



Australian Government

Veterans and Veterans Families
Counselling Service

Minister for Veterans' Affairs National Advisory Committee (NAC) on the Veterans and Veterans Families Counselling Service (VVCS)

Canberra, Australian Capital Territory (ACT)

9-10 March 2017

ATTENDEES	
Members	Representing
Professor Jane Burns	Chair
Dr Andrew Khoo	Psychiatrists
Dr David Cockram	Vietnam Veterans
Ms Leanne Galayini	Sons and Daughters
Mr Brenton Russell DSM	Contemporary Veterans
Major Ben Flink	Reservists
Mrs Anne Pahl	Peacekeepers
Mrs Melanie Pike	Partners and Families
Ex-Officio	
MAJGEN Mark Kelly AO, DSC	Repatriation Commissioner
WO1 Michael Clarke	Regimental Sergeant Major, Army - Representative
Professor David Forbes	Director, Phoenix Australia
Mr Paul Way	Director General, Defence Communities Organisation
Dr Stephanie Hodson CSC	National Manager, VVCS
Invited Guests	
Ms Marita Sloan	Director, Policy and Planning, VVCS
Secretariat	
Ms Rachel Ryan	Secretariat, VVCS
Apologies	
Ms Heike Dunn CSM	Contemporary Veterans
Dr Mike Seah	General Practitioners
WO Don Spinks OAM	Regimental Sergeant Major – Army

Welcome and Apologies

The Chair opened the meeting acknowledging the Aboriginal and Torres Strait Islander peoples as the traditional custodians of our land, Australia, and acknowledged that we are meeting on Ngunawal country. The Chair also acknowledged that VVCS is the legacy of Australia's Vietnam veterans and recognised the commitment and sacrifice of all Australia's serving men and women, and their families.

Apologies were accepted from accepted from WO Don Spinks OAM, Ms Heike Dunn CSM, and Dr Mike Seah. The Chair welcomed WO1 Michael Clarke as a representative for the Regimental Sergeant Major - Army.

The Chair welcomed the NAC to the first meeting of 2017, and outlined the meeting agenda for the subsequent two days, including a briefing with Minister Tehan; an event with the Minister, the DVA Senior Executive, and community members to acknowledge 35 years of VVCS support; consultation with representatives from contemporary veteran organisations; briefings from the DVA Transformation Taskforce; participatory design on VVCS communication activities; and discussion to set the forward agenda for the NAC for 2017.

The Chair sought advice from the Committee on the meeting agenda and sought advice on any actual or perceived conflicts of interest. The Chair noted her association with the National Mental Health Commission Review report and the government announced Project Synergy trials. Mr Forbes noted his role in the intensive prolonged exposure therapy trial (the RESTORE Trial), underway within VVCS.

Opening Statement of Objectives

The Chair noted that the July and October meetings of the NAC were themed around communications, technology and innovation, and that this meeting provides an opportunity for the NAC to bring findings together, and set the strategic forward agenda to improve access to support for the VVCS client group.

The Chair highlighted that day one of the agenda is focused on intelligence gathering, and for a discussion on the role of the Committee, and how the NAC can better leverage partnerships in the community to increase the public profile of VVCS. A key component of the day is consulting with key organisations representing contemporary veterans. Day two of the agenda is focused on formulating recommendations for the Minister in setting the strategic forward agenda for the NAC; and for formulating advice to VVCS.

The Committee acknowledged that the NAC provides advice to the Minister as the veteran community's voice on VVCS matters.

Matters from Previous Meeting

Previous Minutes: Endorsed as tabled.

Correspondence: Nil

Action Items:

Action Item	Description	Status / Comment
2016-09	NAC to be briefed on results and implications of Australian Institute of Health and Welfare (AIHW) research, focused on baseline suicide rates of serving and ex-serving ADF members.	Ongoing. Dr Hodson provided an update in session.
2016-10	VVCS will provide an update on how VVCS plans to integrate new and emerging technological innovations into its service system to enhance the client experience.	Ongoing.

Action item: 2016-09 Results and implications of AIHW research

The Chair invited Dr Hodson to update the Committee on the AIHW research into baseline suicide rates in the serving and ex-serving ADF community, and the National Mental Health Commission Report:

- The AIHW in depth report is mid-year. Upon release, the paper will be distributed to the NAC along with a detailed briefing of results and implications.
- The National Mental Health Commission (NMHC) report has a delayed release date of 28 March.

- The Committee acknowledged that the period of transition from the ADF is a difficult area for both the member and the family, and noted that communications and marketing of VVCS services in this period is vital.

Ministerial Briefing

The Chair welcomed Minister Tehan to the NAC meeting, and facilitated the introduction of the NAC membership. The Minister noted the extensive expertise and diverse groups represented on the Committee. The Minister addressed the Committee on the following:

- Stigma reduction, help seeking promotion, and the integration of emerging technologies and communications are key areas of focus to improve veteran mental health outcomes.
- The transition from full-time service as a key priority for himself, as Minister, and for the Government. As the Minister currently occupies the Defence personnel, and DVA portfolios, the Committee noted that there is a real opportunity to simplify the transition process from Defence to civilian life.
- Finding civilian employment as a core stressor associated with transition, with reference to the Ministerial announcement at the Veterans Employment Forum last November, on initiatives to encourage the broader community to support veteran employment.

The Minister noted that this briefing provides an opportunity to discuss the strategic role of the NAC, and how the expertise of the NAC membership can be best utilised by him to continue to advise VVCS to facilitate positive VVCS client outcomes. Specifically, the Minister raised the following:

- VVCS is the cornerstone of veteran mental health in the community, and the NAC plays a vital role in ensuring that services reflect the needs of the broader ex-service community.
- VVCS is continually evolving into a comprehensive community mental health service, providing coordinated, holistic support.
- As the Minister's source of advice on the relevance of the VVCS service, recommendations from the NAC should focus on the ideal VVCS service offering, and what resources are required to make this a reality. Noting that the ideal offering could not be implemented overnight, it provides a vision to strive towards.
- The NMHC report is to be delivered at the end of the month, with guidelines on next steps for veteran mental health support. There is an opportunity for the NAC to provide tailored advice to the Minister on how VVCS could move forward from this report.
- VVCS is a family inclusive service, which places real value on the lived experience of family members, and the important role and reliance on families when supporting loved ones. The core focus on families distinguishes the service in the community, "to treat the individual, you have to treat the whole."
- The recent expansion to Non-Liability Healthcare (NLHC) to any ADF personnel with one-day full-time continuous service is important for the improvement of early access to mental health treatment for post-traumatic stress disorder, depression, anxiety and alcohol and substance misuse. The Minister highlighted that a large proportion of the community are unaware of the important initiative.
- The Minister posed a challenge for the NAC members, and VVCS – As VVCS is a trusted and respected brand in the community, how could it be used as a vehicle to

promote NLHC. The NAC are tasked with providing advice on the use of social media messaging to promote NLHC and VVCS services.

- Early support seeking is critical to recovery. As a trusted brand, VVCS can be, and is this early entry point for many.
- The Minister acknowledged that the expansion to NLHC also increased access to VVCS services.

Action item 2017-01: NAC to provide advice to the Minister and VVCS on social media messaging to promote NLHC. The Committee's advice is enclosed in these Minutes.

Acknowledgement – 35 years of VVCS Support

The NAC were invited to join with the Minister, the DVA Senior Executive, and representatives from ex-service organisations in an acknowledgement of 35 years of VVCS support. The Minister addressed the event and noted the following:

- VVCS is the legacy of our Vietnam veterans, who recognised a need for mental health services specifically for those who had served in the military.
- The first VVCS centre opened in Adelaide on 29 January 1982. Today there are 26 centres throughout Australia providing support to 27,000 clients last year alone – this equates to approximately 98,000 counselling sessions for the year.
- VVCS has 1,200 clinicians on-call to provide free mental health counselling and support to those who have served our nation and their family members.
- Over the last 35 years, VVCS have provided more than 1.6 million counselling sessions to more than 300,000 clients.

Contemporary Veteran Representatives Consultation

The Chair welcomed representatives from contemporary veteran organisations, including Mates4Mates; Young Veterans; Veterans off the Streets Australia; the Women's Veteran Network Australia; and Modern Soldier. The NAC facilitated consultation that sought views on how VVCS can better leverage partnerships in the community to increase the public profile of VVCS, and encourage support seeking in the ex-service community.

Key observations / Discussion outcomes:

The VVCS service –

- VVCS is a credible service provider in the ex-service community, with particularly positive attitudes towards the counselling and group program services.
- VVCS is a military specific service encompassing families, which is critical to the uniqueness of the service.
- Clinicians and facilitators with direct military experience, and an understating of military jargon provide instant credibility, and quickly enhance the therapeutic relationship.
- Eligibility requirements can be a deterrent for accessing support. The ideal would be to simplify eligibility to those who have served, and their family members.
- VVCS should act as a key entry point to the broader DVA mental health service system.

The VVCS name and brand –

- The name and brand do not always resonate with the contemporary cohort. Confusion still surrounds the 'VV' in VVCS as standing for Vietnam veterans, which has discouraged some contemporary cohorts from accessing the service.
- The VVCS logo represents a traditional family structure does not recognise the many and varied family structures in today's society making it outdated and non-inclusive.
- To engage more strongly with the contemporary cohort, the VVCS brand and name needs to be relevant to the group, while also remaining relevant to other cohorts, and the brand needs to be concise, sleek and aesthetic.
- While VVCS is a trusted service, it is not necessarily an understood brand and this could impact on service utilisation.

Social media presence –

- Social media has a strong contemporary cohort following, hence social media messaging is powerful in reaching this cohort.
- Engagement on this platform is critical. Short clips of no more than 30 seconds in length that encapsulate the lived experience of a person are an effective way of engaging. Particularly, clips of like-individuals who identify as having had a mental health condition, accessed support, and can now manage to "go on with their lives," provide a comparison to encourage support seeking.
- Social media creates an opportunity to regularly share the positive community involvement that VVCS partakes in, and promotes a feeling of transparency and trust for the work being undertaken, in line with community needs.
- The messaging on social media is also critical for stigma reduction. The group raised that 'mental injury' resonates with contemporary veterans, especially when messaging links the mental injury to the physical change i.e. neurobiological changes that can result from trauma.

Working together as a community –

- It is important that the community work together to support the ex-service community, and provide supplementary services rather than competitive services.
- Organisations will have the most reach when cross-pollination occurs. An easy way to achieve this is via the sharing of social media posts, endorsement, and referencing between organisations.
- Ongoing engagement with stakeholders is important, especially to share information about projects and activities underway within VVCS, and the outcomes of these activities.

Stigma and suicide prevention –

- VVCS delivered Applied Suicide Intervention Skills Training (ASIST) programs are valued in the community, especially in reducing the stigma surrounding suicide and increasing the skills and confidence of the community to talk about suicide. "Stigma cannot exist where there is education."

Veteran Centric Reform Briefing

The Chair welcomed the DVA Acting Secretary, Ms Cosson and First Assistant Secretary of the Veteran Centric Reform Taskforce, Ms Pope, and invited them to brief the NAC on veteran centric reform and the DVA transformation agenda.

Key points of note:

- Veteran Centric Reform is a business transformation initiative designed to overhaul the way DVA does business. Its goal is to shift from an organisation that focuses on claims, to one where veterans and their families are the central focus.
- The Federal Government has acknowledged this need for change by providing \$24.8 million in the 2016–17 Budget to develop the transformation process.
- ICT overhaul in order to underpin business operations. The ICT program aims to improve how claims are received, processed and managed. Currently, DVA uses 18 different systems to register, process and manage claims. This project will consolidate these into a single system.
- The Digital Readiness Bill would allow DVA to establish liability immediately online. Rather than scrutinising each claim, DVA staff will receive claims for further clarification and checks only when eligibility is unclear.
- Transition from Defence to civilian life is a core focus of the veteran centric reform, with the goal to connect with members before they transition.
- DVA is undergoing a culture change, from a risk averse organisation to an organisation focused on trust.
- In order for the transformation agenda to succeed, the stigma around DVA must change. A key focus is on encouraging the community to engage in the process.

National Manager's Report

Dr Hodson, National Manager, VVCS presented her report on activities since the October 2016 meeting. The NAC sought additional details on:

- *Staff attraction* – NAC acknowledged that high quality service requires high quality clinicians, and competitive pay rates. Dr Hodson outlined highlighted that VVCS pay for all veteran mental health care, rather than a gap to which an alternative provider may charge additional, hence complexities regarding remuneration potential exist.
- *VVCS Electronic Management System (VERA) Upgrade* – status update on the VERA upgrade including new functions such as messenger to interact with clients between sessions; and an advanced reporting mechanism, 'Tableau', which will enable VVCS to benchmark data, and track statistics more efficiently.
- *Misinformation on capped services* – VVCS engages in goal orientated, outcome focused care model where recovery is promoted rather than dependency on services. VVCS services are not capped, and are available for as long as is clinically required.
- *The RESTORE TRIAL* – status update on the research findings: early trends indicate good outcomes for intensive prolonged exposure therapy; recruitment for trial still underway; and an update will be brought to the next NAC meeting.

Strategic Recommendations for VVCS Social Media Messaging on NLHC

The NAC is supportive of VVCS creating social media messaging based on the below recommendations:

- VVCS a trusted service, and an ideal platform to promote NLHC.
- VVCS has the capacity to support individuals in accessing NLHC if they require assistance.
- Short, simple and sharp social media clips are key to engagement.
- The word 'free' is important and should stand-out in the message.
- Language needs to explicitly state "full-time service" to ensure reservists are not provided with misinformation re: entitlement.
- The colour should be inclusive of all services, i.e. green = army centric. Tri-service colours endorsed.

Action item 2017-02: VVCS to explore creating social media messages to promote awareness of NLHC and access to VVCS.

Key NAC findings - Communications and the VVCS Brand

The VVCS name and brand –

- The VVCS brand has, and will continue to evolve to cater for the needs of the ex-service community. It is time to evolve the name and brand again to connect with the contemporary cohort and for families, who are currently perceived as missing from the VVCS acronym.
- The community must own the evolution of the name and brand as a core part of the change management process.
- Guiding principles for name change: encompass families, contemporary and older cohorts; and short, sharp and relatable. Future proof by not referencing the current service offering or current eligibility.
- Guiding principles for branding: must be soft to evoke feelings of caring and support; humanise with real stories; represent the modern family construct as diverse; and language that promotes a reputable service i.e. leading, professional.

Families and Partners –

- Service affects everyone a powerful slogan as it provides recognition and acknowledgement for the role and impact of service on partners and family members.
- Targeted advertising for partners and families is essential.

General –

- The word veteran does not resonate with all eligible for VVCS services; the term 'service' or 'you have served' minimises this confusion.
- To overcome segmentation of services, an act that is common across all services that evokes emotion would succeed, for example: coming home or saying goodbye.
- Connectedness is important; sharing real stories of lived experience will achieve this connection i.e. the role of ambassadors.
- The message should be recovery focused and inspire hope to encourage support seeking, while not over-promising.

- Promote the benefit, rather than the service offering at first instance to normalise the counselling construct.
- Simplification of the message is crucial i.e. immediate assistance.
- Create a one-stop shop for mental health: Incorporate *At Ease* information and resources without adopting the *At Ease* branding and name, as it is perceived as government orientated and is not as well trusted within the community.

Strategic Recommendations on Communications and the VVCS Brand

The NAC is supportive of:

- VVCS continuing scoping activities with the broader ex-service community to refine and test its concepts for communications and branding.

Key NAC Strategic Priorities and Direction

The NAC summarised the strategic direction and priorities for the NAC and VVCS below:

1. Name and brand evolution
2. Increased social media promotion
3. Increased stakeholder engagement with ex-service groups
4. Increased awareness raising of the VVCS service offering, including an increased relationships with general practitioners.
5. The role of VVCS as the cornerstone of veteran mental health, to streamline clients into broader care.

Next meeting: Thursday 20 July – Friday 21 July in Townsville

Actions – March 2017 Meeting

Action Item	Description	Status / Comment
2017-01	NAC to provide advice to the Minister and VVCS on social media messaging to promote NLHC	Closed.
2017-02	NAC to support VVCS exploring the creation of social media messages to promote NLHC	