


# ANNUAL REPORT





**Mental Health Professionals' Network**

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14

# Contents

Introduction .....	4
2013–14 Achievements .....	5
Chairman’s foreword .....	6
Chief Executive Officer’s overview .....	8
MHPN interdisciplinary networks .....	10
Online professional development .....	15
Other activities .....	21
Information on directors .....	23
Financial report .....	27

# Introduction

The Mental Health Professionals' Network (MHPN) is a unique program targeted at improving interdisciplinary practice and collaborative mental health care in the primary health care sector.

MHPN's aim to improve interdisciplinary practice and collaborative care is based on compelling national and international evidence that shows:



MHPN provides practitioners with two platforms to engage in networking and professional development activities that directly promote interdisciplinary practice: local practitioner networks and a national online professional development program.

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

MHPN has four member organisations and two partner organisations: Australian Psychological

Society, The Royal Australian College of General Practitioners, The Royal Australian and New Zealand College of Psychiatrists, the Australian College of Mental Health Nurses, The Australian Association of Social Workers, and Occupational Therapy Australia.

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

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



# 2013-14 Achievements

## WEBINARS

.....  
**4,498** attendees  
.....

**10,194** registrations  
.....

**30,195** views of webinar recordings  
.....

(recordings to 30 June 2014)

## NETWORKS

.....  
**450** networks  
.....

**43%** regional/rural/remote  
.....

**154** specific interest networks  
.....

**1,318** network meetings held  
.....

**11,000** network participants  
.....

**15,715** network meeting attendances

## WEBSITE

.....  
**33,000** e-newsletter subscribers

# Chairman's foreword

*Building practitioner capacity in interdisciplinary practice and collaborative care is increasingly important as compelling evidence shows that when mental health practitioners work together better, clinical pathways are more effective, referrals better informed and consumers receive an improved outcome.*

MHPN's local practitioner networks and professional development activities encourage both public and private clinicians from a range of disciplines, organisations and service providers to connect with each other in the spirit of collaboration.

Engagement in both networks and the online professional development program has been significant throughout the project's life. This year MHPN has supported 57,000 hours of professional development in communities and practices across the country. The successes of the webinar program have been a particular highlight, evidenced by the 30% growth in overall participation.

- We strongly believe that the high rate of voluntary participation in MHPN supported interdisciplinary activities is proof that this model is continuing to meet an identified professional development need.
- We gratefully acknowledge the contribution of network coordinators who volunteer additional time to organise and lead network meetings in their local communities. Their commitment has contributed significantly to MHPN's achievements.
- The initiative's progress is driven by the hard work and energy of MHPN's staff, without whose dedication and ingenuity many of the great developments would not have occurred.
- The significant contribution by our CEO Chris Gibbs is acknowledged, this year in particular. In a time of uncertainty, including lengthy contract negotiations with the Department, his commitment to an "open door" management style kept staff informed and engaged. On behalf of the MHPN Board, a big thank you Chris.



The executive team in Stewart Potten, Nicky Bisogni, Trevor Donegan, Kate Hoppe and Tina Horwood are also recognised for their work this year.

I also extend my thanks to my fellow Board members whose individual and collective contributions have provided valuable guidance. Their discipline-specific insights 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.

Also the Board would like to express their thanks to our key contacts in the Department of Health,

especially for their assistance in securing MHPN's contract extension to 30 June 2015.

I would also like to extend thanks to Nick Bull and the audit team at Pitcher Partners. Their professionalism and community spirit has been much appreciated.

All involved with MHPN remain committed to furthering our capacity to support practitioners to continually enhance interdisciplinary practices and deliver quality collaborative mental health care services to communities across Australia.

**John McGrath AM**

**Chairman**

.....  
"We strongly believe that the high rate of voluntary participation in MHPN supported interdisciplinary activities is proof that this model is continuing to meet an identified professional development need."  
.....



# Chief Executive Officer's overview

*MHPN's model directly supports the policy direction of addressing consumer health needs, of which mental health is a key part, as early as possible. Doing so improves consumer outcomes and reduces the burden on the healthcare system. The model does this by promoting the importance of interdisciplinary practice to the public and private primary care workforce.*

This year, practitioners have once again endorsed this approach to providing health care, with 11,000 seeking out and attending 1,318 local, interdisciplinary network meetings, at 450 locations across the country. A further 4,500 participated in an interdisciplinary professional development webinar to improve their knowledge of collaborative practices. The voluntary nature of participation further highlights the value that busy practitioners place on taking part in these activities.

Those in rural and remote communities were well represented, with 43% of network and webinar participants coming from non-metropolitan areas.

For these clinicians, participation provided easy access to content and expertise that is often only available in a city conference setting.

For the third year running, MHPN has demonstrated that with minimal government investment it delivers sustainable and highly-valued services to practitioners in communities across Australia.

## NEW APPLICATIONS FOR THE MHPN MODEL

MHPN's model is flexible and can be employed to foster interdisciplinary practice and collaborative care practices in a range of settings.

On this basis, this year the Department of Social Services contracted MHPN, in conjunction with Adult Survivors of Childhood Abuse to support the work of the Royal Commission into Institutional Response to Child Sexual Abuse.

MHPN provided professional development training to practitioners working with people who may be affected by the Commission's work. This introduced a new sector of family services practitioners to MHPN's activities and will provide them the







ongoing opportunity to benefit through joining a local network or attending future webinars.

The resulting three-part webinar series was exceptionally well attended and evaluated with over 5,000 practitioners either attending the live webinar or watching one of the recordings. New practitioner networks with a focus on this subject were also established in regions like Newcastle where practitioners determined working together more closely would better meet community need.

MHPN has also recently commenced a partnership with Flinders University's Partners in Recovery (PIR) Capacity Building Project to deliver a webinar series to PIR sites across the country that will showcase best practice in this area.

MHPN's relationships with a range of chronic disease peak bodies including Diabetes Australia, Pain Australia, the National Heart Foundation and Cancer Council Australia continue to foster additional opportunities for networking and professional development for practitioners working at the interface of chronic disease and mental health.

## EVALUATION

Two major evaluation reports were released during the year, Behaviour Change in Collaborative Practice of Professionals Participating in MHPN Networks and Network Sustainability: What are the factors that contribute to network sustainability. Each confirmed MHPN's approach to support improved interdisciplinary practice and collaborative mental health care in the primary health care sector.

## THE FUTURE OF MHPN

The Department of Health has confirmed its commitment to supporting MHPN by continuing to fund the initiative throughout 2014-15.

This extension allows MHPN to continue to support both face-to-face networking, as well as deliver our popular online professional development webinar program until 30 June 2015.

MHPN, like all current mental health organisations has made a submission to the National Review of Mental Health Services and Programmes that is being conducted by the National Mental Health Commission.

This submission outlined how MHPN would like to progress beyond June 2015. This includes continuing our current work, as well as looking to further expand into the areas of:

- older Australians and mental health
- strengthening response to cater for the needs of practitioners working at the interface between chronic disease and mental health
- targeted activity to introduce interdisciplinary practice and collaborative care to emerging clinicians.

## PARTNERSHIPS

I would like to acknowledge the ongoing support of our partner organisations, the Australian Psychological Society, the Royal Australian & New Zealand College of Psychiatrists, the Royal Australian College of General Practitioners, the Australian College of Mental Health Nurses, the Australian Association of Social Workers, Occupational Therapy Australia, the Australian College of Rural and Remote Medicine, and collaborating organisations including *beyondblue*, KidsMatter, headspace, Adults Surviving Childhood Abuse, Children of Parents with a Mental Illness, and a number of Medicare Locals.

## 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 continued commitment to the initiative has been integral to its success.

**Chris Gibbs**  
*Chief Executive Officer*

# MHPN Interdisciplinary Networks

*MHPN supports 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-directed. Each decides whom from within their professional community is eligible to join, the purpose of their group and the content covered in meetings.

The initiative's ability to adapt to practitioners' needs has seen high levels of participation this year, with MHPN successfully employing a range of strategies to both encourage new and retain current participants.



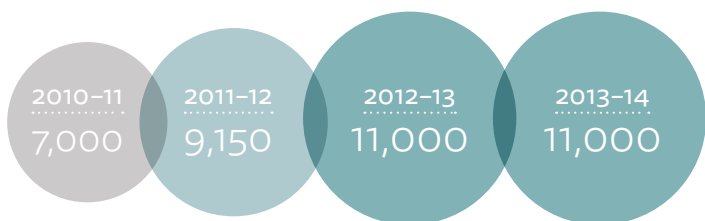


## NETWORK PARTICIPATION

### Network participation remains strong

During 2013-14, 11,000 practitioners attended 1,318 network meetings. This is consistent with last year, and particularly pleasing given the strategy is to encourage networks to become more self-sustaining.

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



Networks also demonstrated a pleasing level of commitment to meeting regularly, with more than half holding at least three meetings during the year.

The frequency of network meetings is influenced by a range of factors. Local events and changes of staff at key service organisations in particular can impact significantly. The project team have

successfully worked with a number of networks to recruit new coordinators when a coordinator either moves or is no longer able to continue in the voluntary coordination role.

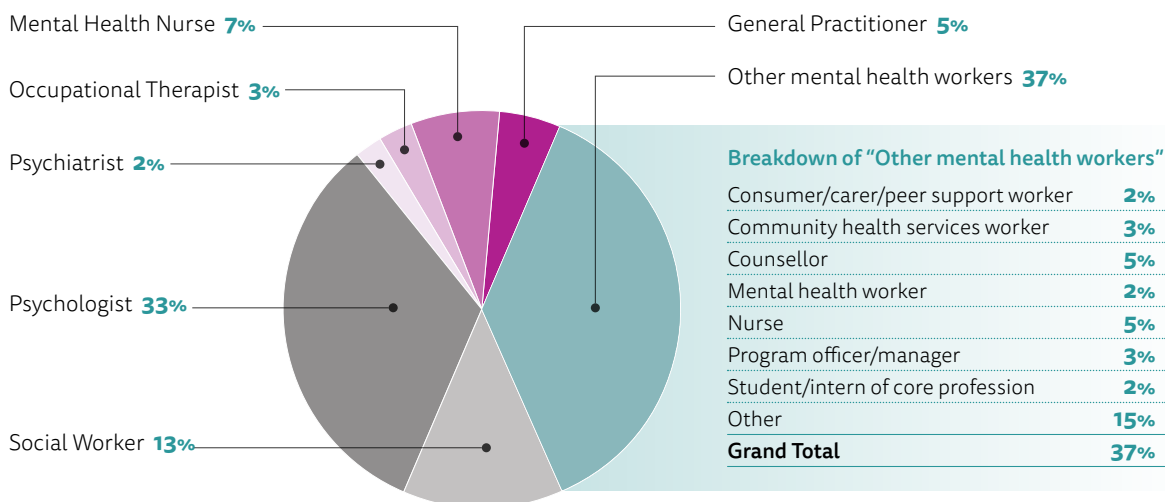
During the year 33 new networks were established.

### Impressive breadth of practitioner participation

Networks continue to attract 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. Networks in these regions have shown a willingness to include these practitioners in their networking activities. This has led to the inclusion of mental health workers, nurses, counsellors and a variety of others who have benefited from discovering how they can work together more effectively to deliver better services to consumers.

## Practitioner participation





## GP engagement

MHPN recognises the central role GPs play in establishing referral pathways and employs various strategies to encourage participation, including activities undertaken with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. All networks have at least one GP on their member lists, with 45% attending meetings.

More than 3,000 GPs choose to remain informed about MHPN's activities through subscribing to regular updates, including MHPN's e-newsletter, invitations to network meetings and professional development webinars.

## COORDINATORS 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.



## Networks respond to local need

MHPN responds to practitioner demand to establish networks within a local community where a specific local need is identified.

### ROYAL COMMISSION RESPONSE

MHPN is supporting local practitioners in the Hunter region, who following the Royal Commission into Institutional Response to Child Sexual Abuse's hearing in Newcastle, noted the benefits of meeting to see how they could work together to support those affected in the local community. More than 100 practitioners have registered an interest in becoming involved.

Over the life of the project more than 1,000 mental health practitioners have held the volunteer role of coordinator for their local network.

Three hundred and thirty-three have held this responsibility for two years or longer, with 198 of these currently in the role. All coordinators holding the role for more than two years are recognised on the MHPN website honour board.

Throughout the year the MHPN project team has worked with more than 500 volunteer coordinators to organise local network meetings.

During the year MHPN participated in The Mental Health Services (TheMHS) Conference. One aspect involved hosting a networking event at which several coordinators attended to highlight the benefits of networking in general, as well as the benefits of taking on the coordination role to other practitioners.

< MHPN coordinators joined TheMHS delegates at MHPN's networking event.

Back row (L to R): Ms Lee Palmer, Ms Emma Galligan (MHPN), Ms Josephine Tan, Mr Michael Costa, Ms Ann Staberhofer.

Front row (L to R): Ms Tammy Rabinowicz, Ms Hilary Ash.



## SPECIFIC INTEREST NETWORKS FLOURISH

One in three MHPN networks brings together practitioners with a common interest in a specific field of mental health.

Youth/perinatal and transcultural mental health, as well as the interface between physical and mental health were amongst the most popular. The following table highlights the full range of specific interest networks:



Networks that cover a broad range of topics over the course of the year often choose to dedicate a meeting to looking at a subject that is also the sole focus of specific interest networks.

Addictions and mental health 7	Autism and mental health 5	Culturally & linguistically diverse & transcultural mental health 14
Eating disorders 8	Family and carer and mental health 2	Gender, sexuality and mental health 4
Homelessness and mental health 1	Indigenous mental health 2	Intellectual disability and mental health 4
Mood disorders (bipolar, depression, anxiety) 2	Older people and mental health 4	Organisation specific mental health (e.g. ADF) 3
Perinatal and infant mental health 17	Physical health and mental health 18	Suicidality and suicide prevention 5
Trauma and mental health 12	Treatment and intervention focused 10	Young people and mental health (child, adolescent & young adult) 36
<b>TOTAL: 154</b>		



## Networks with a focus on chronic disease and mental health

The number of networks choosing to focus on an area in which chronic disease and mental health intersect has increased in the last year.

MHPN has continued to develop relationships with a number of peak bodies in chronic disease like Pain Australia, Diabetes Australia, the National Heart

### Two options for improving collaborative care practices between chronic disease and mental health practitioners

In the area of diabetes and mental health, MHPN works with each state's peak diabetes organisation to foster collaboration between diabetes practitioners and mental health practitioners.

#### PRACTITIONER NETWORKS WITH A FOCUS ON DIABETES & MENTAL HEALTH

In partnership with state peak bodies, practitioner networks with this focus have been established in Canberra, Sydney, Perth, Melbourne, Hobart and Adelaide. Each meets regularly to connect practitioners including psychologists, social workers, mental health nurses, nurses, diabetes educators, occupational therapists, counsellors, psychiatrists, general practitioners, dietitians, exercise physiologists and endocrinologists, to consider how they can work together better to look after both the physical and mental health needs of people with a diagnosis of diabetes.

#### DIABETES AND MENTAL HEALTH: A POTENTIAL TOPIC FOR ALL NETWORKS

All MHPN networks have the opportunity to include diabetes and mental health as a topic during the year. Diabetes Queensland provides expert speakers to address networks across the state. This provides another avenue for a broad range of practitioners to be exposed to this important subject matter.

Foundation and the Cancer Council to identify ways to work together to support practitioners from the physical and mental health arenas to network and build stronger professional relationships.

## SUPPORTING NETWORKS TO GROW AND IMPROVE REFERRAL PATHWAYS

### Making referrals simpler and more accurate

MHPN's local Member Directories continue to provide a valuable resource. An updated directory is distributed electronically to all network members after each meeting. This ensures members have up-to-date contact details to assist in making timely and accurate referrals in their local area.

### Technology supports wider collaboration

MHPN has supported networks to use technology to help increase reach and access to specialist speakers and resources.

Networks have chosen to watch an MHPN webinar as a group and discuss the issues raised as they apply to their community.

MHPN supported meetings in rural and remote regions using technology to provide access to speakers often only available in a face-to-face conference setting.

### Technology connects rural and remote clinicians

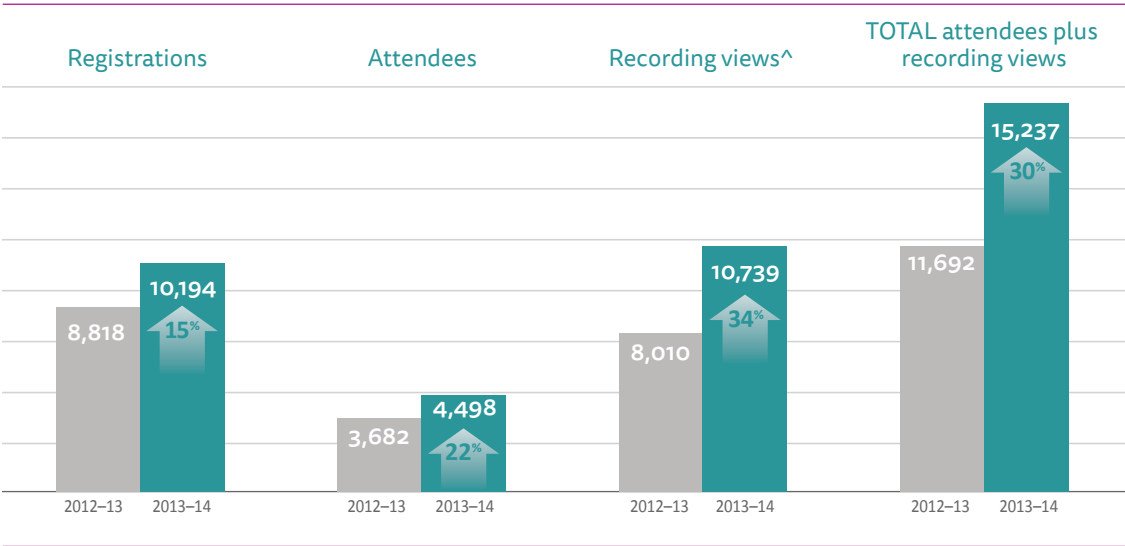
#### WA's Online Transcultural network:

- has met for two years
- uses technology to provides a unique opportunity for practitioners working in isolated areas to meet in a collaborative, peer support type forum
- has met regularly, attracting GPs, psychologists, nurses, social workers and a range of community workers, from as far afield as Christmas Island, Broome, Karratha, Esperance, Port Hedland, Albany and Mandurah.

# Online professional development

MHPN produces live, interactive webinars featuring case-based panel discussions by leading experts, modelling interdisciplinary practice and collaborative care. In 2013-14, 10 webinars were produced, featuring 40 panellists from 12 disciplines.

## COMPARISON TO PREVIOUS YEAR



<sup>^</sup> Of all recordings. At 30 June 2014 there were 34 webinars. At 30 June 2013 there were 24 webinars.




## WEBINAR AND PANELS WERE TRULY INTERDISCIPLINARY

Sourcing high-calibre practitioners to act as panellists in each webinar has been central to the program's success.

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 2013-14 where the 10 webinars featured 40 panellists, from 12 different disciplines. Importantly, the case study format adopted ensures the consumer is kept at the forefront of the discussion.

Practitioners from across the country participated during the year, including those in rural and remote locations. These practitioners in particular value the easy access the webinar program affords them to high-calibre, expert speakers that are often only available at a face-to-face conference in a capital city.



Forty per cent of webinar participants in 2013-14 came from outside of a major metropolitan area.

## ACTIVE AUDIENCE PARTICIPATION ENCOURAGES NETWORKING AND RESOURCE SHARING

Those attending the webinar interact with each other and the panel by adding comments and questions to the lively chat box. Participants are also able to use the chat box to share state-based and national resources.

Additionally, participants have the opportunity to provide questions on registration to help ensure their individual learning needs are met.

All webinars are recorded so that the content is freely available afterwards. This allows participants to revisit the discussion and anyone who couldn't attend the live event 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 with 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.

## WEBINARS ATTRACT A GROWING INTERNATIONAL AUDIENCE

Practitioner organisations in Canada, the United States and New Zealand have approached MHPN to determine ways their clinicians could benefit from the webinar series. Their interest has seen a significant boost to views of recordings from an international audience. This activity was tracked in the last three months of 2013-14 to reveal that over 1,600 recording views were sourced from someone based overseas.

## WEBINARS RATED VERY HIGHLY BY PARTICIPANTS

Participants provide feedback to MHPN by completing a survey after the webinar. In 2013-14, a staggering 99% of 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. Seventy-five per cent of participants found webinar content to be entirely relevant to their own practice.

Nine out of ten attendees indicated they would change their clinical work practices as a result of participating in the webinar.





## BENEFITS OF PARTICIPATION

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

“Great discussion, practical tips. It’s great to see a passion for collaboration becoming so popular.”

.....  
PRINCIPLES FOR COLLABORATION:  
SUPPORTING A YOUNG WOMAN  
NAVIGATING A VARIETY OF MENTAL  
HEALTH SERVICES,  
MARCH 2014.

“Well presented. Good eye-opener in regards to services available for migrants.”

.....  
COLLABORATIVE CARE AND  
MENTAL HEALTH OF PEOPLE  
FROM MIGRANT BACKGROUNDS,  
JUNE 2014.

“The approach of having a ‘live’ case study, where the person told their own story and could respond to the various presenters and panel questions was first-rate; an extremely effective and powerful presentation resulted that was much more personal than theoretical.”

.....  
A COLLABORATIVE APPROACH TO  
CANCER SURVIVORSHIP AND  
MENTAL HEALTH,  
OCTOBER 2013.

“Great form of professional development and support. Love the format and I can participate from the comfort of my home.”

.....  
COLLABORATIVE CARE, ANXIETY  
AND WORRY IN ADOLESCENCE,  
MAY 2014.



## MHPN WEBINAR SERIES 2013-14

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

Title and date held	Panellists	No. of attendees	Views of recordings <sup>^</sup>
<b>Collaborative Mental Health Care, Older People and Sleep Disturbance</b> 20 August 2013	<b>Prof Colette Browning</b> , psychologist <b>Dr David Cunnington</b> , sleep physician <b>Dr Richard Kidd</b> , GP <b>Dr Rod McKay</b> , psychiatrist <b>Facilitator: Prof Shantha Rajaratnam</b> , psychologist	454	515
<b>A Collaborative Approach to Cancer Survivorship and Mental Health</b> 2 October 2013	<b>Prof. Phyllis Butow</b> , clinical psychologist <b>Dr. Craig Hasted</b> , GP <b>Assoc. Prof. Michael Jefford</b> , oncologist <b>Prof. David Kissane</b> , psychiatrist <b>Ms. Meg Rynderman</b> , cancer survivor <b>Facilitator: Dr Michael Murray</b> , GP & medical educator	407	296
<b>Collaborative Mental Health Care to Support a Young Person from a Refugee Background</b> 14 November 2013	<b>Dr Christine Boyce</b> , GP <b>Prof. Louise Newman</b> , psychiatrist <b>Dr Georgia Paxton</b> , paediatrician <b>Prof. Nicholas Procter</b> mental health nurse <b>Facilitator: Prof. Shantha Rajaratnam</b> , psychologist	284	218
<b>A Collaborative Approach to Supporting People with Coronary Heart Disease and Depression</b> 3 December 2013	<b>Assoc. Prof. David Colquhoun</b> , cardiologist <b>Prof. Nick Glozier</b> , psychiatrist <b>Dr Rob Grenfell</b> , GP <b>Dr Rosemary Higgins</b> , health psychologist <b>Facilitator: Dr Michael Murray</b> , GP & medical educator	365	280
<b>Collaborative Care, Young People, Grief, Loss and Trauma</b> 5 March 2014	<b>Dr Penny Burns</b> , GP <b>Mr Shane Merritt</b> , psychologist <b>Dr Beverley Raphael</b> , psychiatrist <b>Mr Scott Trueman</b> , mental health nurse <b>Facilitator: Dr Mary Emeleus</b> , GP & psychotherapist	682	<b>842</b> MOST VIEWED

<sup>^</sup> Number of recording views reflects only views of the 10 webinars produced in 2013-14.

Title and date held	Panellists	No. of attendees	Views of recordings <sup>^</sup>
<b>Principles for Collaboration: Supporting a Young Woman Navigating a Variety of Health Services</b> 25 March 2014	<b>Dr Louisa Hoey</b> , clinical psychologist <b>Dr Caroline Johnson</b> , GP <b>Ms Janne McMahon</b> , consumer advocate <b>Dr Bill Pring</b> , psychiatrist <b>Facilitator: Dr Mary Emeleus</b> , GP & psychotherapist	433	243
<b>Working Together to Support a Child with Autism Spectrum Disorder Experiencing Sleep Disturbance</b> 5 May 2014	<b>Dr Alex Bartle</b> , GP <b>Assoc. Prof. Margot Davey</b> , paediatric sleep physician <b>Assoc. Prof. Amanda Richdale</b> , psychologist <b>Ms Sue McCabe</b> , occupational therapist <b>Facilitator: Prof. Shantha Rajaratnam</b> , psychologist	<b>666</b> MOST ATTENDED	309
<b>Collaborative Care, Anxiety and Worry in Adolescence</b> 12 May 2014	<b>Dr Mandy Deeks</b> , counselling psychologist <b>Prof. Brett McDermott</b> , psychiatrist <b>Assoc. Prof. Lena Sanci</b> , GP <b>Ms Sally Young</b> , social worker <b>Facilitator: Dr Mary Emeleus</b> , GP & psychotherapist	559	458
<b>Collaborative Care and Mental Health of People from Migrant Backgrounds</b> 3 June 2014	<b>Ms Vivienne Braddock</b> , social worker <b>Ms Joanne Gardiner</b> , GP <b>Dr Harry Minas</b> , psychiatrist <b>Dr Lata Satyen</b> , psychologist <b>Facilitator: Dr Michael Murray</b> , GP and medical educator	325	178
<b>Mental Health, Parenting, Recovery: an Interdisciplinary Panel Discussion</b> 26 June 2014	<b>Dr Mary Jessop</b> , psychiatrist <b>Ms Angela Obradovic</b> , social worker <b>Ms Amanda Waegeli</b> , parent and independent mental health recovery consultant <b>Ms Lisa Whiting</b> , psychologist <b>Facilitator: Ms Vicki Cowling</b> (OAM), psychologist & social worker	323	NA
<b>TOTAL</b>		<b>4,498</b>	<b>3,339</b>

<sup>^</sup> Number of recording views reflects only views of the 10 webinars produced in 2013-14.

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

## MHPN SUPPORTS THE WORK OF THE ROYAL COMMISSION

This year the Department of Social Services chose MHPN to support the work of the Royal Commission into Institutional Response to Child Sexual Abuse. MHPN provided professional development training to practitioners working with people who may be affected by the Commission’s work.

The resulting three-part professional development webinar series was exceptionally well attended and evaluated with 5,090 practitioners either attending the live webinar or watching one of the recordings. We anticipate this number will grow substantially in the coming year.

The following table outlines the series:

Title and date held	No. of registrants	No. of attendees	Disciplines attending	Views of recordings <sup>^</sup>
<b>Recognising and Responding to Complex Trauma</b>	169	84	GPs, registrars & medical students	1,777 (over 10 weeks)
<b>Recognising, Screening and Assessing Complex Trauma</b>	2,335	925	Interdisciplinary health practitioner audience	1,034 (over 5 weeks)
<b>Working Therapeutically with Complex Trauma</b>	2,908	898	Interdisciplinary health practitioner audience	372 (over 2 weeks)
<b>TOTAL</b>		<b>1,907</b>		<b>3,183</b>

<sup>^</sup> Recording views at 30 June 2014

Participating in this series of webinars also sparked an interest in discussing this subject amongst local practitioners. To this end the MHPN project team is working with practitioners in Newcastle, Perth and Melbourne to establish three new networks that will consider local response to complex trauma presentations.

## PARTNERSHIP WEBINARS

MHPN’s expertise in delivering professional development with an interdisciplinary, collaborative focus has provided the opportunity to partner with other organisations to build practitioner capacity.

This year MHPN partnered with the Australian College of Mental Health Nurses to deliver a six part webinar series that complemented the College’s project to improve the knowledge and skills of nurses to identify and manage mental health conditions associated with chronic disease.

During 2013–14, webinars produced addressed Mental Health and chronic obstructive pulmonary disease; diabetes; and cancer. The series will be completed in 2014–15.

MHPN also partnered with KidsMatter to produce a webinar for early childhood teachers that explored the factors that promote mental health and wellbeing, and strategies for supporting families with possible emotional, social and behavioural difficulties, including how families, schools and early childhood services can build effective partnerships to support children’s mental health.

MHPN will continue to explore opportunities to work with other organisations to deliver professional development that aims to build practitioner capacity to deliver improved mental health services.

# 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 STRATEGY

This year has seen awareness of the initiative benefit from continued solid participation in both networks and webinars. While MHPN appreciates that practitioners may consciously choose to engage in either networks or webinars, strategies to introduce practitioners participating in one platform to the other have proven effective. In particular, campaigns that have targeted establishing new local face-to-face networks following the conclusion of a webinar have been successful.

Other strategies which have helped increase MHPN's profile include providing a regular feed of stories to the press and stakeholder organisations, promotion via the website, targeted marketing to practitioners, presence at mental health conferences, and engagement with and leveraging of key stakeholder relationships, as well as fostering of relationships with new partners.

### 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 organisations including Adults Surviving Child Abuse (ASCA), The Australian Centre for Behavioural Research in

Diabetes, Children of Parents with a Mental Illness (COPMI), headspace, the National Heart Foundation and the majority of Medicare Locals to actively explore opportunities to start new networks, particularly those with a specific interest that aligns to the collaborating partner's specialty.

With a subscriber list of in excess of 30,000, MHPN's ability to reach a diverse range of mental health practitioners has never been stronger. MHPN communicates with this audience via its general e-newsletter, Coordinator Connect e-newsletter, the website and social media. All communication channels are employed to promote the positive impact of practitioner involvement in networks and the online professional development program, at both a national and local level.

### MHPN website

The MHPN website continues to attract a pleasing number of visitors, primarily to view and download webinar recordings and find networks. In November 2013, a refreshed website was launched. The new site was developed to improve the user experience, making it easier for visitors to access content and engage with the project.

## Social media

Targeted use of social media throughout the year saw Facebook's "likes" increase by one-third and Twitter followers increase by fifty per cent.

During the year MHPN also launched a youtube channel that provides viewers across the world with easy access to MHPN webinar content.

## CONFERENCES

MHPN had active roles in a number of conferences during the year, including the following:

**July 2013:** MHPN's CEO Chris Gibbs delivered a key note address at the 2013 Annual Canadian Collaborative Mental Health Care Conference in Montreal. The conference, organised by the Canadian Psychiatric Association and the College of Family Physicians of Canada Collaborative Working Group on Shared Mental Health Care, is in its 14th year.

**August 2013:** MHPN successfully participated in The Mental Health Services (TheMHS) Conference through a paper presentation, live interdisciplinary panel discussion, as well as a hosted networking event.

**October 2013:** October 2013: MHPN presented at the 2013 Annual Australian Psychological Society Conference.

**October 2013:** MHPN presented a live facilitated panel discussion at the 2013 Connecting Minds Conference, organised by the RACGP National Faculty of Specific Interests, Psychological Medicine Working Group and the Australian Society for Psychological Medicine.

**November 2013:** MHPN presented a poster at Health Workforce Australia's 2013 conference, "Skilled & flexible".

**April 2014:** April 2014: MHPN presented at the Child Aware Conference in April 2014 as part of a panel on the topic, "Joining the dots to promote child wellbeing and safety by connecting national

initiatives", which provided the opportunity to showcase the value of practitioner networking in this field.

## EVALUATION OF MHPN PROJECT

MHPN's Board endorsed the MHPN Phase 3 Evaluation Plan in December 2011. The plan approved the use of internal resources over the three years of Phase 3 to 30 June 2014 to evaluate MHPN activity in three specific areas. Each area was the focus of a defined project as follows:

### Network coordination

**Project 1:** Network Sustainability – What are the factors that contribute to network sustainability

### Webinar program

**Project 2:** Integration of webinar data into Access Data Base

### Professional engagement

**Project 3:** Behaviour Change in Collaborative Practice of Professionals Participating in MHPN Networks

All three projects were completed by October 2013.

The completed reports from Projects 1 and 3, together with an executive summary and a Consolidated Evidence Report have been circulated the Chairs and CEOs of the four partner organisations and have been used to support MHPN's communications strategy. The documents are available on MHPN's website.

The network sustainability report's findings have driven a number of practical improvements implemented by the national project team to improve network liaison and network support.

## WIDER APPLICATION OF THE MHPN MODEL

This year a growing awareness of the success of MHPN's model for fostering interdisciplinary practice and collaborative care has drawn interest from other sectors looking to encourage a team-based approach to service delivery.

# Information on directors

## MR JOHN McGRATH AM

### **Special Responsibilities**

- Chairman of MHPN
- Chair of the MHPN Executive Committee
- Chair of the MHPN Reference 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 Latrobe 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**

- Senior Executive Manager (APS)
- Director of Policy, (RANZCP)
- Senior Policy Adviser to Victorian Department of Health
- Representative on:
  - ~ Private Mental Health Alliance
  - ~ Partners in Recovery Expert Reference Group
  - ~ 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, Sydney University
- Former Chair of the Mental Health Professionals' Association
- Former Chair of the Coalition of National Nursing Organisation.



# Information on committees

## EXECUTIVE COMMITTEE

John McGrath AM (Chair)

Lyn Littlefield (APS)

Kim Ryan (ACMHN)

Chris Gibbs (MHPN)

## FINANCE AND AUDIT COMMITTEE

Kim Ryan (ACMHN) (Chair)

John McGrath AM (MHPN)

Chris Gibbs (MHPN)

Trevor Donegan (MHPN)

## EVALUATION COMMITTEE

Harry Lovelock – Chair (APS)

Deepika Ratnaïke (External Consultant)

Barbara Murphy (External Consultant)

Anne Ellison (RANZCP)

John McGrath AM (MHPN Chair)

Chris Gibbs (MHPN)

Stewart Potten (MHPN)

Nicky Bisogni (MHPN)

Kate Hoppe (MHPN)

Amanda Osciak (MHPN) – until January 2014

Tina Horwood (MHPN) – from January 2014

## QUALITY ASSURANCE AND CLINICAL EDUCATION COMMITTEE

Lyn Littlefield (CRG Chair) APS

Peta Marks (ACMHN)

Assoc Prof David Pierce (Director, University Dept  
of Rural Health)

Rebecca Matthews (APS)

Anne Ellison (RANZCP)

Emeritus Professor Sidney Bloch (RANZCP Nominee)

Chris Gibbs (MHPN)

Stewart Potten (MHPN)

Nicky Bisogni (MHPN)

Kate Hoppe (MHPN)

Sophie Keele (MHPN)

Amanda Osciak (MHPN) – until January 2014

Tina Horwood (MHPN) – from January 2014

## PROJECT REFERENCE GROUP

John McGrath AM, Chair (MHPN)

Noel Muller (NMHCCF (Consumers))

Judy Bentley (NMHCCF (Carer))

Helen Reeves (ACMHN)

Harry Lovelock (APS)

Jeremy Simmons (ACRRM)

Jennie Parham (AMLA)

Basia Sudbury (AASW)

Lauren Paul (AASW)

Dr. Ellie Fossey (OT Australia)

Melanie Cantwell (MHCA)

Chris Gibbs (MHPN)

Stewart Potten (MHPN)

Nicky Bisogni (MHPN)

Kate Hoppe (MHPN)

Sophie Keele (MHPN)

Amanda Osciak (MHPN) – until January 2014

Tina Horwood (MHPN) – from January 2014

## 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.

## 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

Australian Association of Social Workers  
Australian College of Rural and Remote Medicine  
Occupational Therapy Australia



# Financial report

## for the year ended 30 June 2014

### CONTENTS

Directors' Report .....	28
Auditor's Independence Declaration .....	31
Statement Of Comprehensive Income .....	32
Statement Of Financial Position .....	33
Statement Of Changes In Equity .....	34
Statement Of Cash Flows .....	34
Notes to the Financial Statements .....	35
Directors' Declaration .....	41
Independent Auditor's Report .....	42



## DIRECTORS' REPORT

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The directors present their report together with the financial report of Mental Health Professionals Network Ltd for the financial year ended 30 June 2014 and auditor's report thereon. The financial report has been prepared in accordance with Australian Accounting Standards.

### 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 deficit of the company for the financial year amounted to \$419,558 (2013: \$290,770 surplus). This includes the utilisation of carried forward surplus totalling \$270,070 from prior periods. Current year deficit after accounting for all accumulated obligations carried forward totalled \$162,488.

### 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 (DoH) on 31 October 2011 and again on 24 June 2014 which extends the life of the project through to 30 June 2015.

### 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 provides online professional development to practitioners working in community mental health.

### 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 450 networks by 30 June 2014, a national platform of 450 interdisciplinary community mental health networks had been established and sustained, and
- The project delivered national online professional development of 10 agreed webinars to mental health practitioners across the country. In addition, MHPN provided 6 contracted webinars, targeted to specific practitioner groups.

### After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affect, 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	6	6	-	3
A Buck	6	6	-	-	-	-
Z Burgess	3	6	-	-	-	-
A Ellison	6	6	-	-	1	3
J Lammersma	5	6	-	-	-	-
L Littlefield	5	6	-	-	-	-
H Lovelock	5	6	-	-	3	3
M Rawlin	4	6	-	-	-	-
K Ryan	5	6	6	6	-	-



	DIRECTORS EXECUTIVE		QUALITY ASSURANCE & CLINICAL EDUCATION	
	Attended	Eligible to attend	Attended	Eligible to attend
J McGrath	3	4	-	-
A Buck	-	-	-	-
Z Burgess	-	-	-	-
A Ellison	-	-	4	4
J Lammersma	-	-	-	-
L Littlefield	4	4	3	4
H Lovelock	-	-	-	-
M Rawlin	-	-	-	-
K Ryan	3	4	-	-

### 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.

During or since the end of the year, the company has paid or agreed to pay premiums in respect of an insurance contract to indemnify officers against liabilities that may arise from their position as officers of the company. Officers indemnified include the company secretary, all directors and all executive officers participating in the management of the company.

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

### Options

No options over unissued shares or interest in a company were granted during or since the end of the year and there were no options outstanding at the end of the year.

### 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 under division 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 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 or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

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

**John McGrath AM**  
Director

**Kim Ryan**  
Director

Dated: 21 October, 2014, Melbourne



## AUDITOR'S INDEPENDENCE DECLARATION

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

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

In relation to the independent audit for the year ended 30 June 2014, to the best of my knowledge and belief there have been:

- (i) No contraventions of the auditor independence requirements of the *Australian Charities and Non-for-profits Commission Act 2012*; and
- (ii) No contraventions of any applicable code of professional conduct.



**N R BULL**  
Partner



**PITCHER PARTNERS**  
Melbourne

Date: 21 October 2014

STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 \$	2013 \$
<b>Revenue</b>	4	<b>1,718,644</b>	<b>2,958,400</b>
<b>Less: expenses</b>			
Employee benefits	5	(1,552,327)	(1,942,109)
Workshop expenses		(191,243)	(232,765)
Occupancy and member related costs		(178,401)	(281,791)
Administrative expenses		(143,907)	(136,166)
Depreciation expense	5	–	(2,003)
Other expenses		(72,324)	(72,796)
		<b>(2,138,202)</b>	<b>(2,667,630)</b>
<b>(Deficit) / surplus before income tax expense</b>		<b>(419,558)</b>	<b>290,770</b>
Income tax expense	2	–	–
<b>Net (Deficit) / surplus from continuing operations</b>		<b>(419,558)</b>	<b>290,770</b>
Other comprehensive (loss) / income		–	–
<b>Total comprehensive (loss) / income</b>		<b>(419,558)</b>	<b>290,770</b>

The accompanying notes form part of these financial statements.





STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2014

	Notes	2014 \$	2013 \$
<b>Current assets</b>			
Cash and cash equivalents	6	82,361	459,502
Receivables	7	9,135	885
<b>Total current assets</b>		<b>91,496</b>	<b>460,387</b>
<b>Non-current assets</b>			
Plant and equipment	8	-	-
<b>Total non-current assets</b>		<b>-</b>	<b>-</b>
<b>Total assets</b>		<b>91,496</b>	<b>460,387</b>
<b>Current liabilities</b>			
Payables	9	182,605	136,990
Provisions	10	71,379	66,327
<b>Total current liabilities</b>		<b>253,984</b>	<b>203,317</b>
<b>Total liabilities</b>		<b>253,984</b>	<b>203,317</b>
<b>Net assets</b>		<b>(162,488)</b>	<b>257,070</b>
<b>Equity</b>			
Accumulated (deficit) / surplus	11	(162,488)	257,070
<b>Total equity</b>		<b>(162,488)</b>	<b>257,070</b>

The accompanying notes form part of these financial statements.

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2014

	2014 \$	2013 \$
Balance as at 1 July	257,070	(33,700)
(Deficit) / surplus for the year	(419,558)	290,770
<b>Total comprehensive (loss) / income for the year</b>	<b>(419,558)</b>	<b>290,770</b>
<b>Balance as at 30 June</b>	<b>(162,488)</b>	<b>257,070</b>

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 \$	2013 \$
<b>Cash flows from operating activities</b>			
Grant receipts		1,894,310	3,239,746
Other revenue		33,799	-
Payments to employees		(1,543,666)	(1,984,068)
Payments to suppliers		(770,403)	(1,114,563)
Interest received		8,819	13,178
<b>Net cash (used in) / provided by operating activities</b>		<b>(377,141)</b>	<b>154,293</b>
Cash at the beginning of the financial year		459,502	305,209
<b>Cash at the end of the financial year</b>	6	<b>82,361</b>	<b>459,502</b>
<b>Reconciliation of Cash</b>			
Cash at the beginning of the financial year		459,502	305,209
Net (decrease) / increase in cash held		(377,141)	154,293
<b>Cash at end of financial year</b>		<b>82,361</b>	<b>459,502</b>

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



## NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

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### 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 Australian Charities and Not-for-profits Commissions Act 2012.

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 Ltd as an individual entity. Mental Health Professionals Network Ltd is a company limited by guarantee, incorporated and domiciled in Australia. Mental Health Professionals Network Ltd is a not-for-profit entity for the purpose of preparing financial statements.

The following is a summary of the material accounting policies adopted by the company in the preparation and presentation 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) 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 when it becomes receivable on a proportional basis taking into account the interest rates applicable to financial assets.

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

#### **(c) Cash and cash equivalents**

Cash and cash equivalents include cash on hand and a bank's short-term deposits with an original maturity of three months or less held at call with financial institutions and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

#### **(d) 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.

### (e) 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.

### (f) 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.

### (g) Comparatives

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

### (h) 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

### (i) Employee benefits

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

Liabilities arising in respect of wages and salaries, annual 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

### (j) Income tax

No provision for income tax has been raised as the company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

### (k) 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 deficit from ordinary activities of \$419,558 (2013: surplus \$290,770) during the year ended 30 June 2014, and as at that date the company's total liabilities exceeded total assets by \$162,488 (2013: total assets exceeded total liabilities by \$257,070).

The company is dependent on the grant funding from DoH. The company entered into a contract on 24 June 2014 which extends the life of the project through to 30 June 2015. In the event that an additional phase of funding past 30 June 2015 is not secured, the entity intends to scale down its operations but continue to provide elements of its principal activities to the extent it has resources to do so.



## NOTE 2: 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 3: 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 (DoH) for grant funding from November 2011 to June 2015.

	2014 \$	2013 \$
--	------------	------------

## NOTE 4: REVENUE AND OTHER INCOME

(a) Revenue from operating activities		
– Government grants	1,692,100	2,945,224
– Other	18,226	–
(b) Revenue from non-operating activities		
– Interest revenue	8,318	13,176
<b>Total Revenue</b>	<b>1,718,644</b>	<b>2,958,400</b>

## NOTE 5: OPERATING (DEFICIT) / SURPLUS

Employee benefits:		
– Salaries and wages	1,443,508	1,809,945
– Superannuation	108,819	132,164
	<b>1,552,327</b>	<b>1,942,109</b>
Depreciation of plant and equipment	–	2,003

## NOTE 6: CASH AND CASH EQUIVALENTS

Cash at bank	82,361	459,502
	<b>82,361</b>	<b>459,502</b>

**2014**

\$

**2013**

\$

## NOTE 7: RECEIVABLES

### Current

GST receivable	8,751	-
Accrued income	384	885
	<b>9,135</b>	<b>885</b>

## NOTE 8: PLANT AND EQUIPMENT

### Plant and Equipment

At cost	26,855	26,855
Less accumulated depreciation	(26,855)	(26,855)
	-	-

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

Plant and Equipment has been fully depreciated as at 30 June 2014 in line with the assets effective life of 4 years.

## NOTE 9: PAYABLES

### Current

Amounts payable to members	32,733	21,272
Other payables	149,872	115,718
	<b>182,605</b>	<b>136,990</b>

## NOTE 10: PROVISIONS

### Current

Employee benefits	71,379	66,327
	<b>71,379</b>	<b>66,327</b>

Due to the project not having a funding agreement beyond 30 June 2015, no provision for Long Service Leave has been made, as the entity has no present obligation for such entitlements.



	2014 \$	2013 \$
--	------------	------------

**NOTE 11: ACCUMULATED (DEFICIT) / SURPLUS**

Retained earnings at beginning of financial year	257,070	(33,700)
Net (deficit) / surplus attributable to members of the entity	(419,558)	290,770
	<b>(162,488)</b>	<b>257,070</b>

**NOTE 12: 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 2014 the number of members was four. The combined total amount that members of the company are liable to contribute if the company is wound up is \$400.

**NOTE 13: 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	411,494	398,409
	<b>411,494</b>	<b>398,409</b>



**2014**  
\$

**2013**  
\$

#### NOTE 14: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

- audit services	18,000	18,000
- consultancy	1,000	4,000
- other	170	50
	<b>19,170</b>	<b>22,050</b>

#### NOTE 15: 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) Provision of services from Members

ACMHN	32,875	80,034
APS	229,129	298,143
RACGP	14,362	11,140
RANZCP	25,245	24,508
	<b>301,611</b>	<b>413,825</b>

(b) Supply of services to Members

ACMHN	\$27,500	-
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#### NOTE 16: CONTINGENT ASSETS

The company had a \$75,124 contingent asset owing from DoH as at 30 June 2013. This related to the finalisation of the Phase 2 audit as at 30 June 2011.

This amount was repaid in the 2013-14 financial year. Revenue was recognised in line with the revenue policy (Note 1b).

#### NOTE 17: EVENTS SUBSEQUENT TO REPORTING DATE

There has been no matter or circumstance, which has arisen since 30 June 2014 that has significantly affected or may significantly affect:

- (a) The operations, in financial years subsequent to 30 June 2014, of the company, or
- (b) The results of those operations, or
- (c) The state of affairs, in financial years subsequent to 30 June 2014, of the company.

#### NOTE 18: COMPANY DETAILS

The registered office of the company is: Emirates House, Level 8, 257 Collins Street, Melbourne Vic 3000  
ABN: 67 131 543 229.





## DIRECTORS' DECLARATION

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The directors of the company declare that:

1. the financial statements and notes, as set out on pages 32 to 40, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012; and
  - i) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013;
  - ii) give a true and fair view of the financial position as at 30th June 2014 and 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: 21 October 2014, Melbourne

## INDEPENDENT AUDITOR'S REPORT

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

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

We have audited the accompanying financial report of Mental Health Professionals Network Limited, which comprises the statement of financial position as at 30 June 2014, 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 *Australian Charities and Not-for-profits Commission Act 2012*, 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.

*Independence*

In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.



## INDEPENDENT AUDITOR'S REPORT (CONTINUED)

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

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

*Opinion*

In our opinion, the financial report of Mental Health Professionals Network Limited is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Regulation 2013*.



**N R BULL**  
Partner



**PITCHER PARTNERS**  
Melbourne

Date: 21 October 2014

20

14

**Mental Health Professionals' Network**

ABN 67 131 543 229

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