

A large, decorative graphic on the left side of the page. It consists of a dense cluster of overlapping circles in various shades of purple and pink, ranging from light lavender to deep magenta. The circles vary in size and are arranged in a way that creates a sense of depth and movement, resembling a stylized brain or a network of connections.

annual report 2009

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Project Partners

The Mental Health Professionals Network (MHPN) is funded through the Australian Government Department of Health and Ageing to support the development of local interdisciplinary networks of primary mental health professionals.



Australian Government
Department of Health and Ageing

MHPN has four member organisations and three partner organisations.

Member Organisations



The Royal Australian & New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and has responsibility for training, examining and awarding the qualification of Fellowship of the College to medical practitioners. There are currently approximately 2600 Fellows of the RANZCP who account for approximately 85 per cent of all practising psychiatrists in Australia.



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

The Royal Australian College of General Practitioners

The Royal Australian College of General Practitioners (RACGP) is the national leader in setting and maintaining the standards for high quality general practice. The RACGP leads the education, training and assessment processes for general practitioners; advocates on behalf of the profession and supports Australia's GPs in meeting the health needs of the Australian population. With over 13,500 GP members nationally, the RACGP is Australia's largest medical College. The College's National Rural Faculty has 3500 GP members which also makes it the largest representative organisation for rural general practice in Australia.



Australian Psychological Society

The Australian Psychological Society (APS) aims to raise the profile of psychology and enhance its standing, both as a discipline and a profession, through the support of high standards for the profession, the advancement of psychology as a science and its contribution to community wellbeing. APS psychologists work in a diverse range of employment settings and specialisations. The APS is the premier professional association representing psychologists in Australia. There are 25,000 registered psychologists in Australia and 17,500 of these are members of the APS. The APS is the largest of all non-medical health professionals associations in Australia and has 38 branches across the country.



Australian College of Mental Health Nurses

The Australian College of Mental Health Nurses (ACMHN) is the peak body for mental health nurses and the only body that solely represents mental health nurses in Australia. Established as a congress in 1975, the college has continued to be an advocate of mental health and mental health nursing. The College has branches in each state of Australia that work with local stakeholders to promote mental health and mental health nursing.

Project Partners

Partner Organisations



OT AUSTRALIA

OT AUSTRALIA is the peak professional body representing the interests of Occupational Therapists across the country. OT Australia aims to support, promote and represent the profession of occupational therapy as a key element of the allied health sector in Australia. OT AUSTRALIA National comprises all states and territories (Member Associations). It has a membership of approximately 5000 occupational therapists.



Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the national professional representative body of social workers in Australia. It was established in 1946 at a national level. Branches are located around the country and play a key role in fostering productive relations with members, the profession and others. The AASW has over 6000 members. There are currently 700 accredited Mental Health Social Workers across Australia with approximately one third engaged in private practice outside metropolitan areas.



The Royal Australasian
College of Physicians

The Royal Australasian College of Physicians

The Paediatrics & Child Health Division (PCHD) of the Royal Australasian College of Physicians (RACP) is the peak national professional body representing paediatricians in Australia and New Zealand. There are approximately 1,400 paediatricians in Australia. The PCHD is responsible for the supervision of training in the specialty of paediatrics and has other broad portfolios including ongoing training, policy development, representation of paediatricians on national issues, and advocacy for health care of children and adolescents.

Introduction

Mental Health Professionals Network

The Mental Health Professionals Network (MHPN) has been established to promote the quality of patient care, by fostering local interdisciplinary networks of mental health professionals in the primary care sector.

MHPN is laying the foundation for ongoing networks by coordinating interdisciplinary workshops across Australia.

The project involves:

- Delivery of workshops across Australia to interdisciplinary groups of mental health professionals working in the primary care sector
- Support of ongoing networks to strengthen their sustainability
- Development of an interactive website that supports ongoing networking within established local networks

MHPN is supported by the Australian Government and key professional organisations associated with delivering mental health care in the primary care sector.

MHPN's five main deliverables

1. Delivery of education and training package
2. Sustainability
3. Revision of the education and training package
4. Development and maintenance of the web portal
5. Multi-level independent evaluation

MHPN's three additional deliverables

6. MHPN Organization and Management
7. Project Advisory Group
8. Communications and Marketing Strategy

Chairman's Foreword



John McGrath AM
Chairman

It is with great pleasure that I write this foreword to the first annual report for the Mental Health Professionals Network Ltd (MHPN).

I can still vividly recall the initial discussion around the request for me to accept the role of independent Chair of the group.

Whilst recognizing the separate charters of each of the four member organizations, and the challenge of assisting them to collaborate successfully on this initiative, I did not hesitate in accepting the role. It was clear that there was significant potential within this project to improve the daily lives of Australian people who need Mental Health services.

In my many years of involvement in this sector I have witnessed the introduction of numerous new initiatives, including some which are very good, but this particular one has that special feel about it. The Better Access to Mental Health Medicare numbers have been a huge step forward in improving access to services.

The MHPN project is challenged to bring together a range of multi-disciplinary professionals into nationwide networks. The ultimate aim is establishing relationships that lead to ongoing sustainable groups working together and sharing their professional expertise into the future.

We are continually asking ourselves:

Will what we are doing in this project improve the quality of life for people who need these services?

The answer must always be YES.

We are finding this project to be an enormous challenge to achieve the target number of national workshops, whilst at the same time building in quality within a very demanding timeframe. Our initial focus on workshop numbers has now moved to longer term sustainability to ensure that a valuable resource remains an ongoing legacy.

I would like to thank my fellow directors for their valuable contributions to this work as they bring a wealth of knowledge to the table. Our four stakeholder members have been generous in their continuing support and commitment to ensuring the projected deliverables are achieved.

The Department of Health and Ageing, Lana Racic and her team have been extremely supportive in this process and have always been ready to accommodate the emerging trends, whilst keeping us on our toes. We appreciate this assistance.

I take this opportunity to thank our CEO, Chris Gibbs, for his leadership and determination as we at the Board challenged his strategies along the way. While we still have much to do I now have a sense that we are in control. Thank you Chris. We are very fortunate that the CEO has been able to recruit very capable people to the project and all of them have played an important part, but I would especially like to recognise Bronwyn Morris-Donovan and her senior colleagues for an outstanding contribution.

However having rightfully acknowledged the aforementioned people, the challenge remains for us to achieve all the deliverables of this project. We need to stay focused and committed to ensure that the legacy, for which we will all be collectively responsible, will be ongoing and really make that impact on improving the outcome and quality of life for the Australian people who need our assistance.

I commend this first annual report of MHPN to you all.

John McGrath AM
Chairman

Chief Executive Officer's Report



Chris Gibbs
Chief Executive Officer

It began with a “great idea”!

To get mental health professionals together in a way that encourages collaborative care in the primary care sector.

The “great idea” emanated from a unique collaboration between the Royal Australian and New Zealand College of Psychiatrists, The Royal Australian College of General Practitioners, the Australian Psychological Society and the Australian College of Mental Health Nurses. It was based on the growing evidence that consumer outcomes would be improved through better communication and collaboration of mental health professionals.

Their collective thinking led to the idea of offering workshops to interdisciplinary groups of private practice clinicians working under the Better Access to Mental Health Care Initiative (through Medicare) and the Mental Health Nurses Incentive Program. Better Access was developed by the government to encourage a team-based, interdisciplinary approach to mental health care in the community by offering Medicare rebates under a Mental Health Treatment Plan.

Each workshop would be facilitated

by an experienced clinician from the local area. The focus would be on collaborative care and would encourage clinicians to develop an ongoing purpose that would underpin future network meetings.

All clinicians eligible to practice under Better Access (general practitioners, psychiatrists, psychologists, paediatricians, social workers and occupational therapists) would be invited as well as mental health nurses.

The involvement of other important groups would be encouraged to encapsulate a wider range of clinicians for a more collaborative outcome.

Picking up the challenge, the wheels quickly rolled into action as MHPN developed a working plan and recruited a team with the capacity to implement a nationwide rollout of the initiative.

The establishment of an organizational governance framework was a key outcome achieved in late 2008.

The MHPN project involves the collaboration of many people and organizations. MHPN established small teams in the offices of each of the partner organizations to optimize opportunities for member engagement. In addition, relationships were established with the Australian Association of Social Workers,

Whilst revolutionary and ambitious, the idea was seen as a good one. The Mental Health Professionals Network was established to implement the project as contracted by the Department of Health and Ageing.

Chief Executive Officer's Report

OT Australia and the Paediatrics and Child Health Division of The Royal Australasian College of Physicians. The project has also been well served by an Evaluation Committee and a National Advisory Group, both of which provide frank and fearless advice on all aspects of project implementation.

By the end of June 2009, in excess of 200 clinical workshops had been conducted across rural, regional and metropolitan Australia. Feedback has been positive and all indications suggest that clinicians see professional and collegial value in continuing to meet. These workshops represented the first real opportunity to test and review the communications strategy, the supporting materials, clinical engagement strategies and enabled us to better understand the relationship between resource requirements and outcomes. We are encouraged by the feedback so far and are optimistic about the future.

The year ahead will see a further 1000 initial workshops rollout across Australia and the emergence of second and subsequent network meetings with the support of MHPN.

The focus for the next 12 months includes a social networking application on the MHPN website to support ongoing networks and an independent evaluation of the effectiveness of the initiative.

The project is innovative. It is a logistical challenge. Most importantly it presents a unique occasion to build the capacity and quality of response to individuals who need skilled treatment to deal with a mental health problem. We have an exceptional opportunity to take a great idea and make something substantial of it.

A project such as this requires enormous commitment and resilience from many people. Thank you to the partner organizations and key stakeholders who have continued to support and model a collaborative approach to this initiative. This will be even more important in 2009-2010.

To John McGrath AM, the Chair of MHPN who brings expertise, wisdom and inspiration to the initiative, thank you for your leadership and belief in the project. To the Directors of MHPN and key organization contacts, your advice and support has been critical in the shaping of the organization. I welcome the ongoing involvement of Lana Racic and colleagues at the Department of Health and Ageing and their commitment to the project. Finally a sincere note of thanks to the staff of MHPN who have stepped into the unknown and given energy and passion to this great idea.

Chris Gibbs
Chief Executive Officer

Board of Directors

“This exciting initiative represents an unprecedented opportunity for private practitioners in the field of mental health to develop collaborative models for better patient outcomes in the primary care sector”

Lyn Littlefield, Executive Director,
Australian Psychological Society



Mr John McGrath AM (Chairman)

Chair of the MHPN Project Advisory Group, Member of the MHPN Finance and Audit Committee, Member of the MHPN Evaluation Committee, Former National Party Member for Warrnambool in Victoria, Deputy Chairman of beyondblue, Chairman of the Victorian Ministerial Expert Advisory Committee on Mental Health, board member for headspace and Crisis Support Services, inaugural Chairman of The Mental Health Council of Australia and carer of a family member with mental illness.



Professor Kate Moore MAPS

Chair of the MHPN Finance and Audit Committee, Board member of the Australian Psychological Society (APS), Chair of APS Finance and Investment Committee, Member of the APS Professional Development and Accreditation Committee, President of the Stress and Anxiety Research Society, President-elect of the Asian Psychological Association (APsyA).



Professor Lyn Littlefield OAM

Executive Director of the Australian Psychological Society (APS) and a Professor of Psychology at La Trobe University. Lyn is a clinical psychologist and has worked in both the public and private sectors during her career. Lyn is currently, or has recently been, a member of a number of Federal Government Ministerial advisory and reference groups, including the National Primary Health Care Strategy Expert Reference Group, the National Advisory Council on Mental Health, the National Advisory Council on Suicide Prevention and the National Mental Health Workforce Advisory Group.

Lyn has also had extensive involvement in the development and implementation of the Better Outcomes in Mental Health Care and the Better Access to Mental Health Care - Medicare initiatives.



Associate Professor Morton Rawlin, BMed, MMedSci, FRACGP, FACRRM, DipPractDerm, DipMedHyp, DipFP, DipBusAdmin, MAICD

Currently in full-time clinical general practice. Vice President of the RACGP and Chair of the Victoria Faculty and the RACGP Faculty of Specific Interests and an RACGP Board Member. Adjunct Associate Professor in General Practice at the University of Sydney, Chair of the Rural Placement Committee of Rural Workforce Agency, Victoria (RWAV), member of the Committee of Presidents of Medical Colleges (CPMC) Education subcommittee.



Dr Darra Murphy, MB, BCh, BAO, FRACGP, MFamMed, FACPsychMed

Member of the MHPN Evaluation Committee, Associate at The Western Medical Centre, Yarraville. Senior Medical Officer at Djerriwarrh Health Services, Bacchus Marsh. Committee Member of Australian College of Psychological Medicine.

Board of Directors



Dr Mirco Kabat, MB. ChB. (Medicine), BSc. Honours (Psychology) (UCT)

Member of the MHPN Finance and Audit Committee (from Feb 2009), Director Corporate Services and Deputy CEO of The Royal Australian and New Zealand College of Psychiatrists



Dr Johanna Lammersma MBBS, FRANZCP

Psychiatrist (Private Practice)



Kim Ryan

CEO of the Australian College of Mental Health Nurses, Adjunct Associate Professor, Chair of the Mental Health Professionals Association, Chair of the Coalition of National Nursing Organisations



Dr Stephen Elsom, RN PhD, Associate Professor

Chair of the MHPN Evaluation Committee, Director at the Centre for Psychiatric Nursing, Faculty of Medicine, Dentistry & Health Sciences at the University of Melbourne

Allan Groth

Currently Assistant Secretary Nursing, Allied and Indigenous Health Workforce Branch at the Australian Government Department of Health and Ageing. Formerly with The Royal Australian and New Zealand College of Psychiatrists. Former MHPN board member and former member of the MHPN Finance and Audit Committee (to Feb 2009).



Finance and Audit Committee

The Finance and Audit Committee is established to oversee the financial reporting and audit process.

Its role includes:

- Monitoring audit reports received from internal and external auditors and management's response thereto;
- Liaising with the auditors (internal and external) on the scope of their work and experience in conducting an effective audit;
- Ensuring the external auditors remain independent in the areas of work conducted;
- Monitoring the matters of operational risk management and APRA reporting obligations; and
- Monitoring the compliance of applicable law.

Members of the Committee are:

- Dr Kate Moore (Chair)
- John McGrath AM
- Dr Mirco Kabat (From February 2009)
- Allan Groth (To February 2009)
- Chris Gibbs, CEO MHPN
- Trevor Donegan, Finance Manager, MHPN

Deliverables

Deliverable 1: Delivery of education and training package

The project parameters outlined by the Department of Health and Ageing are as follows:

- 1,200 workshops will be delivered over a 2 year period, with the bulk of workshops conducted between February 2009 and June 2010
- 30% of workshops are to be held in rural and remote locations (as measured by the Australian Standard Geographic Classification - Remoteness Areas Classification System).
- MHPN workshops aim to capture 20% of the General Practice workforce

The early focus of MHPN centred on delivery of the target number of initial workshops in each state and territory. 207 workshops were completed between February - June 30th 2009. This was seven workshops above that forecasted in the DoHA funding agreement, where a target of 200 was set for the first six months of workshops. This first 200 provided a valuable opportunity to inform and refine our processes for conducting initial workshops. It is anticipated 600 workshops will be completed by December 2009.

The importance of building good local relationships became apparent early in the project. Generation of workshop opportunities is based on the capacity of MHPN to build key relationships with local mental health professionals in order to create an interdisciplinary mix at the workshop.

MHPN has taken three primary pathways to roll out initial workshops:

1. Location based workshops
2. Practice based workshops
3. Special Interest Groups

In the initial project phase, workshops were focused primarily around location where workshops were delivered in local areas offering mental health professionals a unique interdisciplinary networking opportunity. Local private practitioners from the fields of General Practice, Psychiatry, Psychology, Mental Health Nursing, Paediatrics, Social Work and Occupational Therapy were invited to participate in an MHPN workshop.

Special Interest Groups and Practice-based workshops

Between February and June 2009 the project team began to engage practice based workshops and target clinicians involved in a range of special interest groups in the following areas:

- Post Traumatic Stress Disorder
- Veterans
- Paediatric
- Peri-natal
- Gender issues
- Child and adolescent
- Indigenous mental health
- Dual Disability

Deliverables

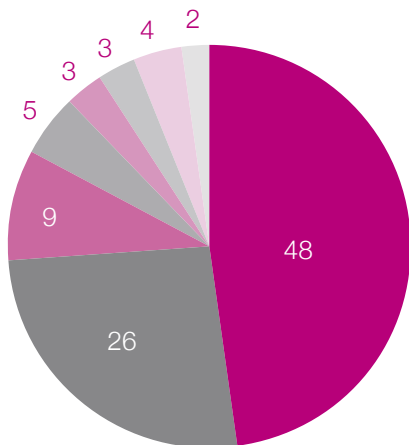
MHPN Workshop Participants

Initial engagement in the first five months of workshops saw considerable interest and uptake from Psychologists. 48% of participants as at June 30th were Psychologists followed by General Practitioners (26%) and Social Workers (9%).

A communications and marketing strategy was introduced in late April to more appropriately target participants from each relevant discipline. Key messages were generated for each discipline in order to attract a broad interdisciplinary mix of participants to each workshop.

In the 2008/2009 year all workshops conducted had a minimum of two disciplines attend with a majority of workshops having representation from three or more disciplines.

Participants by Profession June 30th 2009



- Psychologist
 - General Practitioner
 - Social Worker
 - Mental Health Nurse
 - Occupational Therapist
 - Psychiatrist
 - Other
 - Nurse
 - Paediatrician
- * Figures in percentages

Workshop Facilitators

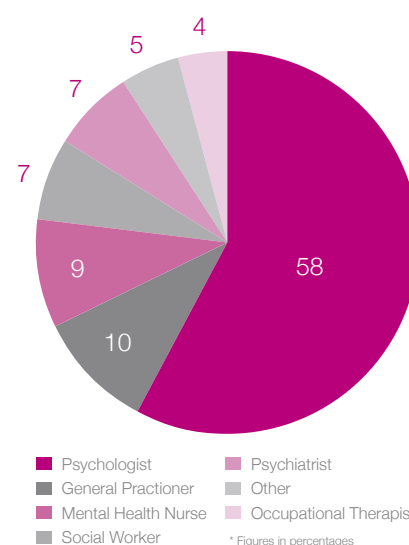
MHPN workshops are facilitated by mental health professionals from the seven disciplines supported under the Better Access to Mental Health Care Initiative and Mental Health Nurse Incentive Program. As at June 30th more than half of all facilitators were Psychologists (58%) followed by General Practitioners (10%) and Mental Health Nurses (9%).

A recruitment and screening process was implemented in January 2009 to ensure appropriate mental health professionals were selected to facilitate MHPN workshops.

Where feasible MHPN selected facilitators who practiced in the local area, were skilled in facilitation, had contextual knowledge of the Better Access to Mental Health Care Initiative and a willingness to continue with the network in an ongoing capacity.

MHPN continues to refine the key messaging for facilitators in the 2009/2010 financial year.

Facilitators by Profession June 30th 2009



- Psychologist
 - General Practitioner
 - Mental Health Nurse
 - Social Worker
 - Psychiatrist
 - Other
 - Occupational Therapist
- * Figures in percentages

Deliverables

Success Story:

Bayside clinic GPs expand network with MHPN support

When is a clinic meeting not a meeting? When it turns into an MHPN network. This was the case with a recent Mental Health Professionals Network (MHPN) workshop held at the Brighton Savoy in Melbourne. Facilitated by Associate Professor Steve Trumble, a member of the RACGP National Standing Committee - Education, and Editor in chief of "The Clinical Teacher", the successful MHPN workshop was built around Steve & his colleagues' regular monthly clinic meetings.

A large part of the evening's success was attributed to the Thomas Street Family Medical Clinic's GPs being able to invite mental health professionals to join them for the evening.

Doctors and therapists who had been in "referral relationships" for several years – without ever having met - finally got together and shared some good-natured case discussion.

To assist in building the network, invitations were also sent by MHPN to clinical groups not in regular contact with the Bayside GPs such as mental health nurses.

Attendees of the workshop were from varied mental health backgrounds including 7 GPs, 2 undergraduate medical students, 7 psychologists, as well as a social worker, a practice nurse and an international visitor from

One participant said:

"I filled out a Mental Health Care Plan the next day and actually felt I knew the person to whom I was referring my patient."



Dr Patricia Donald and Associate Professor Steve Trumble

Scotland, the GP Policy Adviser to the Lothian Health Board in Edinburgh. Participants agreed to further meetings at the Thomas Street Family Medical Clinic and welcomed further support from MHPN.

Deliverables

Deliverable 2: Sustainability

It is a project deliverable that a majority of networks will meet regularly over the first 2 years following the initial workshop (e.g. quarterly). The target is 70% of initial workshops translating into ongoing networks.

The area of workshop sustainability evolved considerably for MHPN between February to June 2009. Our strategic planning around sustainability was further informed as an increasing number of initial workshops were rolled out in late April, May and June 2009. Development of an understanding of the key drivers for network sustainability for each professional group has been a critical developmental process.

One of the emerging challenges identified in the 2008/2009 financial year was the demand for both financial and administrative support for second MHPN meetings. This will be a significant matter in 2009/2010 as we place more emphasis on network sustainability.

The 2008/2009 year revealed the extent to which the characteristics of ongoing networks vary from region to region. Factors such as the effectiveness of local stakeholder engagement, workforce distribution in the area and engagement of local facilitators willing to continue with the network continues to impact on the sustainability of a network. There was a need to bring structure and clarity to network sustainability and this will be addressed in the 2009/2010 year.

Many participants from the initial

workshops have expressed a desire to meet again. This provides us with an enormous opportunity to generate and build upon this sustained interest into the 2009/2010 year.

Success Story: Sutherland Succeeds with Mental Health Networking

Dr Monica Moore from the Sutherland Shire, south of Sydney, has successfully developed an ongoing Mental Health Professionals Network with the support of her local colleagues. Following the initial MHPN workshop earlier this year, Dr Moore met with colleagues to discuss the future of the group.

They shared a willingness to establish a network within the shire so that professionals could benefit in the following ways:

- share information about services in the private and public sectors, and how to access them (eg. NGO support services)
- an opportunity to match the patient to the practitioner, by getting to know the people who attend the meetings and hearing their views on how they practice, as well as who they know and recommend.

The Sutherland Shire mental health

network meet on a quarterly basis and aim to structure their next meeting around 2 case presentations. The presentations, both from private mental health providers, will outline their approach to a 6 session and an 18 session Medicare referral case. As Dr Moore explains "This would allow the group to get a sense not only of how the practitioners work, but also open up discussion for what constitutes a good referral letter from a GP, and similarly we can invite GPs to comment on what constitutes a good letter from the treating psychologist."

Subsequent meetings will have a different focus depending on the needs of the group, but with the enthusiasm of the members so far, it's a win-win for practitioners and their patients.

Deliverable 3:

Revision of the education and training package

At the commencement of this initiative, MHPN were provided with a facilitator manual and participant manual which had been produced by the Mental Health Professionals Association in preparation for MHPN. A review of both manuals was initiated in June 2009 after the first 200 workshops had been completed. Of particular importance was the refinement of key messages to support the delivery of the initial workshops and bring renewed focus to the longer-term purpose of network sustainability. The review continues into the 2009/2010 period.

An internal facilitation framework was developed in December 2008 - January 2009 to provide structure and consistency to the recruitment and selection of MHPN facilitators. This framework has been periodically reviewed and adapted to promote quality control internally for MHPN staff.

The facilitation framework includes operational guidelines, tasks and key documents with a focus on six key phases:

1. State based advertising and calls for expressions of interest
2. Screening, selection and recruitment
3. Pre workshop briefing and key messages
4. Workshop
5. Post workshop communications
6. Sustainable networks and coordination

The process for recruitment and selection of facilitators continues to be refined in the 2009/2010 year.

Deliverable 4:

Development and maintenance of the web portal

The MHPN web development entails the design and development of two major web resources:

- Public Access Website
- Restricted Access Web Portal

The public access website was aimed at promoting the MHPN project and network activities. This website allows interested mental health professionals to gain basic information about the project, to search for a workshop in their local area and register online, and to contact the project team via electronic means. By the end of June these objectives were largely met.

The second part of the web development plan is the creation of a social networking application to enable the establishment of online groups supported by a central administrative function. It is planned to introduce this application toward the end of 2009. This component is critical in terms of the ongoing support to groups that continue to meet.

The website operates within an appropriate privacy, confidentiality and content framework which is established and maintained by MHPN. The website is a critical component of the MHPN project and is intended to provide a comprehensive resource for mental health professionals.

Deliverable 5:

Multi-level independent evaluation

Evaluation Committee

Stephen Elsom RN PhD
(Chair), Centre for Psychiatric Nursing
at the University of Melbourne

Harry Lovelock
Australian Psychological Society

Deepika Ratnaike
headspace National Youth Mental
Health Foundation

Barbara Murphy PhD
Heart Research Centre

Dr Darra Murphy
General Practitioner

Patrick Smith
Department of Health and Ageing

John McGrath AM

Chris Gibbs
MHPN

Dr Angela Nicholas
MHPN

Independent Evaluation of MHPN

Contractual arrangements between MHPN and the Department of Health and Ageing (DoHA) require an independent evaluation of the project.

This evaluation is to be both a formative and outcome evaluation. That is, occurring concurrent with and providing feedback to MHPN activities as well as providing a summation of MHPN achievement against its specified objectives at the completion of the project. Formative evaluation allows quality management and process improvement to occur throughout the project by providing a feedback loop.

MHPN Evaluation Committee

An MHPN evaluation committee has been convened and consists of two MHPN directors, one advisory group member, two external members acting as consultants to the committee, and a DoHA representative. The Evaluation Committee meets monthly and is also attended by the MHPN CEO, the evaluation project manager and an MHPN administrative officer.

Select Tender process for an independent evaluator

A select tender process was undertaken by the evaluation committee to identify the evaluator that could best respond to the evaluation framework provided and within the specified budget. Tenders were invited based on research of both public and private groups currently undertaking

evaluation studies of large scale mental health or health programs. Following this tender process the Centre for Health Policy, Programs and Economics (CHPPE) from the University of Melbourne was identified as the most suitable organisation to undertake the evaluation of MHPN activities.

Tasks of the Independent Evaluator

The evaluator is required to undertake analyses regarding the efficiency, effectiveness, and appropriateness of all facets of MHPN activities. These include evaluation of written materials, the structure and content of the workshops, participation by all professions targeted, involvement of consumers and carers, sustainability of local networks, the website and web portal (under development) and MHPN governance structures. The evaluator will provide quarterly reports to the Department of Health and Ageing.

Evaluation Plan

An evaluation plan is being developed that outlines the tasks that CHPPE will undertake in order to fulfil the evaluation requirements. Data collection used in the evaluation will consist of registration, attendance, facilitator and workshop data gathered by MHPN in its daily activities, as well as additional data gathered by CHPPE. CHPPE will use electronic participant and facilitator surveys as well as focus groups to evaluate the quality and effect of MHPN workshop and network activities. A stakeholder focus group and desktop review will also be carried out to evaluate MHPN governance structures, policies and procedures.



Deliverables

Deliverable 6: MHPN Organization and Management

Mental Health Professionals Network Ltd was established in June 2008 with the inaugural MHPN Board meeting held in June 2008. The inaugural Annual General Meeting was held in November 2008.

The MHPN staffing team evolved considerably in the 2008/2009 year as the initial project team was established. CEO, Chris Gibbs joined MHPN in August 2008 followed by the National Project Manager, Bronwyn Morris-Donovan, in October 2008. Tanya Reardon joined MHPN as Communications Manager in April 2009.

Initially a team of eight project staff was recruited between October 2008 and January 2009. The team expanded to a total of 15 project staff by the end of June 2009 to support the objective of delivering 1200 workshops by June 2010 with 70% network sustainability. The MHPN project team continues to expand in the 2009/2010 year.

“MHPN’s aim is to strengthen and develop the foundations for ongoing networks of mental health practitioners working in a local area.

The ultimate objective is developing a sustainable and interdisciplinary collaboration in the local primary mental health area with the aim of providing the best available treatment, care and outcome for the client.”

Dr Johanna Lammersma MBBS, FRANZCP



Deliverables

Deliverable 7:

Project Advisory Group

The Project Advisory Group was established in October 2008 with the inaugural meeting held on 20th November 2008. The members of the group were invited to be part of an expert panel representing a cross-section of the key stakeholders involved in mental healthcare, including clinicians, peak bodies, advocates, consumers and carers. The group meets face-to-face at quarterly intervals to provide support to the implementation of the project. The group offers expertise and advice around:

- Planning and delivery of the initial workshops
- Establishment and maintenance of sustainable networks
- Revisions required to the material during the course of project (such as facilitator and participant manuals)
- Usability of the MHPN resource web portal
- Consultation with other stakeholder groups as required

“MHPN is all about improving outcomes for clients by creating new interdisciplinary professional linkages between mental health providers. Being involved in a network gives you a better idea about other services for clients as well as a way of accessing a wider support network.

I have had the good fortune to be involved with MHPN as an Advisory Group member, facilitator and participant. The project is interesting, as each local network has the potential to develop in its own unique way, depending on the needs and preference of each group. This way, we all can be responsive to our own particular needs in our own particular area, all across Australia.”

Dene Iwanicki, Occupational Therapist

Deliverables



Project Advisory Group Members

- John McGrath AM (Chair)
- Helen Reeves, Australian College of Mental Health Nurses
- Harry Lovelock, Australian Psychological Society
- Dr John Buchanan, Royal Australian and New Zealand College of Psychiatrists
- Effie Margiolis, Royal Australian College of General Practitioners
- Patrick Smith, Department of Health and Ageing
- Dene Iwanicki, OT Australia
- Liz Sommerville, Australian Association of Social Workers
- Joy Thomas, Australian General Practice Network
- Di Wyatt, Australian College of Rural and Remote Medicine
- Lyn Chaplin, National Mental Health Consumer and Carer Forum – Carer representative
- Noel Muller, National Mental Health Consumer and Carer Forum – Consumer representative
- David Crosbie, CEO of the Mental Health Council of Australia
- Dr Anne Smith, Royal Australasian College of Physicians – Paediatrics
- Belinda Caldwell, CEO of the Australian Practice Nurses Association
- Victoria Hovane, Australian Indigenous Psychologist Association
- Chris Gibbs, MHPN
- Bronwyn Morris-Donovan, MHPN
- Tanya Reardon, MHPN

Former Advisory Group Members

- David Wright, Royal Australian College of General Practitioners
- Sharon Brownie, Royal Australian and New Zealand College of Psychiatrists
- Lana Racic, Department of Health and Ageing
- Simon Aungle, Department of Health and Ageing
- Jane Westley, Australian General Practice Network
- Dr John Wray, Royal Australasian College of Physicians –Paediatrics

Deliverables



Communication

Deliverable 8:

Communications and Marketing Strategy

Branding

The MHPN brand has been developed with a strong visual identity and an overall key message regarding improving consumer outcomes as the company's primary objective.

In April a communications strategy was developed by a third party and executed by the MHPN Communications Manager as an ongoing integral component of the role.

Stakeholder Relationships

Key communication channels through stakeholder organisations have been extensively utilized to promote MHPN and its workshops. MHPN also extended more broadly into general health related publications to capture non-members of the professional colleges and some public sector professionals from important demographics such as rural.

Co-branding of promotional materials and workshop invitations provided an important endorsement from stakeholders, and as more knowledge of professional incentives to attend workshops was collated, the key messages to each professional group were refined to reflect their different drivers.

One of the key incentives to attend workshops and ongoing network meetings remains the allocation of Continuing Professional Development (CPD) points. MHPN negotiated the allocation of CPD points for initial workshops, ongoing network meetings and for facilitators to facilitate a workshop.

The challenge exists to engage general practitioners in ongoing networks, and understanding their specific CPD requirements has been identified as a fundamental factor for success.

Testimonials

Testimonials are a crucial way of demonstrating the independent value of workshops and networks. Quotes and success stories from workshops and successful networks have been collated and used to share a positive third party perspective on the project.

Some of the positive outcomes that facilitators and participants have experienced include the feeling of belonging to a group, meeting colleagues face to face, the opportunity to explore interdisciplinary collaborative care, and a lively and stimulating environment for increased learning about each other's professional expertise and perspective.

Consumers' and Carers' Perspectives

To reinforce consumers and carers as a focal point of MHPN workshops and networks, a member of the Advisory Group agreed to provide a written personal account from his perspective as a consumer.

More emphasis on the outcomes for consumers is being integrated into all components of the communication strategy for MHPN.

Conferences

MHPN had an active presence at the following conferences during the last financial year:

- APS Conference
- NSW Rural Mental Health Conference
- Fourth National Mental Health Plan
- Australian College of Mental Health Nurses Conference
- National Primary Mental Health Care Conference
- 10th Annual National Rural Health Conference
- OT Australia Conference
- Royal Australian and New Zealand College of Psychiatrists Conference

This was supported by a suite of MHPN-branded posters, brochures and information kits.

The MHPN Team



Front Row (l to r)

Tracy McFarlane, Senior Project Officer NSW/ACT; Tanya Reardon, Communications Manager; Brooke Bason, Project Officer NSW/ACT; Jessica Cyngler, Project Officer WA.

Second Row (l to r)

Angela Nicholas, Senior Project Officer SA/WA; Bronwyn Morris-Donovan, National Project Manager; Alicia Owens, Project Officer VIC/TAS; Alicia Tod, Administrative Assistant NSW/ACT; Bianca Romanyk, Project Officer QLD/NT; Allen White, Project Officer SA; Claire Murphy, Admin Officer/Data Entry.

Back row (l to r)

Amanda Fahey, Admin Officer/Project Officer; Phil Flanagan, Project Officer VIC/TAS; Nina Gee, Project Officer VIC/TAS; Julie Conibear, Officer Manager/EA; Nic Ridge, Senior Project Officer VIC/TAS; Tina Horwood, Project Officer NSW/ACT; Ashlee Sian, Administrative Assistant VIC/TAS; Chris Gibbs, CEO; Jane Pinnuck, Project Officer OT/SW; Amanda Raward Project Officer NSW/ACT; Kristine Gibson, Administrative Assistant VIC/TAS; Nicky Bisogni, Senior Project Officer QLD/NT; Lydia Venetis, Project Officer QLD/NT.

Pictured separately (from top)

Trevor Donegan, Finance Manager; Ian Macwhirter, Finance Officer; Carolyn Rosenberg, Business Development Manager NSW/ACT; Monica Cavarsan, Web Content Assistant; Amanda Cunningham, Project Officer SA/WA.



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Financials

Directors' Report

The directors of Mental Health Professionals Network Ltd present their report together with the financial report of the company for the financial year ended 30th June 2009 and auditors report thereon.

This financial report has been prepared in accordance with Australian equivalents of International Financial Reporting Standards.

Director	Appointment	Resignation
John McGrath	7/8/2008	-
Kim Ryan	12/6/2008	-
Johanna Lammersma	12/6/2008	-
Allan Groth	12/6/2008	16/2/2009
Morton Rawlin	12/6/2008	-
Kathleen Moore	12/6/2008	-
Lyndel Littlefield	12/6/2008	-
Stephen Elsom	12/6/2008	-
Darra Murphy	24/11/2008	-
Mirco Kabat	21/2/2009	-

The directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Directors

The names of the directors in office at any time during or since the end of the year are shown in the table below.

Company Secretary

The following person held the position of company secretary at the end of the financial year:

Kim Ryan

Appointed company secretary on 12/6/2008.

Results

The surplus of the company for the financial year amounted to \$104,611 (2008: \$Nil).

Review of Operations

The company continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

Significant Changes in State of Affairs

There were no significant changes in the company's state of affairs during the financial year not otherwise disclosed in this report or the financial statements.

Principal Activities

The principal activities of the Mental Health Professionals Network Ltd during the financial year were:

- a. to provide mental health stakeholder support and a coordinated, collaborative forum for issues affecting the following four key professional groups – The Royal Australian and New Zealand College of Psychiatrists (RANZCP), The Royal Australian College of General Practitioners (RACGP), The Australian Psychological Society Ltd (APS) and The Australian College of Mental Health Nurses Inc (ACMHN); and
- b. to develop an integrated education and training package in support of collaborative care arrangements in the delivery of primary mental health care. This education and training package is aimed at the key professional groups who are involved in primary mental health care, namely: psychiatrists, general practitioners, psychologists, mental health nurses, paediatricians, occupational therapists and social workers.

Directors' Report

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year that have significantly affected, or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company.

Likely Developments

The directors believe that there are no likely developments that will significantly adversely affect the company in the coming year.

Environmental Issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

The company is carrying out a substantial amount of its business using electronic forms. The company intends to limit the number of hard copies of its Annual Report.

Dividends Paid or Recommended

The constitution prohibits the payment of dividends to members of the company. No dividends were paid or declared since the start of the financial year.

No recommendation for payment of dividends has been made.

Directors' meetings including committee meetings

The number of meetings of directors (including meetings of the Committees of Directors) held during the year and the numbers of meetings attended by each Director were as follows.

Indemnification of Officer and Auditor

- The company has not, during or since the financial year, in respect of any person who is or has been an officer or auditor of the company or a related body corporate:
- indemnified or made any relevant agreement for indemnifying against a liability incurred as an officer, including costs and expenses in successfully defending legal proceedings; or
- paid or agreed to pay a premium in respect of a contract insuring against a liability incurred as an officer for the costs or expenses to defend legal proceedings.

	Directors Meetings		Finance & Audit		Evaluation	
	Attended	Eligible to Attend	Attended	Eligible to Attend	Attended	Eligible to Attend
Kim Ryan	10	10	2	2	-	-
Johanna Lammersma	10	10	-	-	-	-
Allan Groth (resigned 16 February 2009)	6	6	2	2	-	-
Morton Rawlin	6	10	-	-	-	-
Kathleen Moore	10	10	6	6	-	-
Lyndel Littlefield	4	10	-	-	-	-
Stephen Elsom	9	10	-	-	2	2
John McGrath	8	10	4	6	-	-
Darra Murphy (appointed 24 November 2008)	7	7	-	-	2	2
Mirco Kabat (appointed 21 February 2009)	4	4	2	2	-	-

Directors' Report

Information on Directors

Mr John McGrath AM

Special Responsibilities

- Chairman of MHPN
- Chairman of the MHPN Project Advisory Group
- Member of the MHPN Finance and Audit Committee
- Member of the MHPN Evaluation Committee

Experience

Former National Party Member for Warrnambool in Victoria. Deputy Chairman of beyondblue. Chairman of the Victorian Ministerial Expert Advisory Committee on Mental Health. Board member for headspace and Crisis Support Services. Inaugural Chairman of The Mental Health Council of Australia and carer of a family member with mental illness.

Dr Stephen Elsom RN PhD, Associate Professor

Special Responsibilities

- Chair of the MHPN Evaluation Committee

Experience

Director at the Centre for Psychiatric Nursing, Faculty of Medicine, Dentistry & Health Sciences at the University of Melbourne.

Associate Professor Morton Rawlin BMed, MMedSci, FRACGP, FACRRM, DipPractDerm, DipMedHyp, DipFP, DipBusAdmin, MAICD

Experience

Currently in full-time clinical general practice. Vice President of the RACGP and Chair of the Victoria Faculty and the RACGP Faculty of Specific Interests and an RACGP Board Member. Adjunct Associate Professor in General Practice at the University of Sydney, Chair of the Rural Placement Committee of Rural Workforce Agency, Victoria (RWAV), member of the Committee of Presidents of Medical Colleges (CPMC) Education subcommittee.

Dr Darra Murphy MB, BCh, BAO, FRACGP, MFamMed, FACPsychMed

Special Responsibilities

Member of the MHPN Evaluation Committee

Experience

Associate at The Western Medical Centre, Yarraville. Senior Medical Officer at Djerriwarrh Health Services, Bacchus Marsh. Committee Member of Australian College of Psychological Medicine.

Prof. Kate Moore

Special Responsibilities

- Chair of the MHPN Finance and Audit Committee

Experience

Board member of the Australian Psychological Society (APS), Chair of APS Finance and Investment Committee, Member of the APS Professional Development and Accreditation Committee, President of the Stress and Anxiety Research Society, President-elect of the Asian Psychological Association (APsYA).

Dr Mirco Kabat, MB, ChB. (Medicine), BSc. Honours (Psychology) (UCT)

Special Responsibilities

- Member of the MHPN Finance and Audit Committee (from Feb 2009)

Experience

Director Corporate Services and Deputy CEO of the Royal Australian and New Zealand College of Psychiatrists.

Directors' Report

Prof. Lyn Littlefield OAM

Experience

Executive Director of the Australian Psychological Society (APS) and a Professor of Psychology at La Trobe University. Lyn is a clinical psychologist and has worked in both the public and private sectors during her career.

Lyn is currently, or has recently been, a member of a number of Federal Government Ministerial advisory and reference groups, including the:

- National Primary Health Care Strategy Expert Reference Group
- National Advisory Council on Mental Health
- National Advisory Council on Suicide Prevention
- National Mental Health Workforce Advisory Group

Lyn has also had extensive involvement in the development and implementation of the Better Outcomes in Mental Health Care and the Better Access to Mental Health Care - Medicare initiatives.

Dr Johanna Lammersma MBBS, FRANZCP

Experience

Psychiatrist (Private Practice)

Mr Allan Groth – Resigned 16/2/2009

Special Responsibilities

Member of the MHPN Finance and Audit Committee (to Feb 2009).

Experience

Currently Assistant Secretary Nursing, Allied and Indigenous Health Workforce Branch at the Australian Government Department of Health and Ageing, Formerly with the Royal Australian College of Psychiatrists.

Ms Kim Ryan

Special Responsibilities

- Company Secretary

Experience

CEO of the Australian College of Mental Health Nurses, Adjunct Associate Professor, Chair of the Mental Health Professionals Association, Chair of the Coalition of National Nursing Organisations.

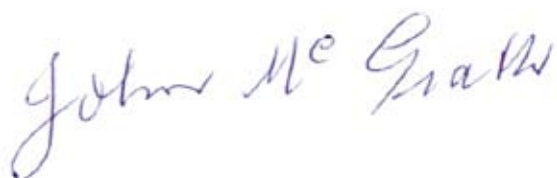


Directors' Report

Auditor's Independence Declaration

A copy of the auditor's independence declaration, as required under section 307C of the Corporations Act 2001 is provided with this report.

Signed in accordance with a resolution of the Board of Directors.



John McGrath
Director

Dated: 9 November 2009
Melbourne



Kim Ryan
Director

MENTAL HEALTH PROFESSIONALS NETWORK LIMITED
ABN 67 131 543 229

AUDITOR'S INDEPENDENCE DECLARATION
TO THE MEMBERS OF
MENTAL HEALTH PROFESSIONALS NETWORK LIMITED

In relation to the independent audit for the year ended 30 June 2009, to the best of my knowledge and belief there have been:

- (i) No contraventions of the auditor independence requirements of the Corporations Act 2001.
- (ii) No contraventions of any applicable code of professional conduct.



S D WHITCHURCH

Partner

Date 9 November 2009

PITCHER PARTNERS

Melbourne

Financial Statements

Income Statement	Notes	2009	2008
For the year ended 30th June 2009		\$	\$
Revenue	6	2,747,800	-
Expenses			
Employee Benefits		(1,010,298)	-
Workshop Expenses		(834,524)	-
Occupancy and Member Related Costs		(404,436)	-
Administrative Expenses		(230,897)	-
Depreciation Expense		(3,251)	-
Other expenses		(159,783)	-
Total Expenses	6	(2,643,189)	-
Finance Costs		-	-
Surplus before Income Tax Expense		104,611	-
Income Tax Expense	4	-	-
Surplus from Continuing Operations		104,611	-

The accompanying notes form part of these financial statements.

Financial Statements

Balance Sheet	Notes	2009	2008
As at 30th June 2009		\$	\$
Current Assets			
Cash and Cash Equivalents	7	397,030	-
Trade and Other Receivables	9	36,198	-
Prepayments	10	18,893	-
Total Current Assets		452,121	-
Non-current Assets			
Plant and Equipment	11	14,956	-
Total Non-current Assets		14,956	-
Total Assets		467,077	-
Current Liabilities			
Trade and Other Payables	12	322,935	-
Provisions	13	39,531	-
Total Current Liabilities		362,466	-
Total Liabilities		362,466	-
Net Assets		104,611	-
Equity			
Retained Surplus	14	104,611	-
Total Equity		104,611	-

The accompanying notes form part of these financial statements.

Financial Statements

Statement of Changes in Equity	Notes	2009	2008
For the year ended 30th June 2009		\$	\$
Total Equity at the Beginning of the Financial Year		-	-
Surplus for the Year		104,611	-
Total recognised income and expense for the year		104,611	-
Total equity at the end of the financial year		104,611	-

The accompanying notes form part of these financial statements.

Financial Statements

Cash Flow Statement	Notes	2009	2008
For the year ended 30th June 2009		\$	\$
Cash Flows from Operating Activities			
Grant receipts		2,920,500	-
Payments to Employees		(869,571)	-
Payments to Suppliers		(1,726,919)	-
Interest Received		91,227	-
Net Cash provided by Operating Activities	8	415,237	-
Cash Flows from Investing Activities			
Purchase of Plant and Equipment		(18,207)	-
Net Cash Flow from Investing Activities		(18,207)	-
Net Increase in Cash Held		397,030	-
Cash at the beginning of the financial year		-	-
Cash at the End of the Financial Year	7	397,030	-

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

Note 1:

Statement of Significant Accounting Policies

The financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

The financial report was approved by the directors as at the date of the directors' report.

The financial report is for the entity Mental Health Professionals Network Limited as an individual entity. Mental Health Professionals Network Limited (MHPN) is a company limited by guarantee, incorporated and domiciled in Australia.

The following is a summary of the material accounting policies adopted by the economic entity in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Basis of preparation of the financial report

Compliance with IFRS

Australian Accounting Standards include Australian equivalents to International Financial Reporting Standards (IFRS). Compliance with Australian equivalents to International

Financial Reporting Standards ensures compliance with International Financial Reporting Standards.

Historical Cost Convention

The financial report has been prepared under the historical cost convention, as modified by revaluations to fair value for certain classes of assets as described in the accounting policies.

(b) New accounting standards and interpretations

A number of accounting standards and interpretations have been issued at the reporting date but are not yet effective. The directors have not yet assessed the impact of these standards or interpretations.

(c) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of five months or less, and bank overdrafts.

(d) Rounding of amounts

All amounts shown in the financial statements are expressed to the nearest dollar.

(e) Revenue

Grant revenue is recognised in the income statement when it is controlled. When there are conditions attached to grant revenue relating to the use of those grants for specific purposes it is recognised in the balance sheet as a liability until such conditions are met or services provided.

Interest revenue is recognised as interest accrues using the effective interest method.

All revenue is stated net of goods and services tax (GST).

(f) Unexpended grants

The company receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the company to treat grant monies as unexpended grants in the balance sheet where the company is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

(g) Impairment of assets

At each reporting date, the company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the company would, if deprived of the asset, replace its remaining future economic benefits, value in use is depreciated replacement cost of an asset.

Notes to the Financial Statements

Where it is not possible to estimate the recoverable amount of an asset's class, the company estimates the recoverable amount of the cash generating unit to which the class of assets belong.

h) Goods and services tax (GST)

Revenues, expenses, assets and liabilities are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown as inclusive of GST. Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

i) Comparative figures

The company was incorporated on 12th June 2008. Accordingly, the figures for the 2008 financial year are from the date of incorporation to 30th June 2008. Where required by Australian Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

j) Depreciation

Assets with a cost in excess of \$1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost over their estimated useful lives using the straight-line method. The following table indicates the expected useful lives of non-current assets on which the depreciation charges are based:

Class of Fixed Assets	Useful Lives	Depreciation Basis
Plant & Equipment	4 years	Straight Line

k) Payables

These amounts represent liabilities for goods and services provided prior to the end of the financial year and which are unpaid. The normal credit terms are usually 30 days.

l) Provisions

Provisions are recognised when the service has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

Notes to the Financial Statements

Note 2:

Financial Risk Management

The company is exposed to a variety of financial risks comprising:

- Interest rate risk
- Credit risk
- Liquidity risk
- Market risk

The board of directors has overall responsibility for identifying and managing operational and financial risks.

(a) Interest rate risk

The company's exposure to interest rate risks and the average effective interest rates of financial assets, both recognised and unrecognised as at balance date are shown top right.

(b) Credit risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date of recognised financial assets is the carrying amount of those assets, net of any provisions for doubtful debts of those assets, as disclosed in Balance Sheet and Notes to the Financial Statements.

Year Ended	Floating Rate < 1 Year	Total	Weighted Average effective Interest Rate
30 June 2009	\$	\$	%
Financial Assets			
Cash and Cash Equivalents	397,030	397,030	2.40
30 June 2008			
Financial Assets			
Cash and Cash Equivalents	-	-	-

(c) Liquidity risk

The entity produces positive cash flows from operating activities on an ongoing basis.

(d) Market risk

The fair value of financial assets and financial liabilities approximates their carrying amounts as disclosed in the Balance Sheet and Notes to the Financial Statements and are shown below.

	2009		2008	
	Carrying Amount	Net Fair Value	Carrying Amount	Net Fair Value
	\$	\$	\$	\$
On-balance Sheet Financial Assets				
Cash and Cash Equivalents	397,030	397,030	-	-
Trade and Other Receivables	36,198	36,198	-	-
Financial Liabilities				
Trade and Other Payables	322,935	322,935	-	-

Notes to the Financial Statements

Note 3:

Members' Guarantee

The company is incorporated under the Corporations Act 2001 as a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding debts and obligations of the company.

At 30th June 2009 the number of members was 4.

Note 4:

Income Tax

No provision for income tax has been made in the financial statements as the income tax status of the company is uncertain.

Note 5:

Economic Dependency

The company is reliant on grant funding from the Commonwealth Government. At the date of this report, the company had a contract with the Commonwealth Department of Health and Ageing for grant funding from July 2008 to November 2010.

Note 6:

Revenue & Surplus from Continuing Operations

Operating surplus for the year has been determined after:

	2009	2008
	\$	\$
a) Revenue from Operating Activities		
Government Grants	2,655,000	-
b) Revenue from Non-operating Activities		
Interest Revenue	92,800	-
Total Revenue	2,747,800	-
c) Surplus before Income Tax has been determined after:		
Employee Benefits:		
Salaries and Wages	948,250	-
Superannuation	62,048	-
Remuneration of the Auditors for:		
Audit Services	18,250	-
Depreciation of Plant and Equipment	3,251	-

Note 7:

Cash and Cash Equivalents

	2009	2008
	\$	\$
Cash at Bank	397,030	-

Notes to the Financial Statements

Note 8:

Cash Flow Information

For the purposes of the Cash Flow Statement, cash includes cash on hand and in banks.

Cash at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet is shown at right.

	2009	2008
	\$	\$
a) Reconciliation of Surplus for the Period to Net Cash		
Flows from Operating Activities		
Surplus for the Period	104,611	-
Plus/(minus) Non-cash Items		
Depreciation	3,251	-
Changes in Assets and Liabilities		
Increase in Trade and Other Receivables	(36,198)	-
Increase in Prepayments	(18,893)	-
Increase in Trade and Other Payables	322,935	-
Increase in Provisions	39,531	-
Cash Flows from Operations	415,237	-

Note 9:

Trade and Other Receivables

	2009	2008
Current	\$	\$
GST refundable	34,625	-
Accrued Income	1,573	-
Total	36,198	-

Note 10:

Prepayments

	2009	2008
Current	\$	\$
Prepayments	18,893	-
Total	18,893	-

Notes to the Financial Statements

Note 11: Plant and Equipment

	2009	2008
Plant & Equipment	\$	\$
At Cost	18,207	-
Less Accumulated Depreciation	(3,251)	-
Total	14,956	-

Movement in carrying amounts

Movement in the carrying amount for each class of plant and equipment between the beginning and the end of the current financial year can be seen at right.

	2009	2008
Plant & Equipment	\$	\$
Carrying Amount at Beginning	-	-
Additions	18,207	-
Depreciation Expense	(3,251)	-
Carrying amount at End of Year	14,956	-

The company assessed at 30 June 2009 whether there is any indication that any of the above assets may be impaired. There is no indication that an impairment loss is present, that is, where the carrying amount of an asset exceeds its recoverable amount.

Note 12: Trade and Other Payables

Other creditors are non-interest bearing and are settled within 30 days.

The company pays within the allocated settlement period when prompt payment discounts are available.

	2009	2008
Current	\$	\$
Amounts Payable to Members	40,647	-
Amounts Payable to Employees	101,196	-
Other Creditors	181,092	-
Total	322,935	-

Note 13: Provisions

Due to the project not having a funding agreement beyond 30 November 2010, no calculation for Long Service Leave has been made.

	2009	2008
Current	\$	\$
Employee Benefits	39,531	-

Notes to the Financial Statements

Note 14:

Retained Surplus

The company is limited by guarantee, does not have share capital and is incorporated in Australia.

If the company is wound up, the constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding debts and obligations of the company.

At 30th June 2009 the number of members was 4.

	2009	2008
	\$	\$
Retained Surplus at Beginning of Financial Year	-	-
Net Surplus Attributable to Members of the Entity	104,611	-
Total	104,611	-

Note 15:

Key Management Personnel Disclosures

Compensation received by key management personnel of the company can be seen at right.

Executives

C Gibbs (Chief Executive Officer)

B Morris-Donovan
(National Project Manager)

Compensation of Key Management Personnel

Aggregated compensation of key management personnel can be seen at bottom right.

Short-term Employee Benefits	2009	2008
Non-executive Directors	\$	\$
J McGrath	20,000	-
K Ryan	10,000	-
K Moore	10,000	-
D Murphy	10,000	-
A Groth	7,500	-
S Elson	10,000	-
M Rawlin	10,000	-
J Lammersma	10,000	-
L Littlefield	10,000	-
M Kabat	2,500	-
Total	100,000	-

	2009	2008
	\$	\$
Short-term Employee Benefits	291,277	-
Long-term Employee Benefits	-	-
Total	291,677	-

Notes to the Financial Statements

Note 16:

Auditor's Remuneration

	2009	2008
	\$	\$
Amounts Received or Due and Receivable by Pitcher Partners for:		
Audit Services	17,500	-
Amounts Received or Due and Receivable by Hardwickes for:		
Audit Services	750	-
Total	18,250	-

Note 17:

Related Parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

Transactions with Related Parties	2009	2008
	\$	\$
a) Members - Provision of Services		
ACMHN	94,058	-
RACGP	59,378	-
RANZCP	115,767	-
APS	177,887	-
Total	447,090	-
b) Directors - Provision of Services		
Darra Murphy	665	-
Total	665	-

Note 18:

Capital and Leasing Commitments

The property lease is a non-cancellable licence to occupy with a 30-month term.

Operating Lease Commitments	2009	2008
	\$	\$
Non-cancellable Operating Leases Contracted for but not Capitalised in the Financial Statements		
Payable – Minimum Lease Payments		
- Not Later than 12 Months	76,950	-
- Between 12 Months and 5 Years	38,475	-
Total	115,425	-

Notes to the Financial Statements

Note 19:

Contingent Assets and Liabilities

There are no contingent assets or contingent liabilities of a material nature as at balance date.

Note 20:

Significant Events After Balance Date

No other matters or circumstances have arisen since the end of the financial year that have significantly affected or may significantly affect:

- i. The operations of the company,
- ii. Their results of those operations, or
- iii. The state of affairs of the company in subsequent financial years.

Note 21:

Segment Reporting

The business operates in the mental health industry, predominantly in Australia.

The principal activities of the company during the financial year were:

- a. to provide mental health stakeholder support and a coordinated, collaborative forum for issues affecting the following four key professional groups – The Royal Australian and New Zealand College of Psychiatrists (RANZCP), The Royal Australian College of General Practitioners (RACGP), The Australian Psychological Society Ltd (APS) and The Australian College of Mental Health Nurses Inc (ACMHN); and
- b. to develop an integrated education and training package in support of collaborative care arrangements in the delivery of primary mental health care. This education and training package is aimed at the key professional groups who are involved in primary mental health care, namely: psychiatrists, general practitioners, psychologists, mental health nurses, paediatricians, occupational therapists and social workers.



Directors' Declaration

Directors' Declaration

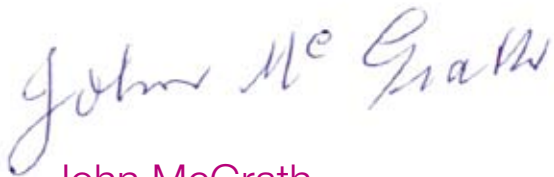
The directors of the company declare that:

a) the financial statements and notes, as set out on pages 31 to 43, are in accordance with the Corporations Act 2001:

- i) comply with Accounting Standards in Australia and the Corporations Regulations 2001; and
- ii) give a true and fair view of the financial position as at 30th June 2009 and of the performance for the year ended on that date of the company.

b) in the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



John McGrath
Director



Kim Ryan
Director

Dated: 9 November 2009
Melbourne

MENTAL HEALTH PROFESSIONALS NETWORK LIMITED
ABN 67 131 543 229

INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
MENTAL HEALTH PROFESSIONALS NETWORK LIMITED

We have audited the accompanying financial report of Mental Health Professionals Network Limited, which comprises the balance sheet as at 30 June 2009, and the income statement, statement of changes in equity and cash flow statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Act 2001*. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

In Note 1, the directors also state, in accordance with Accounting Standard AASB 101 *Presentation of Financial Statements*, that compliance with the Australian equivalents to International Financial Reporting Standards ensures that the financial report, comprising the financial statements and notes, complies with International Financial Reporting Standards.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement in the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

MENTAL HEALTH PROFESSIONALS NETWORK LIMITED
ABN 67 131 543 229

INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
MENTAL HEALTH PROFESSIONALS NETWORK LIMITED

Auditor's Opinion

In our opinion:

- (a) the financial report of Mental Health Professionals Network Limited is in accordance with the *Corporations Act 2001*, including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2009 and of its performance for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Regulations 2001*; and
- (b) the financial report also complies with International Financial Reporting Standards as disclosed in Note 1.



S D WHITCHURCH

Partner

Date 9 November 2009

PITCHER PARTNERS

Melbourne



MHPN Offices

Office	Address	Phone
Head Office		
WA/SA Team	Emirates House	03 8662 6600
Located at Australian Psychological Society	Level 8, 257 Collins St, Melbourne VIC 3000	
NSW/ACT Team	Post	02 6285 0820
Located at the Australian College of Mental Health Nurses	Executive Officer PO Box 154 Deakin West ACT 2600	
	Street	
	9 - 11 Napier Close Deakin ACT 2600	
QLD/NT Team		03 8699 0482
Located at The Royal Australian College of General Practitioners	1 Palmerston Cres South Melbourne VIC 3205	
VIC/TAS Team		03 9601 4977
Located at The Royal Australian and New Zealand College of Psychiatrists	309 La Trobe St Melbourne VIC 3000	

