

mhpn
Mental Health
Professionals
Network

Annual Report 2011

Mental Health Professionals Network
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2010/11 at a glance

Networks

- 480 networks
- 42 percent regional/rural/remote networks
- 6,916 network members
- 12,832 network meeting attendances
- 1,494 network meetings held

Webinars

- 898 attendees
- 3,413 registrations
- 9,619 views of webinar recordings

Website

- 60,000 website visits
- 2,827 MHPN Online members

The Mental Health Professionals Network (MHPN) was established in 2008 to improve patient outcomes by encouraging greater collaboration between clinicians working in primary mental health care.

To achieve its goals, MHPN ran 1,169 workshops between February 2009 and June 2010. In the 2010-2011 financial year, MHPN's core agenda was the establishment of ongoing networks of mental health professionals working in a local area and initially based on the people who attended workshops. At June 30 2011, a total of 480 networks had been established.

Networks

480 networks

A total of 480 interdisciplinary mental health networks have been established Australia-wide.

42 percent in regional, rural and remote locations

Over 42 percent of networks are located in regional, rural and remote parts across Australia (ASGC-RA 2-5).

1,494 network meetings

MHPN ran 1,494 network meetings during the last year, an average of three meetings per network.

Almost 7,000 network members

6,916 individuals joined MHPN networks. Many people attended more than one network in their local area.

More than 12,000 attendances at network meetings

There were 12,832 attendances by mental health professionals at network meetings between July 2010 and June 2011.

Webinars

MHPN embarked on a program to deliver webinars with a focus on collaborative care in mental health. From December 2010, MHPN hosted five webinars on mental health related topics.

Nearly 900 attendees

898 clinicians working in mental health care participated in MHPN webinars.

More than 3,400 registrations

3,413 clinicians registered to attend MHPN webinars, with limited places available.

Almost 10,000 views

Webinars were recorded and posted on MHPN's website for viewing. To the end of June, there had been 9,619 views of the five webinar recordings.

Website

Almost 60,000 website visits

The website received 59,713 visits by June 30 2011.

More than 2,800 MHPN Online members

Launched in May 2010, the members-only web portal grew to 2,827 members by June 30 2011.

Chairman's foreword

John McGrath AM
Chairman



Sustainability was always going to be the key measure of success for MHPN networks.

Now in our third year, and with over 450 networks established, we can see that our interdisciplinary network model has a productive future.

Feedback from the field has been encouraging. As networks gain experience and realise the benefits of collaboration, enthusiasm for the idea has grown. Some of the responses can be seen in testimonial form elsewhere in this report.

MHPN recognises the importance of coordinators. They are the heartbeat of their networks, planning, organising and often facilitating the meetings that give mental health professionals new opportunities for learning, cooperation and referrals.

Our focus in the coming year will be to consolidate support for this group. Our communications team is geared up to capture and spread their success stories, which are now beginning to flow back to us. By this means, and continuing word of mouth, we should succeed in consolidating the number of networks across rural, regional and metropolitan Australia.

Other statistics tell us the program is settling in and consolidating. In the first 12 months of establishing networks, there were almost 1,500 meetings held which attracted over 12,000 attendances by clinicians.

Our relationship with the Department of Health and Ageing continues to grow. Ably led by Chris Killick-Moran, and assisted by Patrick Smith, the Department's team has demonstrated its commitment to MHPN with a short term extension of funding to see us well into the sustainability phase. The new funding rode on the back of the successful workshop phase.

That the Department is willing to entertain a second proposal for a further three year term says much about its vision of long term equity for mental health in Australia.

The introduction of our webinar program and the consolidation of MHPN Online have underlined to the mental health community the value of the internet as a learning and communication tool.

My appreciation and thanks go to my fellow directors who give generously of their scarce time, as well as their energy and skills.

We continue to enjoy loyalty and stability among our staff. And once more I am glad to acknowledge the daily leadership of CEO, Chris Gibbs. Our longest serving employee, he has guided his team with flair, good humour and resolve.

John McGrath AM
Chairman

Chief Executive Officer's report

Chris Gibbs,
Chief Executive Officer



In a relatively short time, from an environmental scan through a daunting national series of workshops, we can look back with a sense of achievement. We now have a platform of 480 collaborative networks around the country.

Participation across all forms of activity—workshops, network meetings, website visits and webinars—is energetic and growing.

Collaborative partnerships

Further on in this report you can read news about interdisciplinary collaboration and learning in remote, rural, regional and urban Australia. Snapshots are beginning to emerge as a range of clinicians and community-based service providers take the opportunity to partner around mental health.

Highlights of the year were meeting the challenge to continue to reach out across Australia. That 42 percent of MHPN networks are located in regional, rural and remote communities tells us there is real interest in collaboration and interdisciplinary practice.

Webinars a revelation

The uptake of webinars has been a revelation. Live attendances of almost a thousand and visits to archived webinar recordings, at more than 9,000, plainly say the technology is here to stay. As impressive as these numbers are, a crucial measure of the webinar program was the calibre of panellists.

In every case, presenters were highly regarded in their respective fields, and proved themselves as performers in a sometimes challenging new form of communications technology. Our archive of five webinars for the year is set to expand in depth, range and quality.

Independent evaluation lessons

The completion of the contractual independent evaluation of Phase 2 showed MHPN to be on track in all respects, despite only having recently commenced the network rollout phase at the time of evaluation. We gained some valuable insights, principally:

- Networks should be interdisciplinary with a core of clinicians prepared to commit to a schedule of meetings
- Networks must have a clearly articulated purpose designed for local needs
- Timely and clear MHPN communications about established networks help form and sustain new networks.

Partnerships

Hard work and receptiveness to new ideas saw us push ahead with productive partnerships with groups such as headspace, Beyond Blue and Sane. I thank all our friends and colleagues in these initiatives.

The Department of Health and Ageing (DoHA) recognized that ours is a unique start up model in mental health. They have given us the time and the latitude to press forward with our vision and objectives, and to introduce innovations and solve problems thrown up by the novelty of our challenge.

Note of appreciation

I couldn't report this progress without the vision of our Chairman, John McGrath AM, and the diligence of a knowledgeable Board, whom I gratefully thank. Similar praise is due to MHPN staff who grasped the continuing needs of the organization and fulfilled them with energy.

The future

The future appears solid. We are confident that our Phase 3 proposal, which aims to extend the life of MHPN for another three years, will be approved by DoHA.

Chris Gibbs
Chief Executive Officer

Support from MHPN project partners

Australian College of Mental Health Nurses (ACMHN)

'Mental health nurses have been active participants in MHPN networks as both participants and coordinators. The opportunity to introduce the important role that mental nurses play in community mental health and primary mental health services has been a key factor in promoting the benefits that interdisciplinary practice has for better outcomes for consumers.'

'A further phase of the project would increase the potential for other mental health clinicians to better understand the benefits that a mental health nursing perspective can bring to treatment of people who experience mental health issues and will strengthen the connections between mental health nurses and the range of service providers that collaborate in the local area.'

Kim Ryan

CEO, ACMHN

Australian Psychological Society (APS)

'MHPN networks have been invaluable to psychologists working in private practice. The networks are professionally supportive and provide an opportunity to inform other clinicians of the perspectives and practices that psychologists can bring to patient care. The participation of psychologists in networks, the high number of network coordinators who are psychologists, and the active participation of psychologists in the webinar program is a measure of the attraction that MHPN has had for psychologists.'

'The proposed Phase 3 of the project will enable psychologists working in the community to contribute to the development of practices that support improved collaboration between clinicians to improve mental health consumer outcomes.'

Professor Lyn Littlefield OAM FAPS

Executive Director, APS

Royal Australian College of General Practitioners (RACGP)

GPs have a central role in managing patient treatment and care. MHPN networks have provided GPs opportunities to build complementary referral relationships with a range of skilled mental health clinicians and the opportunity to provide relevant treatment options and supports for their patients.

Interdisciplinary networking between mental health clinicians has provided opportunities to broaden clinical skills and knowledge and ultimately aims to improve patient care and treatment.

The continuation of the MHPN project through Phase 3 will continue to offer support to general practitioners in deepening their understanding and practice of collaborative care to achieve better outcomes for their patients.

Dr Zena Burgess

CEO, RACGP

Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The presence of psychiatrists in MHPN networks was considerably enhanced by an initiative to involve psychiatrists in networks as guest speakers and this has been beneficial to both participating psychiatrists and network members. Psychiatrists were able to share perspectives and clinical expertise with an interdisciplinary audience, enabling a cross-pollination of ideas not usually occurring in private practice and broadening treatment and patient care options.

It is expected that a continuation of the psychiatrist initiative in phase 3 of the project, together with participation in the exciting online webinar program, will positively impact on the participation of psychiatrists.

Andrew Peters

CEO, RANZCP

A new way of working

Mental illness can be complex in both the acute and chronic phases. Multidisciplinary collaborative practice achieves positive outcomes for patients, providers and the health care system. The case for collaborative health care is particularly pertinent for primary health care and mental health services.

People with concurrent disorders have poorer outcomes, with high rates of suicide, self harm, homelessness, involvement with the criminal justice system, family problems, child abuse and neglect, difficulty with daily living, and role performance. Consumers with complex mental illness require more than mental health care; they need support from a variety of health care and social services providers.

Collaboration can:

- improve access to mental health care by groups that traditionally underuse services
- build continuity of care
- boost communication and coordination of care
- reduce use of other health services
- expand the capacity of both the mental health and primary health care systems
- upgrade access to a range of health care providers
- enhance access to the social services sector.

A major emphasis in current health reforms is the need for improved integration of service provision across health settings, and for increased patient access to multidisciplinary care for chronic diseases, including mental illness.

MHPN offers a unique proposition in its quest to achieve its high level objective of interdisciplinary collaborative practice. MHPN actively brings together people working across disciplines in primary mental health to increase networking opportunities and link these activities into other programs such as Continuing Professional Development.

The usefulness of networks is not simply in meeting people; it is the value that each profession brings to a dynamic interaction that aids clinical leadership and understanding, role recognition, design and delivery of effective systems, referrals, and reflection on collaborative practice.

‘I work in private practice as a sole practitioner and it can be somewhat isolating...so the meetings have been very useful in making contacts with people from other disciplines, finding out what they’re doing, gaining new ideas and approaches, and learning of the services that are available.’

Dianne McNamara, psychologist
MHPN at the Melbourne Clinic

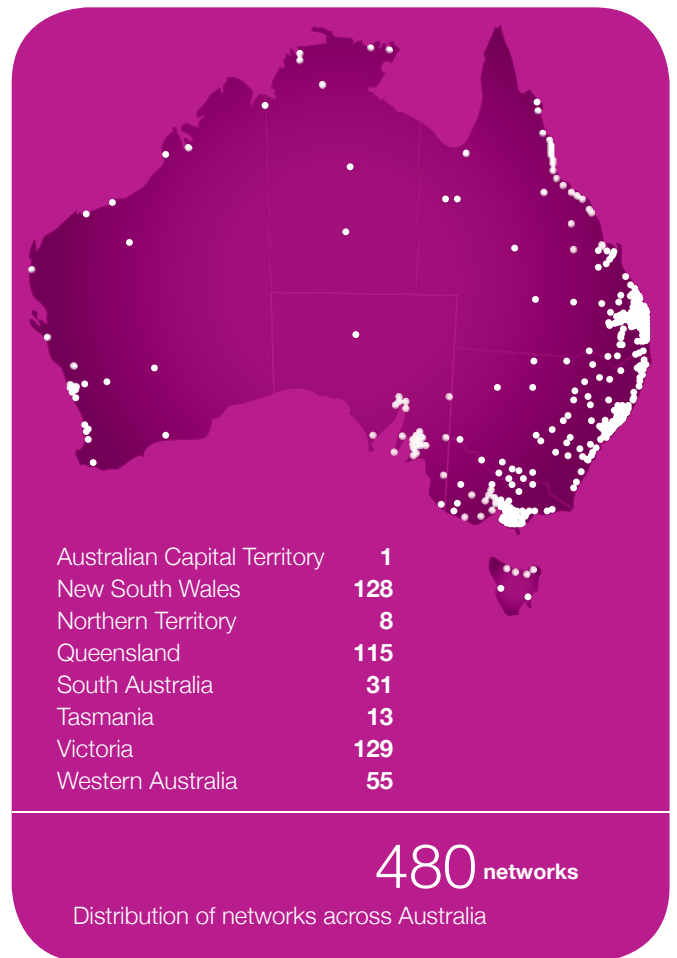
Community-based mental health networks

The key objective of MHPN is to improve patient outcomes by encouraging greater collaboration between clinicians working in primary mental health care.

480 active networks across Australia

There are currently 480 MHPN networks across Australia including 66 networks that were established after the workshop phase of the project and are not linked to initial workshops.

42 percent of networks were established in regional, rural and remote locations (ASGC-RA 2-5) as shown in the table below.



ASGC-RA (1-5)	NSW	ACT	VIC	TAS	QLD	NT	WA	SA	Totals	%
1 Major cities	68	1	90	0	60	0	39	20	278	58%
2 Inner regional	46	0	31	9	25	0	4	2	117	24%
3 Outer regional	12	0	8	3	21	4	5	5	58	12%
4 Remote	1	0	0	1	3	2	3	3	13	3%
5 Very Remote	1	0	0	0	6	2	4	1	14	3%
Grand Total	128	1	129	13	115	8	55	31	480	100%

Network coordination

Each network has a member who volunteers to coordinate the activities of the network. The role of network coordination is broad and extends from the logistical tasks involved in organising a meeting to the highly skilled role of facilitating network meetings. Individual practitioners bring to the position different skill sets, interests and discipline-specific experiences. The dynamic and fluid nature of coordination in turn encourages flexibility in network structures and supports networks to define their own agenda.

Strong network coordination is considered central to the success of a sustainable network, a notion supported by the University of Melbourne’s Centre for Health Policy, Programs and Economics’ (CHPPE) Sustainability Evaluation Report for MHPN.

MHPN works closely with coordinators to ensure the smooth operation of each network. MHPN provides assistance primarily by way of administrative and financial support. The relationship between MHPN Network Sustainability Project Officers and network coordinators has become integral to the success of the networks. However, over time MHPN will need to pull back on the level of support as networks are expected to become self-sustaining. This represents one of the key challenges for the next phase of the project.

While the task of coordinating each network is undertaken by people representing a vast array of mental health professions, 46 percent of MHPN networks are coordinated by psychologists.

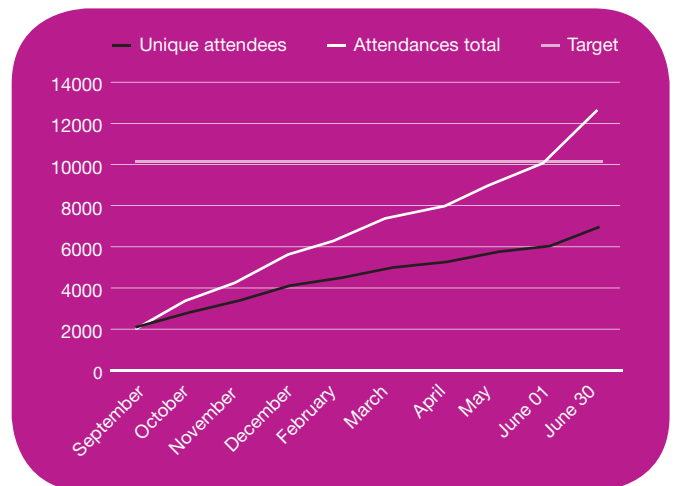
COORDINATOR PROFESSION	TOTALS	%
General Practitioner	39	8
Mental Health Nurse	68	14
Occupational Therapist	8	2
Other	70	15
Psychiatrist	24	5
Psychologist	223	46
Social Worker	48	10
TOTALS	480	100

Network participation

Network members include general practitioners, psychiatrists, psychologists, mental health nurses, occupational therapists, social workers, and other professionals involved in primary mental healthcare. Up to June 30 2011, there were 12,832 attendances at network meetings from 6,916 individuals.

To foster the involvement of clinicians who did not attend MHPN’s foundation workshops, or where there were no active networks in their areas, MHPN linked clinicians to existing networks, or helped clinicians to establish a new network.

Monthly individual attendees and total attendances at networks 2010-2011



GP Engagement

From the beginning, MHPN has been aware of the critical role that GPs play as the gatekeepers to primary mental healthcare. It is therefore essential that GPs are included in all networks.

However, many factors challenge the ability of GPs to participate in networks, including daily practice demands, workforce distribution and shortages, location, practice preferences, their interest in mental health, and access to relevant clinical resources. Consequently, a number of strategies were implemented to encourage the participation of GPs. These included setting up networks using the Royal Australian College of General Practitioner's Small Group Learning model, and developing a psychiatrist initiative in conjunction with the Royal Australian and New Zealand College of Psychiatrists.

Psychiatrist Initiative

In February 2011, MHPN introduced an initiative to increase the participation rate of psychiatrists in networks. The scheme was established on the basis that psychiatrists have consistently been identified as a draw card for clinicians and in particular, engagement with GPs. The Psychiatrist Initiative offers networks an opportunity to access a psychiatrist as a guest speaker at a network meeting.

The initiative has four underpinning assumptions:

- The presence of a psychiatrist guest speaker will increase the number of GPs at network meetings
- The initiative will engage psychiatrists to become MHPN network members
- The initiative will further build upon MHPN's relationship with the RANZCP
- The initiative will reinvigorate networks by offering another topic/meeting purpose.

To June 30, 108 requests were fulfilled under this initiative. A further 11 requests could not be met due to timing or the unavailability of psychiatrists with specific expertise requested by networks.

This initiative has presented useful opportunities to reinvigorate a number of lagging networks. The initiative has been well supported by MHPN coordinators and we continue to receive positive feedback from networks about the quality of the presentations. Networks are also reporting increased attendances at meetings.

Presenting to a Mental Health Professionals Network: One psychiatrist's experience

To provide additional support for interdisciplinary networks, MHPN has been sponsoring presentations by psychiatrists.

Dr George Halasz, a lecturer at Monash University's School of Psychology and Psychiatry, reports on his own presentation to the MHPN Canterbury Network in Melbourne in May. His address was: "Understanding the Relationship between Mental Health and Medication in Children and Adolescents".

'I started looking forward to taking part in my first Mental Health Professionals Network meeting as soon as I spoke with [network coordinators] Gabriele Byrne and Emma-Rose Parsons to clarify what issues in child and adolescent psychiatry might be of interest.

'As the night approached, despite having spoken on these areas before, I started to become anxious, wondering how I would manage to cover the vast topic we agreed on. Gabriele's assurance that it was to be an informal gathering, meant to be reassuring, turned into another challenge. I spoke with psychiatry colleagues and asked how they had approached the task of being a speaker. Eventually I decided to prepare a handout, to provide structure for the first part of the evening, and to ask for comments along the way, and for the second part, to discuss any issues that may arise.

'As it turned out, I found the evening a most rewarding exchange of our experiences from various points of view. We shared our struggles as providers of a variety of mental health services to children, adolescents and their families, often dealing with high stress and trauma in clinical and school settings.

'Our shared concerns to advocate from the ethical position of 'the best interest of the child' is increasingly being challenged while we are trying to also sustain our focus on our own 'vicarious trauma' and to ward off 'burn out' or emotional fatigue. These conditions arise from our complex clinical work.

'In addition to the key topic, we also managed to address many issues beyond, to explore the wider implications of our work in our social and cultural settings. With snacks and drinks, opportunities to chat informally, the evening I found to be most nourishing in every sense of the word.'

Dr George Halasz is a consultant child and adolescent psychiatrist and adjunct senior lecturer at the School of Psychology and Psychiatry, Faculty of Medicine, Nursing and Health Sciences, Monash University. He also works in private psychiatry practice.

Network focus

MHPN networks vary in their focus as their activity is determined by network members to fulfil local and individual needs. However, MHPN has identified six core themes of interdisciplinary mental health networks:

- **Education:** These network meetings focus on developing knowledge and skills in specialist areas through the provision of education that may include professional development via guest speaker presentations, and use of professional disciplines' journals or texts.
- **Clinical review:** These network meetings focus on improving patient outcomes and developing participant skills and knowledge in clinical areas of practice through interdisciplinary clinical practice and case study reviews.
- **Peer support:** These network meetings offer peer support for clinicians, allowing them to discuss, share and develop knowledge and information related to their clinical practice.
- **Networking:** Networks often allocate time as a group to develop awareness and knowledge of group members' professional roles, special interest areas, current positions, clinical expertise and local access /referral pathways.
- **Community development:** These networks identify the need at a local level or in a special interest area to develop, review or expand on available resources, systems and services for the provision of interdisciplinary collaborative mental health care.
- **Collaboration:** Collaboration involves the process of forming a network with opportunities for interdisciplinary professional interaction. These opportunities can include a number of the above focus areas and topics as vehicles to promote collaborative interdisciplinary discussions and forums.

These themes are not stand-alone and all encompassing, but provide ideas to support network planning which meets the network's objectives. As networks continue to evolve so too has our understanding of their underpinning architecture, professional discipline composition, and purpose.

Successful Queensland network

A mental health working group in Queensland holds a monthly morning tea interdisciplinary mental health network meeting. The network meets bi-monthly for clinical case review meetings. MHPN supports the network with funding, administrative support and resources such as sufficient hard copies of the case study along with the facilitator manual. The group made a commitment at the initial workshop to continue meeting regularly.

Network focus

The network meetings alternate between a facilitated case study discussion (using one of MHPN's case studies) and planning for mental health community development activities. Different network members have volunteered to present each facilitated case study discussion.

Clinical case reviews

The first was facilitated by a GP presenting on an adolescent with an eating disorder. (Discussion at the meeting included formulating a GP mental health plan and engagement with the teenager and parents in the plan.

Another was facilitated by the mental health program manager of the local private hospital. The review looked at treatment goals and management plans for a woman with a dual disability including obsessive compulsive disorder and mild intellectual disability (Robyn - Case study 11). During the community development meetings, the group discussed various local mental health related issues, including homelessness. The local area has been identified as having the second highest rate of homelessness in the outer regions of Brisbane. As part of their community development focus they plan to hold a Day for the Homeless to increase community awareness of the issue.

Phase 2 Evaluation

Key lessons learnt – feedback from the external evaluation

Phase 2 of the MHPN project was independently evaluated by the Centre for Health Policy, Programs and Economics (CHPPE) at the University of Melbourne. The final report revealed MHPN successfully rolled out 1,169 workshops, attracting 15,264 participants. MHPN's lower level objectives (relating to the establishment of structure and process) were completely achieved with the majority of intermediate level objectives (relating to delivery of workshops and sustainability) completely achieved. MHPN achieved the target of 70 percent of initial workshops translating into ongoing, interdisciplinary, clinical networks.

A number of key lessons emerged from Phase 2 that will shape and inform the delivery of Phase 3:

- There remain challenges to sustaining interdisciplinary collaborative networks
- Ongoing, responsive support provided by MHPN is central to capitalize on the early successes in creating ongoing interdisciplinary networks
- Effective coordination is central to the success of ongoing sustainable networks. Feedback from the evaluation indicates MHPN would benefit from investing in the development of appropriate resources designed to support coordinators in their role.

The evaluation of Phase 2 and feedback from participants indicated that translating workshops into sustainable networks was clearly a challenge. Around 60 percent of workshop participants indicated a strong interest in participating in ongoing networking. Phase 3 is the opportunity to capitalize on this interest.

Recommendations from Phase 2 Evaluation

- Emphasis should be given to the ongoing evaluation of networks. The evaluation approach should aim to characterize the quality of networking experiences and the achievement of the high level objectives relating to the impacts on collaboration and consumer outcomes.
- MHPN should assist networks to identify coordinators with leadership potential and continue to provide support in the form of administrative support and skills development.
- MHPN should continue to support a diversity of network structures and models that suit local needs.
- Networks benefit from the establishment of a clearly articulated purpose that meets the needs of local members. MHPN can support networks to achieve this.
- Clear and timely communication from MHPN about well-established networks should continue, to engage current and new network members.

Webinars

The success of MHPN's free webinar program, which addresses clinical issues in mental health, has exceeded all expectations.

MHPN has become a leader in offering professional development opportunities using webinar technology. Traditionally, mental health professionals have preferred to learn, communicate and network face to face. However, the pace and sophistication of communications resources have made it abundantly clear that they are now a vital and flexible contributor to dynamic group interaction.

Webinars bring together experts in their fields to deliver and share their skills in a forum that allows for interaction and subsequent retrieval. Their growing popularity further illustrates the strength of interdisciplinary collaboration. Wider audiences benefit from increased access to information in formats suited to busy allied health professionals.

While webinars can function as a resource for networks, they also offer non-network members an opportunity to experience learning in an interdisciplinary, collaborative arena, an arena they otherwise may not have exposure to.

Their introduction in December 2010 threw up some functional and bandwidth challenges. However, clinicians entered into the spirit of the experiment with enthusiasm and patience. MHPN has boosted its technical expertise with each webinar. The experience says there is scope to expand both access and frequency for improved online learning and expanded PD opportunities.

From December 2010, MHPN delivered five webinars on collaborative care in mental health. These live events were eagerly awaited and keenly attended.

Panellists, each at their own computer in different states, were able to link up to provide an apparently seamless presentation. As they are online, MHPN is able to pull in expert interdisciplinary panels of speakers from across the country to share their insights on particular topics. Subjects addressed have included adolescent mental health, borderline personality disorder, and grief, trauma and anxiety. The panellists have included general practitioners, psychiatrists, psychologists, mental health nurses, consumers and carers.

Recordings of all previous webinars are available on MHPN's website for those unable to attend the live event online, or for review at any time. In the last financial year, these activities generated:

- 3,413 registrations for webinars
- 898 attendances at webinars
- 9,619 views of webinar recordings

MHPN website

The MHPN website is a crucial tool to the success of network activities. MHPN developed the website to provide resources to support networks in planning and conducting effective meetings, as well as an online networking tool to connect individuals.

Online membership is required by clinicians to access the online networking portal. At June 30, 2011 there were 2,827 online members. The website had 59,713 visitors last year.

MHPN webinar series (December 2010 to June 2011)

Topic	Panel
Adolescent mental health (part 1) Depression, suicide and cyber bullying December 2010	Dr Michael Carr-Gregg, clinical psychologist Dr Peter Parry, psychiatrist Dr Stephen Carbone, GP Facilitator: Dr Ajeet Singh, psychiatrist
Adolescent mental health (part 2) Depression, suicide and cyber bullying March 2011	Dr Mary Emeleus, GP Dr Simon Kinsella, clinical psychologist Dr Peter Parry, psychiatrist Ann Garden, mental health nurse Facilitator: Dr Michael Carr-Gregg, clinical psychologist
Borderline Personality Disorder April 2011	Dr Chris Lee, clinical psychologist Dr Andrew Chanen, psychiatrist Janne McMan, consumer advocate Dr Chris McAuliffe, GP Facilitator: Dr Michael Murray, GP and medical educator
Grief, trauma and anxiety June 2011	Associate Professor Mal Hopwood, psychiatrist Associate Professor David Forbes, clinical psychologist Janis Hinson, Social Worker Facilitator: Dr Michael Carr-Gregg, clinical psychologist
Mental health and intellectual disability June 2011	Associate Professor Keith McVilly, clinical psychologist Associate Professor Julian Trollor, psychiatrist Professor Nick Lennox, GP Christine Regan, consumer/carer advocate Facilitator: Dr Michael Murray, GP and medical educator

Webinar participants have been generous in their praise:

'Fabulous discussion by presenters. It has been great to have access to such expertise and experience and intelligence!'

'Us in the Far North have been desperate for this for years.'

'I cannot stress enough how useful tonight's webinar was to my learning and clinical practice.'

'It was great to have the multi-discipline perspective live as there are very few opportunities in the area I live for this level of case review.'

'Keep the webinars coming! They are a fantastic resource for learning!'

Continuing Professional Development

MHPN aims to maximise continuing professional development (CPD) opportunities within all activities it offers: network meetings, webinars and online and offline forums.

Each discipline engaged with MHPN has unique CPD needs and requirements. MHPN's role was to emphasise the value of learning in an interdisciplinary network arena and translate this into eligibility for CPD points/credits/hours. MHPN works with individual members to facilitate CPD pathways and, at the partner organisation level, to ensure optimum CPD is accessible for MHPN members.

Because each of the disciplines has distinctive needs in training, MHPN's role was to act as co-ordinator between the four member organisations and three partner organisations.

The introduction of the highly successful and popular webinar series gave thousands of mental health professionals additional exposure to CPD points.

Video conferencing brings distant clinicians together

The mental health issues that affect remote communities have been intensified by recent drought and floods. As a result the formation of local interdisciplinary networks of clinicians in the primary mental health sector has been timely and beneficial. Forty two percent of networks are in regional, rural and remote locations.

A few of these networks have further overcome the challenge of distance by meeting virtually. One group is the MHPN West Coast of Tasmania Network, whose clinicians in Rosebery, Strahan, Queenstown and Zeehan connect via videoconferencing.

First meeting

For the network's first meeting, the Rosebery Community Health Centre and the West Coast District Hospital provided the venues and technology for video conferencing and the Department of Health and Human Services supported the dial-in components. An MHPN Network Sustainability Project Officer helped coordinate each component and MHPN funded the catering.

One of the network members arranged for Dr Richard O'Regan, Addiction Specialist for the Alcohol and Drug Service North/North West, to present at the meeting, attended by 14 clinicians including general practitioners, social workers and nurses.

The presentation included a discussion on the medications used in managing clients with addiction issues, and their supervision in health centres.

The network's coordinator, community health social worker, Gordon Roberts, said the discussion created substantial interest. Dr O'Regan has agreed to address the network again at a later date on managing addictive behaviours.

Another of the group's meetings in early March used the West Coast District Hospital as its videoconferencing base and drew 18 clinicians from across the region. It featured a presentation by Graham Lake, Team Leader of the Tasmania Mental Health Helpline and Jo McGrath, Acting Coordinator for the North West Crisis Assessment and Treatment team.

Linking remote mining communities

On the other side of the country in the north of Western Australia, the MHPN Newman Network is also using videoconferencing to link its members.

Its group's coordinator, Stephen Arthur, is a clinical nurse specialist in adult mental health at Pilbara Mental Health and Drug Service. Stephen is passionate about connecting people and services in the mental health field.

He recently organised Dr Roland Main, Psychiatrist at Pilbara MHDS to talk on 'What Services Do We Have and How Can We Access Them?' via video link to 26 network members in Newman, Tom Price and Paraburdoo.

Participants ranged from psychiatrists and psychologists to nurses, emergency service workers and police officers.

With the high staff turnover in remote area health services, the online and real world meetings of MHPN networks are forming important connections to improve patient outcomes.

MHPN Partnerships

With a central focus on building collaborative mental health networks, MHPN is always conscious of fostering relationships with key organisations in the sector.

The last year has seen much work done consolidating the formal structures that bind our four member organisations and three partner bodies. Ties with allied mental health service groups such as headspace, Beyond Blue and SANE were also tightened.

MHPN values its members' and partners' direct contributions and support, largely through promotion to potential network members via their own membership databases. In return, MHPN supports members and partners by promoting their activities online and direct to networks.

MHPN member organisations are:

- 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

Project partners are:

- Occupational Therapy Australia
- Australian Association of Social Workers
- The Royal Australasian College of Physicians

MHPN also joined with the Australian College of Rural and Remote Medicine in a more active partnership during the year.

'I know who to call if I'm in a pickle because there is this whole network of people ready to give you a hand.'

Karin Robinson, MHPN Ulladulla

Clinical reference group

The Interim Clinical Reference Group (CRG) a sub-committee of MHPN's Board of Governance, was established in the second half of 2010. The CRG drives and moderates the quality and content of MHPN Online professional development activities. The CRG Terms of Reference are to:

1. Endorse the framework for the quality, content and schedule of MHPN Online professional development activities.
2. Advise and support the planning of the schedule of professional development activities offered on MHPN Online including online forums, podcasts and webinars.
3. Identify topics of interest and relevance to an interdisciplinary mental health national clinical audience (agreed to at September 24th 2011 meeting)

To this end, the interim Clinical Reference Group approved the topic selection for the webinar series in Phase 2 and supported the process of recruiting appropriate expert presenters.

Advisory Group

Having established strong governance structures early in its life, the Advisory Group again delivered a worthy input through creative ideas and robust debate.

The strength of the group lies in its diversity. With members from MHPN's direct stakeholders, they keep the spotlight on core activities. In addition, the influence and insight of contributors from external organisations has again proved valuable.

The group ensures we remain focused on our objective, which is better mental health outcomes for all Australians through interdisciplinary collaboration. The inclusion in the group of representatives from the carer's and consumer's perspective adds a valuable context to the group's activities.

Because MHPN is a unique initiative, blending disciplines from every sector of the mental health spectrum, we have very little history to fall back on.

The Advisory Group gives us a foundation for ideas, but it is not afraid to test those concepts with rigour.

MHPN Future Direction

Recognition and renewal

The Department of Health and Ageing has steadfastly supported MHPN as it moved beyond the establishment and delivery phases of its networks to focus on their long-term sustainability.

The announcement of the renewal of MHPN's operational contract at the close of the financial year was heartening recognition of both the validity of its founding vision, and the success of its efforts.

Given that the current funding agreement formally ended on June 30 2011, the Department of Health and Ageing agreed to an extension of this agreement until October 31, 2011 while the processing of a new contract takes place. The proposed next phase of MHPN will then commence from November 1, 2011.

This step will maintain continuity and momentum in consolidating the existing networks, and establish and provide support to new ones. It also means that MHPN's enormously popular series of webinars based on collaborative care can be extended over the next 12 months.

'What a great opportunity the MHPN functions provide for professionals working in the Mental Health sector...The benefits of sharing knowledge and collegiate support are enormous in this industry. This has also enhanced my confidence and understanding of the complexities under which we work, whilst we are endeavouring to provide the most effective and efficient therapies we can.

'I have been impressed by the organisation and generosity with which the MHPN has delivered such opportunities to myself and others. As regional providers we are often at a loss to gain high quality Professional Development and networking opportunities. In addition, I have also enjoyed several webinars either by way of direct linkup or by being able to download podcasts of these.

'I just want to express my gratitude for the asset the MHPN has been to myself and many others. Thank you. Please keep up the great work'

Sandra Canney, Psychologist,
MHPN Coffs Harbou

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.

Member Organisations



THE ROYAL
AUSTRALIAN AND 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 3,000 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

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 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 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 20,000 members of the APS. The APS is the largest of all non-medical health professionals associations in Australia and has nine specialist Colleges and 40 Branches across the country.



Australian College of Mental Health Nurses

The Australian College of Mental Health Nurses 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.

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 5,000 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 1,169 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 1,800 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.

Board of Directors

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 MLA for Warrnambool in Victorian Parliament, Past Deputy Chairman and Board Member of beyondblue, former Chairman of the Victorian Ministerial Expert Advisory Committee on Mental Health, Board Member for headspace and former Board Member of Crisis Support Services, inaugural Chairman of The Mental Health Council of Australia and carer of a family member with mental illness.

Professor Kathleen Moore, MAPS, BA, GradDip AppPsych, GradDip ClinMentHlth (Hypnosis), MSc, PhD.

Chair of the MHPN Finance and Audit Committee, Past Board member and Past Chair of Finance and Investment Committee of the Australian Psychological Society (APS), Professor of Psychology – Charles Darwin University, Member of the APS Professional Development and Accreditation Committee, President of the Stress and Anxiety Research Society, President of the Asian Psychological Association (APsYA), past Treasurer of the Australian National Association of Mental Health (ANAMH).

Professor Lyndel 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 Mental Health Expert Working Group, National Advisory Council on Mental Health, Chair of the Mental Health Professionals Association, National Mental Health Workforce Advisory Group, and the National Primary Health Care Strategy Taskforce.

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, 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 Royal Workforce Agency Victoria, Member of the Committee of Presidents of Medical Colleges (CPMC) Education subcommittee and Chair General Practice Mental Health Standards Collaboration.

Dr Johanna Lammersma, MBBS, FRANZCP

Psychiatrist (Private Practice)

Kim Ryan, RN, Adj Associate Professor, FACMHN

Kim is a member of the MHPN Finance and Audit Committee and is the Company Secretary of MHPN.

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 Anne Ellison, PhD, PDM (Mktg), B.A (Hons), MAICD

Anne is a member of the MHPN Evaluation Committee. Anne is currently the General Manager – Practice, Policy and Projects of the RANZCP

Dr Zena Burgess, PhD - Psychology, MBA, Master of Education, Grad Dip – Educational Psychology, BA

Zena is the Chief Executive Officer of the College having been appointed in 2008. Zena's first career was as an organisational and clinical psychologist. Zena began her career over 20 years ago working in regional Victoria as one of two psychologists in a community TAFE college providing services to a large geographical region. She has also worked in community agencies and crisis services. Zena has worked in State and Federal Government roles in the Family Court Counselling Service and more recently served as a tribunal member for Victorian Civil and Administrative Appeals. Through her strong community interest and expertise she was appointed to the Board of the CFA in 2005 and served for three years on several subcommittees. Zena has substantial experience in the post secondary education sector having worked at Latrobe University, Swinburne University and at Australian Catholic University. She has also had a successful consulting career largely in areas related to personal and organisational change, primarily in public sector, health and allied health related organisations. In 2008 Zena completed the Leadership Victoria program and contributes her expertise pro bono to projects related to community resilience. Zena maintains a modest publication and research profile in areas such as services benchmarking, women and corporate governance, work and most recently in work engagement.

Committees

Finance and Audit Committee

APS

Professor Kathleen Moore (Chair)

MPHN

John McGrath AM (Director)
Chris Gibbs
Trevor Donegan

ACMHN

Kim Ryan

Board of Directors

MHPN

John McGrath AM (Chair)

APS

Professor Kathleen Moore
Professor Lyndel Littlefield

ACMHN

Kim Ryan
Anne Buck (Appointed August 2011)
Dr Stephen Elsom (Resigned March 2011)

RANZCP

Dr Johanna Lammersma
Dr Anne Ellison (Appointed April 2011)
Anna Stitzel (December 2010 to March 2011)
Teri Snowden (Resigned December 2010)

RACGP

Dr Darra Murphy (Resigned May 2011)
Dr Zena Burgess (Appointed June 2011)
Associate Professor Morton Rawlin

Evaluation Committee

APS

Harry Lovelock (Chair)

EXTERNAL MEMBERS

Deepika Ratnaike
Barbara Murphy

ACMHN

Dr Stephen Elsom (Resigned March 2011)

RANZCP

Dr Anne Ellison (Appointed April 2011)

RACGP

Dr Darra Murphy (Resigned May 2011)

MHPN

John McGrath AM (Director)
Chris Gibbs
Stewart Potten
Angela Nicholas (Resigned March 2011)
Bronwyn Morris-Donovan (Appointed April 2011)
Tanya Reardon

Advisory Group

MHPN

John McGrath AM (Chair)

OT AUSTRALIA

Chris Kennedy (Appointed April 2011)
Dene Iwanicki (Resigned April 2011)

ACRRM

Di Wyatt

ACMHN

Helen Reeves

RACGP

Helen Bolger-Harris

RANZCP

Dr John Buchanan

AASW

Liz Sommerville

AGPN

Jennie Parham

NMHCCF

Noel Muller
Judy Bentley

MHCA

David Crosbie (Resigned October 2010)
Melanie Cantwell (November 2010 to April 2011)

APS

Harry Lovelock

Clinical Reference Group

APS

Professor Lyndel Littlefield (CRG Chair)
Rebecca Matthews

ACMHN

Peta Marks

RANZCP

Jane London (Resigned June 2011)

EXTERNAL MEMBERS

Associate Professor Richard Harvey (Resigned June 2011)
Associate Professor David Pierce

MHPN

Chris Gibbs
Stewart Potten
Nicky Bisogni
Tanya Reardon

Financial Report 2010/11

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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 2011 and auditor's report thereon.

Directors

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

Name of Director	Appointment	Resignation
John McGrath	7/8/2008	
Kim Ryan	12/6/2008	
Joanna Lammersma	12/6/2008	
Morton Rawlin	12/6/2008	
Kathleen Moore	12/6/2008	
Lyndel Littlefield	12/6/2008	
Anne Buck	26/8/2011	
Stephen Elsom	12/6/2008	28/03/2011
Zena Burgess	27/6/2011	
Darra Murphy	24/11/2008	22/05/2011
Anna Stitzel	6/12/2010	28/03/2011
Anne Ellison	18/4/2011	
Teri Snowdon	17/11/2009	6/12/2010

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 / (deficit) of the company for the financial year amounted to (\$1,234,487) (2010: \$1,647,679).

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:

- Supporting and sustaining across Australia clinical interdisciplinary groups of mental health professionals working in the primary care sector, and

- Development of a national interactive website that supports ongoing networking of mental health clinicians.

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.

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

Company Performance

Against the two major objectives the company achieved the following:

- By June 2011 a national platform of 480 interdisciplinary community mental health networks had been established and sustained, and
- MHPN online provides interactive web based professional development activities in addition to the provision of an online communications network with participating clinicians and network coordinators.

After Balance Date Events

On 31 October 2011, the company signed a contract with the Commonwealth Department of Health and Ageing for grant funding from November 2011 to June 2014.

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.

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
J McGrath	11	11	11	11	9	10
K Ryan	10	11	11	11	–	–
J Lammersma	10	11	–	–	–	–
M Rawlin	7	11	–	–	–	–
K Moore	6	11	8	11	–	–
L Littlefield	9	11	–	–	–	–
S Elsom (to 2/3/2011)	3	7	–	–	5	8
D Murphy (to 22/5/2011)	7	9	–	–	6	8
A Stitzel (6/12/2010–28/3/2011)	3	3	–	–	–	–
A Ellison (from 18/4/2011)	3	3	–	–	2	2
T Snowdon (to 6/12/2010)	4	4	–	–	–	–
Z Burgess (from 27/6/2011)	1	1	–	–	–	–

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.

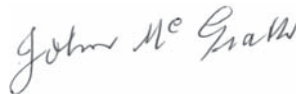
Auditor's Independence Declaration

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 AM
Director



Kim Ryan
Director

Dated: 10 November 2011
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 2011, 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

Date: 24 November 2011

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2011

	Notes	2011 \$	2010 \$
Revenue	5	2,777,594	8,317,425
Less Expenses			
Employee Benefits	5	(2,580,593)	(2,421,761)
Workshop Expenses		(289,602)	(2,924,948)
Occupancy and Member Related Costs		(569,695)	(606,079)
Administrative Expenses		(380,113)	(436,082)
Depreciation Expense	5	(8,663)	(6,809)
Other expenses		(183,415)	(274,067)
Total Expenses		(4,012,081)	(6,669,746)
Surplus / (Deficit) before income tax expense		(1,234,487)	1,647,679
Income tax expense	3	–	–
Surplus / (Deficit) from continuing operations		(1,234,487)	1,647,679
Other comprehensive income		–	–
Total comprehensive income		(1,234,487)	1,647,679

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2011

	Notes	2011 \$	2010 \$
CURRENT ASSETS			
Cash and cash equivalents	6	846,135	2,188,101
Receivables	7	18,953	59,474
TOTAL CURRENT ASSETS		865,088	2,247,575
NON-CURRENT ASSETS			
Plant and equipment	8	8,132	16,795
TOTAL NON-CURRENT ASSETS		8,132	16,795
TOTAL ASSETS		873,220	2,264,370
CURRENT LIABILITIES			
Payables	9	293,513	438,488
Provisions	10	61,904	73,592
TOTAL CURRENT LIABILITIES		355,417	512,080
TOTAL LIABILITIES		355,417	512,080
NET ASSETS		517,803	1,752,290
EQUITY			
Retained surplus	11	517,803	1,752,290
TOTAL EQUITY		517,803	1,752,290

The accompanying notes form part of these financial statements.

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2011**

	2011 \$	2010 \$
Total equity at the beginning of the financial year	1,752,290	104,611
Surplus / (Deficit) for the year	(1,234,487)	1,647,679
Total recognised income and expenses for the year	(1,234,487)	1,647,679
Total equity at the end of the financial year	517,803	1,752,290

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2011

	Notes	2011 \$	2010 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Grant receipts		3,000,000	9,075,000
Payments to employees		(2,593,889)	(2,315,490)
Payments to suppliers		(1,803,859)	(5,019,234)
Interest received		55,782	59,443
Net cash provided by / (used in) operating activities		(1,341,966)	1,799,719
CASH FLOW FROM INVESTING ACTIVITIES			
Purchase of plant and equipment		–	(8,648)
Net cash used in investing activities		–	(8,648)
Net increase / (decrease) in cash held		(1,341,966)	1,791,071
Cash at the beginning of the financial year		2,188,101	397,030
Cash at the end of the financial year	6	846,135	2,188,101

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 / Reduced Disclosure Requirements, 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 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

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) Rounding of amounts

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

(d) 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).

(e) 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.

(f) 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.

(g) 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.

(h) Comparative figures

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

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(i) 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	Useful lives	Depreciation basis
Plant & Equipment	4 years	Straight Line

(j) 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.

(k) 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.

(l) Income Tax

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

NOTE 2: 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 2011 the number of members was four.

NOTE 3: 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 New Tax System (Goods and Services) Act 1999 and,
- FBT rebate under section 123E of the Fringe Benefits Tax Assessment Act 1986.

NOTE 4: 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 November 2011 to June 2014.

NOTE 5: REVENUE & SURPLUS / (DEFICIT) FROM CONTINUING OPERATIONS

Operating surplus / (deficit) for the year has been determined after:

	2011 \$	2010 \$
(a) Revenue from operating activities		
Government grants	2,727,273	8,250,000
(b) Revenue from non-operating activities		
Interest revenue	50,321	67,425
Total Revenue	2,777,594	8,317,425
(c) Surplus / (Deficit) has been determined after:		
Employee benefits:		
Salaries and Wages	2,396,337	2,246,092
Superannuation	184,256	175,669
Total Employee Benefits	2,580,593	2,421,761
Depreciation of plant and equipment	8,663	6,809

	2011 \$	2010 \$
--	------------	------------

NOTE 6: CASH AND CASH EQUIVALENTS

Cash at bank	846,135	2,188,101
	846,135	2,188,101

NOTE 7: RECEIVABLES

CURRENT

GST refundable	14,859	49,919
Accrued income	4,094	9,555
	18,953	59,474

NOTE 8: PLANT AND EQUIPMENT

Plant and Equipment

At cost	26,855	26,855
Less accumulated depreciation	(18,723)	(10,060)
	8,132	16,795

(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 below:

Plant and Equipment

Carrying amount at beginning	16,795	14,956
Additions	–	8,648
Depreciation expense	(8,663)	(6,809)
Carrying amount at end of year	8,132	16,795

The company assessed at 30 June 2011 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 9: PAYABLES

CURRENT

Amounts payable to members	47,258	27,862
Other payables	246,255	410,626
	293,513	438,488

Other payables are non-interest bearing and are settled within 30 days. The company pays within the allocated settlement period when prompt payment discounts are available.

	2011 \$	2010 \$
NOTE 10: PROVISIONS		
CURRENT		
Employee benefits	61,904	73,592
	61,904	73,592

Due to the project not having a funding agreement beyond 30 June 2014, no calculation for Long Service Leave has been made.

NOTE 11: RETAINED SURPLUS

Retained surplus at beginning of financial year	1,752,290	104,611
Net Surplus / (Deficit) attributable to members of the entity	(1,234,487)	1,647,679
Retained surplus at end of financial year	517,803	1,752,290

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 2011 the number of members was four.

NOTE 12: KEY MANAGEMENT PERSONNEL COMPENSATION

Key Management Personnel (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.

(i) Names of Directors:

J McGrath
 K Ryan
 K Moore
 D Murphy (resigned 22 May 2011)
 S Elsom (resigned 28 March 2011)
 M Rawlin
 J Lammersma
 L Littlefield
 T Snowdon (resigned 6 December 2010)
 A Stitzel (appointed 6 December 2010, resigned 28 March 2011)
 A Ellison (appointed 18 April 2011)
 Z Burgess (appointed 27 June 2011)

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

(ii) Names of Executives:

C Gibbs (Chief Executive Officer)
 S Potten (National Project Manager)

Compensation of KMP

Aggregated compensation of KMP was as follows:

Short-term employee benefits	417,765	384,867
Long-term employee benefits	-	-
	417,765	384,867

	2011	2010
	\$	\$

NOTE 13: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

– audit services	20,000	22,500
– taxation services	2,600	–
– consultancy	4,860	4,690
– other	188	820
	27,648	28,010

NOTE 14: 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	183,146	199,728
APS	296,576	303,977
RACGP	31,214	191,846
RANZCP	171,267	184,655
	682,203	880,206

(b) Directors – provision of services

Darra Murphy	2,415	880
	2,415	880

NOTE 15: 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
– between 12 months and 5 years	–	–
	–	42,035

NOTE 16: CONTINGENT ASSETS AND LIABILITIES

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

NOTE 17: SIGNIFICANT EVENTS AFTER BALANCE DATE

On 31 October 2011, the company signed a contract with the Commonwealth Department of Health and Ageing for grant funding from November 2011 to June 2014.

NOTE 18: 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

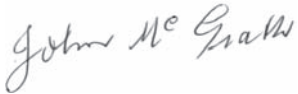
b) to develop an integrated education and training package in support of collaborative care arrangements in the delivery of primary mental health care. This education and training package is aimed at the key professional groups who are involved in primary mental health care, namely: psychiatrists, general 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 9 to 21, 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 2011 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 AM
Director



Kim Ryan
Director

Dated: 10 November 2011
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 2011, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Act 2001*, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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. Those 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 of the financial report that gives a true and fair view 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*.

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

Auditor's opinion

In our opinion the financial report of Mental Health Professionals Network Ltd is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Regulations 2001*.



NR BULL
Partner



PITCHER PARTNERS
Melbourne

Date: 24 November 2011