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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.

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Introduction

The Mental Health Professionals' Network (MHPN) is a unique initiative targeted at improving interdisciplinary, collaborative mental health care practices 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.

Platform 1: Local practitioner networks

Networks meet regularly either face-to-face or online. During meetings, practitioners:

- build relationships
- learn about each other's expertise
- expand knowledge of local services
- provide peer support

- enhance local referral pathways, and
- engage in professional development.

Networks are self-directed determining who joins and the content covered. A local practitioner(s) volunteers to coordinate each network.

Platform 2: National online professional development program

MHPN produces interactive webinars featuring case-based panel discussions by leading experts modelling interdisciplinary practice and collaborative care.

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

Four member and three partner organisations' active support of MHPN has been integral to the initiative's success. They are: The 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, Occupational Therapy Australia, and The Australian College of Rural and Remote Medicine.

2014-15 achievements

NETWORKS

385 networks

41% in regional/rural/remote areas

145 specific interest networks

1,234 network meetings held

10,733 network members[^]

16,389 network meeting attendances[^]

[^] Calculation based on 96% returned data identifying 10,309 network members and 15,745 practitioner attendances.

WEBSITE

39,161 e-newsletter subscribers

WEBINARS

4,067 attendees

8,923 registrations

33,064 views of webinar recordings

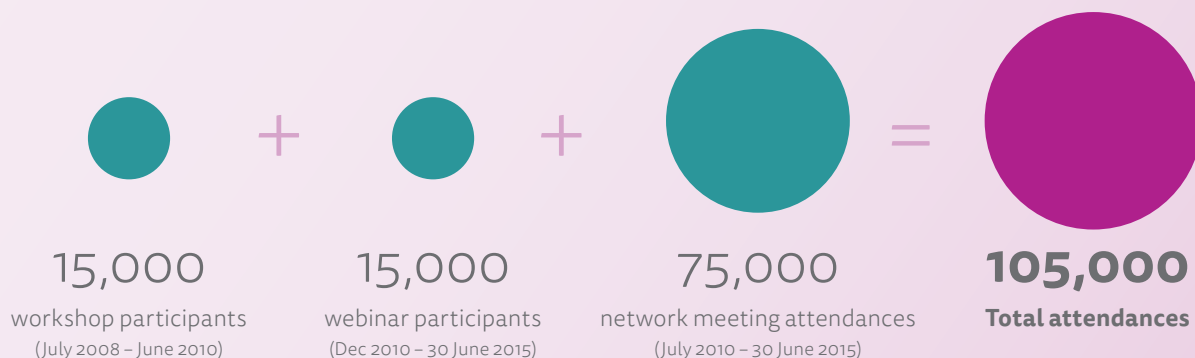
(recording views between 1 July 2014 and 30 June 2015)

100,000TH ATTENDANCE RECORDED

Since the initiative commenced in 2008, practitioners have repeatedly demonstrated their commitment to interdisciplinary practice and collaborative care through their participation in the various phases of MHPN's networking and professional development activities.

This culminated in the 100,000th attendance at an MHPN-supported activity being recorded this year.

Attendances over the life of the project to 30 June 2015, include:



Chairman's foreword

Since the project started in late 2008, practitioners have repeatedly demonstrated their commitment to interdisciplinary practice and collaborative care by participating in the various phases of MHPN's networking and professional development activities.

This year's addition of 20,000 attendances at MHPN-supported activities saw April record the significant project milestone of the 100,000th practitioner attendance over the life of the project.

This achievement is particularly pleasing given the significant challenges faced by the mental health sector in the past twelve months. At a time when funding uncertainty has threatened the future of a number of services including MHPN, interest in MHPN's work has never been higher.

A new record was set in the webinar program, with over 1,300 practitioners participating in February's webinar on supporting the mental health of people experiencing family violence. Networks also experienced growth with the average number of participants per meetings increasing to 13.

The project's achievements are the result of the dedication and combined efforts of all who have been involved in MHPN's establishment and development.

The commitment of network coordinators, who volunteer their time to organise and lead network meetings in their local communities, continues to be integral to MHPN's ongoing success.



“The commitment of network coordinators, who volunteer their time to organise and lead network meetings in their local communities, continues to be integral to MHPN’s ongoing success.”

The Board would also like to note their appreciation for the staff’s ability to remain focussed on fulfilling the project’s aims at a time of uncertainty. In particular, the Board would like to acknowledge the significant contribution of Chris Gibbs, MHPN’s CEO. His leadership and support of staff, as well as his management of contract negotiations with the Department, have seen the project exceed its targets.

The executive team in Stewart Potten, Trevor Donegan, Kate Hoppe and Amanda Osciak 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. Many have undertaken additional responsibilities on various sub-committees, for which they are recognised.

This year, Dr Anne Ellison and Ms Anne Buck concluded their Board service. Their dedication and contribution to the project is acknowledged.

The support of our four member and three partner organisations: the 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, the Australian College of Rural and Remote Medicine, and Occupational Therapy Australia has also been invaluable.

The Board would also like to thank our key contacts in the Department of Health, especially for their assistance in securing MHPN’s contract extension to 30 June 2016.

All involved with the project look forward to continuing the project’s valuable work throughout the coming year and urge the government to do all it can to ensure that advice regarding long-term funding of mental health services is provided in a timely manner.

John McGrath AM
Chairman

Chief Executive Officer's overview



High levels of voluntary participation by busy practitioners in MHPN-supported activities continue to demonstrate the commitment that exists within the mental health sector to develop a culture of collaborative, integrated practices.

MHPN HELPS STRENGTHEN PRIMARY CARE PRACTITIONERS' ABILITY TO RESPOND

The effectiveness of campaigns that raise community awareness and reduce stigma about mental health will continue to see more people seek help. In light of this, MHPN's role in strengthening primary care practitioners' ability to respond to this growing need is becoming increasingly valuable.

We believe many of those seeking help will, in the first instance, present at their local GP or medical clinic. Our role in supporting GPs and other primary care practitioners to work together in a more integrated way helps improve consumer outcomes by enabling more informed referrals, earlier intervention and more accurately targeted treatments. This approach reduces the burden on the health care system as interventions provided in a primary care setting are far less costly than those delivered in a hospital environment.

SOLID PRACTITIONER PARTICIPATION IN A TIME OF UNCERTAINTY

MHPN's unique approach to supporting the establishment and sustainability of local practitioner networks continues to be endorsed by those working in the field by their active participation.

For the third consecutive year 11,000 practitioners attended meetings held by 385 networks across the country. The number of practitioners participating is particularly impressive given that consolidation during the year reduced the number of networks by 14%.

Interest in the online professional development webinar program reached a new high, with on average 580 practitioners attending each webinar. While attracting significant numbers of practitioners to webinars is pleasing, it is important to recognise the need to ensure the topics covered include those that are more niche and attract smaller numbers.

The support shown for MHPN's activities during a time when many practitioners were concerned about the future of their own services makes the year's achievements even more noteworthy.

SIGNIFICANT RURAL AND REMOTE ENGAGEMENT

Forty per cent of practitioners who participate in networks and webinars are located outside of metropolitan areas. These practitioners benefited particularly from peer support at network meetings, and the easy access provided by webinars to high calibre expertise often only available in a conference setting at a major city.

THE INTERFACE BETWEEN PHYSICAL AND MENTAL HEALTH

Practitioners working at the interface between physical and mental health continued to engage in MHPN activities this year. Mental health networks include a number with a focus on cancer, cardiovascular disease, diabetes, and chronic pain. A new Victorian psycho-cardiology network has attracted significant interest, as do general network meetings that focus on a physical/mental health subject. Central to the success of physical/mental health special interest networks has been the active support of peak bodies such as Diabetes Australia, the Australian Centre for Behavioural Research in Diabetes, and the Heart Research Centre.

PARTNERSHIPS KEY TO SUCCESS

The MHPN model relies on developing successful and sustainable partnerships with key interest groups and peak organisations.

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, and the Australian College of Rural and Remote Medicine, as well as collaborating organisations including *beyondblue*, KidsMatter, headspace, Adults Surviving Childhood Abuse, Children of Parents with a Mental Illness, and a large number of Medicare Locals.

MHPN has already commenced building relationships with the newly formed Primary Health Networks to identify opportunities to work together to assist practitioners deliver improved, targeted services to consumers.

MHPN'S FUTURE

As a project that is constantly looking to evolve and grow, MHPN can see considerable potential to further support the development of integrated, collaborative care practices for practitioners working at the interface between chronic disease and mental health, and those engaged in providing care to Older Australians.

MHPN looks forward to the government's response to the recent Mental Health Review and encourages policy makers to reduce uncertainty in the sector by considering the benefits of moving away from short-term funding cycles.

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

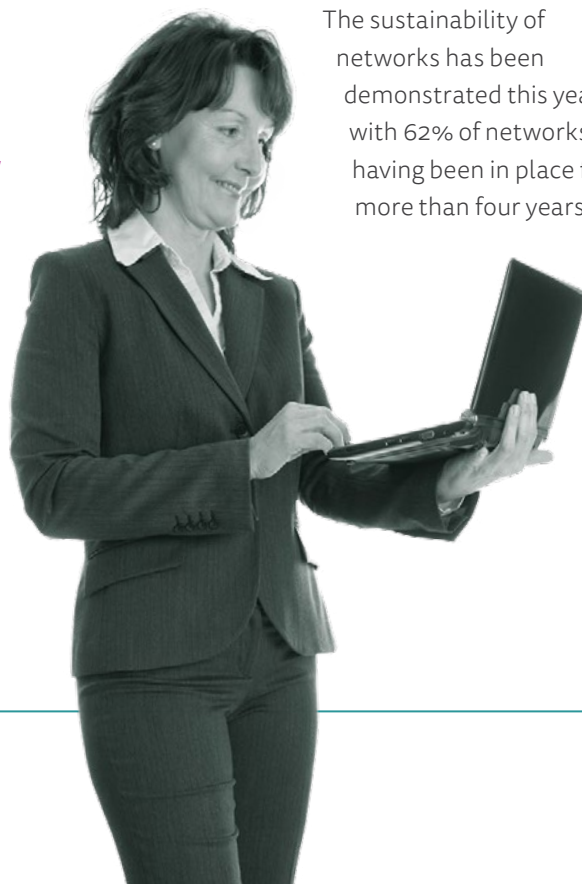
MHPN interdisciplinary practitioner networks

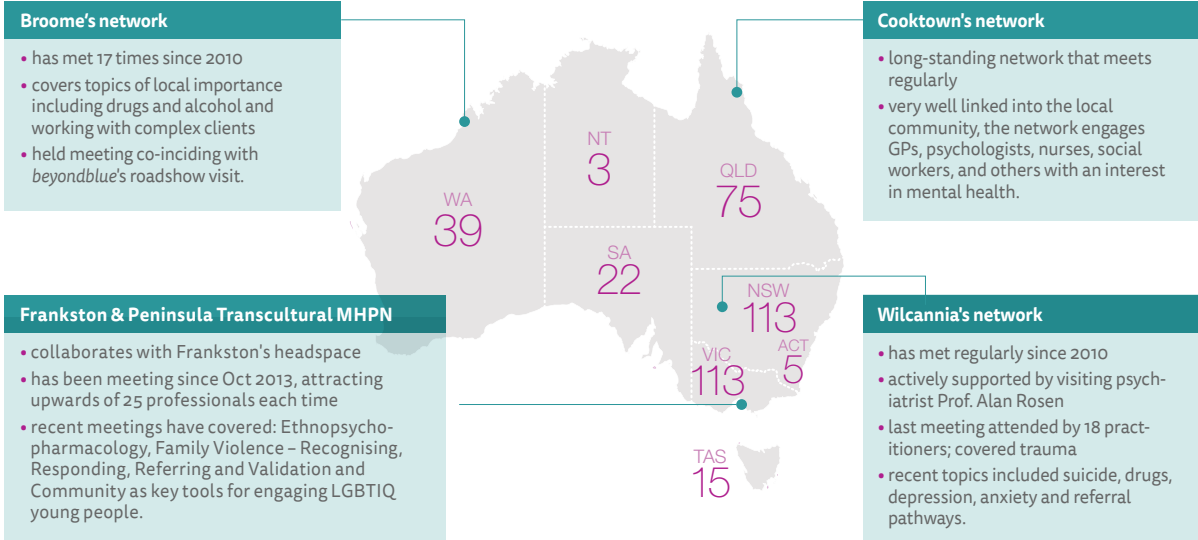
MHPN supports 385 practitioner networks across Australia. Each network provides a forum where mental health professionals meet to build relationships, broaden knowledge of local services, provide peer support, engage in professional development and improve referral pathways.

While networks are supported by MHPN, they are largely self-directed, deciding whom from within their professional community is eligible to belong, the group's purpose and the content covered in meetings.

While this year has seen a number of networks consolidate, participation rates have been constant. This is demonstrated in that for the third consecutive year, MHPN's ability to meet practitioners' needs has seen close to 11,000 network memberships.

The sustainability of networks has been demonstrated this year, with 62% of networks having been in place for more than four years.



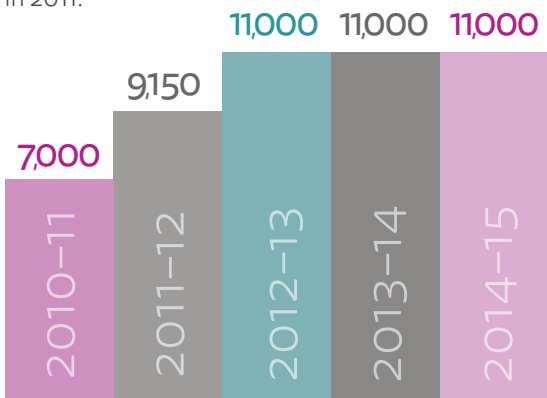


NETWORK PARTICIPATION

Network participation remains strong

During 2014-15, 16,389 practitioners attended 1,234 network meetings. This is consistent with the previous two years, and particularly pleasing given the level of uncertainty regarding continued funding experienced in the mental health sector during the year.

The following graph shows the growth of unique network members since the network phase started in 2011.



Numbers rounded to the nearest thousand

Networks continue to demonstrate a 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.

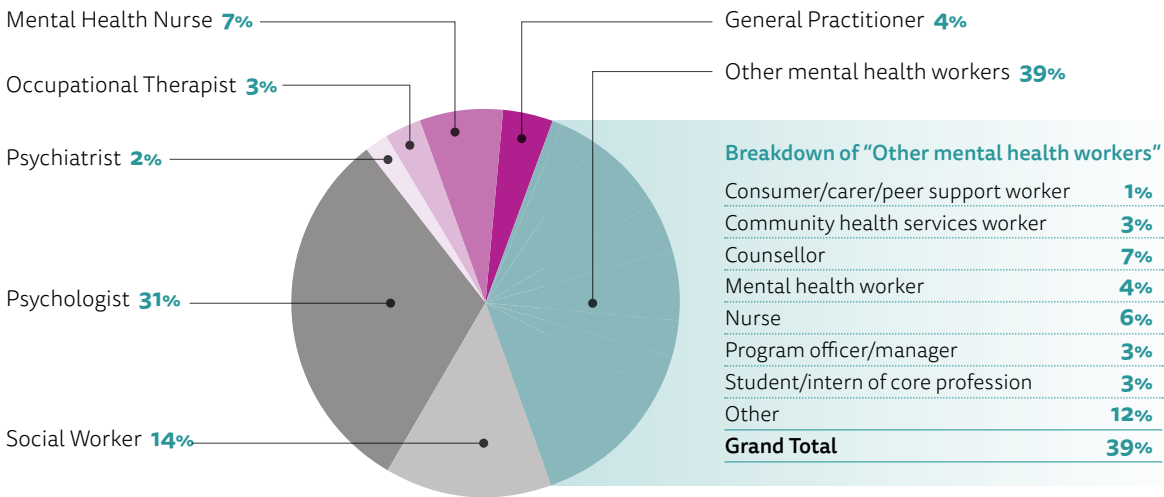
During the year, 36 new networks were established. This is more than triple the target and has been largely driven by practitioners proactively contacting MHPN to discuss options for working together to support interdisciplinary networking in their community.

Impressive breadth of practitioner participation

Networks continue to attract a range of practitioners. 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 continues to be MHPN's experience that in regional and remote areas, where the more

traditional mental health workforce is less available, other practitioners take significant roles in delivering mental health services. Networks in these regions have benefited from involving these practitioners, including mental health workers, nurses, counsellors and a variety of others committed to discovering how they can work together more effectively to deliver better services to consumers.



Networks respond to local need

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

ROYAL COMMISSION RESPONSE

MHPN has worked with practitioners in regions across the country to establish nine networks with a specific interest in complex trauma. A number of these have been the direct result of MHPN's response to support local practitioners in the Hunter, Ballarat, Newcastle, and Perth regions, who following the Royal Commission into Institutional Response to Child Sexual Abuse's hearings in their areas, identified the benefits of meeting to see how they could work together to support those affected in the local community.

At 30 June, more than 700 attendances had been recorded at these meetings.

GP participation

MHPN recognises the central role GPs play in establishing referral pathways and employs various engagement strategies, 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 distribution list. Forty-one per cent of networks had at least one GP attend at least one meeting during the year.

Sixteen GPs take a leadership role, coordinating the network.

More than 3,200 GPs remain informed about MHPN's activities through receiving regular updates, including MHPN's e-newsletter, invitations to network meetings and professional development webinars.

“ Participation in my network has given me valuable referral information as members share not only their expertise, but the names of other clinicians who are sometimes just outside our area yet have skills which are not available locally.”

DR MONICA MOORE, GP AND
COORDINATOR OF SUTHERLAND SHIRE
MENTAL HEALTH PROFESSIONALS'
NETWORK

COORDINATORS BACKBONE OF 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 network's continuity and success.

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

Coordinator continuity of commitment is central to MHPN's success. The extraordinary level of dedication exhibited by coordinators is even more impressive when it is considered they are busy practitioners, who take on this responsibility voluntarily, with no personal financial gain, and often undertake tasks outside of their standard working hours.

MHPN appreciates that as coordinator's personal circumstances change their ability to undertake this role may vary. This year, MHPN has welcomed 127 new coordinators, and acknowledges the long-standing service of 333 coordinators who have held the role for two years or longer.



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:

Specific Interest Network	Number
Addictions and mental health	5
Autism and mental health	7
Culturally and linguistically diverse and transcultural mental health	12
Eating disorders	9
Family and carer and mental health	1
Gender, sexuality and mental health	7
Homelessness and mental health	1
Intellectual disability and mental health	4
Mood disorders (bipolar, depression, anxiety)	1

Specific Interest Network	Number
Older people and mental health	3
Organisation specific mental health (e.g. ADF)	2
Perinatal and infant mental health	15
Physical health and mental health	19
Suicidality and suicide prevention	4
Trauma and mental health	16
Treatment and intervention focused	8
Young people and mental health (child, adolescent and young adult)	31
Total	145

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 maintained relationships with a number of peak bodies in chronic disease like Pain Australia, The Australian Centre for Behavioural Research in Diabetes, Diabetes Australia, and the Heart Research Centre to identify ways to work together to support practitioners from the physical and mental health arenas to network and build stronger professional relationships.

• Networks that cover a broad range of topics over the course of the year often choose to dedicate a meeting to a subject that is the focus of special interest networks.

New psycho-cardiology network provides blueprint for national rollout

MHPN has collaborated with the Heart Research Centre to establish a network with a focus on connecting cardio specialists and mental health practitioners.

This new Victorian network affords a unique opportunity to introduce a psychosocial health perspective to clinicians who predominantly focus on physical health issues, and vice versa.

Interest has been high, with over 100 practitioners participating in the network. The first meeting, held in November, attracted 50 attendees, including psychologists, researchers, nurses, doctors, counsellors, peer workers, GPs, pharmacists, physiotherapists and social workers.

The Heart Research Centre and MHPN are looking at using this highly successful model to support similar networks across the country.

SUBSTANTIAL GROWTH POTENTIAL

The success of this network, and a number of others that focus on chronic disease and mental health, highlight the potential for MHPN to partner with peak chronic disease organisations to establish practitioner networks that engage both chronic disease and mental health specialists.

SUPPORTING NETWORKS TO EVOLVE

Technology supports wider collaboration

This year MHPN provided coordinators of complex trauma networks with the opportunity to meet in an online environment to share ideas and support each other in their coordination role. This activity is in the early stages of development and will be assessed to determine if it may benefit other networks.

Medicare Locals and Primary Care Networks

MHPN has developed mutually productive relationships with almost all Medicare Locals and anticipates that the transition to Primary Care Networks will provide similar opportunities for collaboration and support of practitioners at a local level.



Online professional development

MHPN produces live, interactive webinars featuring case-based panel discussions by leading experts, modelling interdisciplinary practice and collaborative care.

In 2014-15, seven webinars were produced, featuring 28 panellists from 12 disciplines.

COMPARISON TO PREVIOUS YEAR

	Last year (2013-14)		This year (2014-15)
Average no. of registrations	1,019	↑ 25%	1,275
Average no. of attendees	450	↑ 29%	581
Recording views [^]	10,739	↑ 170%	28,997
Total: Attendees + recording views	15,237	↑ 117%	33,064

[^] Of all recordings during the identified financial year. At 30 June 2015 there were 41 webinars. At 30 June 2014 there were 34 webinars.

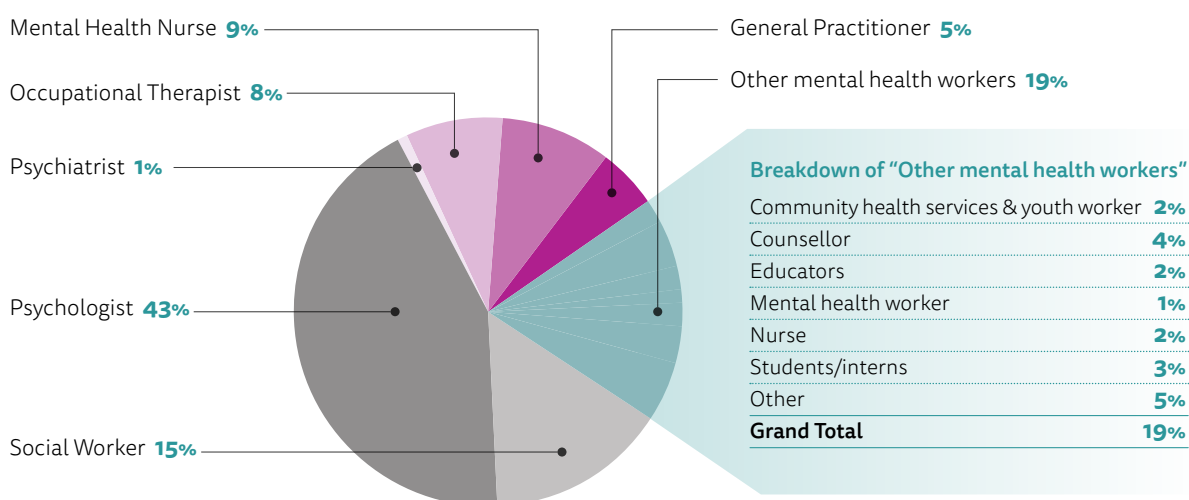
WEBINAR AUDIENCE AND PANELS WERE TRULY INTERDISCIPLINARY

Securing high calibre practitioner panellists for each webinar has been central to the program's continued success.

To support MHPN's aim of promoting interdisciplinary practice and collaborative mental health care, all panels are drawn from a range of

professions. This was evidenced in 2014-15 where the seven webinars featured 28 panellists, from 12 different disciplines. Importantly, the case study format and the inclusion of lived experience presenters ensures the consumer is at the forefront of all discussions.

As shown below, the webinars attracted a diverse audience of mental health practitioners.



Forty-one per cent of webinar participants in 2014-15 came from outside of a major metropolitan area.

ACTIVE AUDIENCE PARTICIPATION ENCOURAGES NETWORKING AND RESOURCE SHARING

Webinar attendees interact with each other and the panel by adding comments and questions to the lively chat box. Participants also use the chat box to share state-based and national resources.

WEBINARS ARE RECORDED AND YOUTUBE CHANNEL INTEGRATED

All webinars are recorded and available on MHPN's website - www.mhpn.org.au. 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.

The online webinar library has grown to feature 45 webinars. As part of this year's website redesign, the webinar library was significantly enhanced. Each webinar is now supported by a tool that allows practitioners to easily self-report viewing or listening to a recording.

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

MHPN's youtube channel was integrated into the website, increasing the program's exposure to a growing international audience.

WEBINARS MEET PRACTITIONERS' NEEDS

Participants provide feedback to MHPN by completing a survey after the webinar. In 2014-15, 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-four per cent of participants found webinar content to be entirely relevant to their own practice.

BENEFITS OF PARTICIPATION

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

“Wonderful webinar. Thank you for providing this across Australia so broadly. Really valuable.”

WORKING TOGETHER TO OVERCOME CHALLENGES OF RURAL PRACTICE IN MENTAL HEALTH, JULY 2014.

“The panellists were very good. They covered all aspects within the topic. It was very interesting to hear about the topic from a multidisciplinary view. The presentation was well rounded and informative.”

WORKING TOGETHER TO SUPPORT THE MENTAL HEALTH OF FAMILIES WITH PRE-TERM BABIES, OCTOBER 2014.

“Always so delighted to be able to sit at home in rural Vic and receive this type of professional training and audience interaction.”

WORKING TOGETHER TO MANAGE SUBSTANCE USE AND MENTAL HEALTH ISSUES, MARCH 2015.

“All panellists provided a different perspective which definitely made the learning experience richer and more meaningful and helpful. Thank you!”

WORKING TOGETHER TO SUPPORT THE MENTAL HEALTH OF PEOPLE WHO HAVE EXPERIENCED FAMILY VIOLENCE, FEBRUARY 2015.

MHPN WEBINAR SERIES 2014-15

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

Title and date held	Panellists	No. of attendees	Views of recordings at 30 June 2015
<p>Working Together to Overcome Challenges of Rural Practice in Mental Health 31 July 2014</p>	<p>Prof. Tim Carey, psychologist Dr Graham Fleming (OAM), GP Prof. Alan Rosen, psychiatrist Capt. David West, mental health nurse Facilitator: Dr Mary Emeleus, GP & psychotherapist</p>	299	614
<p>Working Together to Support the Mental Health of Injured Workers 19 August 2014</p>	<p>Dr Peter Cotton, psychologist Dr Dielle Felman, psychiatrist Mr Frank Imbesi, rehabilitation provider Dr Stephen Leow, GP Facilitator: Prof. Prasuna Reddy, psychologist</p>	393	734
<p>Working Together to Support the Mental Health of Families with Pre-term Babies 7 October 2014</p>	<p>Ms Nina Grillo, social worker Ms Belinda Horton, OT Dr Carol Newnham, psychologist Dr Caroline Zanetti, psychiatrist Facilitator: Dr Michael Murray, GP & medical educator</p>	390	502
<p>Supporting the Mental Health and Wellbeing of Primary School Children and their Families 27 November 2014</p>	<p>Assoc. Prof. Michael Fasher, GP Ms Sarah Letho, Primary Welfare Officer Dr Lyn O'Grady, psychologist Ms Sally Young, social worker Facilitator: Ms Vicki Cowling, social worker & psychologist</p>	497	867
<p>Working Together to Support the Mental Health of People Who Have Experienced Family Violence 19 February 2015</p>	<p>Prof. Kelsey Hegarty, GP Ms Carmel O'Brien, psychologist Ms Jac Taylor, social worker Panellist with a lived experience Facilitator: Dr Mary Emeleus, GP and psychotherapist</p>	<p>859 MOST POPULAR MHPN WEBINAR OF ALL TIME</p>	1,303

Title and date held	Panellists	No. of attendees	Views of recordings at 30 June 2015
<p>Working Together to Manage Substance Use and Mental Health Issues 25 March 2015</p>	<p>Dr Enrico Cementon, psychiatrist Assoc. Prof. Richard Clancy, nurse Assoc. Prof. Adrian Dunlop, addiction medicine specialist Ms Margaret Terry, psychologist Facilitator: Dr Michael Murray, GP & medical educator</p>	840	776
<p>Supporting the Mental Health of Older People Living in the Community 26 May 2015</p>	<p>Ms Julie Bajic, psychologist Prof. Henry Brodaty, psychiatrist Ms Sharon Leigh-Hazel, Carer & Carer's Advocate Dr Morton Rawlin, GP Facilitator: Dr Michael Murray, GP & medical educator</p>	789	221
TOTAL		4,067	5,017

Download or view all webinars for free from www.mhpn.org.au

While high numbers of participants at individual webinars are pleasing, MHPN feels it is equally important to cover topics of a more niche nature that attract smaller audiences.

MHPN SUPPORTS THE WORK OF THE ROYAL COMMISSION

The Department of Social Services chose MHPN to support those impacted by 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 activity was completed in two parts, three webinars were delivered in 2013-14, with a fourth and final webinar completed in June 2015. MHPN acknowledges the support of Adults Surviving Child Abuse in the development and promotion of this webinar series.

All were exceptionally well attended and evaluated with 12,309 practitioners either attending the series or watching one of the recordings (to 30 June 2015).

The following table outlines the activity undertaken in 2015:

Title and date held	Panellists	No. of registrants	No. of attendees	Views of recordings <small>at 30 June 2015</small>
<p>Supporting the Wellbeing of People Experiencing a Trauma Response 2 June 2015</p>	<p>Mr John Ellis, survivor/solicitor providing legal support to survivors Ms Naomi Halpern, social worker Ms Jac Taylor, coordinator counselling services & Royal Commission support services Adjunct Prof. Warwick Middleton, psychiatrist Facilitator: Dr Mary Emeleus, GP & psychotherapist</p>	3,587	1,431	732

Practitioner interest in this subject was so strong that the MHPN project team now supports the ongoing development of nine networks that formed to 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 complete 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 2014-15, webinars produced addressed mental health and cardiovascular disease; metabolic syndrome; and psychopharmacology.

MHPN also furthered its partnership with KidsMatter to produce three webinars for a range of educators and mental health practitioners.

A new partnership was established with Flinders University's PIR Capacity Building Project to produce a series of 10 webinars to support PIR staff across the country. Five such webinars were produced in 2014-15.

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

General awareness of the MHPN initiative is at a level where a range of organisations and individual practitioners proactively seek to engage in MHPN-supported activities. Strategies to keep MHPN on practitioners' radars have included 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 relationships with new partners.

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 continue to prove effective.

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, the Heart Research Centre, Children of Parents with a Mental Illness (COPMI), headspace, SANE, *beyondblue*, 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 focus.

MHPN is keenly aware of the importance of establishing productive working relationships with the newly established Primary Health Networks and has already commenced activity to advise of and engage them in MHPN-supported activity in their region.

With a subscriber list of almost 40,000, 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, a tailored e-newsletter for coordinators, 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

In recognition of the growing number of website visitors that access the site using a mobile phone or tablet, MHPN enhanced the site to recognise the device being used and reformat the content to suit the screen size. This development also provided the opportunity to build additional capability within the webinar library. In particular, the ability to easily self-record activity related to watching webinars has been very well received by practitioners.

Social media

Targeted use of social media throughout the year saw Facebook likes increase to just under 3,000 and Twitter followers increase to just over 2,000.

CONFERENCES, WORKING GROUPS

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

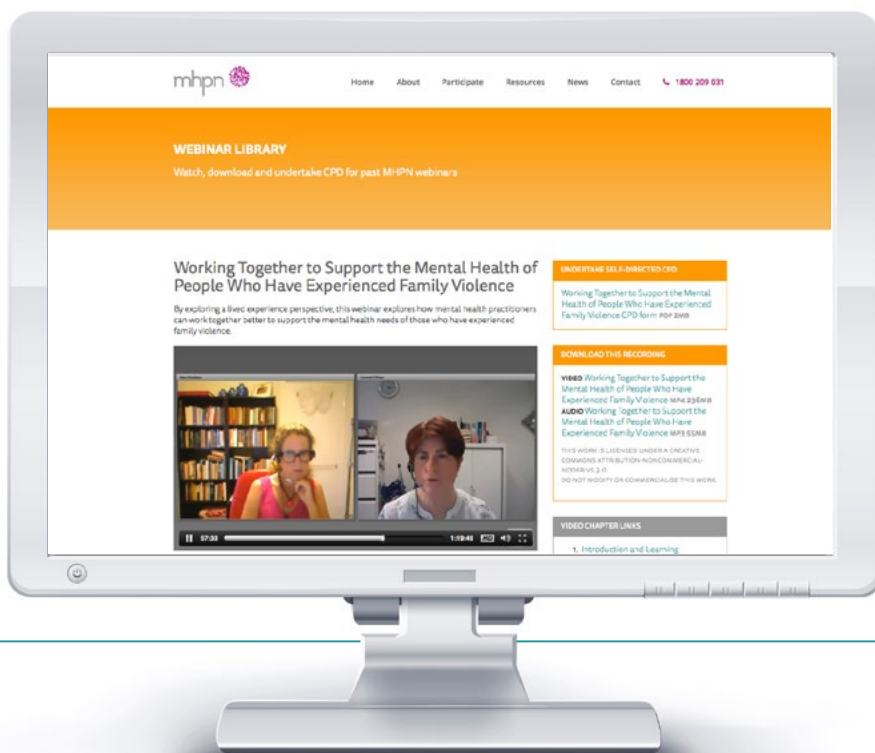
November 2014: MHPN presented at 2nd World Congress on Integrated Care conference in Sydney. CEO, Chris Gibbs presented to researchers, clinicians and managers from around the world who are engaged in the radical redesign of services.

March 2015: MHPN presented a plenary session at the first headspace national forum. Held in Melbourne, the forum was attended by hundreds of headspace staff from across the country.

May 2015: MHPN National Project Manager represented MHPN at National Disability Insurance Scheme Forum.

May 2015: CEO and National Project Manager attended Networking Health Victoria event – Exploring Commissioning in Primary Health Care – a background workshop prior to commencement of the Primary Health Networks national initiative.

June 2015: MHPN participated in the Mental Health Commission of NSW's Professional Development Scoping Project.



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*.

DR. ZENA BURGESS PhD, MBA, Med, DipEdPsych, BA, FAPS, FAICD

Experience

- Chief Executive Officer of the RACGP – appointed in 2008
- Organisational and Clinical Psychologist
- 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.

MS ROSIE FORSTER B Phty, MBus (Comm Studies)

Special Responsibilities

- Member of the MHPN Quality Assurance and Clinical Education Committee

Experience

- Senior Department Manager – Practice, Policy and Partnership – RANZCP
- Director, Guidelines Program – National Health and Medical Research Council (NHMRC)
- Director, Leadership Program – NHMRC
- Manager, Fellowship Program – National Institute of Clinical Studies (NICS)
- Senior Health Planning Officer – Commonwealth Department of Health
- Manager, Integration and Marketing – Division of General Practice
- Operations Manager – Coordinated Care Trial.

DR. JOHANNA LAMMERSMA

MBBS, FRANZCP

Experience

- Psychiatrist (Private Practice).

PROFESSOR LYN 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)
- Fellow of the Australian Institute of Company Directors and the Australian Institute of Management
- 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.

In 2001, Lyn received a medal of the Order of Australia for service to the welfare of children and families and the advancement of training in the field of child, adolescent and family psychology.

HARRY LOVELOCK

MSS, Grad Dip Health Admin

Special Responsibilities

- Chair of the MHPN Evaluation Committee
- Member of MHPN Project Advisory Group.

Experience

- Senior Executive Manager, Strategic Development and Public Interest, (APS)
- Director of Policy, (RANZCP)
- Senior Policy Adviser to Victorian Department of Health
- Representative on:
 - ~ National Primary Health Care Partnership
 - ~ Mental Health Professionals' Association
 - ~ Private Mental Health Alliance
 - ~ Partners In Recovery Expert Reference Group

ASSOCIATE PROFESSOR MORTON RAWLIN

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

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
- Board Director Companion House
- 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 Ratnaik (External
Consultant)
Barbara Murphy (External
Consultant)
Anne Ellison (RANZCP)
John McGrath AM (MHPN Chair)
Chris Gibbs (MHPN)
Stewart Potten (MHPN)
Kate Hoppe (MHPN)
Amanda Osciak (MHPN) –
until February 2015
Tina Horwood (MHPN) –
from February 2015

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)
Kate Hoppe (MHPN)
Sophie Keele (MHPN)
Amanda Osciak (MHPN) –
until February 2015
Tina Horwood (MHPN) –
from February 2015

Project Advisory Group

John McGrath AM, Chair (MHPN)
Noel Muller (NMHCCF
(Consumers))
Judy Bentley (NMHCCF (Carer))
Helen Reeves (ACMHN)
Harry Lovelock (APS)
Jeremy Simmons (ACRRM)
Basia Sudbury (AASW)
Lauren Paul (AASW)
Dr. Ellie Fossey (OT Australia)
Melanie Cantwell (MHCA)
Chris Gibbs (MHPN)
Stewart Potten (MHPN)
Kate Hoppe (MHPN)
Sophie Keele (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

Web: 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
Occupational Therapy Australia
Australian College of Rural and
Remote Medicine

Financial report

for the year ended
30 June 2015

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DIRECTORS' REPORT

The directors present their report together with the financial report of Mental Health Professionals Network Ltd for the financial year ended 30 June 2015 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	Resignation
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	24/2/2015
Zena Burgess	27/6/2011	–
Harry Lovelock	28/2/2012	–
Anne Ellison	18/4/2011	16/12/2015
Rosie Forster	12/2/2015	–

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

Company Secretary

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

Kim Ryan – appointed company secretary on 12/6/2008.

Results

The surplus of the company for the financial year amounted to \$106,372 (2014: \$419,558 surplus). Current year deficit after accounting for all accumulated obligations carried forward totalled \$56,116 (2014: \$162,488 deficit).

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, again on 24 June 2014 and also on 22 June 2015 which extends the life of the project through to 30 June 2016.

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 350 networks by 30 June 2015, a national platform of 385 interdisciplinary community mental health networks had been established and sustained, and
- The project delivered national online professional development of 7 agreed webinars to mental health practitioners across the country. In addition, MHPN provided 11 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	10	10	-	-
A Buck	4	4	-	-	-	-
Z Burgess	1	6	-	-	-	-
A Ellison	3	3	-	-	-	-
R Forster	3	3	-	-	-	-
J Lammersma	6	6	-	-	-	-
L Littlefield	4	6	-	-	-	-
H Lovelock	4	6	-	-	-	-
M Rawlin	3	6	-	-	-	-
K Ryan	5	6	10	10	-	-

	DIRECTORS EXECUTIVE		QUALITY ASSURANCE & CLINICAL EDUCATION	
	Attended	Eligible to attend	Attended	Eligible to attend
J McGrath	4	4	–	–
A Buck	–	–	–	–
Z Burgess	–	–	–	–
A Ellison	–	–	1	2
R Forster	–	–	1	2
J Lammersma	–	–	–	–
L Littlefield	3	4	2	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.

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: 25 November, 2015, Melbourne

AUDITOR'S INDEPENDENCE DECLARATION



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 2015, to the best of my knowledge and belief there have been no contraventions of any applicable code of professional conduct.



N R BULL
Partner



PITCHER PARTNERS
Melbourne

Date: 7 December 2015

An independent Victorian Partnership ABN 27 976 266 196
Level 19, 15 William Street, Melbourne VIC 3000
Liability limited by a scheme approved under Professional Standards Legislation

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

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	Notes	2015 \$	2014 \$
Revenue	4	1,770,712	1,718,644
Less: expenses			
Employee benefits	5	(1,256,179)	(1,552,327)
Workshop expenses		(103,470)	(191,243)
Occupancy and member related costs		(133,251)	(178,401)
Administrative expenses		(129,538)	(143,907)
Other expenses		(41,902)	(72,324)
		(1,664,340)	(2,138,202)
Surplus / (deficit) before income tax expense		106,372	(419,558)
Income tax expense	2	-	-
Net surplus / (deficit) from continuing operations		106,372	(419,558)
Other comprehensive income		-	-
Total comprehensive income		106,372	(419,558)

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2015

	Notes	2015 \$	2014 \$
Current assets			
Cash and cash equivalents	6	141,759	82,361
Receivables	7	5,978	9,135
Total current assets		147,737	91,496
Total assets		147,737	91,496
Current liabilities			
Payables	8	142,677	182,605
Provisions	9	61,176	71,379
Total current liabilities		203,853	253,984
Total liabilities		203,853	253,984
Net assets		(56,116)	(162,488)
Equity			
Accumulated (deficit) / surplus	10	(56,116)	(162,488)
Total equity		(56,116)	(162,488)

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2015

	2015 \$	2014 \$
Balance as at 1 July	(162,488)	257,070
Surplus / (deficit) for the year	106,372	(419,558)
Total comprehensive income/(loss) for the year	106,372	(419,558)
Balance as at 30 June	(56,116)	(162,488)

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

	Notes	2015 \$	2014 \$
Cash flows from operating activities			
Grant receipts		1,826,000	1,894,310
Other revenue		109,395	33,799
Payments to employees		(1,277,833)	(1,543,666)
Payments to suppliers		(607,071)	(770,403)
Interest received		8,907	8,819
Net cash provided by / (used in) operating activities		59,398	(377,141)
Reconciliation of Cash			
Cash at the beginning of the financial year		82,361	459,502
Net increase / (decrease) in cash held		59,398	(377,141)
Cash at end of financial year	6	141,759	82,361

The accompanying notes form part of these financial statements.

NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

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.

Other revenue is recognised where the right to receive the revenue has been established.

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.

(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) 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.

(f) Employee benefits

(i) 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.

(ii) Long-term employee benefit obligations

Liabilities arising in respect of long service leave and annual leave which is not expected to be settled within twelve months of the reporting date are measured at the present value of the estimated future cash outflow to be made in respect of services provided by employees up to the reporting date.

Employee benefit obligations are presented as current liabilities in the balance sheet if the entity does not have the right to have an unconditional right to defer settlement for at least twelve months after the reporting date, regardless of when the actual settlement is expected to occur.

(g) 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.

(h) 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 \$106,372 (2014: deficit \$419,558) during the year ended 30 June 2015, and as at that date the company's total liabilities exceeded total assets by \$56,116 (2014: total liabilities exceeded total assets by \$162,488).

The company is dependent on the grant funding from DoH. The company entered into a contract on 22 June 2015 which extends the life of the project through to 30 June 2016. In the event that an additional phase of funding past 30 June 2016 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.

(i) Comparatives

Where necessary, comparative figures have been reclassified and repositioned for consistency with the current financial year disclosures.

The accompanying notes form part of these financial statements.

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 2016.

	2015 \$	2014 \$
--	------------	------------

NOTE 4: REVENUE AND OTHER INCOME

(a) Revenue from operating activities		
– Government grants	1,690,000	1,692,100
– Other	71,950	18,226
(b) Revenue from non-operating activities		
– Interest revenue	8,762	8,318
Total Revenue	1,770,712	1,718,644

NOTE 5: OPERATING (DEFICIT) / SURPLUS

Employee benefits:		
– Salaries and wages	1,163,718	1,443,508
– Superannuation	92,461	108,819
	1,256,179	1,552,327

NOTE 6: CASH AND CASH EQUIVALENTS

Cash at bank	141,759	82,361
	141,759	82,361

The accompanying notes form part of these financial statements.

2015
\$

2014
\$

NOTE 7: RECEIVABLES

Current

GST receivable	5,739	8,751
Accrued income	239	384
	5,978	9,135

NOTE 8: PAYABLES

Current

Unsecured Liabilities

– Trade creditors	18,411	23,373
– Other payables	111,795	126,499
Amounts payable to members	12,471	32,733
	142,677	182,605

NOTE 9: PROVISIONS

Current

Employee benefits	41,176	71,379
Long service leave	20,000	–
	61,176	71,379

NOTE 10: ACCUMULATED (DEFICIT)

Retained earnings at beginning of financial year	(162,488)	257,070
Net surplus / (deficit) attributable to members of the entity	106,372	(419,558)
	(56,116)	(162,488)

The accompanying notes form part of these financial statements.

2015
\$

2014
\$

NOTE 11: 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 2015 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 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 who held office during the year were:

J McGrath	J Lammersma
A Buck (to 24 February 2015)	L Littlefield
Z Burgess	H Lovelock
A Ellison (to 16 December 2014)	M Rawlin
R Forster (from 12 February 2015)	K Ryan

(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	325,094	411,494
	325,094	411,494

NOTE 13: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

- audit services	15,000	18,000
- consultancy	1,000	1,000
- other	60	170
	16,060	19,170

The accompanying notes form part of these financial statements.

2015
\$

2014
\$

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.

The aggregate amount payable to related parties by the company at balance date is \$11,742 (2014: \$18,801) payable to APS, \$729 (2014: \$1,180) payable to ACMHN, and \$Nil (2014: \$12,752) payable to RACGP.

Transactions with related parties:

(a) Provision of services from Members

ACMHN	802	32,875
APS	151,853	229,129
RACGP	1,299	14,362
RANZCP	–	25,245
	153,954	301,611

(b) Supply of services to Members

ACMHN	–	27,500
APS	21,395	–
	21,395	27,500

NOTE 15: EVENTS SUBSEQUENT TO REPORTING DATE

There has been no matter or circumstance, which has arisen since 30 June 2015 that has significantly affected or may significantly affect:

- The operations, in financial years subsequent to 30 June 2015, of the company, or
- The results of those operations, or
- The state of affairs, in financial years subsequent to 30 June 2015, of the company.

NOTE 16: COMPANY DETAILS

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

The accompanying notes form part of these financial statements.

DIRECTORS' DECLARATION

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 2015 and performance for the year ended on that date.
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: 25 November, 2015, Melbourne

The accompanying notes form part of these financial statements.

INDEPENDENT AUDITOR'S REPORT



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 2015, 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 of 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)



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 2015 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 Commission Regulation 2013*.


N R BULL
Partner


PITCHER PARTNERS
Melbourne

Date: 7 December 2015

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Mental Health Professionals' Network

ABN 67 131 543 229

Published by MHPN Ltd

Emirates House, Level 8, 257 Collins Street

Melbourne, Victoria, 3000.

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