

# ANNUAL REPORT



## Mental Health Professionals' Network

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## Member organisations



## Partner organisations



20

16

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# Introduction

*The Mental Health Professionals' Network (MHPN) is a unique government funded initiative that improves interdisciplinary, collaborative mental health care practice 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 promotes interdisciplinary practice and collaborative care to practitioners through two national platforms.




### Local interdisciplinary practitioner networks

Practitioners meet regularly at network meetings to:

- share and expand knowledge of local services and resources
- provide peer support
- improve local referral pathways
- network
- engage in professional development
- learn about member expertise

Networks are self-directed, determining membership and content. A local practitioner(s) volunteers to coordinate each network.



### Online professional development webinar 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.

The four member organisations and three partner organisations that actively support MHPN have 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.

# Achievements 2015-16

## NETWORKS



**380**  
NETWORKS SUPPORTED



**41%**  
IN RURAL & REGIONAL AREAS



**155**  
SPECIFIC-INTEREST NETWORKS



**1,171**  
MEETINGS HELD



**9,450**  
NETWORK MEMBERS



**14,835**  
MEETING ATTENDANCES



**485**  
NETWORK COORDINATORS

## WEBINARS



**7**  
WEBINARS PRODUCED



**6,552**  
ATTENDEES



**60,928**  
RECORDING VIEWS  
(ENTIRE WEBINAR LIBRARY)

## ONLINE CONNECTIONS



**40,411**  
PRACTITIONERS  
SUBSCRIBE TO E-NEWS



**31**  
PHNs RECEIVE MHPN  
LOCAL NEWS



**2,381**  
TWITTER FOLLOWERS



**6,914**  
LINKEDIN CONNECTIONS



**4,899**  
FACEBOOK FOLLOWERS



## INTERNATIONAL AWARD

2016 AUDIO-VISUAL MEDIA  
ACHIEVEMENT AWARD FROM  
THE INTERNATIONAL SOCIETY FOR  
THE STUDY OF TRAUMA AND  
DISSOCIATION (ISSTD)

## Chairman's foreword

*In the past year, mental health practitioners from all disciplines continued to recognise the importance that interdisciplinary networks have on patient care and practice.*

MHPN supported 380 networks across Australia, with over 40% in rural or remote communities. While the number of network members and meeting attendances remained constant in the last year, it was pleasing to see ten specific-interest networks beginning, a number which brought together practitioners with a shared interest in LGBTI mental health.

I would like to extend my sincere thanks to all MHPN's coordinators, who are the backbone of networks. A voluntary but rewarding community role, coordinators play a critical part in every network, which supports their local practitioner community and MHPN's network platform.

Practitioners across the country continued to value MHPN's free professional development webinars. The webinar program provides convenient opportunities for practitioners regardless of their location, which is especially important for practitioners working in remote areas. It was extremely pleasing to see registrations to MHPN webinars increase by 65%. These results are a reflection of the relevance of the subject matter and the calibre of the expert panellists.



“ A voluntary but rewarding community role, coordinators play a critical part in every network, which supports their local practitioner community and MHPN’s network platform.”

MHPN’s achievements are particularly significant given that in the first half of the financial year MHPN faced funding uncertainty. Extending MHPN’s funding confirmed the significant support by mental health practitioners for the platforms that MHPN provides. The Board would like to thank our key contacts in the Department of Health for their assistance in securing MHPN’s contract extension until June 2017.

Last year we were deeply saddened by the sudden loss of MHPN staff and executive team member Stewart Potten. Stewart contributed significantly to the success of MHPN through his vibrant personality, high ethical values and deep commitment to openness, honesty, and most of all, loyalty. He was an absolute pleasure to work with and in my personal experience was one of the most outstanding individuals I have been privileged to know.

On behalf of the Board, I would like to thank Chris Gibbs, MHPN CEO for his contribution to the continued success and growth of MHPN’s platforms. Chris is to be commended on his commitment to negotiating contracts with the Department, and supporting his staff by always keeping them informed and engaged.

The executive team in Stewart Potten, Trevor Donegan, Kate Hoppe and Amanda Osciak are also recognised for their work in the past year. I also extend my thanks to fellow Board members, for their contribution, commitment and guidance in supporting myself and the project.

The contributions from our four member and three partner organisations continued to be invaluable last year: 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.

All government, organisations and practitioners involved with MHPN are dedicated to improving interdisciplinary mental health practices and collaborative care across Australia, and we look forward to more success in the coming year.

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

# Chief Executive Officer's overview



*The Australian Government released its response to the Mental Health Programs and Services Review in late 2015.*

*The Review projects the future of mental health reform, particularly in relation to primary mental health care and the related workforce.*

A central recommendation of the response to the Review is the role that the 31 Primary Health Networks (PHNs) will play in planning and integrating services at a regional level. MHPN's platform is well positioned to support these initiatives and we look forward to working with PHNs to meet this challenge. We remain focussed on the promotion of interdisciplinary practice, through locally delivered professional development activity in the 380 practitioner networks in communities across Australia, and the nation-wide opportunities for online professional development through MHPN's webinar program.

MHPN had a year in which it continued to consolidate and develop opportunities in interdisciplinary practice. MHPN's partnership webinar platform expanded, as the program



partnered with a number of organisations and produced a higher number of webinars than last year. A key benefit for practitioners is that all MHPN activities are eligible for CPD recognition, and we continue to draw strong participation in regional and rural Australia. It is important to note that the content at network meetings is determined by participating practitioners, and is therefore responsive to local needs.

I would like to acknowledge the importance of partnerships and the critical role of MHPN's member organisations, The Australian Psychological Society, The Royal Australian College of General Practitioners, The Royal Australian and New Zealand College of Psychiatrists, and The Australian College of Mental Health Nurses. MHPN has grasped the nettle on interdisciplinary practice, through the experience, expertise and advice from its members and significant partners.

I would like to thank the MHPN staff for their resilience in unexpected and difficult times, and for making the year a successful one for MHPN. I would also like to thank the Board for their ongoing and

“ We continue to draw strong participation in regional and rural Australia . It is important to note that the content at network meetings is determined by participating practitioners, and is therefore responsive to local needs.”

enthusiastic support. The contribution of the late Stewart Potten, MHPN's National Project Manager cannot be understated. We miss him dearly.

We look forward to an exciting year ahead, where we will take more opportunities to promote the benefits of interdisciplinary practice as the key component to building a better collaborative culture, where people receive the support they need in a timely and more informed way.

**Chris Gibbs**  
*Chief Executive Officer*



### VALE STEWART POTTEN

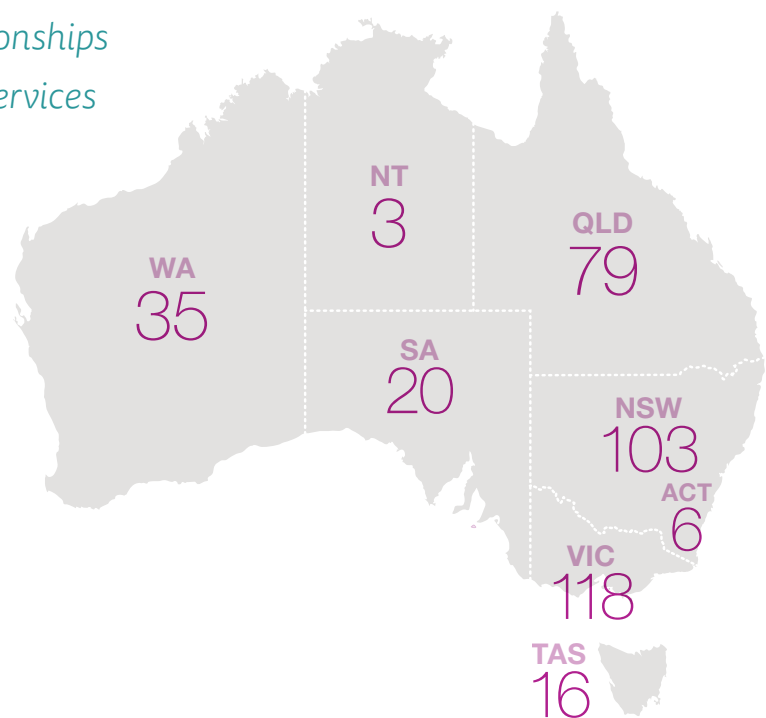
As National Project Manager for six years, Stewart led the project team and contributed significantly to the project's achievements. Playing a pivotal role in the direction and development of MHPN, the success of the project's network platform is largely attributed to Stewart's dedication to interdisciplinary mental health practice. A true ambassador for mental health, Stewart is greatly missed both personally and professionally by all involved with MHPN.

# MHPN interdisciplinary practitioner networks

*MHPN supports 380 practitioner networks across Australia. Networks are a forum for:*

- *peer support*
- *developing practitioner relationships*
- *sharing knowledge of local services*
- *improving referral pathways*
- *professional development.*

Networks are self-directed. Each network determines its purpose, membership and topics for discussion. All networks are supported administratively and strategically by an MHPN Project Officer.



## NEW NETWORKS

Last year MHPN exceeded its target, and established 23 new networks. This is more than double the target, and was largely driven by practitioners proactively contacting MHPN to discuss options for working together. The high number demonstrates that practitioners are becoming more aware of MHPN's services, and the importance they place on supporting interdisciplinary networking in their community.

### Ringwood Network

A group of eight practitioners met for the first time at the Maroondah Federation Estate. Mental Health Nurse Wendy Lawrence from Eastern Access Community Health (EACH) coordinates the group which listened to a presentation on Mood Disorders. Network members include psychologists, community health services workers and counsellors.

### Brisbane South Suicide Bereavement Network

The community-based StandBy Response Service coordinates this bereavement group. Local interest in the topic of suicide bereavement was high, with 38 practitioners attending the first meeting. The meeting featured a panel from the Coroner's Office, paramedics, and police who discussed the process of suicide postvention. Forty-one practitioners have registered to attend the network's next meeting.

## Network participation continues to remain strong

During 2015-16, 14,835 practitioners attended 1,171 network meetings. Practitioner attendance was consistent with previous years, which continues to be significant given the level of funding uncertainty in the mental health sector. Networks continued to meet regularly, with over half meeting at least three times during the year.

Certain factors influence the frequency and regularity of network meetings including local events, public holidays, and school holidays.

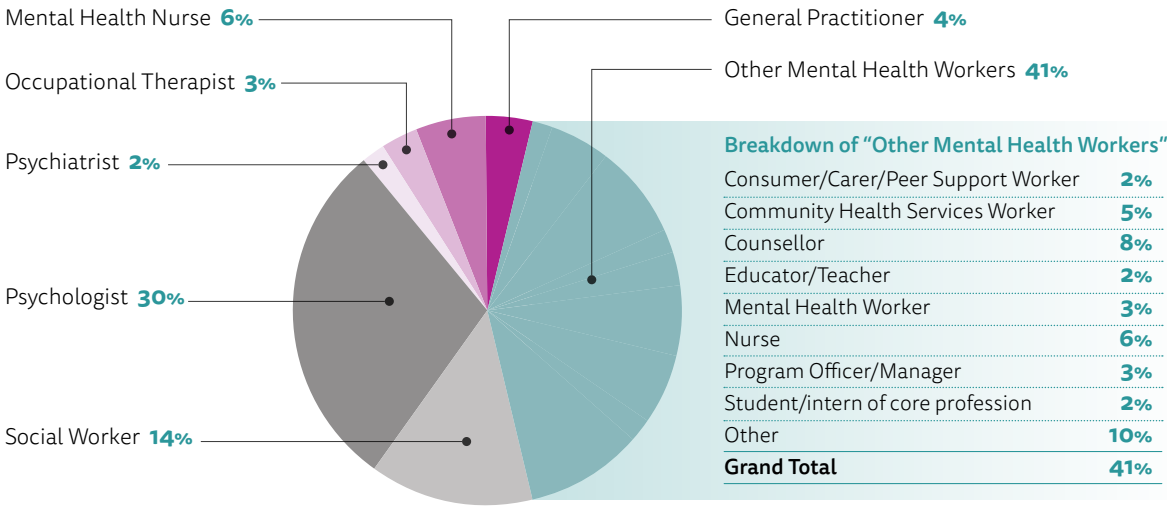
Staff changes or loss of key staff members at service organisations affect network meetings, particularly if the individual is a coordinator. In the past year, Project Officers worked with a number of networks in this position, and successfully recruited new coordinators which kept the network active.



### Participation from an extensive range of disciplines

Network meetings continued to attract practitioners from a range of disciplines including general practitioners (GPs), psychiatrists, psychologists, mental health nurses, social workers, occupational therapists, nurses, counsellors and other allied health practitioners.

In regional and remote areas, where there are fewer GPs and psychiatrists available, health practitioners such as counsellors and nurses often work together to deliver mental health services. MHPN networks support other health practitioners in remote areas to work together more effectively.



**Cairns LGBTIQ+ Network**

The Cairns LGBTIQ+ Network was established in 2016 to foster skills in culturally-sensitive LGBTIQ+ mental health practice. Along with other previously established LGBTIQ+ mental health focused networks, it was developed in partnership with the national MindOUT! project, and has the strong support of the Cairns community. The network has established collaborations and improved referral pathways between primary care and broader mental health services in Cairns.



### Practitioners respond to consumer needs

Practitioners recognise local consumer and community needs, and respond by starting or establishing networks. As practitioners continue to identify the strong link between chronic disease and mental health, networks such as MHPN’s Diabetes Network and Psycho-Cardiology Network are becoming more popular and attendance is growing at meetings. There has also been an increase in the number of practitioners offering to coordinate these networks.

### GP participation

MHPN places a high level of importance on GP contributions and perspectives in network meetings. GPs are often the first point of contact for patients, and are central to establishing referral pathways. MHPN strives to have at least

one GP in every network. MHPN works closely with The Royal Australian College of General Practitioners and The Australian College of Rural and Remote Medicine to engage and encourage GPs to attend network meetings, and will continue to work to increase GP participation in the next year.

Feedback from current GP network members suggests that, although GPs are often time poor, they recognise the importance of their local network. GPs find network meetings extremely valuable for meeting clinicians face-to-face, because it improves referral confidence.

Thirty-eight percent of networks had at least one GP attend at least one meeting during the year, and 11 GPs are network coordinators. Over 3,200 GPs receive regular MHPN information updates, including MHPN's e-newsletter, network meeting invitations and information about registering for MHPN professional development webinars.

## COORDINATORS FUNDAMENTAL TO NETWORKS

*In 2015-16, MHPN supported 485 coordinators and welcomed 127 new coordinators.*

Every network requires one or a few members to coordinate the group. Coordinators work closely with, and have the full support of a MHPN Project Officer. Project Officers help organise meeting dates, venues, invitations, catering and also provide strategic advice.

They encourage coordinators to set meeting dates to ensure that the network meets regularly. A coordinator is a voluntary and rewarding community role that supports local mental health care service delivery. MHPN has worked with over 500 volunteer coordinators to organise local network meetings, and their commitment is central to MHPN's success.

## Coordinator of Charters Towers and Hughenden Networks

**SOCIAL WORKER,  
PAULA CHRISTIAN**

"These networks bring together people who otherwise wouldn't normally come together.

The connections these networks create improve the services that support the people who need them," Paula said.

Representatives from a range of disciplines attend network meetings, which has not only developed relationships between practitioners in the town, but also improved referral pathways between service providers.



## Coordinators of Wilcannia Network

**MENTAL HEALTH NURSE AND  
ACADEMIC, LIZ MARTIN &  
PSYCHIATRIST, PROFESSOR  
ALAN ROSEN**

"Experiential learning is a big positive of MHPN network meetings. We learn as individuals and as a group, from problems experienced as a group. We focus on the topical and practical issues of the community that need addressing," Professor Rosen said.

Wilcannia network meetings encourage public and private NGOs to work together.

Wilcannia doesn't have a resident GP, so MHPN meetings are one of the ways to bring together the agencies and services in the town.



## GROWTH IN SPECIFIC-INTEREST NETWORKS

Forty per cent or 155 of MHPN networks bring together practitioners with a common interest in a specific field of mental health. Specific-interest networks increased by 10% in the last year. New specific-interest networks this past year include Brisbane Suicide Bereavement, Cairns LGBTIQ+, Adelaide Borderline Personality Network and Diabetes and Mental Health.

The following table highlights the full range of specific-interest networks:

Specific-Interest Network	Number
Addictions and mental health	4
Autism and mental health	7
Culturally and linguistically diverse and transcultural mental health	13
Eating disorders	10
Family and carer and mental health	1
Gender, sexuality and mental health	10
Homelessness and mental health	1
Intellectual disability and mental health	5
Mood disorders (bipolar, depression, anxiety)	1
Older people and mental health	4

Specific-Interest Network	Number
Organisation-specific mental health (e.g. ADF)	2
Perinatal and infant mental health	14
Personality disorders	3
Physical health and mental health	21
Suicidality and suicide prevention	4
Trauma and mental health	17
Treatment and intervention focused	8
Young people and mental health (child, adolescent and young adult)	30
<b>Total</b>	<b>155</b>

### New special-interest network

#### ADELAIDE BORDERLINE PERSONALITY DISORDER NETWORK

Janne McMahon OAM, patron of the BPD Foundation coordinates this network which supports practitioners to better support people living with BPD. Two hundred and seventy-four practitioners registered interest to attend the first meeting.





## PRIMARY HEALTH NETWORKS (PHNs)

PHNs recognise the important role that MHPN interdisciplinary networks play in improving mental health services in their local area. MHPN is developing strong links with PHNs and is working with them to support the implementation of their mental health agenda.

PHNs support many networks by providing a venue and having staff attend meetings. A number of PHN staff members are also network coordinators. Some of the meetings led by PHN staff have been used as a platform to discuss PHN priority areas.

PHNs support and coordinate the following MHPN networks:

### **Nepean Blue Mountains PHN coordinates the Penrith Nepean Network**

Mental Health Program team members Liz Welch and Nikolina Zonjic coordinate this group of local practitioners at the Nepean Blue Mountains PHN. The network brings together a range of primary mental health care professionals such as GPs,

mental health nurses, psychologists, social workers, as well as professionals of varying health and mental health disciplines from the not-for-profit sector.

### **Murray PHN coordinates the Shepparton Network**

Emma Knapp from Murray PHN coordinates this network. Local practitioners travel from neighbouring towns to hear expert speakers and build collaborations. The meetings bring practitioners together to improve referral pathways and mental health services in Shepparton and surrounding areas.

## NATIONAL ORGANISATIONS

MHPN works closely with a range of national organisations including headspace, *beyondblue*, Australian Centre for Heart Health, Blue Knot Foundation, eMHPac, SANE Australia, National LGBTI Health Alliance, Diabetes Australia, Department of Veterans' Affairs, Transition Support Project (formally Partners in Recovery) and Children of Parents with a Mental Illness (COPMI).

# Online professional development

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

In 2015-16, seven webinars were produced, featuring 26 panellists from 10 disciplines.

## COMPARISON TO PREVIOUS YEAR

	Last year (2014-15)		This year (2015-16)
No. of webinars	7		7
Registrations	8,923	↑ 65%	14,791
Attendees	4,067	↑ 61%	6,552
Recording views <sup>^</sup>	28,997	↑ 87%	54,376
Average attendees per webinar	581	↑ 61%	939
<b>Total: Attendees + recording views</b>	<b>33,064</b>	<b>↑ 84%</b>	<b>60,928</b>

<sup>^</sup> Of all recordings. At 30 June 2016 there were 48 webinars. At 30 June 2015 there were 41 webinars.

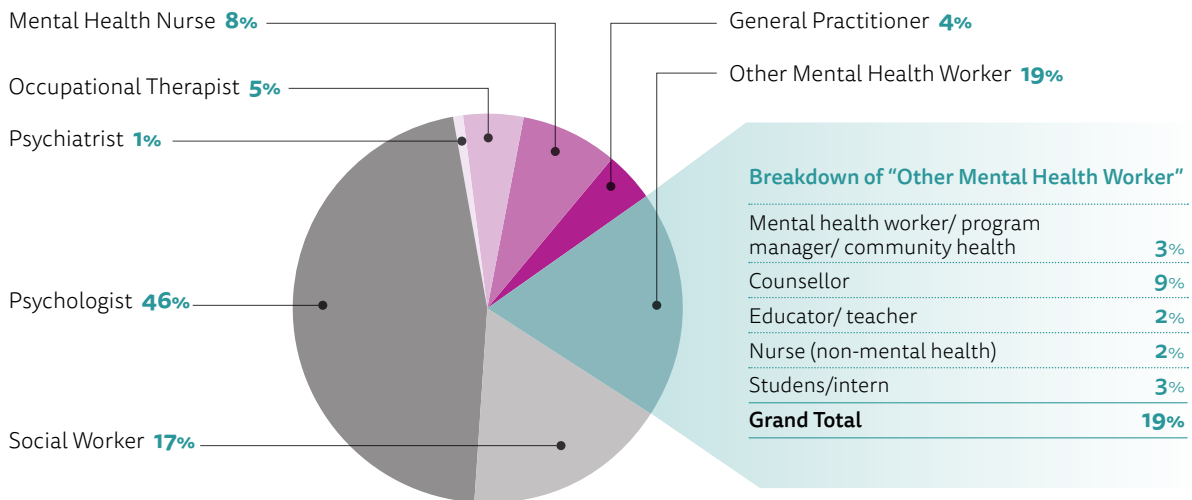


## INTERDISCIPLINARY PANELLISTS AND AUDIENCE

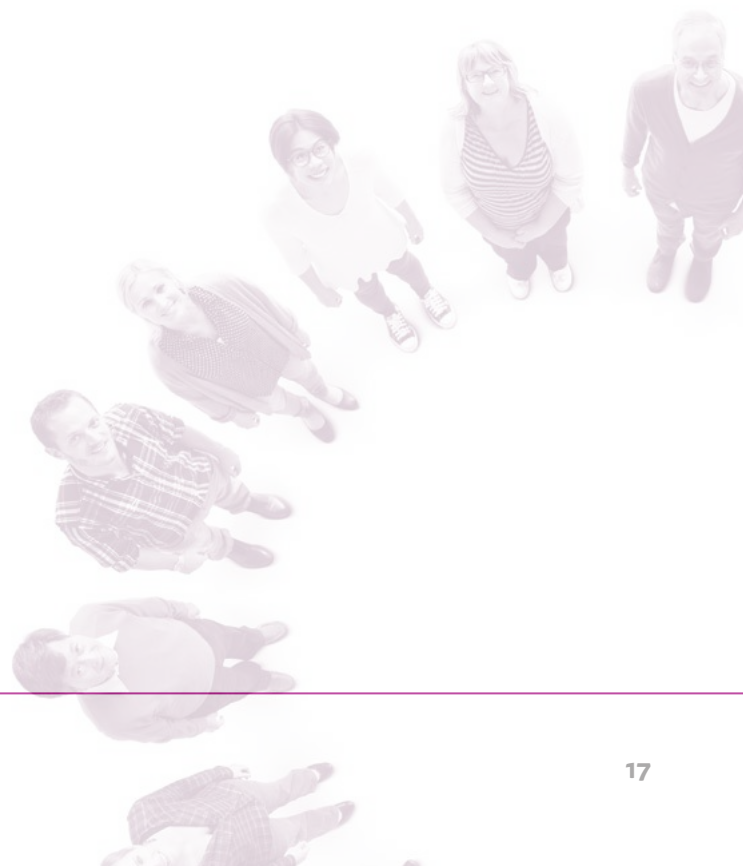
The success and continued growth of MHPN’s webinar program is due to the recruitment of high calibre practitioners for each panel. Being experts in their fields, each panellist brings a different contribution and perspective based on their discipline and experience. The webinar’s case study format and the inclusion of lived-experience perspective ensures that the consumer is at the forefront of all discussions.

To promote interdisciplinary practice and collaborative mental health care, all panels are drawn from a range of professions.

In 2015-16, webinars attracted mental health practitioners from a range of disciplines. The audience breakdown is highlighted in the pie chart below.



MHPN webinars are a convenient opportunity for rural or remote practitioners to obtain professional development. In 2015-16, 14.3% of webinar attendees came from outside 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](http://www.mhpn.org.au). This allows participants to revisit the discussion and anyone who couldn't attend the live event still benefits. 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 understanding the subject matter through an interdisciplinary lens. MHPN's YouTube channel is integrated into the website, increasing the program's exposure to a growing international audience.

The online webinar library has grown to feature 55 webinars. Each webinar is supported by a tool that allows practitioners to easily self-report a viewing or listening to a recording for CPD purposes.

## WEBINARS MEET PRACTITIONERS' NEEDS

In 2015-16, 96% of webinar participants who provided feedback through an MHPN webinar survey indicated that their learning needs had been entirely or partially met.

Seventy-four percent of participants found webinar content to be relevant to their own practice, and in their day-to-day work.

**• 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 practitioners attend.

**“Amazing well-rounded panel! Thank you.”**

EARLY INTERVENTION AND SUPPORT FOR PEOPLE WHO EXPERIENCE WORKPLACE BULLYING, JULY 2016.

**“I really enjoyed hearing the experience and knowledge of the various disciplines represented by the panellists.”**

WORKING COLLABORATIVELY TO ADDRESS THE SOCIAL AND EMOTIONAL WELLBEING OF OLDER LGBTI PEOPLE, APRIL 2016.

**“Appreciated the kindness, warmth, compassion and willingness to be thorough and respectful.”**

WORKING TOGETHER TO SUPPORT PEOPLE WHO SELF-HARM, JUNE 2016.

## WEBINAR ATTENDEES JOIN NETWORKS

MHPN is working to further develop the connection between webinars and networks. Activity was undertaken to encourage participants to join, or start a network in their local area. Particular success was noted at the webinar that addressed the social and emotional wellbeing of older LGBTI people. A number of webinar attendees registered their interest in attending one of MHPN's seven LGBTI networks.

## MHPN WEBINAR SERIES 2015-16

Title and date held	Panellists	No. of attendees	Views of recordings at 30 June 2016
<p><b>Supporting families going through separation</b> 5 August 2015</p>	<p><b>Dr Catherine Boland</b>, psychologist  <b>Dr Michelle Phillips</b>, psychiatrist  <b>Dr Peter Maguire</b>, GP  <b>Ms Vanessa Mathews</b>, social worker and family law specialist  <b>Facilitator: Ms Vicki Cowling</b>, social worker and psychologist</p>	793	2,066
<p><b>Working collaboratively to support the mental health of men experiencing difficulties managing their emotions</b> 28 October 2015</p>	<p><b>Dr Michael Murray</b>, GP  <b>Mr Simon Santosha</b>, Accredited mental health social worker and counsellor  <b>Mr Tony McHugh</b>, psychologist  <b>Facilitator: Dr Catherine Boland</b>, psychologist</p>	765	2,570
<p><b>Working together to manage methamphetamine use and mental health issues</b> 25 November 2015</p>	<p><b>A/Prof. Adrian Dunlop</b>, addiction medicine specialist  <b>Ms Vita Berghout</b>, social worker  <b>A/Prof. Nicole Lee</b>, psychologist  <b>Dr John Reilly</b>, psychiatrist  <b>Facilitator: Dr Michael Murray</b>, GP and medical educator</p>	848	2,287

Title and date held	Panellists	No. of attendees	Views of recordings at 30 June 2016
<p><b>Working together to recognise and treat complicated grief</b> 23 February 2016</p>	<p><b>Prof. Kay Wilhelm</b>, psychiatrist <b>Dr Konrad Kangru</b>, GP <b>A/Prof. Moira O'Connor</b>, psychology academic <b>Mr Greg Roberts</b>, social worker and bereavement counsellor <b>Facilitator: Ms Vicki Cowling</b>, social worker and psychologist</p>	1,344	5,239
<p><b>Working collaboratively to address the social and emotional wellbeing of older LGBTI people</b> 27 April 2016</p>	<p><b>A/Prof. Ruth McNair</b>, GP <b>A/Prof. Damien Riggs</b>, psychotherapist <b>Prof. Mark Hughes</b>, social worker <b>A/Prof. Lynette MacKenzie</b>, occupational therapist <b>Facilitator: Dr Catherine Boland</b>, psychologist</p>	531	673
<p><b>Working collaboratively to support students experiencing exam anxiety</b> 25 May 2016</p>	<p><b>A/Prof. Craig Hassed</b>, GP <b>Mr Paul Jameson</b>, school social worker <b>Ms Jodi Nilsson</b>, psychologist <b>Prof. Valsamma Eapen</b>, psychiatrist <b>Facilitator: Dr Mary Emeleus</b>, GP and psychotherapist</p>	1,009	2,346
<p><b>Working collaboratively to support people who self-harm</b> 20 June 2016</p>	<p><b>Prof. Philip Hazell</b>, psychiatrist <b>A/Prof. Rachel Rossiter</b>, nurse practitioner <b>Dr Tim Fitzpatrick</b>, rural GP <b>Ms Sally Young</b>, social worker <b>Facilitator: Dr Konrad Kangru</b>, GP</p>	1,262	829
<b>TOTAL</b>		<b>6,552</b>	<b>16,010</b>

## Download or view all 55 webinars for free at [www.mhpn.org.au](http://www.mhpn.org.au)

While high numbers of participants at individual webinars are pleasing, MHPN is also committed to covering topics of a more niche nature that attract smaller audiences.

## PARTNERSHIP WEBINARS

MHPN's expertise in delivering professional development with an interdisciplinary collaborative focus has provided the opportunity to partner with a number of organisations.

A partnership with Flinders University's Partners in Recovery (PIR) Capacity Building Project was developed to produce a series of 10 webinars to support PIR staff across the country. In 2015-16, four webinars in the series were produced.

Last year, MHPN furthered its partnership with KidsMatter, the mental health and wellbeing initiative for children in primary schools and early childhood services. In 2015-16 MHPN worked with KidsMatter to produce eight webinars.

The partnership between Uniting and MHPN saw the production of two webinars for NSW Uniting staff, primarily for diversional therapists and activity staff. The first webinar saw 93 staff attend 'More than just bingo!', which focused on lifestyle and

dementia. The second webinar 'Resilience and self-care' was attended by 84 staff.

In April and June, MHPN partnered with The Australian Psychological Society (APS) to produce the first two webinars in a series of eight on forced adoption. The webinars provided practitioners with information about delivering effective care for people affected by past forced adoption experiences.

MHPN produced a webinar in June, in partnership with the e-Mental Health in Practice (eMHPac) project and The Australian National University on stepped-care and e-mental health. Four hundred and twenty-three participants attended the webinar.

MHPN will continue to explore opportunities to work with other organisations and deliver professional development to improve mental health services.



# Other activities

*MHPN undertakes a number of other activities, all of which support 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 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.

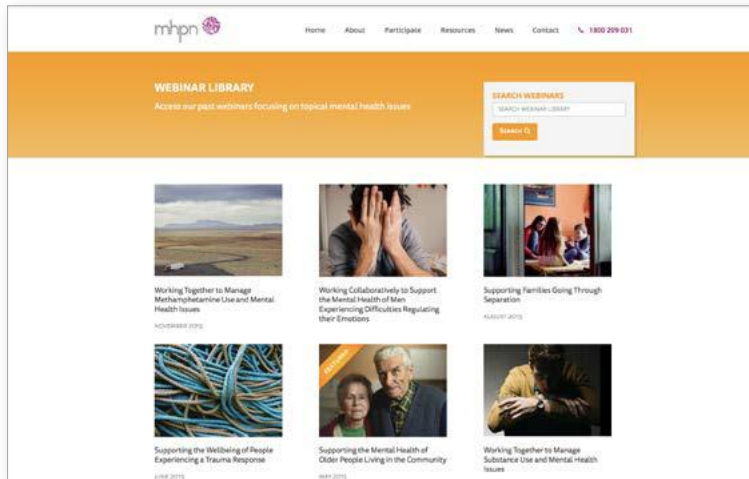
While MHPN appreciates that practitioners may consciously choose to engage in networks or webinars, strategies to cross-promote webinars and networks to participants continues to be effective.

## Communication channels

MHPN's partner organisations have continued to highlight the benefits of participation in networks, by providing MHPN opportunities to publish stories and information in both print and online publications.

MHPN is developing working relationships with PHNs, and delivers a bi-monthly newsletter to each individual PHN. The newsletter contains specific information about local mental health practitioner activity that MHPN supports in the PHN's area.

With a subscriber list of over 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.



More than 130,000 practitioners have viewed webinars on MHPN's webinar library. Since the beginning of MHPN's webinar program.

## MHPN website

The MHPN website is a busy hub of activity that attracts a high volume of visitors. Practitioners regularly download and watch webinars, register for a webinar, or express interest in joining a network. The News section of the site is regularly updated with the latest MHPN practitioner news. MHPN also frequently promotes partner and national organisation conferences, webinars and information where appropriate.



## Social media

MHPN has increased its use of social media in the last year. Targeted use of social media, particularly for webinar promotions, saw Facebook's followers increase to under 5,000, Twitter followers increase to over 2,300 and LinkedIn Connections reach almost 7,000.

## MHPN RECEIVES INTERNATIONAL AWARD

The International Society for the Study of Trauma and Dissociation (ISSTD) awarded MHPN the 2016 Audio-Visual Media Achievement Award for a series of four complex trauma professional development webinars that supported the work of the Royal Commission into Institutional Responses to Child Sexual Abuse. Each year, the ISSTD recognises an individual or organisation for the best audio-visual media that deals with dissociation and/or trauma. MHPN delivered this webinar series to help practitioners better support people affected by the Commission's work.



By the end of June 2016, the webinar recording of the four-part series had exceeded 17,000 views.

# 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

### *Experience*

- Former Board Member for headspace April 2006 – June 2016
- 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
- Deputy Speaker and 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
- Director, The Box Hill Institute
- Director, Bicycle Network

- Director, RACGP Oxygen
- Director, Australian Medicines Handbook
- Fellow, Australian Institute of Company Directors
- Fellow of the Australian Psychological Society
- Member, CEO Circle
- 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), MTM

### *Special Responsibilities*

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

### *Experience*

- Senior Department Manager – Practice, Policy and Partnerships – 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

- Member of MHPN Executive Committee
- Chair of the MHPN Quality Assurance and Clinical Education 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)
- Chair of the Mental Health Professionals' Association (MHPA)
- Board Member, International Association of Applied Psychology (IAAP)
- Fellow of the Australian Institute of Company Directors and the Australian Institute of Management

Lyn 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
- Member of the Mental Health Reform Stakeholders Group.

She has 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 MSc, Grad Dip Health Admin

### Special Responsibilities

- Chair of the MHPN Evaluation Committee

### 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, FARGP, FACRRM, DipPractDerm, DipMedHyp, DipFP, DipBusAdmin, MAICD, GAICD

### 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
- Chair of 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)  
Heng Soong (RANZCP)

### **Evaluation Committee**

Harry Lovelock – Chair (APS)  
Rosie Forster (RANZCP)  
Barbara Murphy (External Consultant)  
John McGrath AM (MHPN Chair)  
Chris Gibbs (MHPN)

Stewart Potten (MHPN) – until December 2015  
Kate Hoppe (MHPN)  
Amanda Osciak (MHPN) – until April 2016  
Belinda McDowall (MHPN) – from April 2016

### **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)  
Emeritus Professor Sidney Bloch (RANZCP Nominee)  
Chris Gibbs (MHPN)  
Stewart Potten (MHPN) – until December 2015  
Kate Hoppe (MHPN)  
Julie Middleton (MHPN)  
Amanda Osciak (MHPN) – until April 2016  
Belinda McDowall (MHPN) – from April 2016

# Financial report

for the year ended  
30 June 2016

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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 2016 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
Zena Burgess	27/6/2011
Harry Lovelock	28/2/2012
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 \$93,029 (2015: \$106,372 surplus). Current year surplus after accounting for all accumulated obligations carried forward totalled \$36,913 (2015: \$56,116 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, with variations on 24 June 2014, 22 June 2015, and 3 May 2016 which extends the life of the project through to 30 June 2017.

### 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 350 networks by 30 June 2016, a national platform of 380 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 17 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	8	8	-	-
Z Burgess	3	6	-	-	-	-
R Forster	4	6	-	-	1	1
J Lammersma	6	6	-	-	-	-
L Littlefield	4	6	-	-	-	-
H Lovelock	4	6	-	-	1	1
M Rawlin	4	6	-	-	-	-
K Ryan	6	6	8	8	-	-

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

### Indemnification of officers

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

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

### 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.

### 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 2016 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.

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



**John McGrath AM**  
Director



**Kim Ryan**  
Director

Dated: 11 November 2016, 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 2016, to the best of my knowledge and belief there have been:

- (i) no contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*; and
- (ii) no contraventions of any applicable code of professional conduct.

**N R BULL**  
Partner

**PITCHER PARTNERS**  
Melbourne

Date: 17 November 2016

## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2016 \$	2015 \$
<b>Revenue</b>	4	<b>1,815,287</b>	<b>1,770,712</b>
<b>Less: expenses</b>			
Employee benefits	6	(1,225,314)	(1,227,884)
Network expenses		(116,407)	(103,470)
Non-grant webinar expenses		(91,023)	(56,814)
Occupancy and member related costs		(126,538)	(133,251)
Administrative expenses		(111,465)	(101,019)
Other expenses		(51,511)	(41,902)
		<b>(1,722,258)</b>	<b>(1,664,340)</b>
<b>Surplus before income tax expense</b>		<b>93,029</b>	<b>106,372</b>
Income tax expense	2	–	–
<b>Net surplus from continuing operations</b>		<b>93,029</b>	<b>106,372</b>
Other comprehensive income			–
<b>Total comprehensive income</b>		<b>93,029</b>	<b>106,372</b>

The accompanying notes form part of these financial statements.



STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2016

	Notes	2016 \$	2015 \$
<b>Current assets</b>			
Cash and cash equivalents	7	260,302	141,759
Receivables	8	37,510	5,978
<b>Total current assets</b>		<b>297,812</b>	<b>147,737</b>
<b>Total assets</b>		<b>297,812</b>	<b>147,737</b>
<b>Current liabilities</b>			
Payables	9	189,548	142,677
Provisions	10	63,897	61,176
<b>Total current liabilities</b>		<b>253,445</b>	<b>203,853</b>
<b>Non-current liabilities</b>			
Provisions	10	7,454	-
<b>Total non-current liabilities</b>		<b>7,454</b>	<b>-</b>
<b>Total liabilities</b>		<b>260,899</b>	<b>203,853</b>
<b>Net assets</b>		<b>36,913</b>	<b>(56,116)</b>
<b>Equity</b>			
Accumulated surplus / (deficit)	11	36,913	(56,116)
<b>Total equity</b>		<b>36,913</b>	<b>(56,116)</b>

The accompanying notes form part of these financial statements.

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
Balance as at 1 July	(56,116)	(162,488)
Surplus for the year	93,029	106,372
<b>Total comprehensive income for the year</b>	<b>93,029</b>	<b>106,372</b>
<b>Balance as at 30 June</b>	<b>36,913</b>	<b>(56,116)</b>

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2016 \$	2015 \$
<b>Cash flows from operating activities</b>			
Grant receipts		1,826,000	1,826,000
Other revenue		140,184	109,395
Payments to suppliers and employees		(1,854,452)	(1,884,904)
Interest received		6,811	8,907
<b>Net cash provided by operating activities</b>		<b>118,543</b>	<b>59,398</b>
<b>Reconciliation of Cash</b>			
Cash at the beginning of the financial year		141,759	82,361
Net increase in cash held		118,543	59,398
<b>Cash at end of financial year</b>	<b>7</b>	<b>260,302</b>	<b>141,759</b>

The accompanying notes form part of these financial statements.

## NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

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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 company Mental Health Professionals Network Ltd as an individual company. 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 company 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.

Webinar revenue is recognised upon delivery of the webinars to customers.

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 (other than termination benefits) expected to be settled wholly before twelve months after the end of the annual reporting period are measured at the (undiscounted) 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 for employee benefits. All other short-term employee benefit obligations are presented as payables in the statement of financial position.

#### **(ii) Long-term employee benefit obligations**

The provision for other long-term employee benefits, including obligations for long service leave and annual leave, which are not expected to be settled wholly before twelve months after the end of the reporting period,

are measured at the present value of the estimated future cash outflow to be made in respect of the services provided by employees up to the reporting date. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee turnover, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the change occurs.

Other long-term employee benefit obligations are presented as current liabilities in the balance sheet if the company does not 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. All other long-term employee benefit obligations are presented as non-current liabilities in the statement of financial position.

### **(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 \$93,029 (2015: deficit \$106,372) during the year

ended 30 June 2016, and as at that date the company's total assets exceeded total liabilities by \$36,913 (2015: total liabilities exceeded total assets by \$56,116).

The company is dependent on the grant funding from DoH. The company entered into a contract on 3 May 2016 which extends the life of the project through to 30 June 2017. In the event that an additional phase of funding past 30 June 2017 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) Financial instruments**

### ***Classification***

The company classifies its financial assets in the following categories: financial assets at fair value through profit or loss, loans and receivables, held-to-maturity investments, and available-for-sale financial assets. The classification depends on the nature of the item and the purpose for which the instruments were acquired. Management determines the classification of its financial instruments at initial recognition.

### ***Initial recognition and measurement***

Financial assets and financial liabilities are recognised when the company becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the company commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value adjusted for transaction costs, except where the instrument is classified as fair value through profit or loss, in which case transaction costs are immediately recognised as expenses in profit or loss.

### ***Loans and receivables***

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. Loans and

receivables are subsequently measured at amortised cost using the effective interest rate method.

### ***Financial liabilities***

Financial liabilities include trade payables, other creditors, loans from third parties and loans or other amounts due to director-related entities.

Non-derivative financial liabilities are subsequently measured at amortised cost, comprising original debt less principal payments and amortisation.

Financial liabilities are classified as current liabilities unless the consolidated company has an unconditional right to defer settlement of the liability for at least 12 months after the reporting date.

### ***Impairment of financial assets***

Financial assets are tested for impairment at each financial year end to establish whether there is any objective evidence for impairment as a result of one or more events ('loss events') having occurred and which have an impact on the estimated future cash flows of the financial assets.

For loans and receivables and held-to-maturity investments carried at amortised cost, impairment losses are measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future credit losses that have not been incurred) discounted at the financial asset's original effective interest rate. The amount of the loss reduces the carrying amount of the asset and is recognised in profit or loss. The impairment loss is reversed through profit or loss if the amount of the impairment loss decreases in a subsequent period and the decrease can be related objectively to an event occurring after the impairment was recognised.

## **(j) Comparatives**

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

## 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 2017.

**2016**  
\$

**2015**  
\$

## NOTE 4: REVENUE AND OTHER INCOME

(a) Revenue from operating activities		
– Government grants	1,660,000	1,690,000
– Non-grant webinars	135,391	71,950
– Other	13,007	–
(b) Revenue from non-operating activities		
– Interest revenue	6,889	8,762
<b>Total Revenue</b>	<b>1,815,287</b>	<b>1,770,712</b>

## NOTE 5: NON-GRANT OPERATIONS

Webinars:		
– Revenue	135,391	71,950
– Expenses	(91,023)	(56,814)
Net contribution to non-grant operations	<b>44,368</b>	<b>15,136</b>

## NOTE 6: OPERATING SURPLUS

Employee benefits:		
– Salaries and wages	1,142,216	1,135,423
– Superannuation	83,098	92,461
	<b>1,225,314</b>	<b>1,227,884</b>

**2016**  
\$

**2015**  
\$

## NOTE 7: CASH AND CASH EQUIVALENTS

Cash at bank	260,302	141,759
	<b>260,302</b>	<b>141,759</b>

## NOTE 8: RECEIVABLES

### Current

GST receivable	4,593	5,739
Accrued income	317	239
Sundry debtors	16,650	-
Amounts receivable from members	15,950	-
	<b>37,510</b>	<b>5,978</b>

## NOTE 9: PAYABLES

### Current

#### *Unsecured Liabilities*

- Trade creditors	35,956	18,411
- Other payables	140,288	111,795
Amounts payable to members	13,304	12,471
	<b>189,548</b>	<b>142,677</b>

## NOTE 10: PROVISIONS

### Current

#### *Employee benefits*

- Long service leave	38,167	41,176
- Annual leave	25,730	20,000
	<b>63,897</b>	<b>61,176</b>

### Non-current

#### *Employee benefits*

- Long service leave	7,454	-
	<b>71,351</b>	<b>61,176</b>

**2016**  
\$

**2015**  
\$

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

Accumulated deficit at beginning of financial year	(56,116)	(162,488)
Net surplus attributable to members of the company	93,029	106,372
	<b>36,913</b>	<b>(56,116)</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 2016 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 company, directly or indirectly, including any Director of that company. 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	L Littlefield
Z Burgess	H Lovelock
R Forster	M Rawlin
J Lammersma	K Ryan

##### (ii) Names of Executives:

C Gibbs (Chief Executive Officer)
S Potten (National Project Manager) to 4 December 2015
K Hoppe (National Project Manager) from 1 February 2016

**2016**  
\$

**2015**  
\$

#### Compensation of KMP

Aggregated compensation of KMP was as follows:

Short-term employee benefits	321,818	325,094
	<b>321,818</b>	<b>325,094</b>



**2016**  
\$

**2015**  
\$

#### NOTE 14: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

– audit services	15,000	15,000
– consultancy	1,000	1,000
– other	225	60
	<b>16,225</b>	<b>16,060</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.

The aggregate amount payable to related parties by the company at balance date is \$12,682 (2015: \$11,742) payable to APS, and \$622 (2015: \$729) payable to ACMHN.

Transactions with related parties:

(a) Provision of services from Members

ACMHN	4,911	802
APS	144,301	151,853
RACGP	–	1,299
RANZCP	–	–
	<b>149,212</b>	<b>153,954</b>

(b) Supply of services to Members

APS	86,350	21,395
	<b>86,350</b>	<b>21,395</b>

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

There has been no matter or circumstance, which has arisen since 30 June 2016 that has significantly affected or may significantly affect:

- The operations, in financial years subsequent to 30 June 2016, of the company, or
- The results of those operations, or
- The state of affairs, in financial years subsequent to 30 June 2016, of the company.

#### NOTE 17: 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 41, 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 2016 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: 11 November 2016, 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 2016, the statement of profit or loss and other 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 are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the financial reporting requirements of *Australian Charities and Not-for-profits Commission Act (2012)* and for such internal control as the directors determine is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

*Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance 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 entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal 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 APES 110 *Code of Ethics for Professional Accountants*.

## 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 entity's financial position as at 30 June 2016 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: 17 November 2016

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**Mental Health Professionals' Network**

ABN 67 131 543 229

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