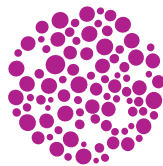




2017

Annual Report



mhpn

Mental Health Professionals' Network

20
17

Contents

Mental Health Professionals' Network

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Member organisations



Partner organisations

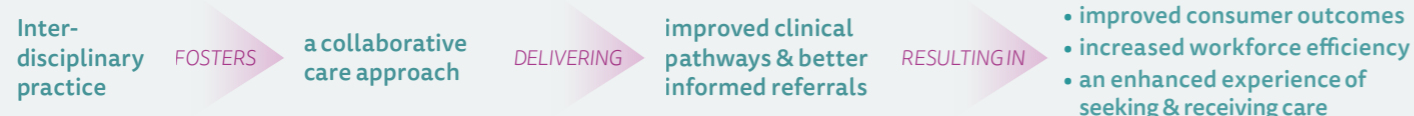


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Introduction

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 evidence. Two independent evaluations commissioned this year, demonstrated that the MHPN model is effective. The findings showed that interdisciplinary practitioner networking develops practitioner relationships and improves client referrals. The evaluation also verified the strong impact that MHPN's webinar program has on practitioner practice.



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

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 until June 2020.

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 2016-17

NETWORKS

380
NETWORKS SUPPORTED

41%
IN RURAL & REGIONAL AREAS

154
SPECIFIC-INTEREST NETWORKS

1,102
MEETINGS HELD

9,547*
NETWORK MEMBERS

14,100*
MEETING ATTENDANCES

489
NETWORK COORDINATORS

WEBINARS

7
WEBINARS PRODUCED

5,934
ATTENDEES

38,856
RECORDING VIEWS
(OF 55 DoH FUNDED WEBINARS)

ONLINE CONNECTIONS

47,739
PRACTITIONERS
SUBSCRIBE TO E-NEWS

31
PHNs RECEIVE MHPN
LOCAL NEWS

3,122
TWITTER FOLLOWERS

7,561
LINKEDIN CONNECTIONS

6,428
FACEBOOK FOLLOWERS



**100,000TH MEETING
ATTENDANCE**
AN IMPORTANT MILESTONE
FOR MHPN

Congratulations Nicola Hoskins-Murphy
for being MHPN's 100,000th
network meeting attendee.

* Calculation based on 92% of returned data.

Chairman's foreword

I was very pleased when MHPN received the news from the Commonwealth Department of Health that funding has been guaranteed for the next three years, until 30 June 2020.

Since late 2008, and with a comparatively small amount of funding, MHPN has supported Australian practitioners across the country to deliver improved services to consumers. Continuing to fund the initiative shows that the Government believes in the benefits of interdisciplinary mental health practice, and the role the MHPN platform plays in the wider mental health landscape now and in the future.

In the last year, tens of thousands of busy practitioners continued to participate in MHPN's programs. This continued high-level voluntary participation by practitioners demonstrates the value that they attribute to MHPN-supported activities.

I am very pleased to report that MHPN's network results remained strong throughout the year. MHPN supported 380 practitioner networks across Australia, with over 40% in rural communities. Over 14,000 meeting attendances were recorded at over 1,000 network meetings. It was also very exciting to announce Nicola Hoskins-Murphy as the 100,000th practitioner to attend a network meeting since the project began. It shows the considerable growth of MHPN's network platform since 2009.



“In the last year, tens of thousands of busy practitioners continued to participate in MHPN's programs. This continued high-level voluntary participation by practitioners demonstrates the value that they attribute to MHPN-supported activities.”

Practitioners continue to regard MHPN webinars as relevant, accessible and high-quality professional development. This is evident by the high number of webinar attendees and the over 175,000 views and downloads of MHPN's webinar library. In the last year, MHPN recorded its largest live audience at a webinar, with over 1,340 practitioners attending the Borderline Personality Disorder webinar in March.

Network Coordinators are integral to the success of the network program, and their dedication and commitment is a key contributor to MHPN's achievements. The primary mental health practitioner community can be grateful to the 489 voluntary coordinators who are the pillars of the network platform. We look forward to their involvement in the future.

On behalf of the Board, I would like to thank Chris Gibbs, MHPN CEO for his continued commitment to MHPN. He showed exemplary dedication as he negotiated with the Department to secure MHPN's funding. He is to be commended on his leadership, and the support that he demonstrates to MHPN staff.

I would like to thank my fellow Board members, who have guided and supported both myself and Chris, particularly during negotiations with the

Department. Their advice has been invaluable. I would also like to thank the Executive Team, Trevor Donegan, Kate Hoppe and Belinda McDowall and all MHPN staff.

Thank you to MHPN's core 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, who have been instrumental in helping secure MHPN's future. The support by MHPN's member organisations and their confidence in MHPN's model has been a key contributor to the project's success.

I would also like to thank the following partner organisations for their on-going support, The Australian Association of Social Workers, The Australian College of Rural and Remote Medicine, and Occupational Therapy Australia.

This is an exciting time for the project, as it enters a new three year phase. Through MHPN's activities, interdisciplinary mental health practice will continue to have a significant impact on consumers, their families and friends.

John McGrath AM
Chairman

Chief Executive Officer's overview



MHPN activities purposely cross boundaries of discipline, mode of practice (private and public), location and physical and mental health, to encourage the development of interdisciplinary collaboration, improve referral pathways and broaden understanding of practitioner expertise. All of which contribute to deliver better consumer health outcomes.

It was confirmed this year by the Department of Health that MHPN's funding would continue for a further three years to June 2020. MHPN's platform of local practitioner networks and the national interdisciplinary professional development webinar program has continued to strengthen in 2016-17. The three year funding announcement provides us with the opportunity to extend our thinking beyond a 12 month window.

The year has highlighted the ongoing appetite of practitioners across the country for the interdisciplinary professional development program that has been cultivated and promoted by MHPN. There are a number of key factors that enable this to occur.

Interdisciplinary practitioner networks are unique and core to MHPN. A combination of locally-based voluntary network coordinators, supported by MHPN project officers, with access to community mental health practitioners and general practitioners through our partner professional associations, sets the scene for local and relevant discussions in up to 380 communities in rural, regional and metropolitan Australia. Within this

cohort are 150 specific interest networks that focus on particular areas of interest including trauma, diabetes and mental health, and perinatal mental health.

The webinar program complements the network program, and in 2016-17 averaged over 840 participants per webinar. The program covered a wide range of relevant topics endorsed by a practitioner-led committee of the MHPN Board. In addition, the MHPN webinar library experienced over 38,000 recording views and downloads. The webinar program gives all Australian practitioners access to national experts, regardless of where they live. Last year over 35% of practitioners accessing the webinar program were from regional, rural and remote areas. All MHPN activity is eligible for CPD self-reporting.

MHPN acknowledges the partnerships it has established with the professional associations and a wide range of key stakeholders that directly influences content and are critical to engaging with community mental health practitioners and general practitioners. Understanding the impact MHPN activities have on its audience tests its relevance and effectiveness. To this end MHPN commissioned two evaluations in 2016-17.

The first assessed the changes in attitude and practice of network members. The second evaluation addressed the webinar program's impact on practitioner practice. The evaluations demonstrate that the MHPN networks and the online professional development program are achieving their objective of improving health professionals' attitudes and behaviours relating to collaborative care and interdisciplinary networking.

In summary, 2016-17 has been a year of consolidation of the national interdisciplinary professional development program that is MHPN.

It has also been a year which provides a springboard for future MHPN activities including

“The year has highlighted the ongoing appetite of practitioners across the country for the interdisciplinary professional development program that has been cultivated and promoted by MHPN.”

a greater emphasis on practitioners working to improve the mental health of older Australians, of the veteran community, of those with borderline personality disorder and at the intersection of mental health and physical health. MHPN will continue to enrich its relationship with its many partner organisations including Primary Health Networks.

I would like to thank our 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 for their ongoing support and advice. The advice of both our member and partner organisations has been instrumental in guiding MHPN through a period of funding uncertainty, and we look forward to robust collaboration through the next phase of development.

Thanks also to the MHPN Board led by John McGrath AM, MHPN staff for their resilience in uncertain times and continuing to make it happen, to network coordinators who are central to the program, and finally to all who continue to support and participate in this unique program.

Chris Gibbs
Chief Executive Officer

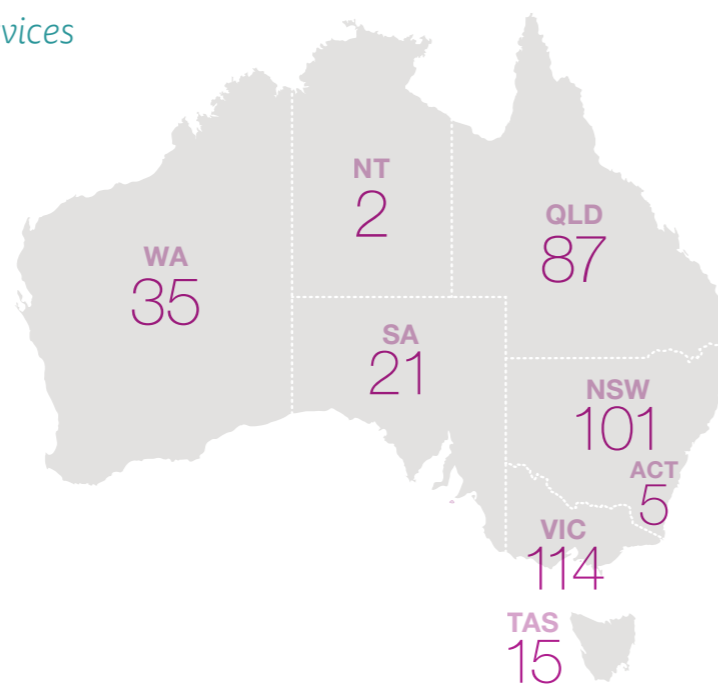
MHPN interdisciplinary practitioner networks

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 a MHPN Project Officer.

The map below shows a breakdown in the number of networks across Australia.



NEW NETWORKS

Last year MHPN again exceeded its target, establishing 29 new networks, six more than the previous year. Practitioners are becoming increasingly aware of MHPN's activities, and the importance of interdisciplinary networking in their community. The number of new networks was largely driven by practitioners proactively contacting MHPN to discuss options for working together.

NETWORK PARTICIPATION CONTINUES TO REMAIN STRONG

During 2016-17, 14,100* practitioners attended 1,102 network meetings. Practitioner attendance was consistent with previous years, and was pleasing given the level of funding uncertainty in the mental health sector.

Networks met regularly, and more than half met at least three times during the year. A number of factors continue to influence the frequency and regularity of network meetings. These include, school holidays, public holidays and community events. Staff changes or the loss of staff members at service organisations also affect network activity, particularly if the individual is a coordinator. Project Officers worked with a number of networks in this position, and successfully recruited new coordinators to keep the networks active.

100,000th practitioner attends network meeting

MHPN reached an important milestone this year – the 100,000th network meeting attendance.

In May, psychologist Nicola Hoskins-Murphy attended a meeting at the Orange Psychotherapeutic Interventions Reading Group in NSW, where she was recorded as the 100,000th practitioner to attend a MHPN network meeting. Nicola is the coordinator of this network, and has been to more than 30 meetings in the Orange area. The network, which includes a psychiatrist, psychologists and social workers have met monthly since 2015. Nicola has also attended a number of MHPN webinars. Thanks to Nicola for her continued support of interdisciplinary practice in the Orange area!

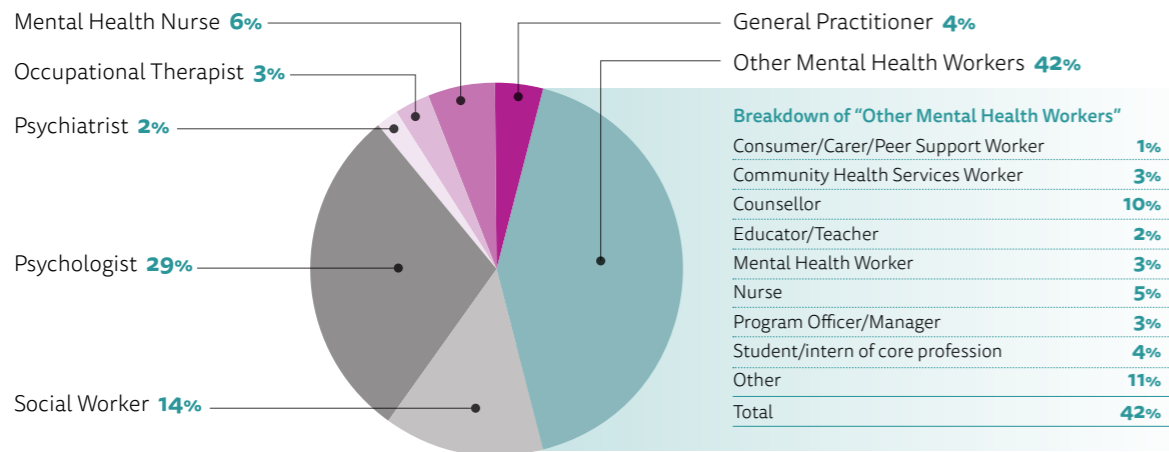


Left to right: Dr Stephanie Quinton, Nicola Hoskins-Murphy, Norm Rowlands and Liz Murrell celebrate with a cake at a network meeting.

* Calculation based on 92% of returned data.

Participation from a mix of disciplines

Network meetings continued to attract practitioners from a range of different disciplines. Members included a mix of GPs, psychiatrists, psychologists, mental health nurses, social workers, occupational therapists, nurses, counsellors or a range of other associated mental health practitioners.



Networks are self-directed and respond to community needs

Practitioners recognise consumer and community needs, and respond by starting or re-establishing networks. MHPN networks are self-directed, with each network adapting to meet the needs and challenges of network members and the local community.

Sydney GP Co-coordinates New North Sydney Older Persons' MHPN

This new network is led by three coordinators including local GP, Dr Stephen Ginsborg. The group has met twice this year and has been effective in encouraging North Sydney practitioners to work together to improve outcomes for older Australians who need psychological support.

GPs recognise the importance of participation

GPs are often the first point of contact for patients, and are therefore central to establishing referral pathways. MHPN places a high level of importance on GP contribution and perspectives in network meetings and aims 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 next year.

Although GPs are often time poor, they recognise the importance of a local MHPN network. Last year 16 GPs were network coordinators and 35% of networks had at least one GP attend at least one meeting during the year. Feedback from GP network members suggests that GPs find it extremely valuable meeting clinicians face-to-face at network meetings, because it improves their referral confidence.

Over 3,400 GPs receive regular MHPN information updates, including MHPN's e-newsletter, network meeting invitations and information about registering for MHPN professional development webinars. In the last year, over 200 new GPs subscribed to MHPN's communication.

COORDINATORS CENTRAL TO NETWORK ACTIVITY

In 2016-17, MHPN supported 489 network 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 other network details. They encourage coordinators to set 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 worked with all volunteer coordinators to organise local network meetings, and their commitment is fundamental to MHPN's success.

Coordinators of Frankston Transcultural Network

PSYCHOLOGIST CLARE LINCOLN AND SOCIAL WORKER JODY BLYTHE

Clare and Jody coordinate the Frankston Transcultural Network, which meets bimonthly for professional development at headspace in Frankston, Victoria.

The network invites local service providers to present at meetings. Clare orders food from a local café for dinner. Snacks, tea and coffee are available in the kitchen for network members to help themselves to at any time during the evening.

"We make an effort, because people make an effort to come after a busy day at work and we are a community of interest coming together. It's a core membership," said Jody.



Clare Lincoln (second from left) and Jody Blythe (far right) at a network meeting in May with guest speakers Catherine Kirby and Anne Jackson from Kids Like Us.

Coordinator of East Kimberley Network



PSYCHOLOGIST NICOLE JEFFERY-DAWES

This network based in Kununurra uses Telehealth, an online platform to connect health practitioners over distance. It allows practitioners from Kalumburu to Balgo and everywhere in between to participate in the network online. A challenging aspect working in the Kimberley, an area the size of Victoria, is a lack in the coordination of services. MHPN network meetings provide one way of overcoming this hurdle.

"It's making these linkages and collaborations with other practitioners that helps my work in communities. We make our connections, while we learn together," Nicole said.

Practitioners watch a MHPN webinar together and discuss it. MHPN webinars are particularly convenient professional development for rural practitioners like Nicole.

The network brings together members of the community including Aboriginal people who are locally identified as 'patrols'. Throughout the night, patrols watch over and care for vulnerable Aboriginal people. MHPN meetings are an opportunity for patrols to establish strategies and support for people that they are concerned about.

GROWTH IN SPECIFIC-INTEREST NETWORKS

Specific-interest networks bring together practitioners with a common interest in a specific field of mental health. Forty percent or 154 of MHPN networks are specific-interest MHPN networks and their number remains strong. The following table lists the full range of specific-interest networks:

Specific-Interest Network	Number
Addictions and mental health	5
Autism and mental health	6
Culturally and linguistically diverse and transcultural mental health	12
Eating disorders	9
Family and carer and mental health	1
Gender, sexuality and mental health	9
Intellectual disability and mental health	5
Mood disorders (bipolar, depression, anxiety)	3
Older people and mental health	8
Organisation-specific mental health (e.g. ADF)	1
Perinatal and infant mental health	11
Physical health and mental health	22
Suicidality and suicide prevention	6
Trauma and mental health	18
Treatment and intervention focused	11
Young people and mental health (child, adolescent and young adult)	25
Total	152

NATIONAL ORGANISATIONS

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

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 the mental health agenda.

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

In the last year, MHPN's bimonthly newsletter NetHub has further developed working relationships with PHNs. Each edition of NetHub includes specific information about MHPN-supported practitioner activity in the PHN's area. MHPN also hosts a webpage for each PHN, highlighting networks in the area, which is regularly updated with the latest network news. The number of PHN staff receiving NetHub has increased in the last year.



CHRONIC DISEASE, OLDER AGE AND MENTAL HEALTH – New partnerships between MHPN, Primary Health Networks and stakeholder organisations

MHPN has entered partnerships with Primary Health Networks in two new pilot programs. The first is intended to test the MHPN interdisciplinary model in primary care with a focus on multimorbidity. The second is to stimulate a greater practitioner network focus on practitioners working to treat older Australians with a mental illness.



Interdisciplinary Health Practitioner Network

IHPN's aim is to bring together local health practitioners to support collaborations in primary care, to improve outcomes for people living with multiple chronic conditions by developing referral pathways and practitioner relationships.

This pilot has provided the opportunity for MHPN to partner with the Allied Health Professions Australia, the Royal Australian College of General Practitioners and importantly with Adelaide, Brisbane South, Eastern Melbourne and Murray (Vic) PHNs.

At the very first IHPN network meeting in April, 27 health practitioners, representing a wide range of professions, met in Adelaide to discuss pain management and mental health. Supported by the Adelaide PHN, the IHPN meeting included a case study discussion, sharing resources and networking.

Encouragingly, in the short time since the project commenced in early 2017, almost 300 practitioners registered to be informed about the IHPN program, and over 55 practitioners attended the three meetings that were held last year.

Older Persons' MHPN

MHPN is partnering with the following PHNs; Perth North; Sydney North; Murray (Vic); Central Queensland, Wide Bay, Sunshine Coast; Northern Queensland to support practitioners who work with older Australians needing psychological support.

Enabling practitioners from different disciplines to work together more effectively will help to improve service delivery, better manage illness and reduce avoidable hospitalisation.

Over 400 practitioners have registered interest in the project since its commencement in early 2017 and attendance at early network meetings has been positive. We look forward to consolidating this progress in the coming year.

Online professional development in 2016-17

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

In 2016-17, seven Department of Health funded webinars were produced, featuring 27 panellists from nine disciplines. MHPN also produced eight webinars in partnership with other organisations.

	Department of Health funded webinars	Partnership webinars to MHPN audiences
No. of webinars	7	8
Registrations	14,872	12,901
Attendees	5,934	6,084
Recording views	8,342	NA*
Average attendees per webinar	848	760
Total: Attendees + recording views	14,276	NA*

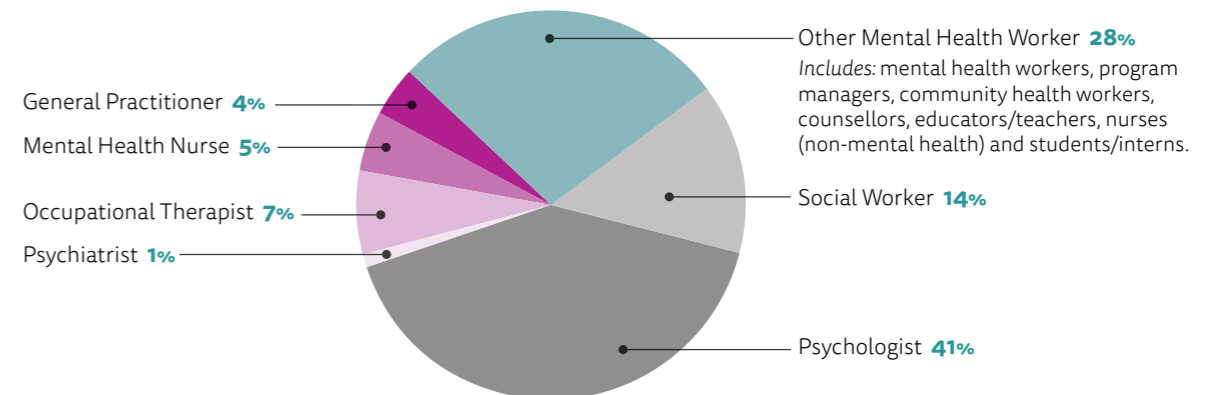
* Not all partnership webinars are on the MHPN website.

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 expertise. The webinar's case study format and the inclusion of a lived-experience presenter (some webinars) 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 2016-17, webinars attracted an audience of mental health practitioners from a range of disciplines. The audience breakdown is highlighted in the pie chart below. It depicts all MHPN's webinar audiences, including partnership webinars, which occasionally attract a specific audience/discipline.



IN 2016-17, OVER 35% OF WEBINAR ATTENDEES CAME FROM OUTSIDE A MAJOR METROPOLITAN AREA.

“Webinars are fantastic and a great opportunity. Professional development is so expensive in the Kimberley and it takes 2 days to get anywhere.”

NICOLE JEFFERY-DAWES, RURAL PSYCHOLOGIST



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 participate in their own time. 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 67 webinars. Each webinar is supported by a tool that allows practitioners to easily self-report for CPD purposes. If practitioners prefer not to watch the video, the option to download the audio only is available.

WEBINARS MEET PRACTITIONERS' NEEDS

In 2016-17, 95% of webinar participants who provided feedback through a MHPN webinar survey indicated that their learning needs had been entirely or partially met.

The survey also indicated that 93% of participants would change their clinical practices as a result of participating in a webinar.

• Nine out of ten attendees developed more confidence in providing mental health care to consumer groups.

BENEFITS OF PARTICIPATION

Qualitative feedback from webinar participants provides valuable insights into why practitioners attend.

"I learnt so much from the collaborative conversation. A great facilitation and openness by all."

SUPPORTING THE SOCIAL AND EMOTIONAL WELL-BEING OF ABORIGINAL AND TORRES STRAIT ISLANDER YOUTH IN CRISIS, FEBRUARY 2017

"An excellent presentation. Thank you to all the presenters. Clear, targeted information that I can use immediately in my practice. Lots of food for thought."

COLLABORATIVE MENTAL HEALTH CARE TO SUPPORT ADULTS ON THE AUTISM SPECTRUM, JUNE 2017

"This was the most effective webinar I have attended with appropriate techniques for treatment presented."

SUPPORTING FAMILIES OF PEOPLE LIVING WITH DEMENTIA, MAY 2017

WEBINAR ATTENDEES JOIN NETWORKS

MHPN is working to further develop the connection between webinars and networks. Activity was undertaken during webinars to encourage participants to join, or start a network in their local area. At the dementia webinar, the Department of Veterans' Affairs webinar series and the Borderline Personality Disorder (BPD) webinar, attendees were directed to information on how to register interest in MHPN's veteran, BPD and older person networks.

MHPN WEBINAR SERIES 2016-17

Title and date held	Panellists	No. of attendees	Views of recordings at 30 June 2017
Problem gambling and collaborative mental health care 12 October 2016	Kate Roberts , NSW social worker Dr Sally Gainsbury , NSW clinical psychologist Dr Paul Grinzi , Vic GP Dr Clive Allcock , NSW psychiatrist Facilitator: A/Prof Rachel Rossiter , NSW nurse practitioner	458	609
Caring for young people experiencing gender dysphoria 9 November 2016	A/Prof Michelle Telfer , Vic paediatrician A/Prof Darren Russell , Qld GP/sexual health physician A/Prof Campbell Paul , Vic psychiatrist Dr Elizabeth Anne Riley , NSW counsellor Facilitator: A/Prof Damien Riggs , SA social worker	642	2,279
Understanding first episode psychosis 14 November 2016	Dr Shona Francey , Vic clinical psychologist Toby Raeburn , NSW nurse practitioner/mental health nurse Dr Grant Sara , NSW psychiatrist A/Prof Morton Rawlin , Vic GP Facilitator: Dr Mary Emeleus , Qld GP	933	2,687
Supporting the social and emotional well-being of Aboriginal and Torres Strait Islander youth in crisis 23 February 2017	Dr Louis Peachey , Qld rural generalist Dr Marshall Watson , SA psychiatrist Dr Jeff Nelson , Qld psychologist Facilitator: Dr Mary Emeleus , Qld GP and psychotherapist	805	769

Title and date held	Panellists	No. of attendees	Views of recordings at 30 June 2017
Supporting people living with borderline personality disorder 21 March 2017	Prof Andrew Chanen , Vic psychiatrist Janina Tomasoni , Vic psychologist Ellen Sinclair , NSW mental health nurse Dr Christopher Wurm , SA GP Facilitator: A/Prof Rachel Rossiter , NSW nurse practitioner	1,341	1,645
Supporting families of people living with dementia 3 May 2017	Dr Alison Argo , Qld geropsychologist A/Prof Stephen Macfarlane , Vic psychiatrist Prof Dimity Pond , NSW GP Alissa Westphal , Vic occupational therapist Facilitator: Dr Konrad Kangru , Qld GP	790	312
Collaborative mental health care to support adults on the autism spectrum 5 June 2017	Dr Aline Smith , NSW GP A/Prof Amanda Richdale , Vic psychologist researcher Prof Julian Trollor , NSW psychiatrist Dr Anna Urbanowicz , Qld occupational therapist Facilitator: Dr Lyn O'Grady , Vic community psychologist	965	41
TOTAL		5,934	8,342

Download or view all 67 webinars for free at 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 attracts smaller audiences.

- MHPN recorded its highest audience at the *Supporting People Living With Borderline Personality Disorder* webinar in March.
- Over 1,340 practitioners watched it live.

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.

MHPN and its consortium partner Healthcare Management Advisors successfully tendered to produce a series of six webinars covering Mental Health and the Military Experience on behalf of the Department of Veterans' Affairs. The series has been very well attended, with almost 4,000 attendees recorded at the four webinars produced in 2016-17.

In July, MHPN partnered with Safework Australia to produce two webinars. The webinar on supporting people experiencing workplace bullying was watched by an audience of over 750. The second webinar was held in October, and discussed supporting the mental health of people returning to work after a long-term injury.

In August, MHPN worked with the NSW Ministry of Health to produce a webinar on managing comorbid mental health and methamphetamine use. The webinar was exclusively for NSW practitioners and saw close to 440 attend.

In May 2017, the NSW Ministry of Health and the Centre for Eating and Dieting Disorders (CEDD) also partnered with MHPN to produce a webinar for practitioners on eating disorders. This webinar was also exclusively for NSW practitioners and attracted close to 260 clinicians.

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

The image shows three overlapping circular logos. The top logo is the Australian Government Department of Veterans' Affairs. The middle logo is safe work australia. The bottom logo is cedd (centre for eating & dieting disorders).



Other activities

MHPN undertakes a number of other activities, to promote 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 continue to keep MHPN on practitioners' radars have included, providing a regular feed of stories to stakeholder organisations, targeted social media placements, 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 have a clear preference to engage in either networks or webinars, strategies to introduce practitioners participating in one platform to the other continue to be effective.

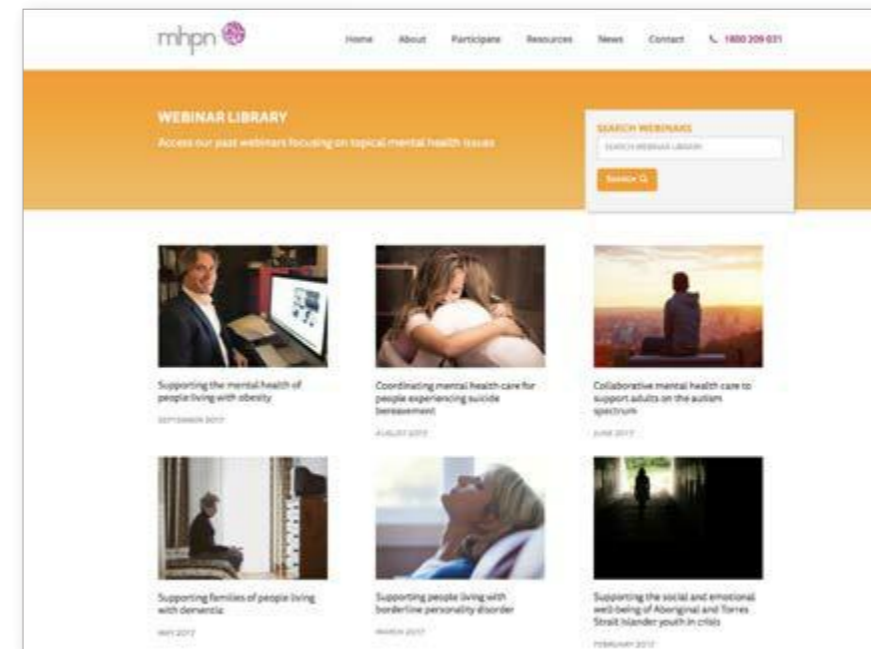
Communication channels

MHPN's ability to reach a diverse range of mental health practitioners has never been stronger, and 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 communicates with its practitioner audience via:

- MHPN Connect – a bi-monthly practitioner e-newsletter with a subscriber list of over 45,000
- Coordinator Connect – a tailored bi-monthly e-newsletter for network coordinators
- NetHub – a bimonthly e-newsletter with information for PHNs about local MHPN practitioner activity
- The MHPN website through news articles and general project information
- Social media
- E-invitations and SMS reminders for webinars.

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



172,000+ 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. The Webinar Library, Webinar Registration and Find a Network pages are the most frequented areas. 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 conferences, webinars and information from partner and national organisations where appropriate.



Social media

In the last year MHPN continued its targeted use of social media, particularly for promoting webinars, network news and MHPN Connect. Regular posts saw a significant increase in the number of followers

on all platforms since July 1st 2016, as shown in the table below.

	Followers at 1 July 2017	New followers in 2016-17
LinkedIn	7,561	1,529
Twitter	3,122	741
Facebook	6,428	1,529

INDEPENDENT EVALUATIONS CONFIRM EFFECTIVENESS OF MHPN MODEL

MHPN commissioned Dr Barbara Murphy to complete two evaluations this year. The first assessed the changes in attitude and practice of network members over eight years. The evaluation findings confirmed that, an increase in interdisciplinary practitioner networking results in improved practitioner relationships and client referrals. The second evaluation demonstrated the webinar program's positive impact on practitioner practice.

Information on directors



From left: Kim Ryan, Stephan Groombridge, Rosie Forster, John McGrath, Harry Lovelock, Chris Gibbs, Associate Professor Morton Rawlin, Professor Lyn Littlefield. Absent: Josephine Raw, Dr Johanna Lammersma (resigned), Dr Zena Burgess (resigned).

JOHN McGRATH AM

Special Responsibilities

- Chairman of MHPN
- Chair of the MHPN Executive Committee
- Member of the MHPN Finance and Audit Committee

Experience

- 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 for headspace April 2006 – June 2016
- 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
- Organisational and Clinical Psychologist
- 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
- Roles in The Family Court Counselling Service
- Tribunal member for Victorian Civil and Administrative Appeals
- Past Board Member of the Country Fire Authority
- Post-secondary education experience at La Trobe University, Swinburne University and at Australian Catholic University.

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 (up to December 2016).

Experience

- Senior Department Manager for 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.

STEPHAN GROOMBRIDGE BA (Hons)

Special responsibilities

- Member of the MHPN Evaluation Committee
- Member of the MHPN Finance and Audit Committee

Experience

- Manager, eHealth & Quality Care – Royal Australian College of General Practitioners
- Manager, Health Services Research Network UK
- Senior Policy Analyst, Ministry of Health NZ.

DR JOHANNA LAMMERSMA MBBS, FRANZCP

Experience

- Psychiatrist (Private Practice).

PROFESSOR LYN LITTLEFIELD OAM, FAPS, FAICD, 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)
- 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:

- Minister for Health's Primary Health Network (PHN) Advisory Panel on Mental Health
- MBS Review – General Practice Primary Care Clinical Committee
- PHN Lead Sites Evaluation Advisory 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 the Mental Health Professionals' Association.

JOSEPHINE RAW B App Sci (MRA), Grad Dip
Health Admin, GAICD, FHIMAA

Special Responsibilities

- Member of the MHPN Evaluation Committee (from March 2017)

Experience

- Deputy CEO / General Manager Policy Practice & Innovation – RACGP
- Director, Clinical Information Services – Royal Women’s Hospital
- Director, Clinical Information Services – Women’s & Children’s Health
- Lecturer, La Trobe University

ASSOCIATE PROFESSOR

MORTON RAWLIN BMed, MMedSci, FRACGP,
FARGP, FACRRM, DipPractDerm, DipMedHyp, DipFP,
DipBusAdmin, GAICD

Experience

- General Practitioner based in Melbourne
- Medical Director Royal Flying Doctor Service, Victoria

- Past Chair of the Victoria Faculty of the RACGP and a RACGP Faculty Board Member (Vic Branch)
- Adjunct Associate Professor in General Practice at the University of Sydney
- Chair, General Practice Mental Health Standards Collaboration (GPMHSC).

KIM RYAN

Special Responsibilities

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

Experience

- Chief Executive Officer of the Australian College of Mental Health Nurses (ACMHN)
- Adjunct Associate Professor, Sydney University
- Chair of Companion House
- Former Chair of the Mental Health Professionals’ Association (MHPA)
- Former Chair of the Coalition of National Nursing Organisation.

Financial report for the year ended 30 June 2017

Mental Health Professionals Network Ltd ABN 67 131 543 229
(Incorporated in Victoria as a company limited by guarantee)

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INFORMATION ON COMMITTEES

Executive Committee

John McGrath AM Chair
Lyn Littlefield Chair (APS)
Kim Ryan (ACMHN)
Chris Gibbs (MHPN)

Finance and Audit Committee

Kim Ryan Chair (ACMHN)
John McGrath AM (MHPN)
Chris Gibbs (MHPN)
Trevor Donegan (MHPN)
Heng Soong (RANZCP) (advisor)

Evaluation Committee

Harry Lovelock – Chair (APS)
Rosie Forster (RANZCP)
Barbara Murphy (Advisor)
Deepika Ratnaik (Advisor)
Chris Gibbs (MHPN)
Kate Hoppe (MHPN)
Trish Clarke (MHPN)
Belinda McDowall (MHPN)

Quality Assurance and Clinical Education Committee

Lyn Littlefield Chair (APS)
Peta Marks (ACMHN)
Associate Professor David Pierce
(Director, University Dept of Rural Health)
Rebecca Matthews (APS)
Emeritus Professor Sidney Bloch
(RANZCP Nominee)
Chris Gibbs (MHPN)
Kate Hoppe (MHPN)
Julie Middleton (MHPN)
Belinda McDowall (MHPN)

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 2017 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	Re-appointment
John McGrath	7/8/2008		
Zena Burgess	27/6/2011	13/12/2016	
Rosie Forster	12/2/2015		
Stephan Groombridge	26/8/2017		
Joanna Lammersma	12/6/2008	13/12/2016	
Lyn Littlefield	12/6/2008		
Harry Lovelock	28/2/2012	14/2/2017	26/4/2017
Josephine Raw	14/2/2017	4/8/2017	
Morton Rawlin	12/6/2008		
Kim Ryan	12/6/2008		

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 year amounted to \$44,113 (2016: \$93,029). Current year retained earnings surplus after accounting for all accumulated obligations carried forward totalled \$81,026 (2016: \$36,913).

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 5 May 2017 which extends the life of the project through to 31 December 2020.

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 2017, 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 15 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		DIRECTORS EXECUTIVE	
	Attended	Eligible to attend	Attended	Eligible to attend
J McGrath	6	6	4	4
Z Burgess	1	3	-	-
R Forster	5	6	-	-
J Lammersma	3	3	-	-
L Littlefield	4	6	1	4
H Lovelock	5	6	-	-
J Raw	2	3	-	-
M Rawlin	3	6	-	-
K Ryan	5	6	4	4

	FINANCE & AUDIT		QUALITY ASSURANCE & CLINICAL EDUCATION		EVALUATION	
	Attended	Eligible to attend	Attended	Eligible to attend	Attended	Eligible to attend
J McGrath	6	7	-	-	-	-
Z Burgess	-	-	-	-	-	-
R Forster	-	-	3	4	2	2
J Lammersma	-	-	-	-	-	-
L Littlefield	-	-	1	4	-	-
H Lovelock	-	-	-	-	4	4
J Raw	-	-	-	-	2	2
M Rawlin	-	-	-	-	-	-
K Ryan	6	7	-	-	-	-

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 Act 2001 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 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 2017 the number of members was 4 (2016:4). The combined total amount that members of the company are liable to contribute if the company is wound up is \$400 (2016: \$400).

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



John McGrath AM
Director



Kim Ryan
Director

Dated: 27 October 2017, Melbourne

AUDITOR'S INDEPENDENCE DECLARATION



MENTAL HEALTH PROFESSIONALS NETWORK LTD
ABN 67 131 543 229

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

In relation to the independent audit for the year ended 30 June 2017, to the best of my knowledge and belief there have been no contraventions of APES 110 Code of Ethics for Professional Accountants.



N R BULL
Partner

Date: 27 October 2017



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STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2017

	Notes	2017 \$	2016 \$
Revenue	4	1,944,265	1,815,287
Less: expenses			
Administrative expenses		(129,383)	(111,465)
Depreciation	6	(31)	-
Employee benefits	6	(1,350,451)	(1,259,314)
Network expenses		(128,847)	(116,407)
Non-grant webinar expenses	5	(97,018)	(57,023)
Occupancy		(132,197)	(126,538)
Other expenses		(62,225)	(51,511)
		(1,900,152)	(1,722,258)
Surplus before income tax expense		44,113	93,029
Income tax expense		-	-
Net surplus from continuing operations		44,113	93,029
Other comprehensive income		-	-
Total comprehensive income		44,113	93,029

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2017

	Notes	2017 \$	2016 \$
Current assets			
Cash and cash equivalents	7	256,326	260,302
Receivables	8	61,096	37,510
Total current assets		317,422	297,812
Non-current assets			
Plant and equipment	9	1,069	-
Total non-current assets		1,069	-
TOTAL ASSETS		318,491	297,812
Current liabilities			
Payables	10	135,085	189,548
Provisions	11	89,175	63,897
Total current liabilities		224,260	253,445
Non-current liabilities			
Provisions	11	13,205	7,454
Total non-current liabilities		13,205	7,454
TOTAL LIABILITIES		237,465	260,899
Net assets		81,026	36,913
Equity			
Accumulated surplus	12	81,026	36,913
TOTAL EQUITY		81,026	36,913

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
Balance as at 1 July	36,913	(56,116)
Surplus for the year	44,113	93,029
Total comprehensive income for the year	44,113	93,029
Balance as at 30 June	81,026	36,913

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2017

	Notes	2017 \$	2016 \$
Cash flows from operating activities			
Grant receipts		1,826,000	1,826,000
Other revenue		249,322	140,184
Payments to suppliers and employees		(2,076,269)	(1,854,452)
Interest received		3,823	6,811
Net cash (used in) / provided by operating activities		(2,876)	118,543
Cash flows from investing activities			
Purchase of plant and equipment		(1,100)	-
Net cash used in investing activities		(1,100)	-
Net (decrease) / increase in cash held		(3,976)	118,543
Reconciliation of Cash			
Cash at the beginning of the financial year		260,302	141,759
Net (decrease) / increase in cash held		(3,976)	118,543
Cash at end of financial year	7	256,326	260,302

The accompanying notes form part of these financial statements.

NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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

The following is a summary of the significant 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 and purchased assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the 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 re-measurements 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 \$44,113 (2016: \$93,029) during the year ended 30 June 2017, and as at that date the company's total assets exceeded total liabilities by \$81,026 (2016: \$36,913).

The company is dependent on the grant funding from DoH. The company entered into a contract on 2 May 2017 which extends the life of the project through to 31 December 2020.

(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 held.

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 period.

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) Plant and equipment

Each class of plant and equipment is carried at cost less, where applicable, any accumulated depreciation and any accumulated impairment costs.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets are depreciated over their estimated useful lives commencing from the time the asset is held ready for use.

The following table indicates the expected useful lives of non-current assets on which the depreciation charges are based:

Class of fixed assets	Useful lives	Depreciation basis
Office Equipment	4 years	Straight Line

(k) Comparatives

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

NOTE 4: REVENUE AND OTHER INCOME

	2017 \$	2016 \$
(a) Revenue from operating activities		
– Government grants	1,660,000	1,660,000
– Non-grant webinars	266,565	135,391
– Other	14,030	13,007
(b) Revenue from non-operating activities		
– Interest revenue	3,670	6,889
	1,944,265	1,815,287

NOTE 5: NON-GRANT OPERATIONS

Webinars:		
– Revenue	266,565	135,391
– Employee benefits	(83,247)	(34,000)
– Other	(97,018)	(57,023)
Net contribution to non-grant operations	86,300	44,368

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 1 July 2017 to 31 December 2020.

NOTE 6: OPERATING SURPLUS

Surplus has been determined after:

	2017 \$	2016 \$
Expenses:		
Depreciation	31	–
Employee benefits:		
– Salaries and wages	1,255,236	1,176,216
– Superannuation	95,215	83,098
	1,350,451	1,225,314

NOTE 7: CASH AND CASH EQUIVALENTS

Cash at bank	256,326	260,302
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NOTE 8: RECEIVABLES

Current		
GST receivable	5,339	4,593
Accrued income	10,943	317
Sundry debtors	44,814	16,650
Amounts receivable from members	–	15,950
	61,096	37,510

NOTE 9: PLANT & EQUIPMENT

Office Equipment at cost	1,100	–
Less accumulated depreciation	(31)	–
	1,069	–

Movement in carrying amounts

Movement in the carrying amount for each class of plant and equipment between the beginning and the end of the current financial year is set out below:

Office Equipment

Carrying amount at beginning	–	–
Additions	1,100	–
Depreciation expense	(31)	–
Closing amount	1,069	–

	2017 \$	2016 \$
NOTE 10: PAYABLES		
Current		
<i>Unsecured Liabilities</i>		
– Trade creditors	24,179	35,956
– Other payables	97,692	140,288
Amounts payable to members	13,214	13,304
	135,085	189,548
NOTE 11: PROVISIONS		
Current		
<i>Employee benefits</i>		
– Annual leave	51,913	38,167
– Long service leave	37,262	25,730
	89,175	63,897
Non-Current		
<i>Employee benefits</i>		
– Long service leave	13,205	7,454
	102,380	71,351
NOTE 12: ACCUMULATED SURPLUS		
Accumulated surplus / (deficit) at beginning of financial year	36,913	(56,116)
Net surplus attributable to members of the company	44,113	93,029
	81,026	36,913

NOTE 13: 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 2017 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.

	2017 \$	2016 \$
NOTE 14: 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		H Lovelock (to 14 February 2017 and from 26 April 2017)
Z Burgess (to 13 December 2016)		J Raw (from 14 February 2017 to 4 August 2017)
R Forster		M Rawlin
J Lammersma (to 13 December 2016)		K Ryan
L Littlefield		
(ii) Names of Executives:		
C Gibbs (Chief Executive Officer)		K Hoppe (National Project Manager)
Compensation of KMP		
Aggregated compensation of KMP was as follows:		
Short-term employee benefits	340,608	321,818
	340,608	321,818
NOTE 15: AUDITOR'S REMUNERATION		
Amounts received or due and receivable by Pitcher Partners for:		
– audit services	17,000	15,000
– consultancy	1,000	1,000
– other	375	225
	18,375	16,225

2017
\$

2016
\$

NOTE 16: 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: payable to APS – \$13,214 (2016: \$12,682), payable to ACMHN – Nil (2016: \$622).

Transactions with related parties:

(a) Provision of services from members		
ACMHN	5,884	4,911
APS	150,014	144,301
RACGP	5,315	–
RANZCP	–	–
	161,213	149,212
(b) Supply of webinar services to members		
APS	48,950	86,350

NOTE 17: CAPITAL AND LEASING COMMITMENTS

Operating lease commitments

Non-cancellable operating leases contracted for but not capitalised in the future statements:

Payable:

– no later than one year	4,824	–
– Later than one year but not later than 5 years	9,648	–
	14,472	–

Photocopier for a 36 month period with an option to extend at the end. Payments are paid monthly in advance.

NOTE 18: EVENTS SUBSEQUENT TO REPORTING DATE

There has been no matter or circumstance, which has arisen since 30 June 2017 that has significantly affected or may significantly affect:

- The operations, in financial years subsequent to 30 June 2017, of the company, or
- The results of those operations, or
- The state of affairs, in financial years subsequent to 30 June 2017, of the company.

NOTE 19: 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

The directors declare that:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012.

Signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.

This declaration is made in accordance with a resolution of the Board of Directors.



John McGrath AM
Director



Kim Ryan
Director

Dated: 27 October 2017, Melbourne

INDEPENDENT AUDITOR'S REPORT



MENTAL HEALTH PROFESSIONALS NETWORK LTD
ABN 67 131 543 229

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

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Mental Health Professionals Network Ltd, "the Company", which comprises the statement of financial position as at 30 June 2017, 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, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of Mental Health Professionals Network Ltd, is in accordance with Division 60 of 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 2017 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* "ACNC Act" and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* "the Code" that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2017, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)



MENTAL HEALTH PROFESSIONALS NETWORK LTD
ABN 67 131 543 229

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

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the ACNC Act and for such internal control as management determines 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.

In preparing the financial report, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)



MENTAL HEALTH PROFESSIONALS NETWORK LTD
ABN 67 131 543 229

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

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

N R BULL
Partner
27 October 2017

PITCHER PARTNERS
Melbourne

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2017

Annual Report



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Mental Health Professionals' Network