



# Annual report 2010



Mental Health Professionals Network Ltd  
ABN 67 131 543 229

Published by MHPN Ltd,  
Emirates House, Level 8, 257 Collins  
Street, Melbourne, Victoria, 3000.

November 2010

© Copyright MHPN Ltd 2010

# Contents

Introduction	
Chairman's Foreword	5
Chief Executive Officer's Report	6
Success of workshop rollout	7
Building sustainable networks	13
Website and online networking	15
Project Partners	16
Board of Directors	18
Financial Report 2010	20

# 2009/2010 at a glance

**1,169**  
workshops

**20,000+**  
registrations

**15,000+**  
participants

**726**  
facilitators

**31%** rural/remote  
workshops

**466**  
networks

**37%**  
rural/remote  
networks

**520,000+**  
page views

**77,000+**  
website visitors

**MHPN Online**  
launched

The Mental Health Professionals Network (MHPN) was established in 2008 to promote the quality of patient care by fostering local interdisciplinary networks of mental health professionals in the primary care sector. MHPN was contracted by the Australian Government Department of Health and Ageing to deliver 1,200 workshops across Australia between February 2009 and June 2010 with the objective of creating sustainable, interdisciplinary clinical networks.

MHPN achieved significant progress in the formation of networks in response to very challenging targets set out in the contractual agreement.

## Workshops

1,169 workshops

Achieved delivery of 1,169 workshops (97% of target) across Australia in 17 months.

20,000+ registrations

Over 20,000 mental health clinicians registered to attend workshops.

15,000+ participants

Engaged over 15,000 workshop participants. These were primarily clinicians working in private practice and eligible to provide services under the 'Better Access' initiative.

726 facilitators

Supported 726 mental health clinicians to facilitate MHPN workshops in their local area.

31% rural/remote

31% of workshops were delivered in rural and remote locations (ASGC-RA 2-5), exceeding the target of 30%.

## Networks

466 networks

By 30 June 2010, 655 workshops had merged to form 466 active interdisciplinary networks.

37% rural/remote

Over 37% of networks have formed in rural and remote locations (ASGC-RA 2-5), exceeding the target of 30%.

## Website

77,000+ visitors

Attracted 77,261 visitors to the MHPN website by 30 June 2010.

520,000+ page views

Received 524,214 page views to the website home page by 30 June 2010.

MHPN Online launched

Launched MHPN Online, an interactive web portal aimed at supporting ongoing networking between clinicians.

# Chairman's Foreword

John McGrath AM  
Chairman



*"How time flies when you're having fun."* It seems only a few months since I finished the Foreword to our first MHPN Annual Report, and here I am a year further on writing for our second Annual Report.

It has certainly been a challenging year with our sharp focus on workshop numbers changing to the critical issue of Networks and their long term sustainability.

This whole project has been challenging mainly because there was no best practice model for this type of collaborative program. We have often spoken about the "Crystal Ball" stage of that early planning, and the subsequent need to be vigilant and flexible in identifying and responding to the changes that needed to be made.

At this point in time we have collated some incredibly valuable insights and learnings into what makes a sound, sustainable network and we are well placed to deliver on that particular challenge.

I am delighted to say in this Report that we have conducted 1169 workshops of the original 1200 target. What an amazing achievement! My congratulations go to the whole team on this outstanding result.

As we emerge from our very challenging past we are encouraged to continue given the success of our endeavours so far.

As Phase 2 of the project was contracted to conclude on 30 November 2010 we still have some unfinished business to complete. We are in discussions with the Department of Health and Ageing regarding an extension to our contract from the 30 November 2010 to 30 June 2011.

In collaboration with Mental Health Professionals Association we have been developing a proposal for Phase 3 being the further consolidation and expansion of the ongoing sustainable networks. An important part of the phase will be our online facility that has been developed with a plan to see it expand as required.

Well done to Tanya Reardon and her team on this exciting piece of work.

We have enjoyed another productive year with the Department of Health and Ageing through continual dialogue which has been critical in attaining flexibility to adapt to the changes required.

Lana Racic continued to lead us into the year until a departmental restructure saw her allocated to a new senior position. At that time we welcomed Chris Killick-Moran to the position, and Chris has quickly come to an in-depth understanding of the MHPN project and the drivers that have been our strengths. Thank you Lana and thank you Chris.

Patrick Smith has been a consistent voice through this period of change and his understanding and commitment have been both invaluable and appreciated. Thank you Patrick.

I wish to also thank my fellow directors for their contribution at the board table. I am reminded of the old saying, *"nothing worthwhile ever comes easily"* when I reflect on some of the difficult discussions and decisions that the Board faced during the past year.

As we emerge from our very challenging past we are encouraged to continue given the success of our endeavours so far.

To our CEO Chris Gibbs, thank you for another great year that has been both challenging and rewarding. As Chair, I have appreciated and respected the many frank and open discussions we have had on a variety of issues during the year. Well done Chris.

And finally to the team, and I am not going to single anyone out in particular because I believe our real strength is in the fact that we are a team. So to each of you I say thank you and urge you to be proud of your amazing collective of achievements, but having said all that, we need to remain focussed as the work is not yet complete. Let's not forget our principal goal, and that is, to improve the quality of life for the consumers and their families who need our services.

I commend the second Annual Report to you all.

John McGrath AM  
Chairman

# Chief Executive Officer's Report

Chris Gibbs  
Chief Executive Officer



MHPN was established to encourage collaboration between clinicians working in primary mental health care with a view to improving consumer access to services.

The past year has seen MHPN deliver 1,169 collaborative workshops on an unprecedented scale across remote, rural, regional and metropolitan Australia. More than 20,000 clinicians who are involved in promoting community mental health services registered for MHPN workshops and 15,000 of these clinicians participated in these structured meetings designed to enhance their knowledge of local mental health service providers.

Workshops were always the precursor to something bigger - to create interdisciplinary mental health networks as the first step in changing singular behaviour to one of collaborative practice. With this in mind, MHPN set about breaking new ground by

The notion of networking is not new to clinicians but the interdisciplinary structure of MHPN networks makes them unique. Networks also differ in size, frequency of meetings, mix of participants and themes. In most cases, networks have been directed to any or all of the following themes: education, clinical review, peer support, community development and/or networking opportunities.

We are clear that MHPN has the opportunity to make a difference by actively encouraging collaboration between clinicians. The goal is to consolidate this unique initiative over the next 12 months via a platform of interdisciplinary mental health networks and we have been heartened by the response of clinicians to what is essentially a "very good idea".

MHPN has appreciated the ongoing engagement from its partner and stakeholder organisations, from the Department of Health and Ageing and from the clinical community.

We are clear that MHPN has the opportunity to make a difference by actively encouraging collaboration between clinicians. The goal is to consolidate this unique initiative over the next 12 months via a platform of interdisciplinary mental health networks and we have been heartened by the response of clinicians to what is essentially a "very good idea".

encouraging and supporting clinicians to build ongoing local community mental health networks where they can continue to meet, discuss collaboration and learn about each other's skills. By the end of June, over 600 initial workshops had converted into networks, and indications are strong that many more will follow suit.

Thank you to the leadership of John McGrath AM, Chair of the MHPN Board, and the Directors who have guided and supported the activities of MHPN over the past year.

Thankyou also to the MHPN staff who have embraced the initiative because they too can see that its effective implementation may make a positive difference to what a consumer can access.

Chris Gibbs  
Chief Executive Officer

# Success of workshop rollout

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 mental health practitioners working in primary care.

MHPN aims to improve client outcomes by enhancing collaborative practices in the primary mental health sector.

The project involves:

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

MHPN engaged with over 20,000 clinicians working in mental health care and over 15,000 clinicians attended MHPN workshops.

## Success of workshop rollout

MHPN rose to the formidable challenge to deliver 1,200 workshops by the end of June 2010, and achieved an outstanding 1,169 or 97% of the target. Whilst falling just short of the ambitious target, there is no doubt about the heart or commitment of the team who worked tirelessly to achieve this excellent result. Four project teams operated from the premises of our four member organisations to achieve this outcome in just 17 months.

MHPN engaged with over 20,000 clinicians working in mental health care and over 15,000 clinicians attended MHPN workshops.

Workshops were designed to bring together mental health clinicians working at a local level to discuss the skills and resources available, and in doing so, improve consumer access to services. For each workshop a case study was chosen from a suite of 12, prompting clinicians to explore how each profession could contribute to the consumer's care under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) Initiative*.

The workshops were targeted at primary mental health clinicians delivering services under 'Better Access', but allowed for the involvement of other individuals that deliver mental health services such as mental health nurses and Indigenous health workers. Whilst primarily based around locations, workshops were also delivered according to special interest areas within a mental health context, including Indigenous, child and adolescent, perinatal, culturally and linguistically diverse, dual diagnosis and dual disability, eating disorders and aged psychiatry.

Whilst workshops were the primary focus of MHPN activities for the last 12 months, they were designed as a pre-cursor to a longer term objective: to create sustainable, interdisciplinary mental health networks, of which the work has really only just begun.

## Workshops delivered across Australia

The project parameters for phase 2 of the Mental Health Professionals Network project are as follows:

- 1,200 workshops to be delivered over a 2 year period, with the bulk of workshops conducted between February 2009 and June 2010
- Workshops to cover 20% of the mental health workforce
- 30% of workshops to be held in rural and remote locations

## Performance 2009-2010

Some achievements in the roll out of workshops:

- 1,169 workshops delivered (97% of the overall target of 1,200)
- Over 20,000 clinicians registered for a workshop and over 15,000 clinicians attended.
- 31% of workshops held in rural and remote locations (as measured by the Australian Standard Geographic Classification - Remoteness Areas Classification System). (Target of 30% met)
- An average of 13 clinicians attended each workshop.
- An average of 3.5 general practitioners attended each workshop.

These significant achievements reflect the enormous effort made by MHPN project teams in building and maintaining strong community and stakeholder relationships over the course of the last year.

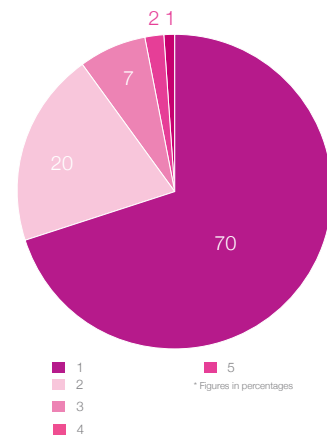
## MHPN Workshop Participants

The project succeeded in attracting an interdisciplinary mix of mental health professionals from the targeted professions of general practitioners, psychiatrists, psychologists, mental health nurses, occupational therapists, social workers and paediatricians.

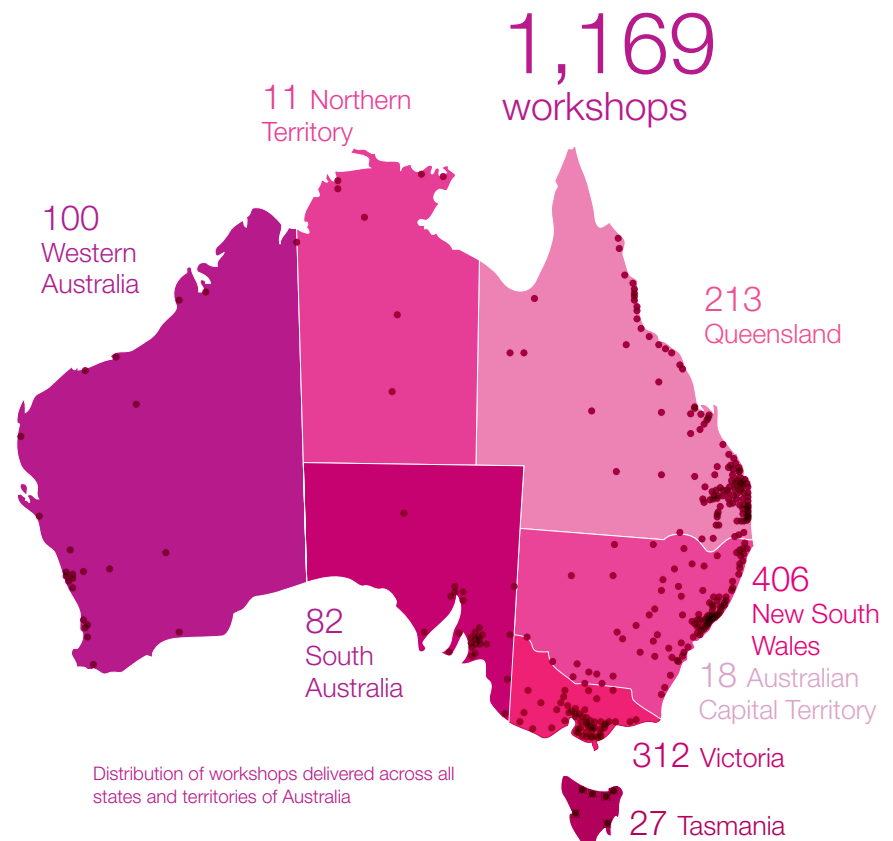
Psychologists were the most highly represented profession at workshops, representing 41% of attendees, followed by general practitioners (25%), other professions (10%), mental health nurses (9%), social workers (9%), psychiatrists (3%) and occupational therapists (3%). Critical to the project's success was the engagement of general practitioners and, on average, three general practitioners attended each workshop. There was an average of 17 clinicians registered for each workshop and 13 participants per workshop.

The inclusion of 'other' professions was more prevalent where the number of private practice clinicians was low and therefore a strong interface between private and public services is integral to the provision of quality care.

## ASGC-RA - Workshops



30% of workshops were held in rural and remote locations (ACGC-RA 2-5)



Distribution of workshops delivered across all states and territories of Australia



“Congratulations to the Mental Health Professionals Network on the promotion and support it has given to interdisciplinary mental health care in rural, regional and metropolitan communities across Australia. Psychologists have eagerly embraced the network concept as a positive way to engage with other mental health professionals and to improve treatment outcomes for people with mental health problems.”

Harry Lovelock, Senior Manager Strategic Policy and Liaison, Australian Psychological Society

### Workshop Facilitators

Each workshop was facilitated by a local mental health professional recruited and supported by MHPN. Almost half of all workshops were facilitated by psychologists. Interestingly psychiatrists, whilst relatively small in numbers, had the largest proportion of facilitators compared to the other professions, possibly indicating a willingness to take a leadership role within an interdisciplinary group.

Where feasible MHPN selected facilitators by the following criteria:

- practiced in the local area
- skilled in facilitation
- had contextual knowledge of the 'Better Access' Initiative
- willingness to be involved with the network in an ongoing capacity.

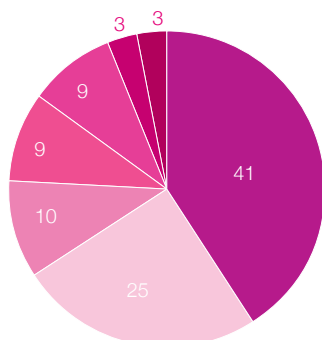
### Continuing Professional Development

MHPN workshops were endorsed by the relevant professional associations for continuing professional development accreditation including:

- The Royal Australian and New Zealand College of Psychiatrists
- The Royal Australian College of General Practitioners
- Australian Psychological Society
- Australian College of Mental Health Nurses
- Occupational Therapy Australia
- Australian Association of Social Workers
- The Royal Australasian College of Physicians – Paediatrics and Child Health Division

Network meetings may be eligible for CPD points, however the process of claiming points is managed by each individual clinician.

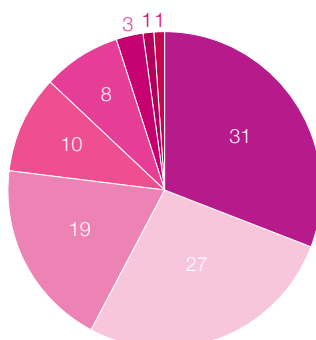
Attendees by Profession



■ Psychologist ■ Psychiatrist  
■ General Practitioner ■ Other  
■ Mental Health Nurse ■ Occupational Therapist  
■ Social Worker

\* Figures in percentages

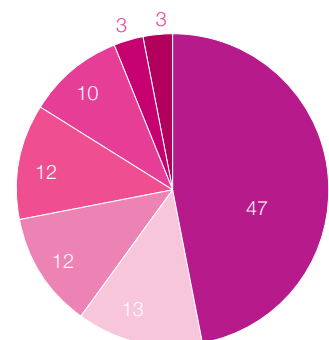
Attendees by State



■ NSW ■ SA  
■ VIC ■ TAS  
■ QLD ■ ACT  
■ WA ■ NT

\* Figures in percentages

Facilitators by Profession



■ Psychologist ■ Social Worker  
■ Mental Health Nurse ■ Other  
■ Psychiatrist ■ Occupational Therapist  
■ General Practitioner

\* Figures in percentages



## headspace supports Townsville network, Queensland

headspace continues to provide valuable support to a Townsville network after an MHPN workshop hosted at the headspace Townsville centre.

The workshop, facilitated by a local GP and attended by 23 clinicians including GPs, mental health nurses, a psychiatrist, several psychologists, social workers, as well as nurses and youth workers, helped cement the working relationship between practitioners who work out of the headspace centre and the public mental health providers.

The facilitator commented, "It was a great afternoon, and we achieved quite a lot about which type of client we could best serve, networked about appropriate referrals and the reasons why we are sometimes dissatisfied with each others' processes. This will hopefully lead to better management of our clients with the more appropriate service seeing clients in a timely manner with more inter-personal relationships/ networking assisting continuity of care."

Issues discussed were family therapy, crisis intervention, early intervention, managing acute psychotic presentations, the GP Mental Health Care Plan, Care Plans in general, exercise programs and the limitation on the number of psychology visits available under Medicare, and Queensland Health processes. The group plans to meet twice between now and the end of the year. The next meeting will be held at the local Child and Youth Mental Health service (QLD Health) and the final meeting for the year will be hosted at headspace.

## Regional network strengthens ties with local community

Continual engagement by MHPN in the Gippsland region has led to the development of a strong ongoing network of interdisciplinary mental health practitioners in Drouin. The group of 10 clinicians is coordinated by Kerrie Anne Gafa, a credentialed mental health nurse employed by the Central West Gippsland Division of General Practice as part of their Mental Health Nurses Incentive Program.

Kerrie Anne works closely with headspace and other local organisations, and was able to secure the headspace office in Baw Baw, Warragul to host the group's meetings.

The most recent meeting included 30 minutes of informal networking, followed by a presentation from community mental health nurse and headspace youth counsellor Cindy Mathers on the services provided out of headspace. During discussions, network participants raised the need for a comprehensive interdisciplinary directory of the services provided within the area and made commitments to pursue this goal.

Health researcher David Harrison agreed to approach the local Baw Baw Shire Council to investigate the possibility of drawing up a directory of local health services and local authority service providers. The network plans to meet again in November 2010 at the headspace offices.



MHPN Drouin Network

## Special Interest Workshops

Whilst initially MHPN arranged workshops according to geographic location, during the evolution of the project it became evident that there was also interest in workshops focussed on special interest areas. Subsequently workshops were held for clinicians with the following special interests:

- Child and adolescent: encompassing paediatric, child and adolescent and youth
- Perinatal: encompassing the pre and postnatal period of pregnancy
- Cultural and linguistic diversity (CALD)
- Dual diagnosis and dual disability: encompassing the co-existence of mental illness and substance use, and mental illness and intellectual disability
- Eating disorders: encompassing the areas of anorexia, obesity and bulimia
- Indigenous mental health
- Post Traumatic Stress Disorder
- Aged Psychiatry
- Other
  - Chronic disease and mental health
  - Sexuality and mental health: sexual abuse, gay and lesbian and men's and women's mental health
  - Relationships and mental health including domestic violence
  - Defence and the armed forces
  - Holistic wellness including sleep disorders, memory and behaviour

The development of special interest workshops was possible with strong partner engagement and the recruitment of specialists in these areas of mental health.

## Indigenous Focused Workshops

During the last 12 months, MHPN has worked with mental health workers in Indigenous communities to develop and provide workshops where there was a particular demand for Indigenous mental health care. Where required, our standard workshop format was altered to meet the specific needs and relevance of the Indigenous community and a case study was devised to reflect local issues. Contacts within state or territory government and Aboriginal Health Services were integral to the success MHPN achieved in supporting clinicians working with Indigenous communities.

## Workshop in remote Northern Territory

The MHPN Nhulunbuy network continues to attract clinicians despite its remote setting on the north eastern tip of Arnhem Land in the Northern Territory. Fourteen people attended the last meeting including two nurses, four Aboriginal health workers, two drug and alcohol workers and two psychiatrists. The group discussed the assessment and management of a patient with comorbid psychosis and cannabis use in a remote, Indigenous context.

The network first met in 2009 where over 20 participants attended an MHPN workshop, some travelling from as far as Darwin and Elcho Island to be part of the initiative. Darwin psychiatric registrar, Dr Lea Foo, who facilitated the initial workshop and has coordinated the network since then, recognised the opportunity to overcome clinicians' feelings of isolation in this remote community and to educate and support clinicians on culturally sensitive practices. Dr Foo says that an interdisciplinary approach is a key focus of the network members. "It's a number of services working collaboratively that allows us to give someone a better and more holistic treatment plan", she explained. "It's really a multi-factorial strategy that we need to adopt."

The focus of meetings is specific to the local health needs, Foo explained, saying "Some of the pertinent issues raised at the last meeting were the need for more resources to provide education about gunja use at a community level and the practical issues of law enforcement to limit supply to communities."

Dr Foo supports the notion that the MHPN platform has provided a terrific opportunity for clinicians to network, support and learn from each other. "I can confidently say that we all benefitted from the shared knowledge and dialogue from presenters and participants alike, in particular the cultural expertise of our Indigenous colleagues and insights about the challenges faced by remote communities."

Whilst Dr Foo's time in Nhulunbuy has now come to an end, her legacy in the MHPN network lives on. She has handed the reins over to her successor, the new psychiatric registrar and there is a plan for the network to meet again in late 2010.



Carolyn Thompson, Indigenous Trainer for the Australian Integrated Mental Health Initiative (AIMHi) team at Menzies School of Health Research who made a presentation at the Nhulunbuy workshop

## Working in partnership to deliver workshops

MHPN worked in partnership with many individuals and organisations to successfully roll out workshops, including relevant profession colleges and associations, local Divisions of General Practice, headspace sites, non-government organisations and state-based services.

MHPN was also steadfastly supported by a wonderful group of facilitators who were essential to the significant achievements. Without the enthusiasm and dedication of these many hundreds of facilitators, the task of delivering workshops to the high quality demonstrated would have been considerably more difficult.

Over 15,000 mental health clinicians attended MHPN workshops and have indicated their interest in ongoing interdisciplinary networks. Private practitioners including general practitioners, psychiatrists, psychologists, mental health nurses, social workers and occupational therapists have been involved, along with many providers from the public sector whose insights into a holistic approach to community mental health care proved invaluable.

MHPN works closely with our member organisations: The Royal Australian College of General Practitioners, the Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society and the Australian College of Mental Health Nurses, together with our partner organisations: the Australian Association of Social Workers, Occupational Therapy Australia and The Royal Australasian College of Physicians –Paediatrics and Child Health Division. Strong relationships and a shared vision have helped us reach many members of these organisations to promote a positive, unified message about the value of integrated care in mental health.

MHPN partnered with *beyondblue: the national depression initiative* to promote the *beyondblue Directory of Medical and Allied Health Practitioners in Mental Health* and other information resources for clinicians, consumers and carers. MHPN also promoted events and resources for organisations supporting the community in mental health, and by the end of the year, were receiving regular requests to contact the vast number of clinicians on our database. At June 30, MHPN had a reach of 20,000 clinicians with whom it will work to consolidate a national platform of interdisciplinary community mental health networks.

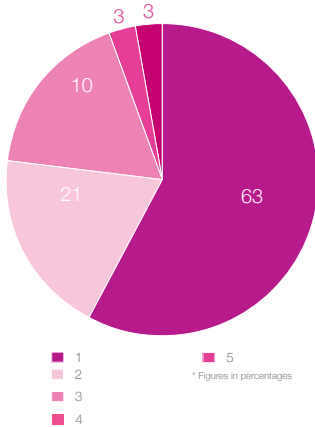
The MHPN Advisory Group, Evaluation Committee, Board, Commonwealth departmental representatives and local contacts have been instrumental in helping us to address challenges and identify opportunities in this unique project where a willingness to be flexible and respond quickly is crucial.

“Building strong collaboration at the primary care level will improve the delivery of care for those with mental health problems. The RANZCP is committed to working with MHPN on its innovative project of bringing together local clinicians, including psychiatrists, to resolve local issues.”

Dr Maria Tomasic, President Royal Australian and New Zealand College of Psychiatrists (RANZCP)

# Building Sustainable Networks

ASGC-RA - Active networks



37% of networks have formed in rural and remote locations (ASGC-RA 2-5)

The creation of sustainable interdisciplinary networks is the core aim of the Mental Health Professionals Network. A project deliverable is that 70% of workshops will convert into networks and meet regularly over the first two years following the initial workshops.

To the end of June 2010, most MHPN project staff were focused on delivering workshops with only a small number of staff available to support emerging networks in a dedicated capacity. To assist networks, particularly during their establishment phase, MHPN offered administrative and financial support for network meetings.

Networks are unique in their numbers, professional mix, interests, agendas and needs. They are also dynamic in nature and will change over time. By way of example, some groups have merged whereas others have maintained a full quota of initial workshop participants. Some networks are very active and require minimal support from MHPN, whilst others rely heavily on MHPN to arrange their meetings. The challenge of the project in the future will be to harness the interest of clinicians in interdisciplinary networking and collaborative care and convert this into sustainable networks.

Focus groups were conducted in March 2010 in all states with a sample of 69 Network Coordinators to identify the main enablers and barriers to successful networks. One of the key findings was

the link between a good coordinator and a strong network. Many workshop facilitators have continued with the network in a coordination capacity. The role, however, takes time, energy and effort, which can be challenging for a private clinician with minimal spare time. MHPN has been working with network coordinators to provide resources and processes to assist with arranging network meetings. Without a dedicated coordinator, a network would be unlikely to prosper, so we would like to extend our thanks to the motivated, enthusiastic clinicians who volunteer to coordinate MHPN networks.

One of the most important learnings of the project to date is that networks need time to establish and require nurturing to grow. Whilst most mental health clinicians are well versed in networking within their profession and routinely engage in professional development activities, the uniqueness of MHPN networks is their interdisciplinary nature and their focus on collaborative care. Networks can require time to determine their purpose and this is largely dependent on the mix of professionals who make up the group. Most networks find a core focus that usually involves education, clinical review, peer support, community development, collaboration and/or networking opportunities. The challenge so far has been to help networks identify their core purpose and engage a sufficient number of clinicians to actively participate in the network.

At 30 June 2010, 655 workshops had merged to form 466 networks. Continued growth is expected as project officers redirect their efforts from workshop activities to supporting emerging networks, including 461 workshops held in the four months to 30 June.

We have made considerable headway but the work is not yet done. The task ahead is to convert 70% of initial workshops into ongoing networks.

## Key developments in sustainability

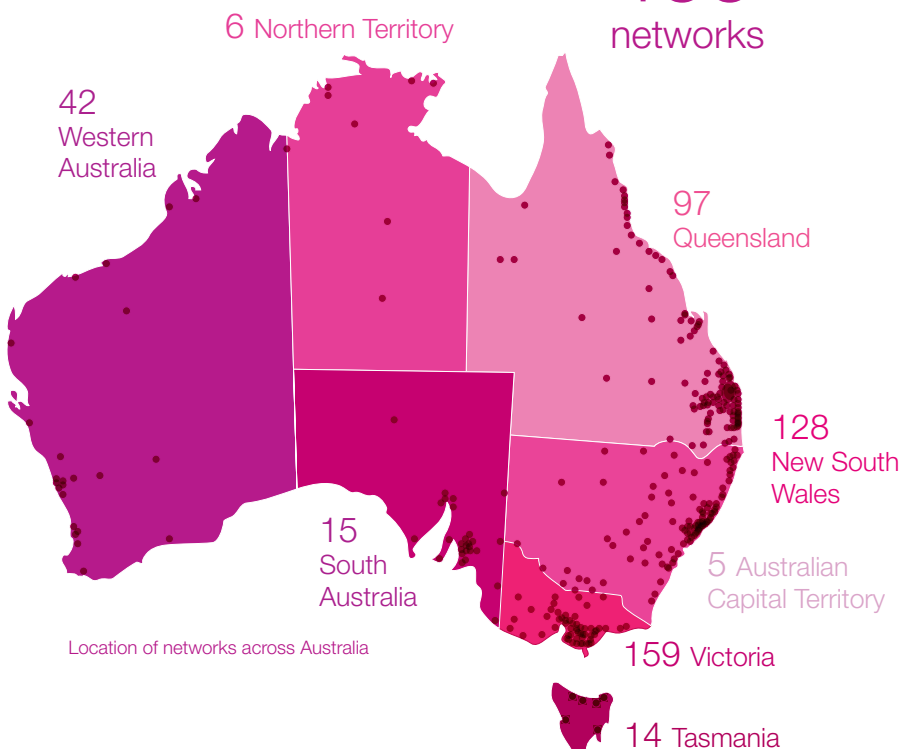
September 2009 – Introduced \$500 network support funding

November 2009 – Developed Network Coordinators kit to support ongoing networks

November 2009 – Transition of several project officers' workload from workshops to network sustainability

February 2010 – Review of workshop manuals to redirect the discussion to ongoing networks

466 networks



Location of networks across Australia

## Big network in the Blue Mountains

A Springwood network born from an MHPN workshop facilitated by Blue Mountains, New South Wales, social worker Sandra Warn boasts a mailing list of more than 90 clinicians from six disciplines, making it one of the largest in the country.

After meeting in September 2009, the network has swelled. A continued willingness and enthusiasm to open this network group to practitioners from all over the Blue Mountains district has enabled the network membership to grow. Thirty seven practitioners actively participate in network meetings (5 GPs, 23 psychologists, 2 social workers, 1 OT and 6 public and community services workers) while a further 91 are members of the mailing list. These include practitioners who attended other MHPN workshops within the Blue Mountains district and clinicians who requested to join after hearing about the MHPN network.

The Blue Mountains GP Network has also been instrumental in expanding the MHPN network membership base and providing support as they circulate invitations to members on their database and actively promote MHPN network meetings.

Recognising that relationships are the key component of networking, members meet quarterly at the local sports club to have a meal together prior to moving to a private room for the more formal part of the meeting. Guest speakers at the network meetings have included psychiatrist, Dr Phil Lambert who spoke on medication management, and staff from the non-government organisations Housing and Accommodation Support Initiative (HASI), Personal Helpers and Mentors Initiative (PHAMS) and the One in Five Creative Arts Association who presented the topic 'Recovery and Mental Illness: Local NGO/Community Projects'.

## Mornington Network cements its foundations on the Peninsula

A Victorian MHPN network has used its third meeting to schedule a calendar of meetings and topics for the next 12 months, as well as confirm a permanent venue for meetings at the offices of Peninsula Support Services, a psycho-social rehabilitation and carer support centre in Mornington, Victoria.

The network has more than 20 active members, with 13 attending the latest meeting. Social worker, Wendy Pieters, coordinated the most recent meeting and says the meetings have enriched her knowledge of local services and provided a sense of community among other mental health clinicians.

"[The network meetings] are great for networking, and finding out what other services are out there. It's also a great way of providing peer supervision and support," Wendy explained. "The peer support is fantastic because sometimes you can feel quite isolated in your work."

The group meets regularly to discuss case studies and share knowledge about local services and programs. "We've met quite a number of times and it's been fantastic sharing knowledge with other psychologists, social workers and GPs," said Wendy.

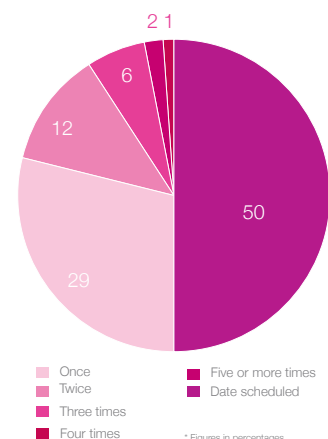
At the most recent meeting, the group discussed the various government funded carer support programs in the area, as well as methods for referring consumers into the programs. The group also discussed and had a brief demonstration of MHPN Online. A future meeting will include a presentation on art therapy by a network member.

Network members are also active in other networks in the region, which promotes diversity and growth within each network. "I actually started off with the Rosebud group then discovered that I could go to any mental health network," Wendy explained. "So I've attended Mornington, Rosebud and Frankston. It's a great opportunity to learn different things in the areas that interest you."



MHPN Mornington Network

Number of times active networks have met



# Website and online networking

The MHPN website was established in 2008 to provide online resources to support the facilitation of workshops and provide information on the MHPN project to interested clinicians.

The website has undergone an iterative improvement process during the last year and some of the most significant improvements are:

- October 2009 – introduction of online workshop registration system
- February 2010 – introduction of online payment system for workshop participants
- February 2010 – introduction of online participant and facilitator feedback ( sent via contracted data company) to replace paper-based feedback forms
- May 2010 – launch of MHPN Online, an interactive online networking portal

The website formed an important component in the delivery of workshops by enabling participants to:

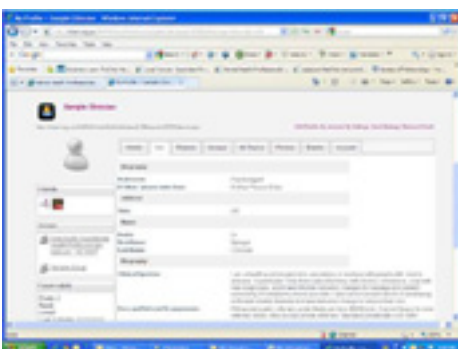
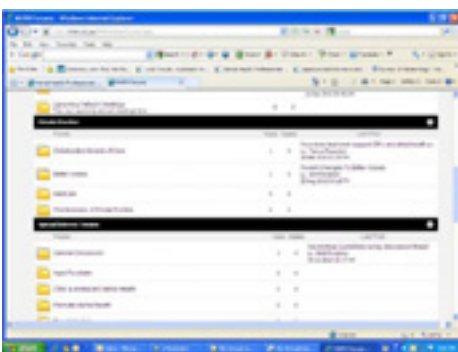
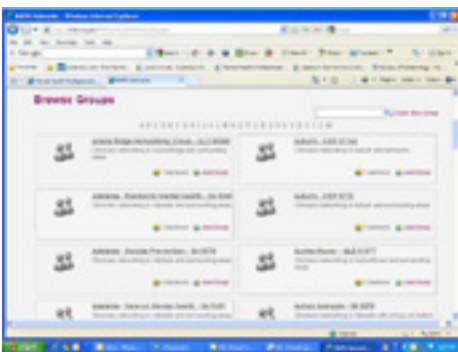
- register online
- claim remuneration for attending workshops
- search for their local network meeting
- register an interest in facilitating an MHPN workshop
- find out more about the MHPN initiative.

Between February 2009 when the website was launched, and June 2010 the site received 77,261 visitors and 524,214 home page views. These results should be considered a significant achievement given that workshops commenced in February 2009 and prior to that, MHPN was unknown to the majority of mental health clinicians.

In May 2010 MHPN Online was launched to support ongoing interdisciplinary networking and collaboration between mental health professionals working in primary care. MHPN Online is a members-only web portal within the MHPN website designed to complement face-to-face network meetings by providing clinicians with a facility to:

- communicate with other mental health care providers including their network members
- search for mental health clinicians to consult with or refer to
- post invitations and receive RSVPs for network meetings
- post and share journal articles and conference papers
- participate in discussion forums to keep abreast of mental health issues and clinical developments
- gain professional development and support from peers
- participate in educational webinars and view podcasts

A primary focus for MHPN for 2010/11 will involve engaging clinicians in MHPN Online via a supported, structured schedule of topical and thematic mental health forums and webinars.



## 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 mental health practitioners working in primary care.

MHPN has four member organisations and three partner organisations.



**Australian Government**

**Department of Health and Ageing**

## Member Organisations

### 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 3,000 Fellows of the RANZCP who account for approximately 85 per cent of all practising psychiatrists in Australia.



The Royal Australian & New Zealand College of Psychiatrists

### 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 19,000 members of the APS. The APS is the largest of all non-medical health professionals associations in Australia and has 9 specialist Colleges and 40 Branches across the country.



### The Royal Australian College of General Practitioners

With over 20,000 members nationally, The Royal Australian College of General Practitioners (RACGP) is Australia's largest medical College. Over 7,000 National Rural Faculty members (including 3,500 GPs) also make the RACGP the largest representative organisation for rural general practice in Australia.

The College's mission is to improve health and wellbeing for all Australians by supporting general practitioners, registrars and medical students by assessing doctors' skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping general practitioners with issues that affect their practice and development of standards that general practices use as part of the accreditation processes.

Six state based faculties, plus a national rural faculty and Aboriginal and Torres Strait Islander Faculty support and complement the activities of the RACGP National office in working towards the RACGP's organisational goals. The RACGP actively embraces its responsibility to take a leadership role in standards, quality, education, research, advocacy and equity.



### Australian College of Mental Health Nurses

The Australian College of Mental Health Nurses (ACMHN) is the peak professional body for mental health nurses in Australia. Established as a Congress in 1975, it is the only organisation that solely represents mental health nurses in the country. A dynamic volunteer-based organisation, the ACMHN has branches and regional branches in every state and territory. The ACMHN is constantly striving to ensure that mental health nursing is on the agenda at Local, State and National levels and to maximise engagement with members and key stakeholders to advance mental health nursing across the country.



the Australian College of Mental Health Nurses Inc.



## Partner Organisations

### Occupational Therapy Australia

Occupational Therapy Australia is the peak professional body representing the interests of Occupational Therapists across the country. Occupational Therapy Australia aims to support, promote and represent the profession of occupational therapy as a key element of the allied health sector in Australia. It has a membership of approximately 5000 occupational therapists across the country.



### 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 6,000 members. There are currently 1169 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 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 1,800 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.



The Royal Australasian  
College of Physicians

# Board of Directors



From top, left to right.  
Mr John McGrath, Prof Kate Moore,  
Prof Lyn Littlefield, Dr Morton Rawlin,  
Dr Darra Murphy, Dr Johanna  
Lammersma, Kim Ryan, Dr Stephen  
Elsom, Dr Mirco Kabat

## 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.

## Prof 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).

## Prof 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, National Advisory Council on Mental Health, 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 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, Victoria, Senior Medical Officer at Djerrivarrh Health Services, Bacchus Marsh, Victoria, former committee member of the Australian College of Psychological Medicine.

## Dr Johanna Lammersma MBBS, FRANZCP

Psychiatrist (Private Practice).

## Kim Ryan RN, Adj Assoc Professor, FACMHN

Kim is CEO of the Australian College of Mental Health Nurses and Adjunct Associate Professor (USyd School of Nursing). She was appointed as the first paid employee of the ACMHN in 2004 and was the inaugural Chair of the Mental Health Professionals Association for a number of years. Kim is currently Chair of the Coalition of National Nursing Organisations (CoNNO) and represents mental health nursing across a range of government and non-government expert reference groups. Kim is a mental health nurse and has worked in a range of clinical and managerial nursing roles.

## 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.

## Teri Snowdon BA(hon), BSW(hon), MSW (Monash) (from December 2009)

Director of Policy with the Royal Australian and New Zealand College of Psychiatrists.

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

Director Corporate Services and Deputy CEO of the Royal Australian and New Zealand College of Psychiatrists. Former MHPN board member and former member of the MHPN Finance and Audit Committee (from February 2009 to November 2009).

## Finance and Audit Committee

Prof Kate Moore (Chair)

John McGrath AM,  
MHPN Director and Chair

Kim Ryan, MHPN Director Member  
(from Nov 2009)

Dr Mirco Kabat  
(From February 2009 to Nov 2009)

Chris Gibbs,  
Chief Executive Officer, MHPN

Trevor Donegan,  
Finance Manager, MHPN

## Project Advisory Group

John McGrath AM,  
MHPN Director (Chair)

Patrick Smith,  
Department of Health and Ageing

Liz Sommerville,  
Australia Association of Social Workers

Di Wyatt,  
Australian College of Rural  
and Remote Medicine

Judy Bentley,  
National Mental Health Consumer  
and Carer Forum (from March 2010)

Jennie Parham,  
Australian General Practice  
Network (from July 2010)

Helen Reeves,  
Australian College of Mental  
Health Nurses

Harry Lovelock,  
Australian Psychological Society

Noel Muller, National Mental Health  
Consumer and Carer Forum –  
Consumer representative

David Crosbie,  
CEO of the Mental Health  
Council of Australia

Dr John Buchanan,  
Royal Australian and New Zealand  
College of Psychiatrists

Dene Iwanicki,  
Occupational Therapy Australia

Dr Christine Gillies,  
Australian Indigenous  
Psychologist Association

Chris Gibbs,  
Chief Executive Officer, MHPN

Stewart Potten,  
National Project Manager, MHPN

Tanya Reardon,  
Communications Manager, MHPN

Former members: Joy Thomas, Effie  
Margiolis, Lyn Chaplin, Dr Anne Smith,  
Belinda Caldwell, Victoria Hovane

## Evaluation Committee

Dr Stephen Elsom (Chair)  
Centre for Psychiatric Nursing at the  
University of Melbourne, MHPN Director

Harry Lovelock,  
Australian Psychological Society

Deepika Ratnaik, headspace  
National Youth Mental Health Foundation

Dr Barbara Murphy,  
Heart Research Centre

Patrick Smith,  
Department of Health and Ageing

John McGrath AM,  
Director and Chair, MHPN

Dr Darra Murphy,  
General Practitioner and MHPN Director

Chris Gibbs,  
Chief Executive Officer, MHPN

Dr Angela Nicholas,  
Evaluation Manager, MHPN

Stewart Potten,  
National Project Manager, MHPN

Tanya Reardon,  
Communications Manager, MHPN

The Centre for Health Policy, Programs  
and Economics (CHPPE) from the  
University of Melbourne is undertaking  
the formal evaluation of MHPN  
activities.

The final evaluation report will be  
submitted to the Department of Health  
and Ageing in October 2010.

## MHPN Staff

Chris Gibbs, Chief Executive Officer

Stewart Potten, National Project  
Manager (from November 2009)

Bronwyn Morris-Donovan, National  
Project Manager (until December 2009)

Julie Conibear, Office Manager/EA

Trevor Donegan, Finance Manager

Tanya Reardon,  
Communications Manager

Angela Nicholas,  
Evaluation Manager (Senior Project  
Officer SA/WA until December 2009)

Nicky Bisogni,  
Senior Project Officer QLD/NT

Robyn Lidston, Senior Project Officer  
SA/WA (from January 2010)

Nic Ridge,  
Senior Project Officer VIC/TAS

Tracy Macfarlane,  
Senior Project Officer NSW/ACT



MHPN Staff

# Financial Report

Directors' Report	21
Auditor's Independence Declaration	25
Statement of Comprehensive Income	26
Statement of Financial Position	27
Statement of Changes in Equity	28
Statement of Cash Flows	29
Directors' Declaration	38
Independent Auditors Report	39

# 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 30 June 2010 and auditors report thereon.

## Directors

The names of the directors in office at any time during or since the end of the year are:

Director	Appointment	Resignation
John McGrath	7/8/2008	-
Kim Ryan	12/6/2008	-
Johanna Lammersma	12/6/2008	-
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	21/12/2009
Teri Snowdon	21/12/2009	

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

## 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 \$1,647,679 (2009: \$104,611).

## Review of Operations

The company continued to engage in its principal activities, 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.

## Company Objectives

The company has been established to promote the quality of patient care by:

- 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

## Principal Activities

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

- 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
- 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.

No significant change in the nature of these activities occurred during the financial year.

## Company Performance

Against the 3 major objectives the company achieved the following:

- Achieved delivery of 1,169 workshops (97% of target) across Australia in 17 months
- By 30 June 2010, 655 workshops had merged to form 466 active interdisciplinary networks
- An interactive online networking portal - MHPN Online was established in May 2010. This followed the successful implementation of an online workshop registration system (October 2009) and the introduction of an online payment system for workshop participants (February 2010)

## 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 in future financial years.

## 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.

## 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.

## 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 of 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 the Royal 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.

Professor 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).

Professor Lyn Littlefield OAM, FAPS, FACID, FAIM

*Special Responsibilities*

- Chair of the Mental Health Professionals Association (MHPA).

*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).

Ms Kim Ryan

*Special Responsibilities*

- MHPN Company Secretary,
- Member of MHPN Finance and Audit Committee (from February 2010).

*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 Organisation.

Ms Teri Snowdon BA (Hons), MSW (Hons) (Appointed 21 December 2009)

*Experience*

- Director of Policy, Royal Australian & New Zealand College of Psychiatrists.

Dr Mirco Kabat, MB. ChB. (Medicine), BSc. Honours (Psychology) (UCT) (Resigned 21 December 2009)

*Special Responsibilities*

- Former member of the MHPN Finance and Audit Committee.

*Experience*

- Director Corporate Services and Deputy C.E.O. of the Royal Australian and New Zealand College of Psychiatrists.

**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.

	Directors Meetings		Finance & Audit		Evaluation	
	Attended	Eligible to Attend	Attended	Eligible to Attend	Attended	Eligible to Attend
John McGrath	11	11	11	11	7	10
Kim Ryan	10	11	5	5	-	-
Johanna Lammersma	10	11	-	-	-	-
Morton Rawlin	9	11	-	-	-	-
Kathleen Moore	9	11	9	11	-	-
Lyndel Littlefield	7	11	-	-	-	-
Stephen Elsom	10	11	-	-	10	11
Darra Murphy	10	11	-	-	9	11
Mirco Kabat	5	5	6	6	-	-
Teri Snowdon	5	6	-	-	-	-

### 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.

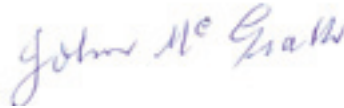
### Auditor's Independence Declaration

A copy of the auditor's independence declaration, as required under section 307C of the Corporations Act 2001 in relation to the audit for the financial year is provided with this report.

### Proceedings on behalf of the company

No person has applied for leave of Court to bring proceedings on behalf of the company.

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



John McGrath  
Director



Kim Ryan  
Director

Dated: 25 October 2010  
Melbourne



# Auditor's Independence Declaration



**MENTAL HEALTH PROFESSIONALS NETWORK LTD**  
A.B.N. 67 131 543 229

**AUDITOR'S INDEPENDENCE DECLARATION  
TO THE DIRECTORS OF MENTAL HEALTH PROFESSIONALS NETWORK LTD**

In relation to the independent audit for the year ended 30 June 2010, to the best of my knowledge and belief there have been:

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



N R BULL  
Partner



PITCHER PARTNERS  
Melbourne

26<sup>th</sup> October 2010

## Statement of Comprehensive Income

For the year ended 30 June 2010	Notes	2010	2009
		\$	\$
Revenue	6	8,317,425	2,747,800
<b>Less Expenses</b>			
Employee Benefits		(2,421,761)	(1,010,298)
Workshop Expenses		(2,924,948)	(834,524)
Occupancy and Member Related Costs		(606,079)	(404,436)
Administrative Expenses		(436,082)	(230,897)
Depreciation Expense		(6,809)	(3,251)
Other expenses		(274,067)	(159,783)
<b>Total Expenses</b>	6	<b>(6,669,746)</b>	<b>(2,643,189)</b>
Surplus before income tax expense		1,647,679	104,611
Income tax expense	4	-	-
Surplus from continuing operations		1,647,679	104,611
Other comprehensive income		-	-
<b>Total comprehensive income</b>		<b>1,647,679</b>	<b>104,611</b>

The accompanying notes form part of these financial statements.

## Statement of Financial Position

As at 30 June 2010	Notes	2010	2009
		\$	\$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	7	2,188,101	397,030
Trade and other receivables	9	59,474	36,198
Prepayments	10	-	18,893
<b>TOTAL CURRENT ASSETS</b>		<b>2,247,575</b>	<b>452,121</b>
<b>NON-CURRENT ASSETS</b>			
Plant and equipment	11	16,795	14,956
<b>TOTAL NON-CURRENT ASSETS</b>		<b>16,795</b>	<b>14,956</b>
<b>TOTAL ASSETS</b>		<b>2,264,370</b>	<b>467,077</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	438,488	322,935
Provisions	13	73,592	39,531
<b>TOTAL CURRENT LIABILITIES</b>		<b>512,080</b>	<b>362,466</b>
<b>TOTAL LIABILITIES</b>		<b>512,080</b>	<b>362,466</b>
<b>NET ASSETS</b>		<b>1,752,290</b>	<b>104,611</b>
<b>EQUITY</b>			
Retained surplus	14	1,752,290	104,611
<b>TOTAL EQUITY</b>		<b>1,752,290</b>	<b>104,611</b>

The accompanying notes form part of these financial statements.

## Statement of Changes in Equity

For the year ended 30 June 2010	Notes	2010	2009
		\$	\$
Total equity at the beginning of the financial year		104,611	-
Surplus for the year		1,647,679	104,611
Total recognised income and expense for the year		1,647,679	104,611
Total equity at the end of the financial year		1,752,290	104,611

The accompanying notes form part of these financial statements.

## Statement of Cash Flows

For the year ended 30 June 2010	Notes	2010	2009
		\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Grant receipts		9,075,000	2,920,500
Payments to employees		(2,315,490)	(869,571)
Payments to suppliers		(5,019,234)	(1,726,919)
Interest received		59,443	91,227
<b>Net cash provided by operating activities</b>	<b>8</b>	<b>1,799,719</b>	<b>415,237</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Purchase of plant and equipment		(8,648)	(18,207)
<b>Net cash used in investing activities</b>		<b>(8,648)</b>	<b>(18,207)</b>
<b>Net increase in cash held</b>		<b>1,791,071</b>	<b>397,030</b>
Cash at the beginning of the financial year		397,030	–
<b>Cash at the end of the financial year</b>	<b>7</b>	<b>2,188,101</b>	<b>397,030</b>

The accompanying notes form part of these financial statements.

## Note 1: Summary of Significant Accounting Policies

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards 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 company 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. Compliance with Australian equivalents to International Financial Reporting Standards ensures compliance with International Financial Reporting Standards (IFRS's).

#### *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 statement of comprehensive income 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 statement of financial position 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 statement of financial position 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 statement of comprehensive income.

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.

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 statement of financial position are shown as inclusive of GST. Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

### i. Comparative figures

Where required by Australian Accounting Standards, comparative figures have been reclassified and repositioned for consistency with the current financial year disclosures.

### j. Plant and equipment

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	Plant & Equipment
Useful lives	4 years
Depreciation basis	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.

### m. Income tax

The company has been granted exemption from Income Taxation under Subdivision 50-B of the Income Assessment Act 1997

## Note 2: Financial Risk Management

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

- (a) Interest rate risk;
- (b) Credit risk;
- (c) Liquidity risk; and
- (d) Fair values

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

### (a) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of changes in market interest rates.

The company's exposure to interest rate risks in relation to future cashflows and the effective weighted average interest rates on classes of financial assets, and financial liabilities, as follows, as shown in the table below.

Year ended	Interest bearing < 1 year	Total Carrying amount	Weighted average effective interest rate
30 June 2010	\$	\$	%
<b>Financial Assets</b>			
Cash and cash equivalents	2,188,101	2,188,101	4.30%
30 June 2009			
<b>Financial Assets</b>			
Cash and cash equivalents	397,030	397,030	2.40%

## 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 30 June 2010 the number of members was 4.

### (b) Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

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 impairment of those assets, as disclosed in statement of financial position and notes to the financial statements.

### (c) Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities.

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

### (d) Fair values

The fair value of financial assets and financial liabilities approximates their carrying amounts as disclosed in the statement of financial position and notes to the financial statements.

## Note 4: Income tax

The company, a charitable institution, is endorsed to access the following concessions:

- Income Tax exemption under Subdivision 50-B of the Income Assessment Act 1997,
- GST concessions under Division 176 of a A New Tax System (Goods and Services) Act 1999 and,
- FBT rebate under section 123E of the Fringe Benefits Tax Assessment Act 1986.

## 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 June 2011.

## Note 6: Revenue & Surplus from Continuing Operations

Operating surplus for the year has been determined after:

For the year ended 30 June 2010	2010	2009
	\$	\$
(a) Revenue from operating activities		
Government grants	8,250,000	2,655,000
(b) Revenue from non-operating activities		
Interest revenue	67,425	92,800
<b>Total Revenue</b>	<b>8,317,425</b>	<b>2,747,800</b>
(c) Surplus has been determined after:		
Employee benefits:		
Salaries and Wages	2,246,092	948,250
Superannuation	175,669	62,048
Total remuneration of the auditors:	28,010	18,250
Depreciation of plant and equipment	6,809	3,251



## Note 7: Cash and Cash Equivalents

	2010	2009
	\$	\$
Cash at bank	2,188,101	397,030
	2,188,101	397,030

## Note 8: Cash Flow Information

For the purposes of the statement of cash flows, cash includes cash on hand and in banks. Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

	\$	\$
Surplus for the period	1,647,679	104,611
<i>Plus/(minus) non-cash items</i>		
Depreciation	6,809	3,251
<i>Changes in Assets and Liabilities</i>		
Increase in Trade and other receivables	(23,276)	(36,198)
(Increase)/Decrease in Prepayments	18,893	(18,893)
Increase in Trade and other payables	115,553	322,935
Increase in Provisions	34,061	39,531
<b>Cash flows from operations</b>	<b>1,799,719</b>	<b>415,237</b>

## Note 9: Trade and Other Receivables

	\$	\$
CURRENT		
GST refundable	49,919	34,625
Accrued income	9,555	1,573
	59,474	36,198

## Note 10: Prepayments

	\$	\$
CURRENT		
Prepayments	-	18,893
	-	18,893

## Note 11: Plant and Equipment

	2010	2009
	\$	\$
Plant and Equipment		
At cost	26,855	18,207
Less accumulated depreciation	(10,060)	(3,251)
	16,795	14,956

### (a) 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 is set out:

The company assessed at 30 June 2010 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.

	\$	\$
Plant and Equipment		
Carrying amount at beginning	14,956	-
Additions	8,648	18,207
Depreciation expense	(6,809)	(3,251)
Carrying amount at end of year	16,795	14,956

## 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.

	\$	\$
CURRENT		
Amounts payable to members	27,862	40,647
Amounts payable to employees	173,406	101,196
Other creditors	237,220	181,092
	438,488	322,935

## Note 13: Provisions

Due to the project not having a funding agreement beyond 30 June 2011, no calculation for Long Service Leave has been made.

	\$	\$
CURRENT		
Employee benefits	73,592	39,531
	73,592	39,531

## 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 30 June 2010 the number of members was 4.

	2010	2009
	\$	\$
Retained surplus at beginning of financial year	104,611	-
Net Surplus attributable to members of the entity	1,647,679	104,611
<b>Retained surplus at end of financial year</b>	<b>1,752,290</b>	<b>104,611</b>

## Note 15: Key Management Personnel (KMP) Disclosures

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any Director of that Entity. KMP has been taken to comprise the Directors and the members of the Executive Management responsible for the day to day financial and operational management of the Entity.

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

### Names of Directors

J McGrath  
 K Ryan  
 K Moore  
 D Murphy  
 S Elsom  
 M Rawlin  
 J Lammersma  
 L Littlefield  
 T Snowdon (appointed 21 December 2009)  
 M Kabat (resigned 21 December 2009)

### Names of Executives

C Gibbs (Chief Executive Officer)  
 B Morris-Donovan (National Project Manager) 1 July 2009 – 30 November 2009  
 S Potten (National Project Manager) 30 November 2009 – 30 June 2010

## Compensation of key management personnel

Aggregated compensation of key management personnel was as follows:

	2010	2009
	\$	\$
Short-term employee benefits	384,867	291,677
Long-term employee benefits	-	-
	<b>384,867</b>	<b>291,677</b>

## Note 16: Auditors' Remuneration

	2010	2009
	\$	\$
Amounts received or due and receivable by Pitcher Partners for:		
- audit services	22,500	17,500
- consultancy	4,690	-
- other	820	-
Amounts received or due and receivable by Hardwickses for:		
- audit services	-	750
	28,010	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:

	\$	\$
a) Members – provision of services		
ACMHN	199,728	94,058
APS	303,977	177,887
RACGP	191,846	59,378
RANZCP	184,655	115,767
	880,206	447,090
(b) Directors – provision of services		
Darra Murphy	880	665
	880	665

## Note 18: Capital and Leasing Commitments

Operating Lease Commitments

	\$	\$
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Minimum lease payments		
- no later than 12 months	42,035	76,950
- between 12 months and 5 years	-	38,475
	42,035	115,425

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

## 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

Since the end of the financial year the company has signed a contract variation with The Commonwealth of Australia as represented by the Department of Health and Ageing which has extended the current project through to 30 June 2011. No other matters or circumstances have arisen 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 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:

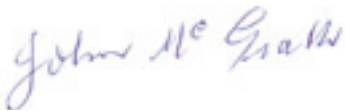
- a) to provide mental health stakeholder support and a coordinated, collaborative forum for issues affecting the following four key professional groups – The Royal Australian and New Zealand College of Psychiatrists (RANZCP), The Royal Australian College of General Practitioners (RACGP), The Australian 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

The directors of the company declare that:

1. the financial statements and notes, as set out on pages 26 to 37, are in accordance with the Corporations Act 2001:
  - i) comply with Accounting Standards in Australia and the Corporations Regulations 2001,
  - ii) give a true and fair view of the financial position as at 30th June 2010 and of the performance for the year ended on that date of the company, and
  - iii) as stated in note 1, the financial statements also comply with International Financial Reporting Standards, and
2. 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: 25 October 2010  
Melbourne

# Independent Auditor's Report



**MENTAL HEALTH PROFESSIONALS NETWORK LTD**  
**A.B.N. 67 131 543 229**

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

We have audited the accompanying financial report of Mental Health Professionals Network Ltd, which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, statement of changes in equity and statement of cash flows 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 controls 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 controls 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 controls. 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.

# Independent Auditor's Report



**MENTAL HEALTH PROFESSIONALS NETWORK LTD**  
**A.B.N. 67 131 543 229**

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

*Matters Relating to the Electronic Presentation of the Audited Financial Report*

The auditor's report relates to the financial report published in both the annual report and on the website of Mental Health Professionals Network Ltd for the year ended 30 June 2010. The board members of Mental Health Professionals Network Ltd are responsible for the integrity of the website. We have not been engaged to report on the integrity of the website. The auditor's report refers only to the statements named above. An option is not provided on any other information which may have been hyperlinked to or from these statements. If users of this financial report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the Mental Health Professionals Network Ltd website.

*Independence*

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

*Auditor's opinion*

In our opinion:

1. the financial report of Mental Health Professionals Network Ltd 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 2010 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
2. the financial report also complies with International Financial Reporting Standards as disclosed in Note 1.



N R BULL  
Partner

26<sup>th</sup> October 2010



PITCHER PARTNERS  
Melbourne







