstances, Open Arms may fund a psychiatric assessment for the partners, recent ex-partners, and children of veterans, to inform treatment planning. This is a limited service and is restricted to those clinically assessed by their Open Arms clinician as requiring psychiatric assessment. Ongoing treatment outside of the assessment is not funded by Open Arms. Open Arms will work with the client's Open Arms or external counsellor and their GP to facilitate an appropriate referral.

Aged Care

Social, cognitive and physical changes associated with ageing can present additional challenges to mental health. Most therapies that are effective in younger people remain effective in later age. However specialised knowledge or skills may be required to adapt them appropriately to an older person or someone with cognitive impairment and Open Arms is not a specialised provider of mental health services to older people.

Homelessness

Open Arms is not a specialised provider of services to address homelessness, but can provide referrals to specialist services such as community housing providers that address housing insecurity and homelessness.

A Staged Care Approach

Open Arms takes a staged care approach in supporting recovery-oriented, person-centred care. Open Arms staged care is an evidence-based, staged approach comprising a hierarchy of interventions – from the least to the most intensive – matched to the individual's needs. The goal of staged care is to ensure the right level of support is available to meet individual needs, at the point in time they require it.

This includes a close and collaborative relationship with primary health networks (PHNs) to optimise a collaborative relationship with GPs and allied health services and adopting best practice shared-care arrangements for clients experiencing mental health conditions.

For clients engaged with a regular GP, with the client's express consent, Open Arms will send a standard letter of introduction to the client's GP to advise them of their engagement with Open Arms. This aims to promote early engagement with the client's GP to encourage a continuum of support. This may also include progress reports and a case closure summary.

Open Arms counselling and support is goal focused and time-limited with an episode of care approach that aims to promote recovery and independence. For many clients, this can be achieved within ten counselling sessions. However, further sessions are available subject to clinical judgement and client need and pending the type of treatment protocol required.

In some circumstances, extended care may be considered for clients presenting with multiple or complex needs. This provision recognises that for some of our clients, the military aware, trauma-informed counselling and support that Open Arms can provide may not be available elsewhere. While extended care may be approved in certain circumstances, Open Arms is committed to promoting and encouraging self-agency and independence for our clients. It is expected that all clients who are receiving extended care understand the limitations of the support. Clinicians providing extended care support are expected to engage in regular case reviews with their supervisor/the clinical team to ensure sound clinical governance and transparency of care.

Where peer support is provided, including as a stand-alone service, the duration of this support will be negotiated between the participant and the peer, based on the same principles of ensuring support to achieve agreed goals, and to promote self-agency and independence for Open Arms' clients.

Open Arms adopts a staged approach to the provision of care, based on an adaptation of the 5-step [Primary Health Network model](#). Open Arms provides services from Level 1 to Level 4:

- Level 1: Self-Management – Prevention services
 - o Level 1 services are provided online, through the Open Arms website resources and social media channels, and through peer worker outreach and mental health workshops.
 - o Level 1 services may be recommended to clients while they are waitlisted for a specific higher level service, or to keep Open Arms available and accessible following transition from an active episode of care.
- Level 2: Low Intensity Services – Fast access/short duration
 - o Level 2 services include peer support, brief counselling, relationship counselling and psycho-educational treatment groups.
 - o Level 2 services would ideally still involve engagement with the client's treating GP or other primary health provider. However, Level 2 Open Arms services can be provided without medical involvement.
 - o Extended Care may also be offered as a low intensity service, to accommodate less intensive, longer term support where this is consistent with client need, clinical assessment and the relevant evidence base.
- Level 3: Moderate Intensity Services – Structured/frequent/intensive
 - o Level 3 services include clinical counselling and treatment services, peer support and clinical group treatment programs.
 - o Level 3 services involve engagement with the client's treating GP, and other treating practitioners as appropriate.

- The time frame for this support will typically be between 3 and 6 months, and may be longer, based upon a clinical needs assessment.
- Level 4: High Intensity Services – Multidisciplinary/intensive periods
 - Level 4 services will be engaged to support a client with complex presentations.
 - Level 4 services will include complex care coordination and peer support for 3-6 months, and may involve some crisis support, such as emergency accommodation.
 - Level 4 services involve engagement with the client's treating GP, and other treating primary, secondary and tertiary services, including other community services as required for holistic support.
 - Open Arms may support coordination in partnership with the treating GP or as part of a broader care team.
 - This may occur in combination with Level 3 mental health treatment or counselling services.
- Level 5: Acute and Specialist Community Mental Health Services – Intensive specialist services
 - Open Arms does not provide Level 5 services, but may have a supporting role, helping a client who is engaged with intensive specialist services to navigate through a complex health system.
 - Open Arms has a specific role in supporting discharge planning from acute and sub-acute mental health services to support a healthy transition back into the community.

Open Arms will assess and manage client risk within an episode of care, from client engagement with the service to client transition, to ensure support from their GP or other services as appropriate.. Open Arms does not and cannot carry severe client risk in isolation. Good clinical practice and effective services requires Open Arms to engage with other health and emergency services, and with the client's community and family supports to support the client's safety and wellbeing, on an 'as required' basis during an episode of care.

Open Arms will support the client at the level(s) that provides the most effective client support, and will step the level of care up or down, to meet the changing needs of the client, matching the level of care to the complexity, vulnerability, and needs of the client.

Transition from Open Arms' Care

- Transition from care is person-centred, collaborative, and staged at the conclusion of an episode of care. Where agreed by the client:
 - Transition from care is an expected outcome of engagement with Open Arms because this recognises that recovery involves self-agency and independence.
 - A client can request a *Transition Plan*, where active services are closed but Open Arms maintains the level of contact agreed by the client and the clinician. Typically, this might be an Open Arms worker 'checking in' with the client once or twice by telephone or text message, for an agreed period, for around 6 months or as agreed with client and clinician.
 - A client can request to end transition support and their case will be fully closed. From this point, 'check in' contact will cease.
 - A client will also fully exit where they do not respond to contacts or cannot be contacted after three attempts to contact.

- A client can use this contact to re-engage with active support.
- Clients are supported through transition to closure with Open Arms services. As part of transition planning, the client is connected to supports/services that meet their ongoing needs. These services may include the General Practitioner and other community-based supports. This includes development of a recovery plan that includes relapse prevention, early sign recognition and re-access pathways; and is also shared with a key support person or carer.
- If extended care is required, the frequency and duration of this will be subject to discussion between the clinician/peer and the client. Regular case reviews, supervision and consultation with the appropriate Assistant Director will be undertaken to ensure adherence to an evidence based therapeutic intervention.
- Transition planning commences at the time of acceptance into the service.
- Admission as an inpatient or referral to another mental health service may not necessarily be a trigger for exit from Open Arms' care. The episode of care can continue while this other care is in place, and is an important part of discharge planning from other mental health services. It may also be clinically appropriate to refer to other services for ongoing support and exit from Open Arms care may be indicated.
- People who have met their counselling goals will have their care reviewed in conjunction with the clinician or peer to reflect on gains achieved and to plan future recovery.

Components of Care

Open Arms organises service delivery around the following core components of care.

Client Assist Contact Centre

The Client Assist Contact Centre provides 24-hour access to Open Arms. Its staff provide telephone counselling and support, assertive outreach, escalation support, and a national entry and triage point for access to Open Arms services.

Care Coordination

Care Coordination underpins the delivery of care for all Open Arms clients and is provided by a multidisciplinary team with a staged care approach. Care Coordination involves both oversight and intervention to address the multiple issues impacting mental health for clients with complex or multiple needs.

Linked to the care coordination service is the Crisis Accommodation Service, which provides 'time-out' accommodation to alleviate a crisis situation.

In-Centre and Outreach Mental Health Counselling and Support

Provided through an in-centre and outreach program by trauma-informed and military-aware mental health professionals, to deliver counselling and treatment individuals, couples and families.

Specialised PTSD Treatment

Provided in Open Arms by specialised mental health professionals who are trauma-informed, military-aware, and with specialised training in evidence-based treatments for PTSD.

Community and Peer Program

Lived-experience Australian Defence Force personnel and family peers provide cultural competence, early engagement, and trauma-informed mental health support. They often help veterans and families access Open Arms services.

Group Treatment Program

Treatment groups provide opportunities for veterans and their families to share their experiences and develop life skills and resilience, while receiving treatment in a supportive environment.

Suicide Prevention and Mental Health Training

Help and support to prevent suicide is available at all points of contact with Open Arms, with the support of a clinician to help those at risk deal with suicidal thoughts. Suicide intervention and mental health literacy workshops are offered free of charge to the veteran community.

Self-help Resources and Education

The Open Arms website provides tools and educational resources to build resilience and wellbeing in the veteran community.

Client Assist Contact Centre

The Open Arms Client Assist Contact Centre (Client Assist) was established in 2018 to streamline the flow of contact into Open Arms and provide consistency for clients and other callers. In April 2020 Client Assist operational hours were expanded to 24 hours a day, 7 days a week. Client Assist contributes to Open Arms services in a number of ways:

- Client Assist is the front door for Open Arms, taking all calls on the national 1800 number, and assisting callers with their support needs.
- Client Assist also provides Safe Zone Support – a 24 hour, free and anonymous counselling line for all current and ex-serving ADF personnel, veterans and their families.

- Client Assist staff operates a national intake service that engages with clients, provides preliminary screening and assessment for individuals seeking access to Open Arms services, and triages their access to care.
- Client Assist provides the Open Arms after hours telephone counselling and support.
- Client Assist provides all-hours assertive outreach and escalation support, reaching out to clients who have been identified as at risk.

Open Arms Regions

Open Arms regional teams are the central point for Open Arms services, and support the:

- Open Arms Care Coordination Program
- Provision of counselling Services, both in-centre clinicians and external service providers
- National Community and Peer Program (Community Engagement Teams and Peer Support)
- Open Arms Group Treatment Programs
- Suicide Prevention Program (Mental Health Literacy Workshops).

Once a referral is sent to the appropriate region from Client Assist, the regional clinical team undertakes a triage assessment based on the intake assessment, reviews risk and allocates the client to the appropriate level of care. Once allocated to an appropriate clinician, a care plan is formulated with the client that aligns with mental health standards and is tailored to the individual client's needs and therapeutic goals.

Each region has a leadership team comprising both clinical and administrative leadership, to support provision of services in the region. The leadership teams are supported by clinical staff in care coordination or specialist trauma treatment roles, and a clinical support team that supports the business requirements and client interface of service provision.

The configuration of each region is different, depending on the unique profile and distribution of current serving and veterans and families in that region. Each region has a principle centre, and may have a number of smaller regional centres and satellite offices, to provide more in-person access locations for clients. In addition, Open Arms utilises a vast network of outreach mental health professionals to provide extended local access to clients.

Care Coordination Model

Care Coordination is a clinical service provided by in-centre regional clinical staff (psychologists, mental health social workers, mental health nurses, and mental health occupational therapists), and overseen by the region's clinical leadership. In some cases of complex care coordination, senior regional clinicians may take direct leadership of the client's care coordination.

All Open Arms mental health workers and peer workers contribute to care coordination, and all client care occurs within the care coordination model. The extent of active care coordination varies according to the needs of the individual.

Care Coordination is available to every client and is bespoke and person-centred, tailored to the individual needs of the client. It will fall into one of three broad levels of coordination support:

- *Service Oversight* – Initial work with the client to scope the most appropriate services. Referrals (external or internal) including warm referral where appropriate. Review of

outreach provider reports and approvals of payments. Reconnection with the client at the conclusion of any referral, or otherwise as clinically indicated during an episode of care.

- *Extended Care* – While extended care is not standard practice, it may be required for specific, complex clients who would otherwise not be provided mental health support through external services. Extended care may require working with the client for a period of time to scope the most appropriate services and provide warm referrals (external or internal) to ensure a positive connection with services. Review of outreach provider reports and approvals of payments may be required for some longer term episodes of care. Ongoing contact with clients, including care coordination sessions as appropriate may be required to review and fine tune the care plan, or resolve arising issues.
- *Complex Needs Support* – Intensive work with the client and their carer/support network, to identify the issues impacting upon wellbeing and mental health. With the client and their carer/support network, connect directly with other services that can contribute support, and formulate an overarching care strategy that coordinates multiple services. Meet with the client and their carer/support network regularly to ensure that services remain relevant and support the client, and identify and resolve arising issues. Work actively with other internal and external services to ensure that services are both coordinated and sufficient.

Care Coordination is holistic, and considers the client as a whole rather than just their mental health. This may include consideration of family and other supports, financial pressures, housing pressures, employment, medical and so on. Care Coordination is empowering, supporting the client to make decisions about their own care and support, and will work with the client to advocate for the client where beneficial and consistent with the client's wishes.

Care Coordination may be the only Open Arms service a client accesses, but in most cases the client will access another Open Arms service (or several) as well, and the care coordination will serve to ensure that services are both coordinated and sufficient.

Community Engagement Coordination

Community engagement coordination is a service provided by Open Arms that supports clients to improve their engagement with their communities, to access resources and in some cases, to reduce social isolation.

Community engagement teams can work alongside clients and their communities to create and improve connections and to ensure clients and their families access the resources they need for wellbeing.

External Service Providers

Open Arms extends access to counselling and treatment for individuals, couples and families, through a network of external mental health professionals.

This network includes agreements with Relationship Australia to support couples and family therapies, Bupa for all Open Arms eligible clients and to other external providers as needed to provide a timely and appropriate support service.

Partnerships

Open Arms works closely with a range of service and veteran community partners, to support clients. These relationships may be formal or informal in nature. Key partners in supporting clients include, but are not limited to:

- Australian Defence Force support services, in particular Joint Health Command, Garrison Health Services and Defence Member and Family Support
- Ex-service organisations
- Secondary and tertiary mental health services
- Community services (including homelessness and services)
- Domestic and family violence specialists
- Primary Health Networks
- Social and community housing services
- Women's health services
- Sexual violence services
- Aboriginal and Torres Strait Islander Community Controlled Health Services and Elders' Councils
- Sexual Misconduct Prevention and Response Office (SeMPRO)

Open Arms establishes and cultivates relationships with these partners, understanding that an integrated support community will provide the best support for veterans and their families.

Recovery-oriented and person-centred

Open Arms recovery-oriented practice aligns with the principles and service guidelines of the National Framework for Recovery-Oriented Mental Health Services and encapsulates mental health care that:

- Recognises and embraces the possibilities for recovery and wellbeing created by the inherent strengths and capabilities of all people experiencing mental health issues.
- Maximises self-determination and self-management of mental health and wellbeing.
- Fosters a culture of hope, empowerment and inclusion to encourage the client to take the lead in their recovery.
- Enables a holistic approach to treatment, care and support informed by evidence and individual need.
- Assists families to understand the challenges and opportunities arising from their family member's experiences and grows the capacity and resilience of families and community.

Personal recovery is defined in the national framework as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'. A recovery-oriented approach to practice and service delivery recognises the value of lived experience.

In the Open Arms environment, person-centred care means:

- The client is recognised as the expert in their own experience and a collaborator in care planning.

- The client's values and preferences for service delivery and service provider are respected, inform decision-making, and guide the management of that individual during their episode of care.
- Client care is needs driven – the client has access to the care they need, when they need it, in a manner that does not add to the stress they are experiencing.
- The client is fully informed about their care and, given the trust and respect that comes with sharing all relevant facts, feels more empowered to take responsibility for elements of their care that are within their control.
- Care is delivered within a flexible and responsive framework that places the client at the centre.
- Care and support promote the building of resilience and self-management, aid in capacity building and keep clients well in the future.

Integrated, multidisciplinary and evidence-based

Services are integrated through a multidisciplinary team structure within Open Arms and as part of the broader community for health and wellbeing service delivery. Services provided by Open Arms are planned and delivered with the client at the centre of this partnership with the clinician or peer. The documented evidence of this is the Care Plan which should be signed by the client to demonstrate their involvement and agreement. This also requires planning so that Open Arms services are integrated with and complementary to other health and community services the client and their family or carers are accessing.

Open Arms promotes a workforce that is diverse and founded on multi-disciplinary principles, ensuring a range of training, skills, knowledge and experience for the provision of comprehensive services and interventions. Open Arms has staff from different health professional backgrounds, including psychologists, social workers, occupational therapists, mental health nurses, and counsellors. Open Arms values its peer workforce who bring not only their own experience as veterans, family members or carers of a veteran and as a participant in mental health services, but also their skills, attributes and knowledge from other walks of life to support a client centred approach in Open Arms. Multidisciplinary approaches enable access to the range of interventions required, multifaceted care formulation and comprehensive clinical review.

Open Arms is committed to ensuring that all mental healthcare services provided to veterans and their families are evidence based, recognising that not all mental health and wellbeing services lend themselves to a research base. Open Arms supports the use of evidence-informed mental health treatment or support for a particular mental health concern. Open Arms is actively involved in activities to enhance and further develop the evidence base underpinning mental health and wellbeing services and to evaluate the efficacy of current service delivery.

Commitment to diversity and complexity

Open Arms acknowledges and responds to the diversity and complexity of people accessing its services through the promotion of informed, flexible and adaptive practices. On both an individual and broader community level, Open Arms also seeks to reduce the stigma and marginalisation of people with mental health conditions who have multiple, diverse and complex needs.

Open Arms has developed specific pathways for certain groups of clients who may require a specialised approach to service delivery that has additional considerations. The service model for these communities may include pathways and arrangements with external organisations for referral, specialist support and/or consultation and care coordination. These groups include, but are not necessarily limited to:

- Aboriginal and Torres Strait Islander people (Appendix B)
- Culturally and Linguistically Diverse (CALD) Communities (Appendix B)
- Female Veterans
- Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Question, Asexual (LGBTIQA+)
- Comorbidity
- People Living with a Disability
- Family and Domestic Violence
- Stigma and Marginalisation
- Children of People with Mental Illness (CoPMI)

Additional detail for considerations and referral pathways for these groups can be found at Appendix B.

Commitment to timely, accessible, nationally consistent and locally responsive care

Open Arms services are delivered in a timely and accessible manner for each episode of care. Clients are offered multiple access points for support, and Open Arms peer workers extend the organisation's reach into the veteran community through attendance at events as well as through social media channels and online access. Open Arms has a 'no wrong door' approach and will facilitate client access to the services they need, regardless of how clients make contact. Open Arms engages with and supports clients after Client Assist triage, to ensure care is in place during the short wait to connect with a counsellor or peer.

Open Arms is a national service and understands that some clients are mobile and may seek to access Open Arms services from multiple offices. Clients are entitled to expect that they will be provided a comparable service regardless of the location of the Open Arms office. Clients can also reasonably expect that services are sensitive to local needs. Accordingly, Open Arms has in place procedures to promote the delivery of services that are both nationally consistent and locally responsive.

Commitment to supported decision making

Open Arms promotes the capacity of people with a mental health issue to determine, and participate in, their assessment and treatment, care or support. In order to encourage and facilitate people in making their own informed decisions about their treatment and care, Open Arms staff:

- Assess a person's decision-making capacity on a decision-by-decision basis, and presume that a person has decision-making capacity unless there is clear evidence to the contrary.
- Ensure the client's voice is in plans, reviews, and decisions to transition or disengage.
- Respect the individual decision making style of the person.

- Respect and value the autonomy and dignity of the person.
- Take the time to support the person to make the decision in the manner or language that best supports the person to make the decision, and by enabling assistance from the person's formal or informal decision supporters (including Nominated Persons).

Commitment to safety, quality and harm reduction

Open Arms holds a strong commitment to promoting the safety of clients, family, carers and Open Arms workers. Safety is a key priority and focus, therefore risk assessment and safety planning are conducted as an integrated element of every service. Information about risk is shared with people and services involved in care as an essential component of effective, collaborative, and multidisciplinary care.

Open Arms is committed to a continuous improvement model in which evaluation of client needs are matched with appropriate service provision. This framework includes the capacity to collect de-identified epidemiological data from client interactions to further understand our veterans' acute, ongoing, and situational needs. This will be used to further refine our service provision, and how we fit into a multi-disciplinary collaborative care approach. This evaluation will also include the establishment of a critical incident review process that incorporates root cause analysis of adverse events to ensure quality assurance.

Open Arms is committed to providing a quality mental health service and maintains accreditation with the National Standards for Mental Health Services. In addition, Open Arms engages in an ongoing process of quality assurance, including audits and reviews of services (refer to the Clinical Incident Review Procedure and Continuous Quality Improvement Procedure).

Open Arms applies a quality improvement framework to its delivery of client services, incorporates the feedback, views and opinions of people, their families and carers to improve services and ensure quality care.

Open Arms routinely provides staff with opportunities to undertake training on risk management, first aid, and safe practice; and provides clinical supervision to allow opportunities for reflective practice.

Commitment to promotion of wellbeing and prevention of mental health problems

Open Arms promotes the mental health of the Australian veteran community and, where possible, seeks to prevent the development of mental health problems and mental health disorders. Activities to promote mental health and prevent mental health problems are based on a combination of community engagement to reduce stigma, and secondary and tertiary interventions to minimise the impact of mental illness when it occurs.

APPENDIX A – Open Arms Eligibility

Anyone with service in the permanent ADF is eligible for the treatment of mental health conditions, regardless of when they served or for how long, or the nature of their service. Anyone eligible for non-liability health care (NLHC) for mental health is eligible for Open Arms services, including reservists with any period of continuous full-time service (CFTS). This includes participants in the Defence Indigenous Development Program.

Reservists without CFTS may be eligible for mental health treatment under NLHC, provided they rendered Reserve Service Days in any of the following categories:

- Hazardous
- Disaster relief service (e.g. Operation VIC FIRE ASSIST)
- Border protection service (e.g. Operation RESOLUTE)
- Involvement in a serious service-related training accident.

The families (as defined in the eligibility matrix) of all eligible serving and ex-serving personnel are also entitled to services.

Eligibility Matrix

The matrix below may be used to determine eligibility³ for Open Arms services. An individual may be eligible on the basis of more than one group. Eligibility in any single group is sufficient.

Group	Individual	Son or daughter (up to 25)	Son or daughter (over 25)	Partner	Former partner ¹	Parent	Sibling
Current or former serving Australian Defence Force (ADF) members (permanent or reserve forces) who have or are:							
DVA Gold Card	✓	✓	✓	✓	✓	✗	✗
Pre Vietnam service (including World War II, Malaya, Korea)	✓	✓ See table footnote 2	✗ See table footnote 4	✓	✗	✗	✗
Vietnam War service	✓	✓	✓	✓	✓	✗	✗
Other operational service	✓	✓	✓	✓	✓	✗	✗
Peacekeeping service	✓	✓	✓	✓	✓	✗	✗
Hazardous service	✓	✓	✓	✓	✓	✗	✗
British Nuclear Test Defence service	✓	✓	✓	✓	✓	✗	✗
Border protection service (see table footnote 5)	✓	✓	✓	✓	✓	✗	✗
Australian and overseas disaster zone service	✓	✓	✓	✓	✓	✗	✗
Submariner service (see table footnote 6)	✓	✓	✓	✓	✓	✗	✗
Involvement in a service-related training accident resulting in serious injury to any person	✓	✓	✓	✓	✓	✗	✗
Medically discharged from the ADF	✓	✓	✓	✓	✓	✗	✗
Participation in the Veterans' Vocational Rehabilitation Scheme	✓	✓	✓	✓	✓	✗	✗

OPEN ARMS

Veterans & Families Counselling

Died in service-related incidents (MRCA/SRCA)	N/A	✓	✓	✓	✓	✓	✓
Died by suicide or suspected suicide	N/A	✓	✓	✓	✓	✓	✓
DVA White Card for accepted service-related mental health conditions (may include Commonwealth or other allied veterans under reciprocal healthcare arrangements)	✓	✓	✓	✓	✓	✗	✗
DVA White Card (non-liability healthcare) for all mental health conditions (includes reservists and participants in the Defence Indigenous Development Program)	✓	✓	✓	✓	✓	✗	✗
Eligible to receive a reparation payment from the Defence Abuse Response Taskforce (DART) or Defence Force Ombudsman	✓	✓	✓	✓	✓	✓	✓
F-111 cohort through the SHOAMP scheme (Study of Health Outcomes in Aircraft Maintenance Personnel) (see table footnote 7)	✓	✓	✓	✓	✓	✗	✗
Certain United Nations/Australian police approved personnel (listings available on the DVA intranet)	✓	✓	✓	✓	✓	✗	✗
War widow(er) (VEA definition)	✓	✓ See table footnote 2	✗	✗	✗	✗	✗

1 Former partners are eligible within five years of separation or while co-parenting a child under 18 years of age with a member listed above.

2 Sons and daughters in this category must be dependants as defined by s 92(1)(a)(i) of the VEA.

3 Open Arms takes a beneficial approach and ineligible people in immediate need of support will be provided a limited service (see Section 5 below). The Repatriation Commission may also approve a class of persons that is not specified here.

4 Sons or daughters (of any age) of living Gold Card holders from any conflict/operation are eligible. This includes half, fostered and adopted siblings.

5 Border protection service means service rendered by a member of the Australian Defence Force in an area in or outside Australia that, in the opinion of the Commission, had the purpose of securing Australia's borders against a potential or real threat by a State, person or persons.

6 This is limited to submariner service rendered by an ADF member as part of the crew of a submarine of the Australian Navy.

7 Group 1 (primary participants) or Group 2 (family member or an ex-partner).

Key

Eligible for Open Arms services	✓
Not eligible	✗

As a general rule, eligibility into Open Arms encompasses all services within the scope of the counselling service with the following exceptions:

- Mental health training is available to anyone motivated to gain knowledge and skills in suicide prevention or in enhancing their mental health literacy to support the veteran community. Access to these particular groups does not require broader eligibility to Open Arms.

- Open Arms can refer eligible clients for a psychiatric assessment and for support to inform treatment planning (see Referral and Allocation Procedure (202-07)). Any Open Arms eligible client can be referred for assessment. Current serving members can access medical services through the ADF.

Adult children of pre-Vietnam veterans (e.g. World War II, Korea, Malaya) are not provided access to Open Arms unless eligibility is facilitated through another pathway – e.g. the veteran parent is or was a DVA health card holder. Family-inclusive practice considerations can be applied for the adult children of eligible persons, although their spouse or children may not be eligible in their own right.

In certain limited circumstances, Defence civilians (and their families) attached to ADF operations may be eligible for Open Arms services. Generally, these are civilians who performed a specialised task for the ADF while with a unit of the ADF in an area of operations.

Commonwealth or other allied veterans from the United Kingdom, New Zealand, Canada and South Africa are eligible for services through Open Arms if they are holders of a DVA White Card obtained through reciprocal healthcare arrangements between Australia and these countries. United States veterans are not eligible for Open Arms services.

Open Arms actively supports the involvement of carers with the consent of the client. In most cases, carers who are family members will also have an independent entitlement to access Open Arms services. If this is not the case, but some care for the carer is beneficial for the client and clinically appropriate, services to the carer can be provided.

Assessments for child or adult developmental disorders such as ASD and ADHD are not within the scope of Open Arms services.

A child under five years may be engaged as part of a family intervention where a parent or guardian is the direct recipient of the service.

APPENDIX B – Diversity

Aboriginal and Torres Strait Islander People

The historical and contemporary context and conditions, within which Aboriginal and Torres Strait Islander people live, including the loss of country, have made it difficult to attain and sustain good health and wellbeing for many. Aboriginal and Torres Strait Islander peoples regard social and emotional well-being holistically. Therefore the interplay of psychological, environmental, economic, biological and social factors that influence mental wellness and illness are considerable for Aboriginal and Torres Strait Islander people. The [National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Well Being 2017–23](#) sets out guiding principles that Open Arms upholds, including recognition that experiences of trauma and loss have intergenerational effects and racism, stigma, environmental adversity and social disadvantage have negative health impacts. Open Arms is committed to Closing the Gap for health outcomes for Aboriginal and Torres Strait Islander people by improving access, cultural competency and clinical outcomes for Aboriginal and Torres Strait Islander people with mental illness/disorder. Open Arms is committed to developing a culturally sensitive workforce, to understanding specific therapies that have an evidence-base for Aboriginal and Torres Strait Islander people and to increasing access to information developed specifically for Aboriginal and Torres Strait Islander people.

Open Arms is committed to ensuring all staff are culturally competent to ensure Aboriginal and Torres Strait Islander people feel culturally safe when interacting with Open Arms. Open Arms will implement a training plan to ensure all staff are trained in this area by 2024 and all new staff are trained within 6 months of employment commencement.

Open Arms is committed to engaging with relevant Aboriginal and Torres Strait Islander health, mental health and Elders Councils to support our work with Aboriginal and Torres Strait Islander veterans and their families. This includes a commitment to engaging with Regional Aboriginal Community Controlled Health Services (ACCHS) to build a relationship that supports Aboriginal and Torres Strait Islander veterans and their families. This may mean include Open Arms providing military training to ACCHS staff and ACCHS providing cultural support to our staff, Open Arms providing peer support for Aboriginal and Torres Strait Islander veterans who are accessing service at the ACCHS sites.

Culturally and Linguistically Diverse (CALD) Backgrounds

Providing services to people with CALD backgrounds requires sensitivity to the cultural, gender, religious and spiritual needs of people and their families by:

- Delivering services that are sensitive to the social, religious and cultural beliefs, values and practices of those from CALD backgrounds.
- Recognising culture as a protective factor where a strong connection between culture and positive wellbeing exists. This includes acknowledgement of the influence culture has on explanatory models of mental illness/disorder, including its causes and the manner in which it presents.
- Supporting ongoing training for staff to maintain and improve cultural competency and reinforce sensitive practice.

- Communicating with people in language that is easily understood, free from medical jargon and using interpreters whenever and wherever required.
- Increasing access to written materials in languages other than English.

Female Veterans

Open Arms recognises the unique military experiences of female veterans. However, due to the low numbers of females in the Australian Defence Force (ADF), there is generally little clinical data, research, or evidence available in Australia on the female ADF experience.

2022 ABS data indicates that less than 14% of former serving members are female, a 1:7 ratio. This is slightly higher in current serving members with 20% or 1:5 representation.

With the majority of female veterans falling into the 35-59 age group, and with approximately 20 years since separation, the statistical probability is that most female veterans discharged prior to the recent decade of high operational tempo in the ADF.

Female veterans have, typically, served for a much shorter period of time (averaging 5-7 years less median time in service across enlisted and officers) than their male peers. The figures for post 2015 female veterans in combat roles are not yet available but unpublished data suggests even greater discrepancy in career duration. This indicates the real need for different pathways to discharge, transition, incapacity, and rehabilitation services for female veterans.

Female veterans are disproportionately represented in current ADF sexual offences and harassment with 87% of cases reported by female veterans. Historically it is likely that female veterans experienced higher rates of military sexual trauma, workplace bullying, harassment and gender discrimination. This is reflected for contemporary female veterans in the Defence Abuse Response Taskforce (DART), Inspector-General of the Australian Defence Force (IGADF), and Royal Commission into Veteran Suicide reports.

Female veterans presenting with mental health concerns tend to have extremely complex aetiologies, with comorbidity being the norm rather than the exception. With female veterans now comprising almost 20% of the ADF and 16% of the DVA client population, and the projected growth in female serving members based on new ADF recruitment targets, the need for a specific, gendered, nuanced consideration of female veterans within the Open Arms Model of Care is clear.

The Open Arms staged Model of Care accommodates these differences, enabling entry at multiple points and facilitating movement within the service across levels of treatment intensity according to the need and choices of female veterans.

The Open Arms model places a strong emphasis on veteran choice and the role of peers, with strategies designed to build health and wellbeing literacy, resilience and coping, supportive communities, and social connectedness. An important component is facilitated engagement and close collaboration with other organisations providing supports and services to female veterans. These might include primary care and other health services, occupational rehabilitation, alcohol and drug services, family and community services, ex-Service Organisations, women's health services, sexual assault support services, family and domestic violence support services, and the ADF Sexual Misconduct Prevention and Response Office (SeMPRO) for those women veterans still serving.

Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Question, Asexual (LGBTIQA+)

People of diverse sexuality, sex and gender have significantly poorer mental health and higher rates of suicide than other Australians. Sexuality, sex and gender diversity is in itself not a causal factor for mental illness/disorder, however the discrimination and exclusion that people who identify as LGBTIQA+ experience relates to higher rates of depression, suicidality, substance misuse, and psychological distress in this community.

Open Arms provides safe and supportive care for LGBTIQA+ people and strives to be sensitive to a person's sexuality, sex and gender diversity. Awareness regarding family of choice is also important when identifying carer support systems. Individualised care plans and risk assessments are developed with consideration of these factors in order to address the specific issues that have a high prevalence amongst LGBTIQA+ people. The Open Arms promotes inclusive language and practices, staff education and training to increase competency and understanding of LGBTIQA+ mental health concerns. Open Arms also strives to build integrated partnerships with LGBTIQA+ agencies and stakeholders.

Open Arms is committed to achieving Rainbow Tick Accreditation. The Rainbow Tick is a quality framework that helps health and human services organisations show that they are safe, inclusive and affirming services and employers for the LGBTIQA+ community.

Comorbidity

Open Arms acknowledges the key issue of comorbidity and the critical importance of specifically addressing the needs of peoples with disorders of substance misuse as well as mental illness/disorder. This involves the use of de-stigmatising, evidence-based and integrated pathways to appropriate care and treatment. The core skills of working with substance misuse and mental illness/disorder are to enhance motivation and engagement; identify risk factors; and develop relapse-prevention strategies, all of which are essential capabilities of the Open Arms staff. More complex issues are addressed through consultation and collaborative work with alcohol and drug services to ensure access to specialist intervention when required and the integration of treatment efforts.

The Open Arms strategy to address comorbidity centres on:

- improved referrals, care pathways and coordination between services;
- a staged care approach to focus on what services and interventions are needed at any point in time to best support individuals;
- the use of screening tools; and
- staff development to ensure best practice assessment, treatment and care to appropriately respond to people with comorbidity.

Engagement with GPs is critical to ensure that all co-morbidities are recognised and appropriate treatments, from the relevant services, can be accessed.

Comorbid Physical illness

Mental Health conditions are associated with lower life expectancy and a greater burden of physical disease. Factors affecting the higher burden of physical health concerns for people experiencing mental illness/disorder include:

- barriers to accessing physical health care
- higher potential for unhealthy lifestyles
- the direct impacts of chronic mental illness/disorder (for instance cognitive impairment due to schizophrenia and metabolic syndrome)
- treatment-related complications (e.g. sedation, weight gain, insulin resistance)
- non-adherence or inconsistent approaches to mental and physical health interventions.

Open Arms recognises the importance of treating a person holistically, particularly in relation to improving the physical health of people experiencing mental illness/disorder by:

- Ensuring physical health is considered an integral part of all comprehensive assessment and recovery-planning processes.
- Promoting access to quality physical healthcare through collaborative relationships with other health providers, particularly GP's.
- Considering the physical health impacts of proposed pharmacological treatments and thoroughly exploring alternatives or limiting use of such treatments wherever possible.
- Promoting positive healthy lifestyle strategies, particularly those which may counteract or minimise any negative impacts of pharmacological treatments on physical health.
- Addressing the social determinants of health as part of someone's health care.

This reinforces the need to engage and collaborate with GPs to ensure that all of the client's health needs are identified and supported through clinical care coordination to access appropriate care.

People Living with a Disability

As cited in the [Disability and Health Inequalities in Australia Research Summary](#), people classified as having a disability have, on average, poorer mental health outcomes. Open Arms recognises the importance of being an accessible service for people with disability and works collaboratively with disability services and the National Disability Insurance Agency (NDIA), as well as the DVA Disability Support Pathways, to ensure Open Arms services are complementary to other care and support options for the person. For clients with eligibility under DVA, and who provide consent this is also to ensure referral pathways to access the client's whole of government entitlements.

Family and Domestic Violence

Family and Domestic Violence (FDV) (including physical, psychological, emotional, economic, social and sexual abuse or any other behaviour that causes a person to live in fear) is associated with a range of health problems and is the single biggest health risk to Australian women aged 15 to 44 years of age. FDV can occur in a range of different interpersonal relationships, circumstances and settings. For example, it can also impact on men and those in same sex relationships, and have serious long-term physical and psychological impacts on children and young people.

FDV significantly impacts the health and well-being of individuals and experiences of it can result in poorer recovery, and be the cause or trigger for a mental illness/disorder or relapse, respectively.

Open Arms acknowledges the important role it has in identifying and responding to FDV, as well as monitoring the safety of people engaged with services. Sensitivity in managing and responding to incidents and disclosures of violence is achieved in Open Arms through a non-judgemental, knowledgeable, and empathic approach to such situations. This is enhanced by a strong therapeutic relationship with the person and collaboration with other key stakeholders wherever possible

including family, carers, community agencies, emergency and police services, and specialist FDV services.

Screening for domestic violence has been incorporated into the Open Arms risk assessment and care planning processes.

Stigma and Marginalisation

Open Arms also works with the community to reduce stigma and marginalisation by:

- Promoting a person's access to mainstream health services and support agencies.
- Providing education to promote facts and challenge misinformation and preconceptions.
- Capitalising on opportunities to raise community awareness of mental health issues.
- Leading by example with careful use of language and diagnostic labels.

Open Arms will not make a diagnosis or conduct an assessment for the purpose of diagnosis, but will rely on the diagnosis of a medical practitioner or other specialist mental health provider.

Psychometrics collected by Open Arms may be used to contribute to a diagnostic assessment made by another provider, and is an important part of the multidisciplinary and collaborative approach to care.

Children of People with Mental Illness (CoPMI)

There has been growing recognition of the need to have greater sensitivity and responsiveness to the needs of children living with parental mental illness/disorder. They may be vulnerable to developmental, behavioural, and mental health problems which may greatly undermine their participation in education and socialisation, and therefore impact on future life opportunities. Children may also be in the role of a young carer and therefore require suitable help and support.

However, a compelling body of evidence also demonstrates the efficacy of early intervention strategies and targeted support of CoPMI families, in mitigating the risk to children by reducing the impact of parental mental health and social adversity commonly associated with mental health issues.

Open Arms aims to promote better mental health outcomes for children and young people by including children and young people in the routine mental health assessments of adult parents accessing Open Arms care. This ensures the service views families holistically, validates people in their parenting role, and identifies appropriate support links, including where there may be a child at risk.

Open Arms will also use referral pathways to programs funded by DVA such as Kookaburra Kids.

APPENDIX C – Evaluation of the Model of Care

Open Arms is committed to a continuous improvement model in which evaluation of client needs are matched with appropriate and effective service provision. This framework includes the capacity to collect de-identified epidemiological data from client interactions to further understand our veterans' acute, ongoing, and situational needs. Client satisfaction surveys will also help us understand how different aspects of our services are perceived by our client population. This process will be used to further refine our service provision, and help define how we fit into a multi-disciplinary collaborative care approach. This evaluation will also include the establishment of a critical incident review process that incorporates root cause analysis of adverse events to ensure appropriate clinical governance. These processes will then ensure active quality assurance.

The effectiveness of the Open Arms Model of Care is evaluated across a three aspects, using a combination of quantitative and qualitative measures:

Aspect	Measure
Efficiency of engagement	Reduced time from triage to first service commencement
	Reduced waitlists/wait times
Efficiency of service	Reduced average length of episode of care
	Reduced re-entry after exit
	Increased client satisfaction
Staff Experience	Reduced absenteeism/turnover
	Increased staff satisfaction