



Australian Government

**Veterans and Veterans Families
Counselling Service**

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

*Adelaide, South Australia
15 - 16 February 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
Ms Leanne Galayini	Sons and Daughters
Mrs Melanie Pike	Partners and Families
Dr Mike Seah	General Practitioners
Ex-Officio	
MAJGEN Mark Kelly AO DSC	Repatriation Commissioner
WOFF-AF Robert Swanwick	<i>Representative</i> - Regimental Sergeant Major, Army
Ms Andrea Leavy	<i>Representative</i> - Director General, Defence Community Organisation
Professor David Forbes	Director, Phoenix Australia
Dr Stephanie Hodson CSC	National Manager, VVCS
Invited Guests	
Ms Jane Witcombe	Assistant Director Communications, VVCS
Secretariat	
Ms Rachel Ryan	Secretariat, VVCS
Apologies	
WO Don Spinks OAM	Regimental Sergeant Major – Army
Mr Paul Way	Director General, Defence Community Organisation

Items 1 & 2: Welcome, Apologies and General Business

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

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

The Chair, the Repatriation Commissioner and the VVCS National Manager formerly acknowledged the contribution of the former Director of VVCS Strategic Operations, Ms Marita Sloan. The Committee commended her commitment and hard work in her six years with VVCS, noting her pivotal role in the expansion and evolution of the VVCS service offering.

Apologies were accepted from WO Don Spinks OAM and Mr Paul Way. The Chair welcomed WOFF-AF Robert Swanwick and Ms Andrea Leavy as representatives from the Australian Defence Force and the Defence Community Organisation.

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

- Professor Forbes 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.
- Mrs Pahl noted her ongoing involvement with the Invictus Games team.
- Mr Russell noted his consultation with Department of Defence (non-mental health related).
- Professor Burns noted her consultation with Department of Defence and other providers on Defence health services.

The Chair welcomed the NAC to the first meeting of 2018, and outlined the meeting agenda.

Statement of Objectives

The Chair highlighted that the aim of this meeting was to review the specific needs of, and services available to reservists. This meeting also provided an opportunity for the Committee to provide advice on regional VVCS community engagement, and engage in a workshop as part of the VVCS branding project.

Matters from Previous Meeting

Action Item	Description	Status
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.	Completed.
2017-07	VVCS to seek details from the Operation Compass Steering Committee regarding demographics of participants involved, including a gender breakdown.	Ongoing.
2017-08	VVCS to distribute the next iteration of the consent form for the NAC's visibility.	Completed.
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.	Closed. Mrs Pahl will continue to liaise with VVCS in the lead up to 2018 Invictus Games
2017-10	VVCS to provide a debrief on branding 'discovery phase' at the first NAC meeting of 2018	The Chair noted this as part of the meeting agenda
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.	Completed.

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.

Dr Hodson provided a six-month evaluation report on the VVCS Community Engagement Pilot, which included the recruitment of Community and Peer Advisors to the North Queensland region. Dr Hodson detailed the key achievements to date, including that the Pilot had resulted in a significant increase in the demand for care coordination services, from 11 total regional referrals in 2016 to 38 in the last six months of 2017. She noted that the success of the collaborative approach to provide stepped care for clients with complex needs has resulted in a further rollout to the New South Wales/Australian Capital Territory region in February this year.

Dr Hodson also provided an update on the detailed analysis from the Australian Institute of Health and Welfare's report on the incidence of suicide in serving and ex-serving ADF personnel. This included an examination of what service-related characteristics may place an ex-serving ADF member at greater risk of suicide, and the implications for service provision.

Dr Hodson noted that following consultation with the NAC, VVCS have implemented changes to its consent and exchange of information processes between the Department of Veterans' Affairs (DVA) and VVCS. She highlighted that there is no significant change to practice. Information exchange will only occur in situations in where it is deemed necessary to ensure the safety of the client or those around them or with the consent of the individual. It will also enable VVCS to strengthen the support it can provide to clients with complex needs.

She also provided an update on risk escalation for DVA clients to VVCS; the VVCS research program; new training available to all VVCS clinicians on suicide prevention; and recent communications activities.

The NAC sought additional details on:

- *VVCS service growth* – the NAC discussed the expanding VVCS service and capacity to meet this demand. Dr Hodson noted that expanding VVCS office space is a crucial next step to physically cater for more staff, and that work is underway to refit current properties establish new satellite centres.
- *VVCS National Intake Service* – Dr Hodson noted the planned move to a VVCS National Intake Service, in line with the VVCS Functional Review recommendations. The NAC discussed and commended the plan to implement a consistent, 'best practice' mental health intake model with a focus on improved client health and well-being outcomes through the provision of a timelier, responsive, tailored, and consistent service.
- *Psychiatry support* – the NAC discussed the need for a strong psychiatry presence in the service model. Dr Hodson noted that a project is progressing with the aim of providing psychiatry support to every VVCS centre to provide guidance on management of medication and complex cases.
- *VVCS Invictus Games Involvement* – the NAC discussed the crucial role of VVCS in supporting the 2018 Invictus Games in Sydney, particularly the role of supporting partners and families.

Key discussion outcomes:

- The NAC is supportive of VVCS prioritising its support of the 2018 Invictus Games.
- VVCS should form the basis of any future DVA clinical case escalation model. The NAC noted that VVCS has the existing capacity and services to effectively run this model of stepped care.

Item 4: Regional Insights

Presenter: Mr Marcus Schmidt, Director of South Australia (SA) and Northern Territory (NT) region, VVCS.

Mr Schmidt provided a briefing on his regional insights, with a focus on SA.

Key points of note:

- *Partnership with Relationships Australia (RA)* – South Australia and the Northern Territory are piloting a model of partnership with RA. VVCS are leveraging the specialist services offered by RA in family and relationship functioning. This model increases the specialty services provided to clients and increases VVCS' capacity. Individuals involved with this model remain VVCS clients, and complete the same intake and assessments.
- *Regional Consultative Forums* – these Forums are critical for local community engagement, and facilitate a sharing of information. The NAC discussed how VVCS could enhance the structure of the Forums to maximise the consultation opportunity.
- *Jamie Larcombe Centre (JLC) and VVCS* – The JLC is a new veterans' mental health precinct in Adelaide, which provides mental health and PTSD services to veterans, previously delivered through the Repatriation Hospital. VVCS have a close working relationship with the team at the JLC, with a VVCS staff member located on site once a week. The clinical collaboration supports case management and referral discussions. The NAC commended VVCS for positioning itself at such a key juncture to provide a continuity of care for veterans and their families.

Item 5: Stepping Out: Attention Reset (SOAR) Trial

The Chair invited Dr Hodson and Professor Forbes to brief the Committee on the SOAR trial.

Key points of note:

- VVCS is collaborating with Phoenix Australia and Tel Aviv University to conduct a randomised control trial of attention control training with members about to transition from full-time ADF service.
- The SOAR trial is based on more than a decade of cutting edge and technologically innovative research conducted by Tel Aviv University with the Israeli Defence Forces.
- The primary aim of the SOAR trial is to evaluate the efficacy of attention control training in both prevention, and reduction of existing, anxiety and traumatic stress symptoms in this high-risk cohort.
- If proven effective, the training program will offer a simple, affordable, accessible and preventative intervention for ADF members about to transition to civilian life.

Item 6: Departmental Briefing

The Chair welcomed Ms Janice Silby, Deputy Commissioner South Australia and invited her to brief the Committee. Ms Silby provided an update on DVA initiatives and an overview of topical regional issues.

Key points of discussion:

- *General Practice (GP) Health Assessment* – the GP Health Assessment is a comprehensive physical and mental health assessment, and is available annually for the first five years post-transition. The NAC discussed the VVCS referral opportunity for mental health issues identified in this assessment.
- *Specialist aged care services* – the NAC discussed emerging mental health challenges of veterans transitioning into aged care, particularly for Vietnam era veterans who are experiencing symptoms of Dementia.

- *Veteran centric reform program* – positive feedback has been received from clients who have experienced the changes to how DVA is transforming its business. The NAC discussed how the community are engaging more with technology, and the opportunities for individuals to ‘own’ their health record in the future.

Action Item 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.

Items 7 & 8: VVCS Communications and Rebrand Strategy – Phase One, Discovery

Presenter: Ms Jane Witcombe, Assistant Director VVCS Communications and representatives from market research provider.

Ms Witcombe re-introduced representatives from Soda Strategic, who have been engaged to re-energise the VVCS branding. Soda ran a discovery workshop with the Committee as part of their market research and branding development model.

Action Item 2018-02: The NAC will engage in Phase Two of the re-brand workshop at the June meeting in Hobart.

Items 9: Open Table Discussion on VVCS Regional Consultation

The Chair led an open table discussion following learnings from the briefing on regional insights, specifically focused on Regional Consultative Forums (RCFs). The NAC reiterated that RCFs are critical for local community engagement. The NAC further discussed how VVCS could enhance the structure of the Forums to maximise the consultation opportunity.

Key outcomes:

- RCFs are currently an essential information sharing tool, however they could be enhanced to maximise the value of consultation and input received from the community. The RCF should also provide an opportunity for the community to raise and address any concerns, and to network.
- The NAC recommend that VVCS review the existing structure of the RCFs and develop a national approach that:
 - addresses the top five items against the national work agenda that VVCS could seek community input on;
 - includes solution focused discussion points for continuous improvements projects;
 - clearly states the terms of reference for the Forums; and
 - incorporates a feedback component into the National VVCS team.

Action Item 2018-03: VVCS to review the structure of RCFs and report back to the NAC at the next meeting.

Item 10: Consultation with Reservists

The NAC hosted a consultation with a group of reservists, some of whom were current or former VVCS clients to gather feedback on VVCS, the support services available to reservists, and the unique nature of reservist service. The consultation re-affirmed the important role of VVCS in providing credible, respected services to the Defence community, including families.

Key observations / discussion outcomes:

- Reservists are skilled and core to the successful operations of the ADF. Reservists work in a unique environment and often move between situations, teams and units to

provide their skillset. This can create challenges in maintaining consistent support networks.

- The temporary placement of reservists can often result in isolation and communication gaps, which can mean that reservists may not be aware of the support services available.
- Transition for reservists is particularly difficult, as they do not have the support of the 'team' necessarily around them or the full suite of support services. Additionally, it was suggested that some reservists feel obligated to return quickly to their civilian employer and often do not have a break or a decompression period.
- The term 'veteran' does not always resonate with reservists, and therefore the VVCS name can be problematic in promoting eligibility for services. It was suggested that 'anyone who has served in uniform' resonated more.
- Non-liability healthcare, 'one day continuous full-time service' (and subsequent access to VVCS services), can be problematic for reservists and could be a barrier to seeking mental health support. It was noted that eligibility for support is confusing and can be misleading.
- The NAC recommend that all reservists are provided with eligibility to non-liability healthcare for mental health conditions, and are provided with full access to VVCS after one day of reserve service.
- The group discussed the ongoing prevalence of mental health stigma, suggesting that more work go towards communication that mental health issues to be acknowledged, as you would for physical.

Item 11 & 12: Open Table Discussion and Meeting Summary

The Chair led an open table discussion on issues raised in the consultation with reservist representatives.

Key conclusions/recommendations:

- *Acknowledgment of reservist service* – the impact of military service is broader than deployment and reservists are critical to bolstering the capacity of the ADF both in country and on operations.
- *Eligibility for non-liability healthcare* – eligibility should extend to any ADF member with one day of reserve service. The unique challenges faced by reservists should be acknowledged and valued through equal access to services and support. This would also reduce confusion on eligibility to access VVCS eligibility and strengthen VVCS messaging on support seeking for all current and former ADF and their families.
- *Transition* – maximise VVCS touch points for reservists in the transition period to promote the uptake of support services. The NAC noted the difficulty of broadly advertising support, when eligibility is currently not all inclusive.
- *Mental health stigma* – a joint communications strategy to tackle mental health stigma between Defence, DVA and VVCS would encourage consistent messaging across the life serving and ex-serving community.

In summary, the NAC were supportive of VVCS positioning themselves as the inclusive, wraparound mental health service for the ADF service community – any person who has worn a uniform for one day, and their family members. Expanding the non-liability healthcare arrangements to reservists would enable this to occur.

Next meeting: 14 - 15 June 2018 in Hobart, Tasmania.

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