



20  
.....  
13

ANNUAL  
REPORT

**Mental Health Professionals' Network**

ABN 67 131 543 229

Published by MHPN Ltd,

Emirates House, Level 8, 257 Collins Street

Melbourne, Victoria, 3000.

© Copyright MHPN Ltd 2013

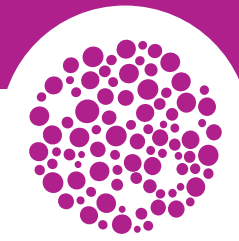
20

13

# Contents

---

Introduction .....	4
2012–13 Achievements .....	5
Chairman’s foreword .....	6
Chief Executive Officer’s overview .....	8
MHPN interdisciplinary networks .....	11
Online professional development .....	17
Other activities .....	22
Information on directors .....	25
Financial report .....	30



# Introduction

---

The Mental Health Professionals' Network (MHPN) is a unique national program whose aim is to improve consumer outcomes by championing interdisciplinary practice and collaborative care in Australia's primary mental health sector.

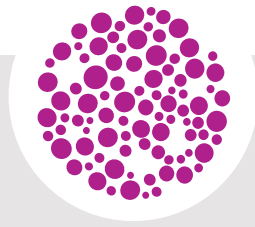
It does this through its two core programs: MHPN networks and online professional development.

MHPN is a not-for-profit organisation funded by the Australian Government Department of Health and Ageing.

MHPN has four member organisations and three partner organisations: Australian Psychological Society, The Royal Australian College of General Practitioners, The Royal Australian and New Zealand College of Psychiatrists, Australian Association of Social Workers, Occupational Therapy Australia and The Royal Australasian College of Physicians.

The support of all our partners has been integral in the initiative's success.

With a thinking nationally, acting locally philosophy, MHPN has achieved significant results to date.



# 2012–13 Achievements

## 10 WEBINARS

3,682 attendees

7,037 plays of webinar recordings

(webinars produced in 2012–2013)

## NETWORKS

452 networks

43% in regional/rural/remote locations

146 specific interest networks

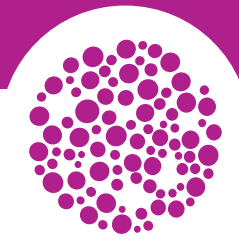
1,494 network meetings held

11,000 network participants

17,079 network meeting attendances

## WEBSITE

27,276 e-newsletter subscribers



# Chairman's foreword

*MHPN believes that regular networking and collaboration between private and public practitioners, from the different disciplines working in community mental health will result in more effective clinical pathways, better informed referrals and improved consumer outcomes.*

With this goal as a clear focus, throughout the year MHPN has provided forums in which practitioners from a range of disciplines, consumers, organisations and service providers were able to engage with each other in the spirit of collaboration.

This saw the reach, impact and evidence of MHPN's work continue to grow. Since Phase 3 started on 1 July 2011, MHPN's two core programs: networks and online professional development have seen practitioners engage in over 80,000 hours of professional development in which interdisciplinary practice and collaborative mental health care was considered, debated and applied.

This achievement is even more striking when the voluntary nature of practitioner involvement is considered. That busy practitioners make themselves available to participate in network meetings and webinars in their own time, demonstrates the value they attribute to these activities and the importance they place on developing collaborative care practices.

Network coordinators play a vital role within their network, taking on additional responsibilities to organise and lead network meetings. Without their dedication, the initiative's achievements would not be possible, and for this they are recognised.

The initiative's progress is also driven by the continual hard work and energy of MHPN's staff, without whose dedication and ingenuity many of the great developments would not have occurred. In particular, I'd like to acknowledge the outstanding leadership of CEO Chris Gibbs who has provided consistency and stability in the face of challenging contractual uncertainty, as well as the contribution of the executive team in Stewart Potten, Nicky Bisogni, Trevor Donegan, Kate Hoppe and Amanda Osciak.

I also extend my thanks to my fellow Board members whose individual and collective contributions have provided valuable guidance. Their discipline-specific insights from various backgrounds and life experiences also continue to play a vital role in MHPN's success. Many have undertaken additional responsibilities on various sub-committees, for which they are recognised.

I'd like to take the opportunity to thank Mark Butler, the Minister for Mental Health and Ageing in 2012-13, for his support. His visit to our office this year was appreciated, particularly the time he invested to meet with staff and understand some of the project's intricacies.

Also the Board would like to express their particular thanks to our key contacts in the Department of Health and Ageing for their engagement in constructive discussions that continue to aid the delivery of Phase 3 objectives

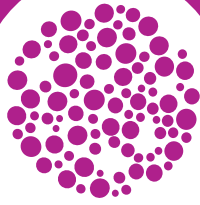
and help to position MHPN to continue to deliver its valuable services into the future.

All involved with MHPN look forward to furthering our capacity to support practitioners to continually enhance interdisciplinary practices and deliver quality collaborative mental health care services to improve outcomes for consumers and their families.

**John McGrath AM**  
**Chairman**

.....  
"That busy practitioners participate in network meetings and webinars in their own time, demonstrates the value they attribute to these activities and the importance they place on developing collaborative care practices."  
.....





# Chief Executive Officer's overview

*Improving collaborative care remains a key agenda item for Australian health policy. MHPN is a federally-funded, national initiative that supports this goal by promoting opportunities for mental health practitioners to engage in interdisciplinary collaboration.*



Practitioners have demonstrated an enthusiastic willingness to voluntarily engage in interdisciplinary collaborative mental health care practices through their participation in MHPN's two core programs – local practitioner networks and online professional development.

In 2012-13, over 11,000 practitioners from a range of professions took advantage of the networking opportunities provided by their local mental health professionals' network.

MHPN's interdisciplinary online professional development webinar program was also well attended, attracting 10,000 participants. Practitioners chose to either log in to the live broadcast or watch a recording of one of the 10 webinars produced during the year.

The program's success is in large part due to the national experts who have participated as webinar presenters. Our relationships with relevant peak



bodies and key stakeholders have allowed MHPN to access a range of highly credentialed presenters.

We are particularly pleased that practitioners working in regional and rural Australia have been actively engaged in this program.

### NETWORK SUSTAINABILITY

MHPN engages individual practitioners at a local level, encouraging participation in networks to establish and maintain the professional relationships that are relevant to improve referral pathways within their community.

Underpinning the MHPN approach is an understanding that networks are self-directed. This encourages flexibility and gives ownership of decisions regarding network purpose, membership and content to be covered, to the network members.

Each network is supported centrally by a national framework that provides easy and efficient access to an annual grant, advice, as well as tools and resources to aid growth and encourage longer-term sustainability.

It is important to acknowledge the pivotal role of the 560 network coordinators whose diligent and creative contribution was a mainstay for the 452 networks throughout the year.

Network sustainability is not without its challenges. Continuity and participation rates are influenced by local events and the busy personal and professional lives of network members. MHPN works with local practitioner communities to minimise the effects of these challenges.

In 2012-13, natural disasters impacted networks ability to meet in a number of states, most notably in Queensland, New South Wales and Tasmania. While the momentum of some networks stalled temporarily, the majority recovered to continue network activity in the second half of the year.

In regions where workforce turnover is significant, MHPN has strategies in place to regularly recruit new members and encourage sharing of responsibility within a network, so that these networks are more likely to continue when members change jobs or are transferred away from the area.

Technology has also provided opportunities for networks to include members and guest speakers from across the country. MHPN sees considerable scope for this to be enhanced in the future.

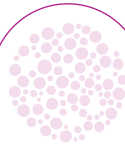
We believe networking and the online professional development activities like those supported by MHPN can help reduce practitioner isolation, as well as provide an easy avenue for new recruits to learn about, and connect with services and other practitioners in their local area.

.....  
"We are particularly pleased that practitioners working in regional and rural Australia have been actively engaged in this program."  
.....

### GROWING INTEREST IN THE INTERFACE BETWEEN MENTAL HEALTH AND PHYSICAL HEALTH

Practitioner networks and the online professional development program have been very active in this area in the past year.

The number of specific interest networks with a co-morbid focus doubled to twelve and included diabetes, chronic pain and cancer. Webinar topics this year featured mental health and chronic pain.



Importantly, many networks chose to cover a particular dimension of mental health and physical health as part of their meetings, often through the participation of a guest speaker.

In the coming year, MHPN will continue to find ways to support interest in this area.

### MHPN ON THE INTERNATIONAL STAGE

MHPN has developed links with collaborative mental health associations in Canada and the USA and was invited to present a keynote address as part of the 14th Annual Canadian Collaborative Mental Health Care Conference in Montreal. The interest generated by MHPN's approach to interdisciplinary practice and collaborative care was evident. In the coming year, we look forward to consolidating these relationships and sharing experiences.

### COLLABORATING PARTNERS

MHPN is about collaboration and I would like to acknowledge the ongoing support of our partner organisations, the Australian Psychological Society (APS), the Royal Australian & New Zealand College of Psychiatrists (RANZCP), the Royal

.....  
"Importantly,  
many networks chose  
to cover a particular  
dimension of mental  
health and physical  
health."  
.....

Australian College of General Practitioners (RACGP) and the Australian College of Mental Health Nurses (ACMHN).

We also appreciate the support and collaboration opportunities provided by the Australian Association of Social Workers (AASW), Occupational Therapy Australia (OT Australia), the Australian College of Rural and Remote Medicine (ACRRM) and collaborating organisations including *beyondblue*, KidsMatter,

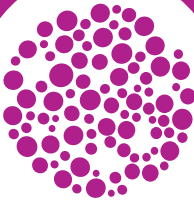
*headspace*, Adults Surviving Childhood Abuse (ASCA), Children of Parents with a Mental Illness (CoPMI) and a significant number of Medicare Local Offices.

### ACKNOWLEDGEMENTS

The achievements of the initiative are a result of the combined efforts of MHPN staff and our Board of Directors.

I would like to thank everyone involved in the project for their dedication and enthusiasm, with particular thanks to MHPN's Chairman, John McGrath AM, whose drive and commitment to the initiative has been integral to its success.

**Chris Gibbs**  
*Chief Executive Officer*



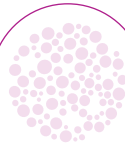
# MHPN interdisciplinary networks

*MHPN supports more than 450 practitioner networks across Australia. Each network provides a forum in which mental health professionals meet to build relationships, broaden knowledge of local services, provide peer support, engage in professional development and improve referral pathways.*

While networks are supported by MHPN, they are largely self-determining. Each decides whom from within their professional community is eligible to belong, the purpose of their group and the content covered in meetings.

The initiative's ability to adapt to the needs of practitioners has seen marked increase in participation on the previous year, with MHPN successfully employing a range of strategies to both encourage new and retain current participants.





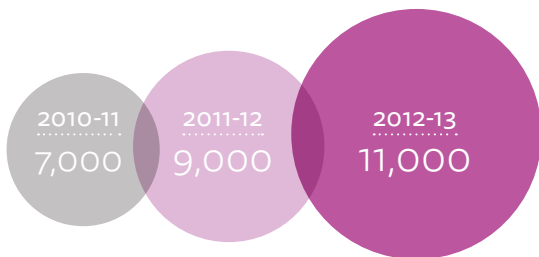
## NETWORK PARTICIPATION

### Network participation reaches new high

During 2012-13, 11,000 practitioners attended 1,494 network meetings. This represents a 19% increase in meetings held and a 16% increase in number of practitioners attending meetings, when compared to the previous year.

The following shows the growth of practitioners involved in networks since the network phase commenced in 2011.

#### Practitioner involvement



Networks also demonstrated a pleasing level of commitment to meeting regularly, with more than 60% meeting at least three times in the year.

The ability of networks to meet is influenced by a range of both foreseen and unexpected factors, and this year was no exception.

The fire and flood disasters in late 2012 and early 2013 affected networks across Australia. Some networks saw an opportunity to focus a meeting on the mental health impacts of natural disasters. For example, Tasmania's Sorrell network covered the topic of Post Traumatic Stress Disorder. Further, the meeting acted as a catalyst to examine local services responses to bushfires on the Tasman Peninsula.

### Impressive breadth of practitioner participation

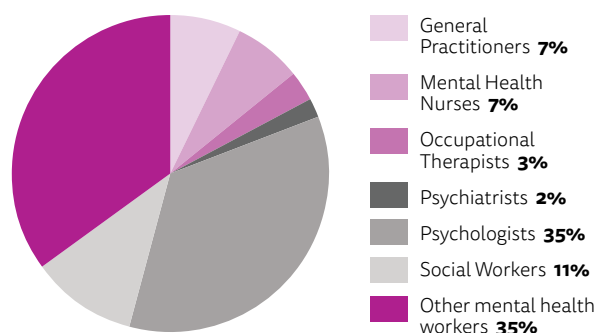
Networks attracted a range of practitioners to meetings. Meetings were attended by general

practitioners (GPs), psychiatrists and allied health professionals from a range of disciplines including; psychologists, mental health nurses, social workers and occupational therapists.

It has been MHPN's experience that in regional and remote areas, where the more traditional mental health workforce are less available, other practitioners take significant roles in delivering mental health services to consumers. Networks in these regions have shown a willingness to include these practitioners in their networking activities. This has led to the inclusion of youth workers, police, carers, teachers, chaplains, school counsellors and a variety of others who have benefited from discovering how they can work together more effectively to deliver better mental health services to the community.

In the diagram below, this diverse group of participants are categorised as "other mental health workers".

#### Disciplines involved in networks



Involving GPs in networking activities remains one of MHPN's key aims. In the last year, 42% of networks had one or more GPs attend at least one meeting. MHPN recognises the central role GPs play in establishing referral pathways and employs various engagement strategies, including activities undertaken with the RACGP and ACRRM. However, given the broad range of physical and related health issues addressed by GPs on a daily basis,

mental health is just one of a number of key areas of priority.

Psychologist participation is significant, though given they represent a large portion of the mental health workforce this is not unexpected. Mental health nurses are well represented, particularly when it is considered that their overall numbers are smaller.

A 38% increase in occupational therapist and a 27% increase in social worker attendances at network meetings was recorded in 2012-13. These increases were most likely the result of campaigns conducted in conjunction with the Australian Association of Social Workers and Occupational Therapy Australia.

### COORDINATORS ARE KEY TO SUCCESS

Within each network, one member or a small group of members volunteer to take on a coordination role within the group. This person or group work closely with MHPN to arrange meetings and ensure the continuity and success of the group.

MHPN works with 560 practitioners who have assumed the coordination responsibility for their network.

This year saw MHPN commence a targeted communication program with coordinators. The centre piece of this activity involved a regular e-newsletter that covered issues relevant to coordinators. Coordinators responded well to this initiative and we plan to enhance this tool in the coming year.

During 2012-13, **11,000** practitioners attended **1,494** MHPN meetings.

## MHPN in ACTION

### Goulburn (NSW) network connects public, private, community and NGO practitioners

A consistent program of engaging topics has seen a cross-section of practitioners regularly attend meetings.

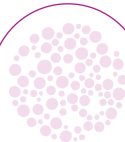
The network has met quarterly since it started in early 2010, attracting more than 40 practitioners to its most popular meeting where topics as diverse as aboriginal diabetes and overviews of local mental health services were covered.



Participants of the Goulburn network: (L-R) Bertha Arevalo (Psychiatric Registrar), Joanne Brown (Nurse Unit Manager), Karen Skillman (Southern NSW Medicare Local), Anthony Hutchins (Southern NSW Medicare Local).

Throughout this time the network has been led by its coordinator, Southern NSW Medicare Local's Jeffrey Wilson.

A mental health nurse, Jeffrey feels the benefits of the network can't be underestimated. "It is so rewarding to see the professional relationships that have been forged, knowing they will directly contribute to improving consumer referral pathways," he said. "I think it is particularly beneficial when the pathways cross between public, private, community and NGO service providers." ●



## MHPN in ACTION

### Online networking bridges distance and discipline boundaries

Thirty-seven practitioners from across WA, including some from Albany, Broome, Derby and Perth, participated in a meeting that covered a range of issues concerning transcultural mental health.

The meeting used virtual conferencing technology to “beam” speakers into the lounge rooms, studies or workplaces of network members across the vast state of Western Australia.

#### FIRST MEETING A GREAT SUCCESS

The meeting was a first for MHPN in WA and was greeted enthusiastically. Participants particularly appreciated “the chance to link with people from all over the state”, “listening to quality speakers in my office space” and “the opportunity to get information in remote and regional areas that so often miss out on great PD because of the distance and cost”.

#### WARMTH GENERATED IN AN ONLINE ENVIRONMENT

The network’s coordinator Sithu Thuyasithu is a psychologist with Multicultural Services Centre of WA and a driving force behind the network. “Meeting online provides an easy way to connect and learn about other transcultural mental health services, and each other’s areas of expertise.”

“We were pleased that participants reported a ‘warmth’ and ‘friendliness’ in the online environment. I know that that surprised a few people,” he said.

The network has a full schedule of meetings planned for the coming year. ●

### RESOURCES ASSIST NETWORKS TO DEVELOP AND VICE VERSA

Throughout the year MHPN has worked with a number of mental health service providers to promote resources at a network and individual practitioner level. The benefits of undertaking these initiatives were twofold. As well as providing new options for meeting content, practitioners were able to keep abreast of the most up-to-date resources.

Networks also actively contributed to resource development. MHPN brokered connections between service providers and government departments developing resources and networks who were appropriately placed to provide feedback.

For example, the Perth Gender network provided feedback to the Western Australian Department of Health to help inform the development of a clinical pathway identifying existing services and programs within WA, with the aim to improve integration and coordination of existing services to assess, refer, treat, care and support gender transitioning youth by a skilled, multi-disciplinary workforce.

The success of these innovative activities means it is expected to continue into the future.

### SPECIFIC INTEREST NETWORKS FLOURISH

Networks can bring together practitioners who share a common interest in a specific field of mental health. Fifty new networks with a shared area of interest were established in the year, growing the total to 146.

### **Youth and perinatal mental health continues to be a popular focus**

Networks concentrating on youth mental health issues continue to be the most popular area of interest, with 13 established in the financial year. Seven of these were set up in partnership with *headspace* sites in Noarlunga, Adelaide North and Murray Lands in South Australia; Cairns and Nundah in Queensland; Albany in Western Australia; and Canberra in the ACT.

In total, MHPN supports 37 networks with this field of interest.

Perinatal and infant mental health groups also experienced growth. During the year, six new groups were formed, taking the total nationally to 18.

### **Multicultural and transcultural mental health a growing area of interest**

Keen practitioner interest in looking at ways to work together more effectively to support the mental health needs of Australians from culturally and linguistically diverse backgrounds was noted.

The interest in this field has seen six new networks established in both metro and rural areas, taking the total to 14.

### **Mental health and physical health**

The number of networks choosing to focus on an area in which physical and mental health intersect has more than doubled in the last year.

MHPN has developed relationships with a number of peak bodies in the physical health field like Pain Australia, Diabetes Australia and the Cancer Council to identify ways that we can work together to support practitioners from the physical and mental health arenas easily network and build stronger professional relationships.

## **SUPPORTING NETWORKS TO GROW AND IMPROVE REFERRAL PATHWAYS**

### **Joining a network has never been easier**

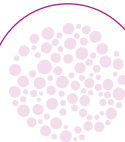
MHPN's new online mental health network map helps mental health professionals easily connect with networks in their local area, as well as in their area of special interest.

The searchable web-based tool is easy to use. Interested practitioners just need to visit [www.mhpn.org.au](http://www.mhpn.org.au), enter their suburb and how far they're willing to travel and click search to display networks that meet the criteria. Visitors are encouraged to contact MHPN to discuss starting a new network if one is not available in their area.

### **Making referrals simpler and more accurate**

Last year's introduction of network Member Directories has been a great success. The MHPN Member Directory provides network members with up-to-date contact details for locally-based network members.





Dr Carol Margeson, a psychologist from the Eastern Sydney network finds the directory helpful. "I've used the MHPN Directory to make a referral to a colleague for psychological testing that needed immediate attention. So helpful: for me, the patient and the colleague," she said.

**Technology supports wider collaboration**

MHPN has supported networks to employ a variety of technology solutions to help increase reach and access to specialist speakers and resources. A number of regional and remote networks use technology to conduct their regular meetings.

See MHPN In Action on page 14 for a working example of how the WA Online Transcultural Network has successfully used the virtual meeting technology to support each other's learning.

**MHPN in ACTION**

**Practitioner networks connect diabetes and mental health professionals**

Growing interest among practitioners about the impact of diabetes on mental health has seen MHPN work with the Australian Centre for Behavioural Research in Diabetes to establish networks with this focus.

**MELBOURNE NETWORK A FORERUNNER**

The Melbourne Diabetes and Mental Health Network has been very successful.

Since starting in July 2012, they have held four meetings, attracting up to 40 participants from disciplines such as general practice, psychology, social work and diabetes nurse education, right through to exercise physiology.

Founding coordinator, Susanne Baxandall is Diabetes Australia Victoria's Victorian Advocacy Coordinator and has been the driving force behind the meetings. She is heartened by the collective expertise of so many people from such diverse backgrounds coming together in the network and is continually impressed by their creativity as they help consumers improve diabetes and mental health outcomes.

MHPN and the Australian Centre for Behavioural Research in Diabetes will work together to support similar networks across the country. ●

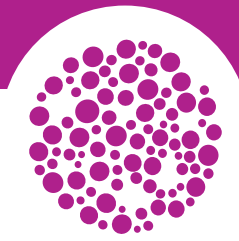
.....

"I've used the MHPN Directory to make a referral to a colleague for psychological testing that needed immediate attention. So helpful: for me, the patient and the colleague

.....

DR CAROL MARGESON,  
PSYCHOLOGIST





# Online professional development

*MHPN provides online learning opportunities for a range of practitioners that promote exploring and developing strategies to improve collaborative mental health care and interdisciplinary practices.*

## WEBINAR PROGRAM

In 2012-13 MHPN hosted 10 live webinars. Each was interactive and featured a facilitated panel discussion of a case study by leading experts from a range of disciplines. Using a case study approach ensures the consumer is kept at the forefront of the discussion.

Participants log in to view the webinar broadcast and participate by adding comments and questions to the lively chat box.

MHPN records all webinars so that the content is freely available afterwards. This allows participants to revisit the discussion and anyone who couldn't make it at the designated time to still benefit. The webinar recordings also provide an excellent resource for network meetings, practitioners in their daily practice and for

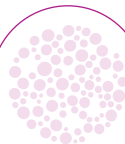
students or anyone else who has an interest in considering the subject matter through an interdisciplinary lens.

Where possible and appropriate, any resources that supported the discussion or that were suggested by the panel or audience participants are also made available on MHPN's website. This feature has been very well received by practitioners.

At 30 June 2013, MHPN had 25 webinar recordings available for download or viewing.

## DEMAND EXCEEDED SUPPLY

To meet the high level of demand, during the year MHPN moved from a capped platform that limited the number of webinar participants to 250, to an uncapped platform where an unlimited number of practitioners could engage in the popular



professional development activity. This move has proven successful, with an increase in the average number of webinar participants increasing from 250 last year, to 370 this year.

### WEBINARS RATED VERY HIGHLY BY PARTICIPANTS

Participants provide feedback to MHPN by completing a survey after each webinar. In 2012-13, a staggering 98.5% of all webinar participants who provided feedback, indicated their learning needs had been entirely or partially met.

Another key measure of webinar success is how relevant the content was to practitioners in their day-to-day work. Eight out of ten participants found webinar content to be entirely relevant to their own practice.

Eight out of ten participants found webinar content to be entirely relevant to their own practice.

### WEBINAR AND PANELS WERE TRULY INTERDISCIPLINARY

Sourcing high calibre panellists is central to the program's success. During the year MHPN was able to recruit expert panellists with excellent credentials.

To support MHPN's aim of promoting inter-disciplinary practice and collaborative mental health care, all panels are drawn from a range of professions. This was evidenced in 2012-13 where the 10 webinars featured 34 panellists, from 13 different disciplines. The webinar panel format also provides an excellent opportunity for a consumer perspective to feature in the discussion.

### BENEFITS OF PARTICIPATION

Qualitative feedback from webinar participant provides valuable insights into why so many choose to attend. Feedback during the year often followed the themes of the following examples:

.....  
"A live example of how a good multi-disciplinary approach works."  
.....

WORKING TOGETHER, WORKING BETTER TO SUPPORT A YOUNG PERSON WHO IS EXPERIENCING CYBER-BULLYING PARTICIPANT, SEPTEMBER 2012.

.....  
"Excellent presentation. Very informative and will have lasting impact on my future interactions with persons who have experienced trauma."  
.....

A COLLABORATIVE APPROACH TO SUPPORTING ADULT SURVIVORS OF CHILDHOOD ABUSE WEBINAR PARTICIPANT, APRIL 2013.

.....  
"Great resource sharing. Excellent way to get professional development when you are spread thin, time poor and living in the bush!"  
.....

SUPPORTING PEOPLE AT RISK OF SUICIDE WEBINAR PARTICIPANT, JUNE 2013.

## INCLUSION OF MHPN PANEL DISCUSSION IN TheMHs CONFERENCE PROGRAM A FIRST

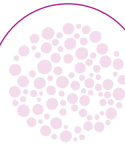
The 2012 Summer TheMHs (The Mental Health Services) forum provided a unique opportunity for MHPN and TheMHs to work together to record a conversation between one of the conference's key note speakers, Dr David Shiers (UK-based GP) and Sydney psychiatrist Dr Jackie Curtis.

- The discussion entitled, Emerging psychosis: approaches, tips, strategies for GPs and other mental health professionals, highlighted the importance of collaboration between primary care and community mental health care clinicians.
- MHPN looks forward to hosting and recording more engaging discussions at future conferences.

## MHPN WEBINAR SERIES 2012-13

The following table provides an overview of the webinars produced during the year:

Title and date held	Panellists	Participants	Recording downloads
<p><b>Supporting People with Chronic Pain and Mental Health Issues</b> Wednesday 4 July 2012</p>	<p><b>Dr Jacqui Stanford</b>, health psychologist <b>Dr Stephen Leow</b>, GP <b>Dr Tobie Sacks</b>, psychiatrist <b>Mr Nick Economos</b>, physiotherapist <b>Facilitator: Dr Michael Murray</b>, GP and medical educator</p>	298	596
<p><b>Supporting Families Dealing with Parental Mental Illness</b> Wednesday 15 August 2012</p>	<p><b>Emeritus Professor Dorothy Scott</b>, social worker <b>Dr Cate Howell</b>, GP <b>Mr John Clark</b>, consumer <b>Dr Nick Kowalenko</b>, psychiatrist <b>Facilitator: Dr Michael Murray</b>, GP and medical educator</p>	275	506
<p><b>Supporting a Young Person Experiencing Cyber-bullying</b> Wednesday 12 September 2012</p>	<p><b>Ms Brooke Chapman</b>, social worker/ youth worker <b>Dr Elizabeth Scott</b>, psychiatrist <b>Dr Simon Kinsella</b>, clinical psychologist <b>Facilitator: Dr Mary Emeleus</b>, GP</p>	345	740



Title and date held	Panellists	Participants	Recording downloads
<p><b>Sleep Disorders and Mental Illness: Insomnia, depression and anxiety</b> Monday 22 October 2012</p>	<p><b>Dr Stuart Armstrong</b>, psychologist <b>Dr Alex Bartle</b>, GP <b>Dr David Cunnington</b>, sleep physician <b>Facilitator: Assoc Prof Shantha Rajaratnam</b>, psychologist</p>	283	798
<p><b>Collaborative Care for Chronic Pain and Mental Health Presentations: An interdisciplinary case study panel discussion for general practitioners</b> Wednesday 21 November 2012</p>	<p><b>Dr Jacqui Stanford</b>, psychologist <b>Dr Stephen Leow</b>, GP <b>Dr Tobie Sacks</b>, psychiatrist <b>Mr Nick Economos</b>, physiotherapist <b>Facilitator: Dr Mary Emeleus</b>, GP</p>	75	264
<p><b>Supporting a Young Woman Struggling with Bulimia and Depression</b> Tuesday 4 December 2012</p>	<p><b>Dr Jan Orman</b>, GP <b>Dr Warren Ward</b>, psychiatrist <b>Dr Susan Hart</b>, dietician <b>Facilitator: Dr Mary Emeleus</b>, GP</p>	333	933
<p><b>A Conversation with Dr David Shiers and Dr Jackie Curtis</b> Thursday 7 February 2013</p>	<p>A conversation with <b>Dr David Shiers</b> and <b>Dr Jackie Curtis</b> exploring tips and strategies for GPs to engage in collaborative care as a response to emerging psychosis. This event was included on the TheMHs program and was facilitated by Dr Mary Emeleus.</p>		419
<p><b>Working Together, Working Better to Support Families Living with Parental Mental Illness</b> Wednesday 20 February 2013</p>	<p><b>Assoc Prof Kim Foster</b>, mental health nurse <b>Ms Rose Cuff</b>, OT <b>Dr Nick Kowalenko</b>, psychiatrist <b>Dr Morton Rawlin</b>, GP <b>Facilitator: Vicki Cowling OAM</b>, social worker/psychologist</p>	471	493
<p><b>Collaborative Care and Hoarding</b> Tuesday 16 April 2013</p>	<p><b>Ms Julie Harris</b>, Community Ageing Strategist <b>Prof Jane Gunn</b>, GP <b>Prof Mike Kyrios</b>, clinical psychologist <b>Assoc Prof Stephen Macfarlane</b>, psychiatrist <b>Facilitator: Dr Michael Murray</b>, GP and medical educator</p>	404	476

Title and date held	Panellists	Participants	Recording downloads
<b>A Collaborative Approach to Supporting Adult Survivors of Childhood Abuse</b> Tuesday 30 April 2013	<b>Dr Richard Benjamin</b> , psychiatrist <b>Philip Hilder</b> , psychologist <b>Dr Cathy Kezelman</b> , consumer advocate and GP <b>Dr Johanna Lynch</b> , GP <b>Facilitator: Dr Mary Emeleus</b> , GP	545	<b>1,015</b> MOST VIEWED
<b>A Collaborative Approach to Supporting People at Risk of Suicide</b> Monday 13 May 2013	<b>Ms Susan Beaton</b> , psychologist <b>Dr David Webb</b> , suicide survivor <b>Dr Tim Wand</b> , mental health nurse/nurse practitioner <b>Dr Michael Dudley</b> , psychiatrist <b>Facilitator: Dr Mary Emeleus</b> , GP	<b>653</b> MOST ATTENDED	797
<b>TOTAL</b>		<b>3,682</b>	<b>7,037</b>



All webinars are available to download or view for free from [www.mhpn.org.au](http://www.mhpn.org.au)

## WEBINAR PROGRAM DEVELOPMENTS

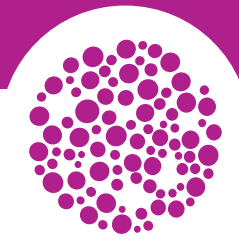
The webinar program continues to be central to the initiative. A further 10 webinars are scheduled in 2013-14, and interest from other organisations in partnering on webinar production promises to unfold.

### MHPN in ACTION

#### Webinar program highlights

##### IN 2012-13:

- 10 webinars were produced, featuring 34 panellists from 13 disciplines
- 3,682 practitioners participated in a webinar
- webinar recordings were played 7,037 times
- since October 2010, downloads of all webinar recordings grew to 23,512.



# Other activities

*MHPN undertakes a number of other activities, all of which support our primary purpose of promoting interdisciplinary and collaborative mental health care practices.*

## COMMUNICATION PROGRAM

MHPN continues to focus on promoting the initiative in line with, and not in front of achievements of its participants through their engagement in networks and online professional development.

This year has seen awareness of the initiative benefit from an increase in participation in both networks and webinars, along with active campaigns to introduce participants of one stream of activity to the other.

Other strategies which have helped awareness grow include a regular feed of stories to the press and stakeholder organisations, promotion of the website, targeted marketing to practitioners, presence at mental health conferences, and engagement with and leveraging of key stakeholder relationships, as well as developing strategic relationships with new partners.

Specific achievements this year included the production of a series of fact sheets to support both networks and the webinar programs, an e-newsletter “Coordinator Connect” specifically for network coordinators, the redesign of the flagship e-newsletter, as well as a range of activities to support and recognise the work of networks and coordinators and the webinar program.

### Communication channels

MHPN’s partner organisations have continued to provide opportunities to highlight the benefits of participation in both their print and online publications.

MHPN has worked with a number of new organisations including Children of Parents with a Mental Illness (COPMI), Adults Surviving Child Abuse (ASCA), The Australian Centre for Behavioural Research in Diabetes, and a number of Medicare Locals to actively explore

opportunities to start new networks, particularly those with a specific interest that aligns to the collaborating partner's focus.

Across the country, MHPN has engaged with the majority of Medicare Locals, working together to promote collaborative interdisciplinary practices. Their support of MHPN's activities has directly helped build practitioner engagement.

MHPN's own communication channels include e-newsletters to both the general MHPN base, a tailored e-newsletter for coordinators, the website and social media. This year all were employed to promote MHPN and encourage participation in networks and online professional development.

### **MHPN website**

The MHPN website continues to attract a pleasing number of visitors, primarily to view and download webinar recordings and find networks. The coming year will see a new site unveiled that aims to provide easier access to MHPN's range of resources.



MHPN's partner organisations have continued to provide opportunities to highlight the benefits of participation in both their print and online publications.

An exciting development this year saw the launch of MHPN's new online tool which simplifies the process of finding and joining networks. The web-based mental health network map helps mental health professionals easily connect with networks in their local area, as well as in their area of special interest. Visitors only need to enter their suburb and how far they are willing to travel, click search to see what networks are established in their area.

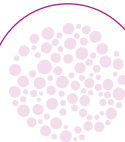
### **Social media**

Targeted use of social media throughout the year saw Facebook "likes" more than double and Twitter followers increased significantly, almost trebling.

### **SUPPORT FROM OTHER ORGANISATIONS**

MHPN received strong support from member and partner organisations with advice, opportunities to promote via their communication channels and cooperation in joint promotion of common interests.

MHPN developed strong links with partner organisations, Medicare Locals and other stakeholders, effectively utilising all available communications channels in primary mental health care. We also partnered with lead organisations in the mental health arena to promote collaboration within mental health service delivery, including with *beyondblue*, *headspace*, Partners in Depression and Diabetes Australia.



MHPN fielded requests from organisations involved in mental health care to promote messages to our member base and to selectively cross promote where appropriate.

## CONFERENCES

MHPN had active roles at several conferences during the year, including the TheMHs Summer Forum in February 2013.

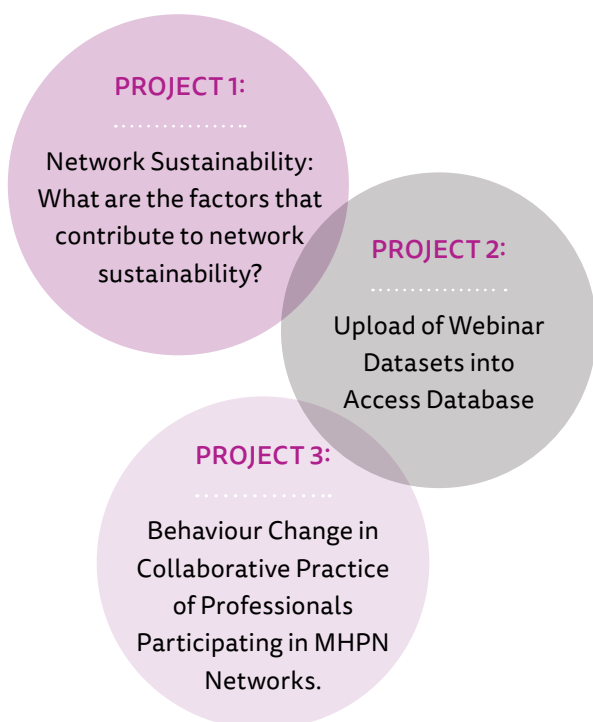
## MHPN ACHIEVED PSYCHOLOGICALLY HEALTHY WORKPLACE ASSESSMENT

MHPN has successfully met the Australian Psychological Society's Psychologically Healthy Workplace Standard. This endorsement will be promoted as appropriate in the coming year.

## EVALUATION OF MHPN PROJECT

At the start of Phase 3, the Board endorsed three evaluation projects to collectively inform MHPN's internal operations and strategic planning around ongoing network support.

The projects were identified as:



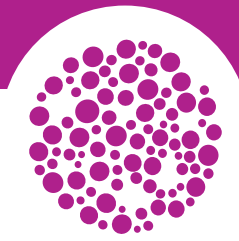
The research and subsequent reports were overseen by an internal Evaluation Committee chaired by an MHPN Director and included two external research experts.

All projects were completed during this financial year.

It is important to note that while Project 2 did not result in the preparation of a report, it will provide the opportunity for more detailed analysis of the practitioner audience and allow a more comprehensive understanding of practitioner preference for engagement in networks, webinars or both. This analysis is expected to be completed in 2013-14 and will inform strategic planning for MHPN's future growth.

Projects 1 and 3, collectively evidenced a significant contribution to the emergence of a collaborative mental health culture through MHPN's activities. In the coming year, MHPN will look to communicate these findings to key stakeholders and the wider mental health community as appropriate.





# Information on directors

## MR JOHN MCGRATH AM

### *Special Responsibilities*

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

### *Experience*

- Board member for *headspace*
- Carer of a family member with mental illness
- Former National Party MLA for Warrnambool in Victorian Parliament from 1985 until his voluntary retirement in 1999
- Chairman of committees in Victorian Parliament 1992–1999
- Former Chairman of the Victorian Ministerial Expert Advisory Committee on Mental Health
- Former board member of Crisis Support Services
- Inaugural Chairman of The Mental Health Council of Australia
- Past Deputy Chairman and Board member of *beyondblue*.

## MS ANNE BUCK B.A. (Hons)

### *Experience*

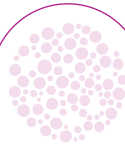
- Manager - Policy and Stakeholder Engagement, Australian College of Mental Health Nurses (ACMHN)
- Former Australian Public Service Officer in Department of Education, Employment and Workplace Relations.

## DR ZENA BURGESS

PhD, MBA, Med, DipEdPsych, BA, FAPS, FAICD

### *Experience*

- Chief Executive Officer of the RACGP – appointed in 2008
- Organisational and Clinical Psychologist
- Past State and Federal Government roles in The Family Court Counselling Service
- Tribunal member for Victorian Civil and Administrative Appeals
- Past Board Member of the Country Fire Authority
- Post secondary education experience at La Trobe University, Swinburne University and at Australian Catholic University.



## DR ANNE ELLISON

PhD, PDM (Mktg), B.A (Hons)

### *Special Responsibilities*

- Member of the MHPN Evaluation Committee
- Member of the MHPN Quality Assurance and Clinical Education Committee.

### *Experience*

- General Manager – Practice, Policy and Projects – RANZCP
- Director, Changing Outcomes Pty Ltd
- Director, Specialist Surgical Education – Royal Australasian College of Surgeons
- Research Fellow, Department of Obstetrics & Gynaecology – Monash University
- Lecturer, Department of Political Science – University of Melbourne.

## DR JOHANNA LAMMERSMA

MBBS, FRANZCP

### *Experience*

- Psychiatrist (Private Practice).

## PROFESSOR LYNDEL LITTLEFIELD

OAM, FAPS, FACID, FAIM

### *Special Responsibilities*

- Chair of the MHPN Quality Assurance and Clinical Education Committee
- Member of MHPN Executive Committee.

### *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
- Chair of the Allied Health Professionals Association (AHPA)

- 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
  - National Mental Health Workforce Advisory Group
  - 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.

## MR HARRY LOVELOCK

RN, MSS, Grad Dip Health Admin

### *Special Responsibilities*

- Chair of the MHPN Evaluation Committee
- Member of MHPN Reference Group.

### *Experience*

- Executive Manager, Strategic Development and Public Interest, (APS)
- Director of Policy, (RANZCP)
- Senior Policy Adviser to Victorian Department of Health.
- Representative on:
  - Mental Health Practice Standards Committee
  - HWA Professions Standing Committee
  - National Primary Health Care Partnership
  - Mental Health Professionals' Association.

## ASSOCIATE PROFESSOR MORTON RAWLIN

BMed, MMedSci, FRACGP, FACRRM, DipPractDerm,  
DipMedHyp, DipFP, DipBusAdmin, MAICD

### *Experience*

- General Practitioner based in Melbourne
- Chair of the Victoria Faculty of the RACGP, Chair of the National Faculty of Specific Interests and an RACGP Board Member
- Adjunct Associate Professor in General Practice at the University of Sydney
- Member of the Committee of Presidents of Medical Colleges (CPMC) Education subcommittee
- Chair, General Practice Mental Health Standards Collaboration (GPMHSC).

## MS KIM RYAN

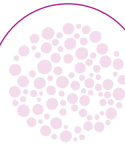
### *Special Responsibilities*

- MHPN Company Secretary
- Chair of MHPN Finance and Audit Committee
- Member of MHPN Executive Committee.

### *Experience*

- Chief Executive Officer of the Australian College of Mental Health Nurses (ACMHN)
- Adjunct Associate Professor
- Former Chair of the Mental Health Professionals' Association
- Chair of the Coalition of National Nursing Organisation.





# Information on committees

## EXECUTIVE COMMITTEE

Mr John McGrath AM (Chair)  
Professor Lyndel Littlefield (APS)  
Ms Kim Ryan (ACMHN)  
Mr Chris Gibbs (MHPN)

## FINANCE AND AUDIT COMMITTEE

Ms Kim Ryan (ACMHN) (Chair)  
Mr John McGrath AM (MHPN)  
Ms Vase Jovanoska (RANZCP) – from August 2012 to April 2013  
Mr Chris Gibbs (MHPN)  
Mr Trevor Donegan (MHPN)

## EVALUATION COMMITTEE

Mr Harry Lovelock – Chair (APS)  
Ms Deepika Ratnaike (External Consultant)  
Dr Barbara Murphy (External Consultant)  
Dr Anne Ellison (RANZCP)  
Mr John McGrath AM (MHPN Chair)  
Mr Chris Gibbs (MHPN)  
Mr Stewart Potten (MHPN)  
Ms Bronwyn Morris-Donovan (MHPN)  
Ms Tanya Reardon (MHPN) – until January 2013  
Ms Nicky Bisogni (MHPN)  
Ms Amanda Osciak (MHPN)

## QUALITY ASSURANCE AND CLINICAL EDUCATION COMMITTEE

Professor Lyndel Littlefield (CRG Chair) APS  
Ms Peta Marks (ACMHN)  
Assoc Prof David Pierce (Director, University Dept of Rural Health)

Dr Rebecca Matthews (APS)  
Dr Anne Ellison (RANZCP)  
Emeritus Professor Sidney Bloch (RANZCP Nominee)  
Mr Chris Gibbs (MHPN)  
Mr Stewart Potten (MHPN)  
Ms Nicky Bisogni (MHPN)  
Ms Tanya Reardon (MHPN) – until January 2013  
Ms Amanda Osciak (MHPN)

## PROJECT REFERENCE GROUP

Mr John McGrath AM, Chair (MHPN)  
Mr Noel Muller (NMHCCF (Consumers))  
Ms Judy Bentley (NMHCCF (Carer))  
Ms Helen Reeves (ACMHN)  
Mr Harry Lovelock (APS)  
Mr Jeremy Simmons (ACRRM)  
Ms Jennie Parham (AMLA)  
Ms Paula Zylstra (DoHA)  
Mr Graeme Seaman (DoHA)  
Ms Nicola George (DoHA) – until February 2013  
Ms Helen Bolger (RACGP) – until February 2013  
Mr Stephen Brand (AASW) – until February 2013  
Ms Basia Sudbury (AASW)  
Dr Ellie Fossey (OT Australia)  
Ms Melanie Cantwell (MHCA)  
Mr Chris Gibbs (MHPN)  
Mr Stewart Potten (MHPN)  
Ms Amanda Osciak (MHPN)  
Ms Nicky Bisogni (MHPN)

---

## MENTAL HEALTH PROFESSIONALS NETWORK LTD

Emirates House  
Level 8, 257 Collins Street  
Melbourne VIC 3000

**Tel:** 1800 209 031 or (03) 8662 6600

**Email:** [contactus@mhpn.org.au](mailto:contactus@mhpn.org.au)

**Web:** [www.mhpn.org.au](http://www.mhpn.org.au)

A not-for-profit organisation, MHPN is funded by the Commonwealth Government Department of Health and Ageing.

## MEMBER ORGANISATIONS

The Royal Australian College of General Practitioners

The Royal Australian and New Zealand College of Psychiatrists

Australian Psychological Society

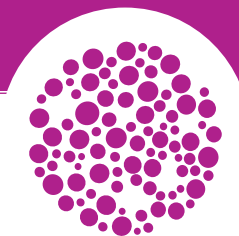
Australian College of Mental Health Nurses

## PARTNER ORGANISATIONS

Occupational Therapy Australia

Australian Association of Social Workers

The Royal Australian College of Physicians



# Financial report

for the year ended  
30 June 2013

---

## CONTENTS

Directors' Report	31
Auditor's Independence Declaration	34
Statement of Comprehensive Income	35
Statement of Financial Position	36
Statement of Changes In Equity	37
Statement of Cash Flows	37
Notes to the Financial Statements	38
Directors' Declaration	44
Independent Auditor's Report	45

## DIRECTORS' REPORT

---

The directors of Mental Health Professionals Network Ltd (MHPN) present their report together with the financial report of the company for the financial year ended 30 June 2013 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
John McGrath	7/8/2008
Kim Ryan	12/6/2008
Joanna Lammersma	12/6/2008
Morton Rawlin	12/6/2008
Lyndel Littlefield	12/6/2008
Anne Buck	26/8/2011
Zena Burgess	27/6/2011
Harry Lovelock	28/2/2012
Anne Ellison	18/4/2011

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 \$290,770 (2012: (\$551,503)).

### Review of Operations

The company continued to engage in its principal activities, the results of which are disclosed in the attached financial statements. The company entered into a contract with the Department of Health and Ageing (DoHA) on 31 October 2011 which extends the life of the project through to 30 June 2014.

### 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

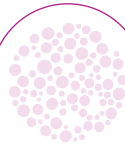
The company has been established to promote the quality of patient care by:

- 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:

- Against a target of developing, supporting and maintaining up to 480 networks by 30 June 2014, by June 2013 a national platform of 452 inter-disciplinary community mental health networks had been established and sustained, and
- After discussions with DoHA, MHPN Online was terminated due to platform support shortcomings. The project continues to provide an expanded national online professional development webinar program to mental health practitioners across the country having delivered 10 webinars during the year.

### 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.

### 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	6	6	7	7	4	7
A Buck	5	6	-	-	-	-
Z Burgess	2	6	-	-	-	-
A Ellison	6	6	-	-	5	7
J Lammersma	6	6	-	-	-	-
L Littlefield	3	6	-	-	-	-
H Lovelock	6	6	-	-	7	7
M Rawlin	3	6	-	-	-	-
K Ryan	5	6	6	7	-	-



	DIRECTORS EXECUTIVE		QUALITY ASSURANCE & CLINICAL EDUCATION	
	Attended	Eligible to attend	Attended	Eligible to attend
J McGrath	5	6	-	-
A Buck	-	-	-	-
Z Burgess	-	-	-	-
A Ellison	-	-	4	4
J Lammersma	-	-	-	-
L Littlefield	5	6	2	4
H Lovelock	-	-	-	-
M Rawlin	-	-	-	-
K Ryan	6	6	-	-

### Indemnification of officers

During or since the end of the year, the company has given indemnity or entered an agreement to indemnify, or paid or agreed to pay insurance premiums in order to indemnify the directors of the company against legal liability which it may incur through the conduct of its activities or the provision of services.

Further disclosure required under section 300(9) of the corporation's law is prohibited under the terms of the contract.

### Indemnification of auditors

No indemnities have been given or insurance premiums paid, during or since the end of the year, for any person who is or has been an auditor of the company.

### 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.

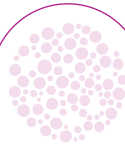


**John McGrath AM**  
Director



**Kim Ryan**  
Director

Dated: 19 September 2013, Melbourne



## AUDITOR'S INDEPENDENCE DECLARATION

---



**MENTAL HEALTH PROFESSIONALS NETWORK LTD  
ABN 67 131 543 229**

**AUDITORS INDEPENDENCE DECLARATION  
TO THE DIRECTORS OF MENTAL HEALTH PROFESSIONALS NETWORK LTD**

In relation to the independent audit for the year ended 30 June 2013, 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

19 September 2013

**PITCHER PARTNERS**  
Melbourne

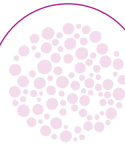
An independent Victorian Partnership ABN 27 975 255 196

Pitcher Partners is an association of independent firms  
Melbourne | Sydney | Perth | Adelaide | Brisbane  
An independent member of Baker Tilly International

STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2013

	Notes	2013 \$	2012 \$
<b>Revenue</b>	<b>5</b>	<b>2,958,400</b>	<b>2,901,618</b>
<b>Less Expenses</b>			
Employee Benefits	5	(1,942,109)	(2,401,448)
Workshop Expenses		(232,765)	(251,526)
Occupancy and Member Related Costs		(281,791)	(538,466)
Administrative Expenses		(136,166)	(115,832)
Depreciation Expense	5	(2,003)	(6,129)
Other Expenses		(72,796)	(139,720)
<b>Total Expenses</b>		<b>(2,667,630)</b>	<b>(3,453,121)</b>
<b>Surplus / (deficit) before income tax expense</b>		<b>290,770</b>	<b>(551,503)</b>
Income tax expense	3	-	-
<b>Surplus / (deficit) from continuing operations</b>		<b>290,770</b>	<b>(551,503)</b>
Other comprehensive income		-	-
<b>Total comprehensive income / (loss)</b>		<b>290,770</b>	<b>(551,503)</b>

The accompanying notes form part of these financial statements.



STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2013

	Notes	2013 \$	2012 \$
<b>Current assets</b>			
Cash and cash equivalents	6	459,502	305,209
Receivables	7	885	888
<b>Total current assets</b>		<b>460,387</b>	<b>306,097</b>
<b>Non-current assets</b>			
Plant and equipment	8	-	2,003
<b>Total non-current assets</b>		<b>-</b>	<b>2,003</b>
<b>Total assets</b>		<b>460,387</b>	<b>308,100</b>
<b>Current liabilities</b>			
Payables	9	136,990	261,643
Provisions	10	66,327	80,157
<b>Total current liabilities</b>		<b>203,317</b>	<b>341,800</b>
<b>Total liabilities</b>		<b>203,317</b>	<b>341,800</b>
<b>Net assets</b>		<b>257,070</b>	<b>(33,700)</b>
<b>Equity</b>			
Retained surplus / (deficit)	11	257,070	(33,700)
<b>Total equity</b>		<b>257,070</b>	<b>(33,700)</b>

*The accompanying notes form part of these financial statements.*

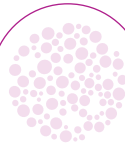
STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
Total equity at the beginning of the financial year	(33,700)	517,803
Surplus / (deficit) for the year	290,770	(551,503)
Total recognised income and expenses for the year	290,770	(551,503)
<b>Total equity at the end of the financial year</b>	<b>257,070</b>	<b>(33,700)</b>

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2013

	Notes	2013 \$	2012 \$
<b>Cash flows from operating activities</b>			
Grant receipts		3,239,746	3,162,361
Payments to employees		(1,984,068)	(2,468,138)
Payments to suppliers		(1,114,563)	(1,265,100)
Interest received		13,178	29,951
Net increase / (decrease) in cash held		154,293	(540,926)
Cash at the beginning of the financial year		305,209	846,135
<b>Cash at the end of the financial year</b>	<b>6</b>	<b>459,502</b>	<b>305,209</b>

*The accompanying notes form part of these financial statements.*



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

---

### 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.

### **(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.

### **(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:

<b>Class of fixed assets</b>	<b>Useful lives</b>	<b>Depreciation basis</b>
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) Employee benefits**

#### ***Short-term employee benefit obligations***

Liabilities arising in respect of wages and salaries, annual leave, accumulated sick leave and any other employee benefits expected to be settled within twelve months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. The expected cost of short-term employee benefits in the form of compensated absences such as annual leave is recognised in the provision of the employee benefits. All other short-term employee benefit obligations are presented as payables.

### **(l) Income tax**

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

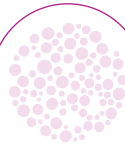
### **(m) Going concern**

The financial report has been prepared on a going concern basis which assumes that the company will have access to sufficient cash funds to meet its financial obligations and extinguish its liabilities in the normal course of operations.

The company earned a surplus from ordinary activities of \$290,770 (2012: deficit \$551,503) during the year ended 30 June 2013, and as at that date the company's total assets exceeded total liabilities by \$257,070 (2012 total liabilities exceeded total assets by \$33,700).

The company is dependent on the ongoing financial support from DoHA. The current contract for Phase 3 is due to expire in June 2014, and an extension of this is required to ensure the going concern assumption.

As at the date of this report, the Directors expect DoHA to grant an extension to the contract for a further one year to 30 June 2015 and as a result consider the going concern basis of accounting appropriate for the company.



## 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 2013 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 has a contract with the Commonwealth Department of Health and Ageing (DoHA) for grant funding from November 2011 to June 2014.

2013  
\$

2012  
\$

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

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

(a) Revenue from operating activities		
Government grants	2,945,224	2,874,873
(b) Revenue from non-operating activities		
Interest revenue	13,176	26,745
<b>Total Revenue</b>	<b>2,958,400</b>	<b>2,901,618</b>

(a) Surplus / (deficit) has been determined after:

Employee benefits:		
– Salaries and Wages	1,809,945	2,237,815
– Superannuation	132,164	163,633
<b>Total Employee Benefits</b>	<b>1,942,109</b>	<b>2,401,448</b>
Depreciation of plant and equipment	2,003	6,129

## NOTE 6: CASH AND CASH EQUIVALENTS

Cash at bank	459,502	305,209
	<b>459,502</b>	<b>305,209</b>



2013  
\$

2012  
\$

## NOTE 7: RECEIVABLES

### Current

Accrued income	885	888
	<b>885</b>	<b>888</b>

## NOTE 8: PLANT AND EQUIPMENT

### Plant and Equipment

At cost	26,855	26,855
Less accumulated depreciation	(26,855)	(24,852)
	-	<b>2,003</b>

### (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	2,003	8,132
Depreciation expense	(2,003)	(6,129)
<b>Carrying amount at end of year</b>	-	<b>2,003</b>

Plant and Equipment has been fully depreciated as at 30 June 2013 in line with the assets effective life of 4 years.

## NOTE 9: PAYABLES

### Current

Amounts payable to members	21,272	65,462
Other payables	115,718	196,181
	<b>136,990</b>	<b>261,643</b>

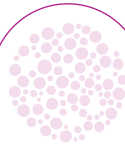
Other payables are non-interest bearing and are settled within 30 days. The company pays within the allocated settlement period when prompt payment discounts are available.

## NOTE 10: PROVISIONS

### Current

Employee benefits	66,327	80,157
	<b>66,327</b>	<b>80,157</b>

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



	<b>2013</b> \$	<b>2012</b> \$
<b>NOTE 11: RETAINED SURPLUS / (DEFICIT)</b>		
Retained surplus / (deficit) at beginning of financial year	(33,700)	517,803
Net surplus / (deficit) attributable to members of the entity	290,770	(551,503)
<b>Retained surplus / (deficit) at end of financial year</b>	<b>257,070</b>	<b>(33,700)</b>

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 2013 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 MHPN.

##### (i) Names of Directors:

J McGrath	A Ellison	H Lovelock
A Buck	J Lammersma	M Rawlin
Z Burgess	L Littlefield	K Ryan

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

##### (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	398,409	382,616
	<b>398,409</b>	<b>382,616</b>

#### NOTE 13: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

- audit services	18,000	30,000
- consultancy	4,000	3,825
- other	50	57
	<b>22,050</b>	<b>33,882</b>

**2013**  
\$

**2012**  
\$

#### 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	80,034	219,674
APS	298,143	287,088
RACGP	11,140	11,256
RANZCP	24,508	172,970
	<b>413,825</b>	<b>690,988</b>

#### NOTE 15: CONTINGENT ASSETS

The company has a \$75,124 contingent asset owing from DoHA as at balance date. This relates to the finalisation of the Phase 2 audit as at 30 June 2011.

The deed of variation signed in October 2012 acknowledges this amount with the debt to be repaid in the 2013-14 financial year. Revenue will be recognised when it is controlled in line with the revenue policy (Note 1 d).

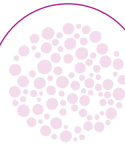
#### NOTE 16: EVENTS SUBSEQUENT TO REPORTING DATE

There has been no matter or circumstance, which has arisen since 30 June 2013 that has significantly affected or may significantly affect:

- (a) The operations, in financial years subsequent to 30 June 2013, of the company, or
- (b) The results of those operations, or
- (c) The state of affairs, in financial years subsequent to 30 June 2013, of the company.

#### NOTE 17: SEGMENT REPORTING

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



## DIRECTORS' DECLARATION

---

The directors of the company declare that:

1. the financial statements and notes, as set out on pages 10 to 23, are in accordance with the Corporations Act 2001:
  - i) comply with Accounting Standards in Australia and the Corporations Regulations 2001, and
  - ii) give a true and fair view of the financial position as at 30th June 2013 and of the performance for the year ended on that date of the company.
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: 19 September 2013, Melbourne

## INDEPENDENT AUDITOR'S REPORT

---



**MENTAL HEALTH PROFESSIONALS NETWORK LTD  
ABN 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 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

### *Directors' Responsibility for the Financial Report*

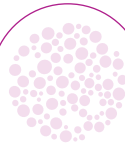
The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Act 2001*, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and 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 about 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 company'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 company'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.



## INDEPENDENT AUDITOR'S REPORT (CONTINUED)

---



**MENTAL HEALTH PROFESSIONALS NETWORK LTD  
ABN 67 131 543 229**

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

*Independence*

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

*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 2013 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*.

**N R BULL**  
Partner  
19 September 2013

**PITCHER PARTNERS**  
Melbourne



20

13

**Mental Health Professionals' Network**

ABN 67 131 543 229

Published by MHPN Ltd

Emirates House, Level 8, 257 Collins Street

Melbourne, Victoria, 3000.

© Copyright MHPN Ltd 2013