



Australian Government
Department of Veterans' Affairs
OFFICE OF THE SECRETARY

EC17-001276

Foreign Affairs, Defence and Trade Committee Secretariat
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Sir/Madam

At the Budget Estimates hearing of the Department of Veterans' Affairs on 30 May 2017, the Department undertook to provide the Foreign Affairs, Defence and Trade Committee with further information on two matters prior to the Supplementary Estimates hearing.

Please find enclosed this additional information relating to:

- Progress of the Department of Health Suicide Prevention Trial in Townsville; and
- Advertising and publicity activities undertaken by the Department of Veterans' Affairs in relation to simpler procedures around child abuse claims and access to non-liability health care for mental health conditions for people who had served in the Australian Defence Force.

I would be grateful if this information could be circulated to Committee members prior to the Supplementary Estimates hearing scheduled for 25 October 2017.

Yours sincerely

 **S. Lewis PSM**
Secretary

13 October 2017
Encl

GNABRA BUILDING
21 GENGE STREET
CANBERRA CITY ACT 2601

GPO BOX 9998
CANBERRA ACT 2601
AUSTRALIA

Senate Standing Committee on Foreign Affairs, Defence and Trade
Budget Estimates 2017-18; 30 May 2017
Answers to questions on notice from the Veterans' Affairs portfolio

Townsville Suicide Prevention Trial

Senator GALLACHER: Can I just say that this references committee, including Senator Back, as a member of the references committee, has completed an inquiry into suicide and mental health. We actually took evidence from people whose partners had suicided, and I do not find it all that comforting to get the position you are putting now, that you need to engage and you need to do this and you need to do that. I think the minister would be able to confirm, if she chose, that there have probably been two suicides in the last fortnight. So, can we get the bureaucratic position finalised and actually get working, practical things on the ground at these sites? If we come back here on whatever date it will be, in October, and we do not have real things happening—we had a woman who said, 'My husband said he was going to suicide eight times, and on the ninth time he succeeded; are you happy?' That was the standard of evidence we got. So, you can understand the frustration, if you like, that sometimes is expressed from this side of the table in terms of how we get policy initiatives in place. I know they are really difficult, but can we put some urgency about this?

Dr Hodson: I would say to you that we are not waiting. We have put the team on the ground, and they are already starting to do work. One of the issues is to make sure that we link all the services and all the clinicians who can actually help. We are already trialling the 'glue'; we are not waiting for the steering committee. But in order to get to a point where we actually have something that the community will believe in we have to engage them also in the process.

Mr Lewis: I think that well before the next estimates, well before October, you should put us on notice that we should come back to you in writing to give you an update in relation to the work we are doing collectively with the Department of Health, which does have that lead, in relation to what is happening on the ground and the status of the trial and its accessibility for veterans who are in need of help.

Response:

Background

Townsville is one of 12 Primary Health Network trial sites that is being funded to focus on innovative and collaborative approaches to suicide prevention. This project is being led by the Department of Health (Health), through the North Queensland Primary Health Network (NQPHN).

On 30 March 2017, the Minister for Health, the Hon Greg Hunt MP, announced that Lieutenant General John Caligari (Ret'd) will chair the project's Steering Committee. General Caligari and the Steering Committee, made of up representatives from local health services and the ex-service community, are providing direction as the trial develops.

This project, officially called Operation Compass, is currently implementing a number of evidence-based strategies to better target people at risk of suicide, and ensure a more integrated and locally-based approach to suicide prevention.

This trial is not about implementing more routine ongoing services – it is about building an understanding of suicide in the Townsville community, and developing a local solution that strengthens existing services, builds collaboration between existing service providers, provides visibility to consumers of those services, and considers innovative approaches to suicide prevention. For this reason, the trial is being led by the Townsville community through the NQPHN.

Senate Standing Committee on Foreign Affairs, Defence and Trade
Budget Estimates 2017-18; 30 May 2017
Answers to questions on notice from the Veterans' Affairs portfolio

Funding

Funding for the trial is being provided by Health. A Deed of Variation to the Primary Health Network Mental Health Schedule was executed in June 2017 and the NQPHN is receiving \$1 million per year in 2016-17, 2017-18 and 2018-19.

Minister Hunt announced on 28 May 2017 that the Government will provide \$3 million to the Black Dog Institute (Black Dog) to support the 12 National Suicide Prevention Trials being established around the country, including Townsville. Black Dog will support the NQPHN to ensure the Townsville community is engaged to lead, own and adapt suicide prevention strategies to ensure they reflect local needs.

Current Status

The implementation framework for the Townsville trial is the Black Dog's Lifespan model. This model combines nine strategies that have strong evidence for suicide prevention into one community-led approach. For successful delivery, all strategies require a thorough consultation and review process to ensure their relevance and tailoring to the local context and community.

To this end, an Advisory Group comprising members from the local Townsville community has been established and includes mental health professionals, veterans and people with lived experience. This group meets fortnightly.

The Chair of the Steering Committee has tasked the Advisory Group members with working on a Community Action Plan for the Trial. The Chair is proposing to launch this Action Plan during Veterans' Health Week, 21-29 October 2017. This Action Plan will detail further activities and initiatives for the project.

In addition, as part of the National Suicide Prevention Trial all PHNs are required to submit work plans to Health as per their funding schedule. Work plans identify all main activities to be undertaken, including development and implementation activities; workforce requirements and recruitment strategies; provisions for data collection and reporting; and indicative annual expenditure. The NQPHN submitted a work plan to Health, and following feedback, is currently finalising this work plan in consultation with the project's Steering Committee.

Immediate and Future Activities

Health advises that a number of immediate and future activities are being implemented through this trial. Key activities for 2017 and early 2018 include:

Senate Standing Committee on Foreign Affairs, Defence and Trade
Budget Estimates 2017-18; 30 May 2017
Answers to questions on notice from the Veterans' Affairs portfolio

<p><i>October 2017</i></p>	<p>Launch of QPR gatekeeper training.</p> <p>QPR training supports lay and professional gatekeepers to recognise and respond positively to someone exhibiting suicide warning signs and behaviours. It is an emergency mental health intervention that is designed to detect persons who are in the ideational phase of a suicide plan, and/or those who have already made a non-lethal attempt. The online version of QPR is self-paced and users are encouraged to complete the program in their own time.</p> <p>The aim is to train 10% of the Townsville community over a two year period.</p>
<p><i>24-25 October 2017</i></p>	<p>Mindframe Training for Media</p> <p>The Hunter Institute of Mental Health will deliver Mindframe Plus media training in Townsville. Training will be provided to all local journalists, as well as Steering Committee members, the NQPHN communications team and senior staff from the Local Hospital Network and police.</p> <p>Mindframe aims to encourage responsible, accurate and sensitive representation of mental illness and suicide in the Australian mass media and communication.</p>
<p><i>November 2017</i></p>	<p>Mental Health Training for Health Professionals</p> <p>Wesley LifeForce have been engaged to conduct mental health training to approximately 90 GPs, nurses and primary care professionals in Townsville.</p>
<p><i>27 November – 1 December (5 day training)</i></p>	<p>Crisis Intervention Training</p> <p>NQPHN is working in collaboration with the Mental Health and Psychology Services Unit of Joint Health Command in 3rd Brigade Townsville, and the Veterans and Veterans Families Counselling Service (VVCS) Townsville to deliver Crisis Intervention Training for the local Queensland Police Service –focusing on the needs of ex-serving members.</p>
<p><i>Christmas/New Year period 2017</i></p>	<p>Increased Engagement</p> <p>The NQPHN has identified the need for additional activities and engagement with local services, including local emergency departments, during the Christmas period. Additionally, this is the stand-down period for the Australian Defence Force (ADF), which starts 11 December 2017.</p>

Senate Standing Committee on Foreign Affairs, Defence and Trade
Budget Estimates 2017-18; 30 May 2017
Answers to questions on notice from the Veterans' Affairs portfolio

2018	<p>Service Mapping</p> <p>A service mapping exercise, leveraging existing resources and service directories, including those maintained by the local city council, QLD Health, and the Department of Defence. The NQPHN is also proposing to survey local GPs and other health providers about their knowledge and skills to manage veteran needs, with a view to creating a list of health professionals with expertise in this area.</p>
------	--

VVCS Community Coordination Pilot

The Townsville trial is also being supported by VVCS as a local service delivery provider.

The Minister for Veterans' Affairs has approved additional resources for VVCS to conduct a two year pilot of a Community Coordination Team in Townsville. The objective is to enhance the management of complex and/or high risk clients in the region, especially applicable to clients considered to be at risk of suicide. The VVCS Community Coordination Team also have a role working closely alongside the NQPHN.

The Community Coordination Team comprises VVCS clinicians and two lived experience peers. The pilot is exploring if a Community Coordination team within the region will enhance the clinical service experience of these clients through:

- stronger relationships with regional service providers and the ex-service community to ensure clients are provided with a comprehensive and integrated package of support;
- ensuring that clinicians within the VVCS network are fully linked to and aware of the regional services available to support an individual;
- providing a single point of contact and liaison for individuals in crisis;
- ensuring clinical co-ordination includes support to the individual's family;
- access to a lived experienced mental health peer to assist in breaking down self-stigma and barriers to care;
- ensuring veteran mental health clinical services are part of and able to support the outcomes of the Townsville Suicide Prevention Trial; and
- ensuring that clinicians within the VVCS network facilitate client access to other mental health services, as appropriate, through streamlined privacy protocols and contact procedures.

In terms of direct support for suicide prevention, the Care Coordination Team:

- Have established a visiting service to the local psychiatric hospital (Townsville Private Clinic) to support veterans and their families with community re-integration;
- Are working to establish a mental health peer network with a specific focus on veterans in the Townsville community, building on an earlier trial by DVA;
- Are increasing the visibility of veteran mental health services through regular participation in community and service provider information activities;
- Are engaging more at risk clients in care coordination (case management) services through VVCS to better support other social and emotional needs, in addition to psychological; and
- Are available to support the PHN in the development of military aware resources and meet with the PHN project office at least weekly.

Senate Standing Committee on Foreign Affairs, Defence and Trade
Budget Estimates 2017-18; 30 May 2017
Answers to questions on notice from the Veterans' Affairs portfolio

Dissemination of information around the policy change regarding evidentiary requirements of complainants in historical sexual and physical abuse cases and non-liability health care for mental health conditions

Senator KAKOSCHKE-MOORE: I want to go to the issue of non-liability health care and the discussion we had at the last estimates and some responses to questions on notice about advertising of non-liability health care, particularly to those who are socially isolated. I understand that the advertising campaign directed towards these individuals was stage 3 of the campaign. Has this stage begun?

Mr Lewis: It has not begun but it is very close. Stage 3 is above the threshold for government communications campaigns, so we are having to work through the whole-of-government processes through the Department of Finance on communications. But it is well advanced. I will ask Ms Foreman and Mr Brown to assist.

Ms Foreman: Senator, are you talking about our response to the royal commission into sexual abuse?

Senator KAKOSCHKE-MOORE: Yes. It was question on notice No. 52.

Ms Foreman: As I think I mentioned last time, the first thing we did was get in touch with clients who had claims in abeyance. We have then had a three phased response. The first phase involved us going out to ESOs through our ESO roundtable, through all our state and territory ESO networks, and providing information to them. We also did a series of website updates and e-news articles.

Senator KAKOSCHKE-MOORE: Is that still the first phase?

Ms Foreman: Yes, it is. That went up until February. There are a series of social media articles on our Facebook page and other media and in *Vetaffairs* letting people know the new rules and how they can access assistance. The second phase, which was more institutional, involved letters to plaintiff lawyers and letters to health providers via the departments of public health network and then some more social media. We have used Twitter and Facebook to get our messages out.

Senator KAKOSCHKE-MOORE: What strategies will be employed in phase 3?

Ms Foreman: That is before a government committee at the moment. As Mr Lewis mentioned, above a certain threshold we have to go before a government committee and get approval. So, sorry, I cannot go into that. But it is focused on regional and rural, as we discussed.

Mr Lewis: We would be happy to provide it on notice; we will respond to you way before the next estimates committee.

Response:

Communication Strategy

The main features of the Communication Strategy included identification of primary and secondary target audience (the primary audience being former serving members of the Australian Defence Force (ADF) who may be entitled to assistance in relation to sexual or physical abuse, particularly those who may have had a historical claim rejected).

Targeted messaging focused on the:

- change in the way claims relating to sexual and physical abuse suffered in the ADF will be handled by DVA;
- simplified and supported manner in which potential claimants can access support;
- an encouragement for potential claimants to make contact;
- the increased access to non-liability health care for all mental health conditions; and
- a three-stage publicity plan.

Senate Standing Committee on Foreign Affairs, Defence and Trade
Budget Estimates 2017-18; 30 May 2017
Answers to questions on notice from the Veterans' Affairs portfolio

Outcomes

Stage 1 included:

- policy and procedures updates in the Department's Consolidated Library of Information and Knowledge;
- three social media events (Facebook, Twitter) reaching over 16,100 individuals in total;
- two E-news articles, each reaching over 19,000 recipients; and
- letters to peak bodies (for example the Australian Psychological Society, the Rural Doctors' Association of Australia and the Australian Medical Association) and ex-service organisations. Approximately 250 letters were sent.

Stage 2 included:

- initial and follow up letters to over 30 health provider groups through the Department of Health's Primary Health Network (which replaced Medicare Locals);
- an E-news article reaching over 19,000 recipients; and
- three social media events reaching over 8,000 individuals.

Stage 3 included:

- an advertising campaign appearing in print and on radio from 24 June – 30 June 2017;
- The print advertising appeared in prominent positions in major metropolitan newspapers on the highest readership day (Sunday) and also in regional and rural newspapers.
- A radio advertisement was also broadcast on metropolitan, regional and community radio.
- additional digital advertising was released between 10-24 July 2017; and
- all advertising was based on market research carried out by Kantar Public.

Current status

The Department is continuing to promote the changes through:

- Facebook and Twitter;
- Departmental forums, newsletters and magazines; and
- Commonwealth entities such as the Commonwealth Superannuation Corporation and the Department of Human Services.

Having finished the targeted, market-researched advertising directed at those who may have been abused in the ADF, the focus is now broader, focussing on the increased access to non-liability health care. Publicity using non-liability health care will still attract the interest of those who may have been abused in the ADF but will also attract a much wider level of initial interest.