



Australian Government

**Veterans and Veterans Families
Counselling Service**

NATIONAL ADVISORY COMMITTEE MEETING

HOBART 14 – 15 JUNE 2018

ATTENDEES	
Members	Representing
Professor Jane Burns	Chair
Dr Andrew Khoo	Psychiatrists
Dr David Cockram	Vietnam Veterans
Major Ben Flink	Reservists
Mrs Anne Pahl	Peacekeepers
Ms Heike Dunn CSM	Contemporary Veterans
Mr Brenton Russell DSM	Contemporary Veterans
Mrs Melanie Pike	Partners and Families
Dr Mike Seah	General Practitioners
Ex-Officio	
MAJGEN Mark Kelly AO DSC	Repatriation Commissioner
Associate Professor Andrea Phelps	<i>Representative</i> – Director, Phoenix Australia
Dr Stephanie Hodson CSC	National Manager, VVCS
Mr Paul Way	Director General, Defence Communities Organisation
Invited Guests	
WOFF-AF Robert Swanwick	Warrant Officer of the RAAF
WO-N Gary Wight	Warrant Officer of the Navy
Mr Doug Scott	Director Victoria and Tasmania, VVCS
Secretariat	
Ms Rachel Ryan	NAC Secretariat, VVCS
Apologies	
RSM-A Don Spinks OAM	Warrant Officer of the Army
Professor David Forbes	Director, Phoenix Australia
Ms Leanne Galayini	Sons and Daughters

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

The Chair opened the meeting acknowledging the traditional custodians of the land, the Muwinina 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 VVCS is their legacy.

Apologies were accepted from RSM-A Don Spinks OAM, Professor David Forbes and Ms Leanne Galayini.

The Chair welcomed Associate Professor Andrea Phelps as a representative of Professor Forbes and welcomed invited guests WOFF-AF Robert Swanwick, WO-N Gary Wight and Mr Doug Scott.

The Chair noted that RSM-A Don Spinks OAM is retiring from his position as Warrant Officer of the Army. The Chair, the Repatriation Commissioner and the VVCS National Manager formerly acknowledged the significant contribution of the RSM-A Don Spinks to the NAC.

The Chair sought advice on perceived or actual conflicts of interest, with the following identified:

- Associate Professor Phelps noted the ongoing involvement of Phoenix Australia in a range of VVCS activities, including the RESTORE (intensive prolonged exposure research) trial, the redesign of VVCS group programs, and the Stepping Out: Attention Reset (SOAR) Trial. Dr Phelps also noted that she is part of the University of Melbourne team that has been contracted to undertake the National Suicide Prevention Trial Evaluation.
- Mrs Pahl noted her ongoing involvement with the Invictus Games team.
- Professor Burns noted her consultation with Bupa, Department of Defence and other providers, on Defence health services ahead of the upcoming tender process.
- Dr Seah noted his position on the mental health advisory panel for BUPA, in their tender for ADF Mental Health treatment
- Mr Flink noted his position as Director and shareholder for HCI Insights Pty Ltd who are currently seeking funding and support for a wellbeing mobile phone application for PTSD.

The Chair acknowledged the expansion of non-liability healthcare to reservists who had existing eligibility for VVCS, noting that these individuals now had access to a broader suite of resources using the card. The Chair then welcomed the NAC to the second meeting of 2018, and outlined the meeting agenda.

Statement of Objectives

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

- 1) provide final recommendations for the VVCS rebrand project
- 2) provide advice on key ongoing VVCS initiatives
- 3) discuss service delivery in Tasmania – particularly in rural and remote towns where services are limited.

Matters from Previous Meeting

Action Item	Description	Status
2018-01	VVCS to request information relating to the GP Health Assessment, including the referral options to VVCS if mental health issues are indicated, and current uptake.	Initial information was provided on the difficulties with tracking the Medicare item number. An

		update will be provided at the next meeting.
2018-02	The NAC will engage in phase two of the re-brand project at next NAC meeting in Hobart.	Complete.
2018-03	VVCS to review the structure of RCFs and report back to the NAC at the next meeting.	Ongoing. VVCS to provide an update at the next meeting.

Previous Minutes: Endorsed as tabled.

Correspondence: Nil.

Item 3: VVCS National Manager’s Report

VVCS National Manager, Dr Stephanie Hodson, presented her report on current VVCS activities.

Key points:

- *Case management* – Dr Hodson noted the capacity for VVCS case management has strengthened since the last NAC meeting both within VVCS but also within DVA.
- *Invictus Games involvement* – Dr Hodson provided an overview of the 2018 Invictus Games in Sydney and detailed VVCS involvement across four key areas:
 - 1) *Invictus Games mental health team:* Dr Hodson is the mental health lead in the Games Health Support Team. VVCS clinicians will also be part of the team providing mental health support at the venues and in competitor rest area for both competitors and their families.
 - 2) *Communications partner:* VVCS is supporting communication activities and events in the lead up and during the Games.
 - 3) *Forums:* VVCS will be supporting the forums that are occurring parallel to the Games, including but in particular the Family Forum.
 - 4) *Research:* Phoenix Australia is co-hosting the 5-Eyes veteran mental health research forum with the Canadian Institute for Military and veteran Health Research (CIMVHR) and VVCS is contributing.

The NAC acknowledged the volunteers for Invictus Games and commended the involvement of VVCS, noting an opportunity to promote a new brand for the service as part of the communications partnership.

Action Item 2018-04: Move the date of the next NAC meeting to November to allow for a briefing on the outcomes from Invictus Games and associated Forum involvement.

Dr Hodson sought advice from the NAC on:

- *VVCS 24 hour service and after hours support* – the NAC discussed the future of VVCS after-hours support models. Dr Hodson noted that the tender process for this service will be released in the next twelve months. The NAC highlighted the importance of future proofing the service beyond the model VVCS operates on at the moment. The NAC raised the possibility of online forums in an after-hours support model to enhance social connectivity, sense of community and provide individuals with a platform to connect on issues they care about. The NAC is supportive of VVCS discussing opportunities to leverage existing networks in the community, for example SANE.
- *Future of electronic record management keeping* – Dr Hodson detailed a potential opportunity to leverage a new Commonwealth platform to replace the existing icloud

based client management system. The NAC discussed the benefits and risks to moving to a new Commonwealth platform. Key discussion outcomes:

- The NAC identified a key benefit of migrating to a Commonwealth platform, for enhanced IT security management. However noted that perception could be an issue for some groups in the community.
- The NAC discussed how the Commonwealth platform is safe, secure and encrypted, and requires less maintenance compared to independent platforms.
- The NAC is supportive of VVCS further exploring the work of other Commonwealth agencies to strengthen IT systems and security. The NAC noted that if this occurred, it would not change VVCS clinical expectations or privacy.
- The NAC noted that if this occurred education and communication would be required to help dispel any perception issues.

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

Item 4: Discussion: VVCS and Defence Relationship – On Base Services

VVCS National Manager, Dr Stephanie Hodson, detailed an opportunity for VVCS to have a presence on ADF bases at the invitation of Joint Health Command.

Key discussion outcomes:

- A one size fits all approach will not work for VVCS, and the NAC is supportive of VVCS exploring opportunities to diversify its service delivery model.
- VVCS presence on ADF bases could be beneficial to connect transitioning members with a support service before they leave Defence. It could also improve awareness of VVCS with the Defence population.
- A key consideration is for families who have a negative view of Defence, and could discourage support seeking for some families if seen to have an association with Defence.
- Another key consideration is the perception of confidentiality of VVCS and independence from Defence. The associated stigma around 'losing my job' if I have a mental health problem may deter members from seeking VVCS support on base, and following transition.
- If VVCS did opt to have an ADF base presence, they should start with a small pilot and evaluate its effectiveness.
- Should VVCS implement a pilot of this model, communication would be key in managing perception issues.

Item 5: Regional Insights –

Presenter: Mr Luke Brown, Deputy Commissioner of Tasmania.

Mr Brown discussed the challenges he sees for Tasmania and service delivery.

Key points:

- Tasmania has a veteran treatment population of approximately 6,000, and the average age of veterans is 72 meaning aged care is a key focus.
- Tasmania also has a higher rate of complex cases comparative to other states and territories.
- Employment opportunities can be scarce in Tasmania, which can mean that veterans will experience financial difficulties and social isolation once they leave the ADF.

- The rural services in Tasmania are limited. For example, veterans need to travel interstate to access inpatient PTSD programs. This also impacts the wraparound support meaning stepped care is not as effective as it could be.
- Veterans who have PTSD commonly seek the less busy, rural lifestyle in Tasmania. However, the social isolation of this lifestyle and the lack of services can lead to a further debilitation of mental health.
- The fee schedule freeze for providers has strongly impacted the Tasmania provider community, and this has had a flow on effect to the availability of services.
- Due to the ageing veteran community in Tasmania, the ex-service organisations are struggling to attract new, younger members.

The Chair noted that key challenges Mr Brown raised would be further discussed in the consultation on day two of the meeting.

Item 6: VVCS Re-brand Project – Presentation and Discussion

Presenter: Ms Lil Bryant-Johnson, Assistant Director VVCS Communications and representatives from Soda Strategic.

Ms Bryant-Johnson re-introduced representatives from Soda Strategic, who have been engaged to re-energise the VVCS branding. Soda Strategic presented their findings from the market research.

Key findings discussed by Soda Strategic and the Committee included:

- The current brand is too long and not understood as an acronym.
- Of the four new concepts proposed, *Shoulder2Shoulder* and *Open Arms* were the two stand out concepts with *Open Arms* particularly resonating with partners, families and some currently serving members due to its welcoming and inviting connotations.
- In terms of colours, the combination of purple and orange was the most liked.
- Both *Courageous* and *Advance* were the least liked concepts, with participants considering both of these to be less inclusive than the others.
- From the five taglines presented, ‘veterans and family counselling’ was well-received. However, there was some confusion on what defines a ‘veteran’. Additionally, the tagline ‘military community & family counselling service’ was also well accepted however needed to be simplified. It was generally accepted that that term ‘mental health’ should not be used.
- The consultations strongly suggested that a more functional and descriptive name would be most suitable as this would complete their understanding of the service. However, the name also needs to be as direct and simple as possible.

David Cockram, the Committee’s Vietnam Veteran representative, also shared his insight on what ‘open arms’ means to him and his cohort. As a combat soldier in Vietnam, Mr Cockram and his battalion spent most of their time in the jungle. According to Mr Cockram, the helicopters were their ‘lifeline’, delivering supplies such as food, water and ammunition, and collecting the soldiers after operations. When the sound of the helicopter reached the soldiers, one soldier would move into a clearing and hold up their hands with open arms, allowing the pilot to confirm there were Australia soldiers on the ground before landing. From these experiences, open arms is a powerful symbol of support, safety and security to veterans. Open Arms is having the courage to identify yourself for support.

The NAC discussed the outcomes and were unanimous in their recommendation to VVCS the Open Arms – Veteran and Families Counselling should be the future of the VVCS brand. They reinforced the importance of the tag line “A service founded by Vietnam Veterans, now for all veterans”.

Item 7: De-brief

The Chair provided a summary of day one issues and outcomes and provided an overview of the day two agenda. The NAC discussed incorporating the challenges raised by Mr Brown into the consultation with local support organisations to support the enhancement of service delivery in the region.

Item 8 & 9: Consultation: CEO and Chair of Rural Alive and Well (RAW) Tasmania and Regional Manager of Mates4Mates Tasmania

The NAC hosted a consultation with two local support organisations to discuss how VVCS could support the organisations and work together to promote enhanced stepped care in Tasmania.

Overview of Mates4Mates Tasmania:

- Core focus is providing services for social connection, physical rehabilitation, supporting families, group work, community and employment.
- Strong working relationship with VVCS, with two-way referrals occurring regularly.
- Due to the remoteness of Tasmania, Mates4Mates drive to regional towns to visit the veteran communities and maintain regular social connection activities.

Overview of Rural Alive and Well (RAW) Tasmania:

- A community-based suicide prevention organisation servicing the whole of Tasmania. A completely mobile service, using an outreach program model. The team go and visit individuals wherever it suits them, for example on their farms or in coffee shops.
- RAW Tasmania also supports grieving families following a suicide.
- In rural communities, and particularly on farms, individuals have more access to items that could be used as weapons to harm themselves, increasing the risk for a suicide attempt.
- RAW Tasmania is a conduit between the individuals and the services that they need.

Key points:

- Engagement, connectedness and trust are key for service delivery in rural and regional communities.
- Stigma is still highly prevalent in these communities, which can be a barrier for accessing support.
- A wraparound support network requires a system where organisations support and feed into each other – tailored to the needs of the person.

Key discussion outcomes:

- The NAC is supportive of VVCS facilitating training for Mates4Mates and RAW Tasmania staff in the new DVA systems to help link people back in to support, who may have had a previously negative experience.
- The NAC is supportive of VVCS leveraging the home and regional community visits that these organisations do – to help identify individuals who could benefit from VVCS support.
- The NAC discussed the importance of strategically choosing partners for each VVCS region across Australia to enhance stepped care, noting that these could be ESOs or community based organisations such as RAW Tasmania.

- The NAC reiterated the important role of the revised RCF structure in identifying and targeting these strategic partners. The NAC noted that the revision of the RCF structure should include a targeted invitation list for each region, and a reporting mechanism through to the NAC.

Action Item 2018-06: Distribute ESO mapping document to the NAC at the next meeting.

Item 10: Deep Dive in to the DVA/VVCS eMental Health Service Redesign

Presenters: Mr Gabriel Gossage and Mr Joe Crombie. As representatives of the joint DVA/VVCS team leading the refresh of the At Ease and VVCS websites, Mr Gossage and Mr Crombie provided an overview of their progress and key learnings to date.

Key points:

- The first iteration of the new At Ease website has been released, in line with the whole of government approach for digital services – simple, clear and fast processes. Noting that this will again be refined following client feedback.
- The discovery work undertaken for this work highlighted the following considerations:
 - The importance for the client of right care at the right time.
 - The prevalence of stigma is still quite high in the community.
 - Awareness of DVA services needs enhancement.
 - The language used previously has often missed the mark.
 - The client experience can be enhanced for eMental health.
- The VVCS new landing page will be developed in a similar style to the At Ease website. The websites will interface and reference each other to reduce duplication and enhance user experience. The key focus is to keep the user experience as simple as possible.
- Both the At Ease and VVCS websites will continually be evaluated, and re-shaped to ensure services are meeting client needs.
- The NAC is supportive of its membership being used as a reference group for the development of the new VVCS website.

Additional agenda item: Acknowledgement of VVCS at the Australian War Memorial

Dr Cockram raised an idea for acknowledging the extensive history and legacy of the VVCS service, and Vietnam veterans at the Australian War Memorial. He also noted an opportunity to place signs in the Memorial with the VVCS 24/7 1800 number. The NAC were supportive of both ideas put forward. The NAC noted that for current and former ADF members and their families, visiting the Memorial can be an emotional experience and highlighted the importance of having a visible support option.

Action item 2018-07: The Chair will highlight an opportunity to acknowledge the history of VVCS and the legacy of Vietnam veterans, and also include support signs at the Australian War Memorial in her next meeting with the Minister for Veterans’ Affairs.

Additional agenda item: NAC submission – Productivity Commission Review into DVA

The NAC agreed that the membership would provide a submission for the Productivity Commission review. The NAC agreed that the submission will focus on key issues that impact on stepped care, including: issues in sourcing and maintain quality providers, messaging and communication, and holistic and client-centric approaches to care.

Action item 2018-08: The NAC will draft a submission for the DVA Productivity Commission Review out of session.

Item 11: Meeting Summary

The Chair facilitated a discussion on the key achievements of VVCS that the NAC has supported in the last year, as well as key priorities for the remainder of this year.

Key achievements:

- Functional review has significantly progressed.
- VVCS research program with a focus on continual service improvement.
- Townsville Community and Peer Pilot.
- Implementation of VVCS Community and Peer Advisors and an additional six senior regional clinicians to enhance case management and stepped care.
- Enhanced VVCS consent forms to facilitate wraparound support for clients.
- Client centric, functional service delivery.
- Highly functional National Advisory Committee with a mix of professionals and lived experience.

Priorities:

- Group program re-development.
- The VVCS re-brand project.
- Refresh of the Regional Consultative Forums.
- Implementation of the VVCS National Intake Service.
- Education and training for professionals to maintain a skilled workforce.
- Leveraging strategic partnerships to enhance stepped care.
- Enhance outreach provider management.
- Resolve mobile IT solutions.
- VVCS involvement in the 2018 Sydney Invictus Games.

Action item 2018-09: Dr Hodson will provide an update on the Functional Review recommendations at the next NAC meeting.

Final Acknowledgements

The Chair formally acknowledge the departure of two members with terms expiring on 30 June 2018 – Mr Brenton Russell and Dr David Cockram. The Chair detailed each of their significant contributions to the NAC who have all provided such unique insights on behalf of the cohorts that they represent. Since their terms commenced, the Chair noted that these members have been instrumental in guiding some significant initiatives for VVCS, including a review of VVCS communications and brand, insights into the ideal design and layout of clinical offices, the expansion of eligibility for VVCS services, the development of the new VVCS website and social media platforms. The NAC agreed that these members had been pivotal to the productive and successful progress made against the NAC strategic agenda.

Next meeting: To be determined out of session, noting Action Item: 2018-04.

Action Item	Description
2018-01	VVCS to request information relating to the GP Health Assessment, including the referral options to VVCS if mental health issues are indicated, and current uptake.
2018-03	VVCS to review the structure of RCFs and report back to the NAC at the next meeting.
2018-04	Move the date of the next NAC meeting to November to allow for a briefing on the outcomes from Invictus Games and associated Forum involvement.
2018-05	Invite SANE to provide a briefing at the next NAC meeting.
2018-06	Distribute ESO mapping document to the NAC at the next meeting.
2018-07	The Chair will highlight an opportunity to acknowledge the history of VVCS and the legacy of Vietnam veterans, and also include support signs at the Australian War Memorial in her next meeting with the Minister for Veterans' Affairs.
2018-08	The NAC will draft a submission for the DVA Productivity Commission Review out of session.
2018-09	Dr Hodson will provide an update on the Functional Review recommendations at the next NAC meeting.