



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)**

13-14 October 2016

Perth Counselling Centre, Western Australia (WA)

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

### **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 Whadjuk 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.

The Chair formally welcomed Dr Stephanie Hodson as the recently appointed VVCS National Manager. Dr Hodson joined the Department of Veterans' Affairs (DVA) in May 2012 and has worked as DVA's Mental Health Adviser and Director Mental Health Research. Prior to joining DVA, Dr Hodson spent 21 years working in mental health in Defence. Dr Hodson was the project lead for the Dunt Review into Mental Health in the ADF and also developed and implemented the ADF Mental Health Strategy. The chair congratulated Dr Hodson on her appointment to the new role.

The Chair formerly acknowledged Dr Loretta Poerio for her commitment, passion and hard work as Acting VVCS National Manager. The Chair also acknowledged the former secretariat Kylie Robinson, and commended her contribution to the NAC.

Apologies were accepted from Mr Paul Way and Major Ben Flink, and the Chair noted Major Flink's contribution to meeting preparations with the dissemination of the *Australian Trade Commission Report on Digital Health*. The Chair welcomed Ms Andrea Leavy as the Defence Community Organisation representative.

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 role as Principle Researcher for Brain and Mind Centre, and that she would deliver a briefing on the Synergy technology as part of the meeting. No other real or perceived conflicts were declared at this time.

The Chair noted relevant, concurrent work underway in the sector:

- The National Mental Health Commission review of services available to veterans and members of the Australian Defence Force (ADF) in relation to prevention of self-harm and suicide. The Chair noted involvement from Health, Defence and DVA. The Chair advised members of an opportunity to be interviewed by Adjunct Professor John Mendoza as part of the Commission's review.
- Australian Institute of Health and Welfare (AIHW) research examining baseline rates of suicide in serving and ex-serving members of the ADF. The data is expected to be released in November.
- On 1 September 2016 the Senate referred the matter of suicide by veterans and ex-service personnel to the Foreign Affairs, Defence and Trade References Committee for inquiry and report by 30 March 2017. Submissions have been made by a range of individuals and organisations, including DVA and Defence.

**Action Item 2016-09:** NAC to be briefed on findings of AIHW research.

### Opening Statement of Objectives

The Chair noted the focus for this meeting was to learn more about how VVCS clients currently use technology, and to identify ways the NAC can support and enhance VVCS service delivery through technology.

The Committee acknowledged that the NAC provides advice to the Minister as the veteran community's voice on VVCS matters. The Chair acknowledged the Government's commitment to improving veteran mental health.

### Matters from Previous Meeting

**Previous Minutes:** Endorsed as tabled.

### Action Items:

Action Item	Description	Status / Comment
2016-05	VVCS to review website detail on the eligibility impact of the changes to Non-Liability Health Cover.	Ongoing
2016-07	Mr Paul Way, DCO was asked to provide an update to the NAC on mental health service supports provided to members within the Navy and Air Force.	Closed. Paper provided out of session.
2016-03	VVCS to investigate the inclusion of the VVCS wallet card and/or information brochure in Defence Housing Australia welcome packs.	Discussions ongoing

## **National Managers Report**

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

- *Broader strategic direction of DVA* – status update on work underway including enhanced technology systems, veteran centric reform, and digitalisation of files, and the implications for VVCS service delivery.
- *Functional Review of VVCS* – status update on the various national projects agreed to in the Departmental response to the review recommendations.
- *External Accreditation* – VVCS has been successfully accredited against the National Standards for Mental Health Services (NSMHS). All NSMHS standards were met in the assessment.
- *Research* – status update on current research, including Online Counselling Trial, Prolonged Exposure Trial, Project Synergy, and the VVCS Electronic Records Application (VERA) upgrade. Several reports are due for delivery in early 2017. An update will be provided to the next NAC meeting.
- *Communications* – VVCS has engaged an experienced communications manager to build on the findings of the July NAC meeting. An update on progress will be brought to the next NAC meeting.
- *Media reports on capped services* – VVCS is working with the Public Affairs team to correct the record and ensure clients know VVCS services are available for as long as clinically required, so as to ensure that clients in need continue to access support.

## **Regional Directors Report**

Mr Glen Menzies briefed the Committee on the following for the WA region:

- VVCS provides direct client services from Perth, a satellite service in Rockingham once per fortnight, and at the RAAF Base Tindall. Client services are also provided by 73 Outreach providers situated throughout WA. Video-conferencing technology and telephone counselling is also offered to support clients in rural WA.
- In 2015-16, VVCS provided 11,872 counselling sessions to 1526 clients in WA. There has been a 27% increase in the number of clients since 2013-14. A range of clients also participated in group programs, utilised the after-hours service, or had their concerns resolved at intake.
- VVCS has built a strong relationship with the major representatives for ESO organisations in the WA region.
- VVCS WA have a strong working relationship with The Hollywood Clinic, through its DVA funded, Trauma Recovery Program for Military Personnel.
- Most current serving ADF members in WA access VVCS by self-referral. Less than 3% of WA VVCS clients are referred under the Agreement for Services (AfS).

## **Staff consultation**

The NAC facilitated staff consultation that sought to review the impact of technology on VVCS service delivery, and identify any opportunities for enhancement. The staff consultation complemented the Regional Director's report.

### *Key observations:*

- There are initiatives underway to enhance internal DVA Information Communications Technology (ICT) systems, which will assist VVCS in its service delivery – this is especially pertinent in the regions.
- Technology should enhance the VVCS service, rather than replace the traditional face-to-face service. Using technology to link information between systems, for example between DVA smart phone applications and VERA, would enhance service delivery.

- Regional services could be enhanced by access to technology, including additional iPads in centres.

### **eMental Health: Technology Overview**

The Chair provided an update on the Commonwealth's work towards a Digital Mental Health Gateway, and the collaborative work being undertaken by the Department of Health, Defence and DVA in this space. The Chair noted the importance of the collaborative relationship, as the outcomes will affect VVCS service delivery in the future. The Chair provided an overview of the Synergy technology trials currently underway, including the 'Mental Health e-Clinic', noting the importance of early intervention, and responsiveness of a service in real time regardless of when accessed by a client. The Synergy Online Ecosystem is a digital product designed to bring together wellness tools with mental health and wellbeing resources. This product is still in proof of concept testing and VVCS has been chosen as the first site for testing on a broader adult population (earlier work has been conducted in the youth mental health space). The Chair advised the Committee that the Government had committed \$30 million over three years to further develop Synergy technology with a strong focus on its applicability to veteran mental health and wellbeing.

The Chair facilitated a workshop with NAC members to ascertain the top five challenges within VVCS that technology could assist in addressing, and to identify how technology could be used to enhance VVCS service delivery. The outcome of this discussion is at [Attachment A](#).

### *Key Learnings / Discussion Outcomes*

- New and emerging technologies, applied appropriately, could enhance VVCS service delivery, and improve the client experience. Technological innovation should not replace direct counselling and clinician care, but can augment it and provide an alternative pathway into the service or to access information for some clients.
- Multi-channel, multi-media tools, such as the Synergy ICT ecosystem that will be trialled in a VVCS regional system in 2017, have the potential to increase client ownership of their health journey. It allows clients to complete psycho-metric assessments in their own time and in a safe space. The systems then offer online and direct options for support based on the clients presenting needs, allowing for symptom management and support before treatment commences. The NAC discussed the potential application of this technology in the VVCS service system.
- The potential for greater integration of biometric measures into client care (with client consent), such as tracking sleep patterns or exercise, is increasing and has applications in both immediate care and relapse prevention. The NAC noted the opportunities that smart phone apps could have in assisting clients and providers to track progress and self-manage their care following acute treatment.
- A holistic approach to health is important, and technology could facilitate this through an overarching platform containing all of their client history, relevant applications, and data tracking. The self-managed platform encourages ownership of one's health, and could enable sharing of data, with client consent, between providers, friends and family etc.
- For remote clients, VVCS to continue delivering counselling via online video technology. VVCS is currently undertaking a research trial of this service delivery model to increase the evidence base as to its clinical efficacy.

**Action Item 2016-10:** VVCS will provide an update at the February meeting on how VVCS plans to integrate new and emerging technological innovations into its service system to enhance the client experience.

### **Client Consultation**

The NAC hosted a consultation with current and former VVCS clients that sought to review the impact of technology on VVCS service delivery. To ensure services are provided in a manner that works with today's busy lifestyles, the NAC sought client views of, and/or experiences with,

technologies in the mental health system, and how technology may have changed the way clients access or think about services and support.

### *Key Learnings*

- The consultation re-affirmed that VVCS services play an essential role in the recovery of individuals who are dealing with issues arising from their, or another family members, ADF service. Clients expressed thanks for the support provided by VVCS and this sentiment was summed up by a client letter that stated: *“If it was not for VVCS and the experience counsellors being so very patient, and thinking ‘outside the box’, I would have been so depressed that I would not be alive today and be able to enjoy the beauty of my marriage.”*
- Attendees differed in their views on accessing services, reiterating the ‘no wrong doors’ approach. Some suggested benefits with a soft-entry through an online gateway, while others preferred a traditional approach to services contacting VVCS through the 1800 number.
  - Overall view - while technology can enhance service delivery and will appeal to some, it is not a replacement for direct support.
- For the WA region, online counselling is essential to maintain regular support due to the remoteness of some areas in the state. The WA centre has established video-conferencing facilities.
- Attendees noted that group programs enables participants to learn from the shared experience of others, and the face-to-face delivery is important in this context to develop rapport and trust, and share in a ‘safe space.’
- Attendees noted that smart phone applications that could link and send multiple data-sets to their clinician could augment service delivery. Clients flagged that when feeling vulnerable it can be difficult to remember events that happen between counselling sessions and detail these with their clinician – technology that could assist with this would be valuable. The consultation highlighted that tracking progress via an overarching platform (or another other online tool) would motivate individuals to maintain their health holistically.

### **Visit to The Hollywood Clinic**

The Hollywood Clinic is a 70-bed acute psychiatric in-patient and day-patient care unit for private patients, self-funded patients and DVA funded veterans and war widow/ers. The Clinic offers a range of specialised treatment programs, including a DVA funded Trauma Recovery Program for Military Personnel. The Hollywood Clinic has a close working relationship with VVCS in WA. VVCS are involved from day one of the program to facilitate a continuity of care. Towards the end of the program, patients visit the VVCS centre to meet the clinicians – this has been useful in breaking barriers for accessing ongoing care.

### *Key Learnings / Discussion Outcomes*

- The involvement of VVCS throughout the program, cumulating in a warm transfer of client care between The Hollywood Clinic clinicians and VVCS clinicians enables continuity of care as clients move into the challenging transition period between acute and secondary care.
- Participants discussed the impact of technological innovations in enhancing warm transfer arrangements and supporting the client in their recovery. Including as a tool to enable single access to online assessment tools, to brief future clinicians on effective treatment modalities, and identify areas for future focus. The consultation reiterated support for an overarching platform to transfer information between providers, with the consent of the client.

### **Key NAC Findings – the impact of technology on VVCS service delivery:**

- There is no ‘wrong door’ to accessing support for mental health issues. Technology could enhance the immediacy of information, and facilitate earlier intervention through online assessment tools and resources.
- Holistic health is important, and tracking data in an overarching platform could motivate individuals to drive their own recovery, and track progress post-treatment.
- VVCS cannot (and should not) fill all roles in the service spectrum – VVCS should continue to enhance and explore linkages with peer and community support systems.
- Opportunities exist for technological linkages, such as an overarching data platform, online video counselling, Synergy and Mental Health e-Clinics, online intake, the digital gateway, and greater integration with smart phone applications to enhance future VVCS service delivery and the clients’ recovery experience.

### **Strategic Recommendations on Technology Integration**

The NAC is supportive of:

1. VVCS drawing on the expertise and lived experience of the NAC during the Synergy trial in the VVCS service system, to ensure that it meets the need of the VVCS client base and enhances clinical outcomes.
2. VVCS continuing the partnership with The Hollywood Clinic, and where not already in place, encourages VVCS to consider integrating a similar warm transfer arrangement into similar partnerships with DVA funded military trauma programs nationally.
3. VVCS integrating, where appropriate, new technological developments such as Synergy and online counselling into its service system to enhance care outcomes, and to offer alternatives access pathway for clients who may be hard to reach, or those who have challenges accessing care through traditional means.
4. VVCS continuing to explore how emerging technologies can support positive client outcomes into the future.

### **Next Meeting:**

2017 meetings will be held in Canberra, Townsville and Adelaide. The dates of these meetings will be determined out of session.

### **2.2 – Actions – October 2016 Meeting**

<b>Action Item</b>	<b>Description</b>	<b>Status / Comment</b>
<b>2016-09</b>	NAC to be briefed on results and implications of AIHW research.	
<b>2016-10</b>	VVCS will provide an update at the February meeting on how VVCS plans to integrate new and emerging technological innovations into its service system to enhance the client experience.	

## NAC Workshop – Technological Opportunities and the VVCS Service System

CHALLENGE	POTENTIAL SOLUTION
Responsiveness of service, immediacy of information after initial contact, and wait times.	Established chat room, “chat to me now” service. Online self-assessment with information and resources relevant to the individual immediately available.
Technology can dehumanise the experience. For some it can be difficult to connect, trust, and feel respected when communicating in an online forum, especially when reaching out for someone to understand them.	To understand the individual experience, and communicate effectively, the IT system will require a trauma-informed face with a sophisticated dialogue that incorporates military awareness, empathy in knowledge, and a positive mental health focus.
The complexity of technology is a potential barrier for some individuals to access support.	While technology will enhance service delivery, VVCS will maintain a strong face-to-face service. By providing multiple entry points it allows individuals to choose. Strong communication is required to acknowledge no wrong doors to entry
Service delivery and access in remote and rural communities.	Online video counselling services will remain a key element of the service design.
Self-help tools as the first phase in a stepped care model.	Using technology, including smart phone applications as an adjunct or pre-cursor to counselling. Also a measure of biometrics.
De-stigmatisation of mental injury.	Using a multi-medium approach to focus on positive mental health promotion, including increased messaging on Facebook and Twitter.
Early identification of mental health concerns, and early intervention.	Easy access to information while allowing the individual to be slightly removed, i.e. anonymous. Possibly via a chat room or portal or using an avatar.
Too much information in applications or the website is overwhelming for vulnerable individuals.	Simplify information needs to be provided in these forums.
It can be difficult to track and improve health holistically, and hard to monitor overall progress. Client has to potentially reiterate their information and progress to multiple providers, which can be overwhelming for a person who is vulnerable.	Holistic approach to health - Integrate client information and applications into an overarching platform, where an individual has complete oversight of their client history, progress, tracked homework, and could link applications relevant to general life, including fitness applications. The oversight of all of this gives the individual ownership of their health and promotes self-management. This tool could also be used to share information with multiple providers, family, or friends, at the client’s discretion.
Relapse prevention.	Relapse prevention – Tracking progress on a continual basis, using biometrics or behavioural tracking to identify changes in mental state. At client discretion, such systems could also be established to notify family or friends when the person is struggling.

<b>OTHER IDEAS FOR TECHNOLOGY TO ENHANCE VVCS SERVICE DELIVERY</b>
Avatar/ Alias – importance of connecting with the community in an online environment
A personified, digital ‘carer’ – For example: smart talking dog (currently being trialled with Alzheimer’s patients), Care Robots, Sassy Online Friend etc.
Smart Assistant tool
Hey Google
Phone resources for ongoing care post-treatment
Tracking post-treatment care via smart phone applications