



Australian Government

Veterans and Veterans Families
Counselling Service

Minister for Veterans' Affairs National Advisory Committee on the Veterans and Veterans Families Counselling Service

Canberra, ACT
26 – 27 October 2017

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
Dr Mike Seah	General Practitioners
Ex-Officio	
MAJGEN Mark Kelly AO, DSC	Repatriation Commissioner
WO Don Spinks OAM	Regimental Sergeant Major – Army
Mr Paul Way	Director General, Defence Communities Organisation
Dr Andrea Phelps	<i>Representing</i> – Director, Phoenix Australia
Dr Stephanie Hodson CSC	National Manager, VVCS
Invited Guests	
WO1 Grant McFarlane	Sergeant Major of Army's Career Management Agency
Ms Marita Sloan	Director, Strategic Operations
Secretariat	
Ms Rachel Ryan	Secretariat, VVCS
Apologies	
Professor David Forbes	Director, Phoenix Australia
Mr Brenton Russell DSM	Contemporary Veterans
Ms Leanne Galayini	Sons and Daughters
Mrs Melanie Pike	Partners and Families

Items 1 & 2: Welcome, Apologies and General Business

The Chair opened the meeting acknowledging the traditional custodians of the land, the Ngunawal People.

The Chair acknowledged the service of all current and former Australian Defence Force members, also recognising their families. The Chair acknowledged Australia's Vietnam veterans, noting that VVCS is their legacy.

The Chair acknowledged the recent passing of National Mental Health Commissioner, Ms Jackie Crowe. Jackie advocated to ensure the voices of those with lived experience of mental illness were heard in the development of treatment programs and support solutions. She was instrumental in shaping the VVCS community coordination team pilot in North Queensland and the trial of Synergy technology in the VVCS New South Wales service system. On behalf of the Committee, the Chair

extended the deepest condolences to Jackie's family and friends, noting that her contributions have helped make VVCS a better service for our community and she will be missed.

Apologies were accepted from Mr Brenton Russell, Ms Leanne Galayini, Mrs Melanie Pike and Professor David Forbes. The Chair welcomed Dr Andrea Phelps who will represent Phoenix Australia. The Chair also welcomed WO1 Grant McFarlane of the Regimental Sergeant Major of Army's Career Management Agency, as an observer to the meeting.

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

- Dr Phelps noted the ongoing involvement of Phoenix Australia in a range of VVCS activities, including the RESTORE (intensive prolonged exposure research) trial and the redesign of VVCS group programs.

The Chair welcomed the NAC to the final meeting of 2017, and outlined the meeting agenda for the subsequent two days.

Opening Statement of Objectives

The objective of this meeting is to further delve into the many initiatives underway in VVCS, and provide advice on direction of these projects, including: management of the outreach provider program; the VVCS rebranding work; high risk client management and the new Assistant Director Clinical Coordination roles that VVCS is seeking to fill; and an update on the suicide prevention initiatives the Committee were briefed on at the July meeting.

This meeting will also provide an opportunity for the Committee to provide advice on the role of VVCS in the transition space, noting that Defence Community Organisation will brief the Committee on the transition environment on day one of the meeting.

Matters from Previous Meeting

Action Item	Description	Status / Comment
Action Item 2017-03:	VVCS to hold a participatory design session with the NAC on activities it is undertaking to improve internal management and governance of the outreach provider program at the next meeting.	The Chair noted this as part of the meeting agenda
Action Item 2017-04:	VVCS to hold a participatory design session with the NAC on the initial findings on brand recognition work at the next meeting	The Chair noted this as part of the meeting agenda
Action Item 2017-05:	VVCS to present NAC with a high level analysis of client cohorts by region for review at the next meeting.	The Chair noted this as part of the meeting agenda

Previous Minutes: Endorsed as tabled.

Correspondence:

As discussed at the July meeting, Mr David Power had written to both the NAC and the Minister regarding his views on the representation of contemporary veterans in forums such as this.

The Chair noted that a response had been provided to Mr Power, which also invited him to a future client consultation to provide feedback as a contemporary veteran.

Item 3 & 7 – National Manager's Report and the VVCS Strategic Agenda

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

Dr Hodson provided an update of the work underway in the North Queensland region as part of the Townsville Suicide Prevention Pilot 'Operation Compass', and how the VVCS Community Coordinated Pilot is supporting this work. She detailed a new peer mentor network being established locally, with the support of VVCS, which will build on a regional ESO peer support pilot

conducted with DVA support in 2016. It was noted that the peer mentor network would further support the work underway in Townsville and would be coordinated by the VVCS Community and Peer Advisors, with input from VVCS clinicians. While the peer network will commence in Townsville, VVCS anticipates that it will also be rolled out in New South Wales shortly.

Dr Hodson detailed the work underway internally to ensure that complex cases are effectively managed. This has included a review of the client informed consent processes that may enable an exchange of information between DVA and VVCS. Dr Hodson noted that there is no change in practice relating to management of clients at high risk of harm to self or others, this continues to align with sector best practice and professional standards.

Dr Hodson sought the NAC's feedback on the VVCS client consent form, noting that VVCS may, with the informed consent of the client, work closely with DVA to ensure that clients with complex needs are able to be provided with the support they require to regain independence. In addition, Dr Hodson announced that VVCS have established a new role, Assistant Director, Clinical Coordination in each region. This senior and highly experienced clinician will work to support complex clinical case work. This role is complimentary to the Deputy Director, strengthening the clinical capacity and capability of VVCS regions. A strong field of applicants for these positions nationally is being considered and offers will be made to applicants in December with a start date soon after this time where possible.

She detailed other recent activities including: a twelve month plan for community webinars, with the next webinar on exercise and wellbeing occurring on 1 November; clinical support and communications provided for the 2017 Invictus Games in Toronto, and preparations to support the 2018 Games in Sydney; and provided an overview of current research activities and strategic projects being undertaken in VVCS.

The NAC sought additional details on:

- *The sustainability of pilot programs* – the NAC discussed and commended the work underway to future proof the service, through the implementation of regional pilots that can be rolled out nationally if proven effective.
- *Recruitment for the RESTORE Trial* – the NAC discussed the need for an increase in the number of contemporary veterans recruited for the trial, noting that a skewed sample could alter the Trial findings. Dr Hodson noted that VVCS is working with the involved parties to increase recruitment.
- *VVCS involvement in Operation Compass* – the NAC noted the strong working relationship VVCS have developed with the Department of Health and the North Queensland PHN to assist with the delivery of this Trial. The VVCS National Manager is an active participant in Operation Compass Steering Committee meetings. The NAC asked VVCS to seek details from the Operation Compass Steering Committee regarding demographics of participants.

Dr Hodson presented a draft Strategic Plan and matrix of actions against the 2014 Functional Review Findings, highlighting the amount of work underway within the service. She also briefed the Committee on internal de-identified data reporting capability that is available as a result of the latest update to the secure VVCS Client Management System.

Action Item 2017-06: VVCS to provide NAC with a table of all pilots/research trials underway within the service, including the lead investigators and a short purpose statement.

Action Item 2017-07: VVCS to seek details from the Operation Compass Steering Committee regarding demographics of participants involved, including a gender breakdown.

Action Item 2017-08: VVCS to distribute the next iteration of the consent form for the NAC's visibility (out of session).

Action Item 2017-09: Mrs Pahl to brief with the VVCS team on her learnings/experiences travelling with the 2017 Invictus Games team, to assist with planning the clinical support for athletes at the 2018 Games in Sydney.

Item 4: The Transition Environment

Presenter: Mrs Gina Craig, Director ADF Transition, Defence Community Organisation

Mrs Craig provided a briefing on the transition environment, the Transition Transformation program and the various touch points associated with the transition process from the ADF to civilian life. She also detailed the programs available to those transitioning, and the work underway to review these initiatives.

Item 5 & 6: Client Consultation

The NAC hosted a consultation with current and former VVCS clients, to gather feedback on VVCS services in the Australian Capital Territory region. A significant proportion of the discussion centred on the awareness of VVCS, and the processes a client needs to follow prior to accessing VVCS services. The younger clients, including partners, were on occasion, not independently aware of their eligibility for services as they did not think the name 'VVCS' encompassed them. Instead, these clients were generally referred to VVCS by ex-service organisations.

It was noted that the intake process can feel quite long and arduous, and that this first point of contact is a critical time for those needing support. It was also highlighted that when clients re-enter the service after a period of time, the repetition of providing information in a new intake can be frustrating. VVCS noted that work was underway to streamline its intake processes and that feedback from this session would be considered as part of this. All clients highlighted that once 'in the door' and seeing a counsellor, their experience with VVCS has been overwhelmingly positive.

Additionally, attendees sought clarification in relation to:

- regional differences in how potential clients become aware of the service;
- the range of group programs available to the family unit, with a suggestion that a positive psychology, resilience building, future-focused program could be beneficial;
- communication between DVA and VVCS in situations where additional support could be provided – for example, it was suggested this would be beneficial if DVA payments are about to be terminated and where VVCS is aware the client is struggling;
- how VVCS stay connected to families throughout the life continuum, – for example, with children, programs run by ex-service organisations often have age restrictions, what is the role VVCS could play in filling these gaps; and
- mental health support for the VVCS client community following hospitalisation.

Item 8: VVCS Communications and Rebrand Strategy

Presenter: Ms Jane Witcombe, Assistant Director VVCS Communications and representatives from Soda Strategic.

Ms Witcombe introduced Soda Strategic, who have been engaged to re-energise VVCS branding. Soda provided an overview of their proposal, including a focus on an evolution of the VVCS brand to encompass and resonate with all potential VVCS client groups, while acknowledging the legacy of Vietnam veterans. Soda sought the NAC's input on potential groups who should be consulted as part of the scope of this work, including the identification of those who may be eligible for VVCS but have no prior awareness of the service. Soda also sought the NAC's advice on the proposed timeline for the scope of work.

Action Item 2017-10: VVCS to provide a debrief on branding 'discovery phase' at the first NAC meeting of 2018

Item 9: Outreach Provider Clinician (OPC) Program Review

Presenter: Mr David Spice, VVCS Project Manager, Clinical Services Team

Mr Spice highlighted that the VVCS OPC program review was a key project for VVCS. Currently, around 70% of VVCS' workforce clinicians deliver client services through this program, and with expanding client eligibility and increasing clients through the service he highlighted the importance of future proofing management of this program.

Mr Spice presented a framework for the project based on Recommendation 5 in the VVCS Functional Review. The framework proposes a nationally consistent, effective, efficient and measurable approach to service provision and outreach management to optimise client outcomes. Mr Spice noted that the project is interlinked with all other key projects underway in VVCS, as part of an integrated service system.

Mr Spice noted the following key activities being reviewed as part of the project:

- *Focus on client-centred care model:* focusing on optimising client outcomes, so that a client is quickly paired with the right clinician with the right qualifications and experience, at the right time.
- *Skills audit:* reviewing workforce capabilities and identifying gaps where recruitment or increased training may be required.
- *Credentialing and registration:* streamlining the process to ensure that more time can be spent assisting the client as opposed to administrative tasks, and increasing the use of quality improvement and assurance processes to review client outcomes in this program.
- *Audit processes:* consideration of random audit systems to more effectively manage cases with experienced outreach providers.

The NAC sought additional details on:

- Satisfaction levels of outreach provider clinicians and how the NAC seeks feedback from these providers, noting that this could further increase productivity and efficiency of service providers to deliver the best outcomes for VVCS clients.

Action Item 2017-11: VVCS to include an invitation to provide feedback to the NAC in the next outreach provider quarterly newsletter to provide feedback via the NAC Secretariat.

Items 8 & 11: Open Table Discussion

The Chair led an open table discussion following learnings from the briefing on the transition environment the day prior. The discussion was based on a hypothetical ADF member journey through a complex separation from the military, where co-morbidity and complex family relations impacted on risk levels. The discussion focused on touchpoints and flags in support systems while a member transitions from the ADF to civilian life, and how VVCS could more effectively provide support at these key intersections.

The NAC:

- noted the benefit of case management in complex situations such as these, reinforcing the role of the VVCS Community Coordination Pilot and the new Assistant Director, Clinical Coordination positions for this purpose;
- acknowledged that different types of discharge can result in varying support options, for example, in this narrative a medical discharge allows for access to DVA payments, attendance at transition seminars, and involvement in the Career Transition Assistance Scheme (CTAS) as opposed to administrative discharge where this support would not necessarily be available;
- discussed the potential primary, secondary and tertiary health care touchpoints in the transition journey, noting that awareness of VVCS services could be increased at the

primary level and warm transfer for complex clients between levels could augment supports;

- noted an opportunity for Defence to flag a family referral to VVCS when issues are identified internally with a ADF member, leveraging the VVCS eligibility expansion for partners and families;
- noted an opportunity to work with Joint Health Command to increase awareness of VVCS availability, especially for families, with on based medical staff. If medical staff are treating ADF members for serious medical conditions – they can refer the families of the member for support, and also connect the individual to VVCS prior to any medical (or other) discharge, ensuring a continuum of care post-discharge;
- discussed the role of welfare contact officers within the ADF and expressed an interest in meeting with representatives of this cohort at a future NAC meeting;
- discussed the process whereby DVA receives a notification when there is an incident involving a member within Defence that may result in a future entitlement under DVA legislation. The NAC noted that it could be beneficial if, as part of this process, the ADF member could opt into VVCS making contact to offer mental health support; and
- highlighted the importance of DVA advocate training, including briefings on available mental health support options including VVCS and training on how to facilitate a referral to VVCS where mental health support needs are identified.

Additional Agenda Item –2018 Department of Defence Strategy

The Chair advised of an additional agenda item regarding the 2018 Department of Defence Strategy and invited Dr David Cockram to talk to this item. Dr Cockram highlighted that both Defence, DVA and VVCS were aligned in their goal of delivering high quality services to current and former ADF members, and their families. The NAC discussed how VVCS could complement the Defence mental health support forward agenda. The NAC noted a potential opportunity to look at how VVCS could augment the Defence Employee Assistance Program arrangements; and explored opportunities to brief Defence on VVCS activities, including the Defence Links Steering Committee.

Next meeting: Adelaide, South Australia – Date to be confirmed out of session.

Summary of actions:

Action Item	Description
2017-06	VVCS to provide NAC with a table of all pilots/research trials underway within the service, including the lead investigators and a short purpose statement.
2017-07	VVCS to seek details from the Operation Compass Steering Committee regarding demographics of participants involved, including a gender breakdown.
2017-08	VVCS to distribute the next iteration of the consent form for the NAC’s visibility (out of session).
2017-09	Mrs Pahl to brief with the VVCS team on her learnings/experiences travelling with the 2017 Invictus Games team, to assist with planning the clinical support for athletes at the 2018 Games in Sydney.
2017-10	VVCS to provide a debrief on branding ‘discovery phase’ at the first NAC meeting of 2018
2017-11	VVCS to include an invitation to provide feedback to the NAC in the next outreach provider quarterly newsletter to provide feedback via the NAC Secretariat.