

# Annual Report



2018



20  
18

Contents

**Mental Health Professionals' Network**

ABN 67 131 543 229  
Published by MHPN Ltd,  
Emirates House, Level 6, 257 Collins Street  
Melbourne, Victoria, 3000.

© Copyright MHPN Ltd 2018

**Member organisations**



**Partner organisations**



Introduction ..... 4

Achievements 2017–18 ..... 5

A foreword from the Chair ..... 6

Chief Executive Officer’s overview ..... 8

MHPN interdisciplinary practitioner networks .. 10

Online professional development webinars .... 15

Marketing and communication activities..... 22

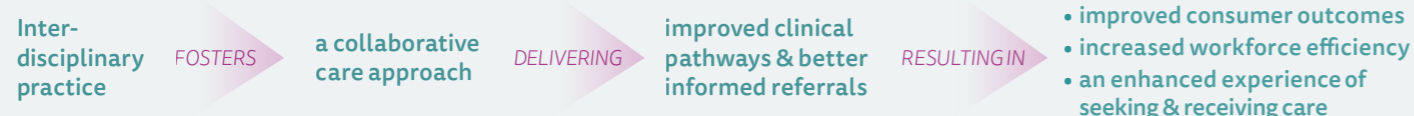
Information on directors ..... 24

Financial report..... 27

## 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 published this year in the *Journal of Integrated Care* demonstrate that MHPN's model increases interdisciplinary practitioner networking, practitioner relationships and improves client referrals. The publications also describe the positive 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

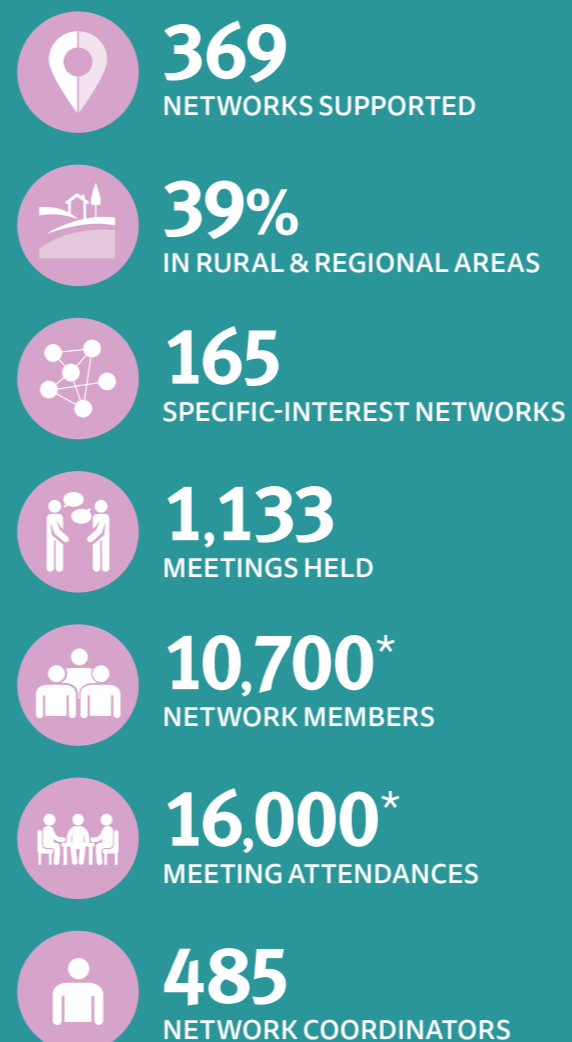
MHPN produces interactive webinars, featuring case-based panel discussions by leading experts, modelling interdisciplinary practice and collaborative care.

MHPN is a not-for-profit organisation funded by the Australian Government Department of Health until December 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 2017-18

## NETWORKS



## WEBINARS



## ONLINE CONNECTIONS



3

**PUBLISHED ARTICLES IN THE JOURNAL OF INTEGRATED CARE**  
Research on both network and webinar platforms demonstrates that MHPN is contributing to better mental health care for Australians.

\* Calculation based on 100% of returned data.

## A foreword from the Chair

*Last year, the decision by the Commonwealth Department of Health to allocate MHPN funding for three years provided increased stability and also a capacity for longer term planning. It attests to the Government's confidence and recognition of the work of MHPN.*

MHPN would like to acknowledge the substantial contribution of outgoing Chairman John McGrath AM. As Chairman since the inception of MHPN, John has demonstrated outstanding leadership and advocated extensively for interdisciplinary practice in mental health, enabling MHPN to develop and prosper.

Participation by mental health practitioners in MHPN networks and webinars continues to grow, which has given the project the opportunity to further develop its platform.

It is extremely pleasing to report that this year MHPN's 369 networks have registered more than 10,000 members. Over 40% of the networks are in regional, rural and remote communities across Australia, which helps to provide the much needed support and professional development for practitioners who work outside of major centres.

We sincerely thank the 485 network coordinators who are the backbone of MHPN's local network program. Their role in leading and supporting their network is vital to the network's sustainability and the ongoing success of MHPN.

Thank you to the member organisations who continue to play an active and supportive role, and are essential to MHPN's achievements and growth. 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 have continued to deliver the



message of interdisciplinary practice and collaborative care to their respective disciplines with genuine commitment and enthusiasm.

We would also like to thank MHPN's partner organisations, the Australian Association of Social Workers, the Australian College of Rural and Remote Medicine, and Occupational Therapy Australia for their ongoing support.

Partnerships with the Department of Veterans' Affairs (DVA) and the Australian Borderline Personality Disorder Foundation have provided the opportunity to harness the webinar and local networks platform to create forums where practitioners with a shared interest in veterans,

*“It has been very pleasing to see how both the networks and webinars have continued to support practitioners with a common interest.”*

mental health or BPD can network and support interdisciplinary collaboration.

It has been very pleasing to see how both the networks and webinars have continued to support practitioners with a common interest.

On behalf of the Board, we would like to thank Chris Gibbs, MHPN CEO for his leadership. Thank you to the Executive Team, Trevor Donegan, Kate Hoppe and Belinda McDowall and all staff for their commitment to MHPN.

Thank you to Directors for their strategic advice, guidance and ongoing support.

We would also like to acknowledge the outstanding contribution to MHPN since its inception of Director Professor Lyn Littlefield whose unwavering support for interdisciplinary practice in mental health has enabled MHPN to develop and prosper.

We look forward to a productive 2019 and beyond.

**John McGrath AM**  
Chairman

**Kim Ryan**  
Acting Chair

## Chief Executive Officer's overview

*The last 12 months have seen a remarkable amount of activity generated by MHPN in support of interdisciplinary professional development for practitioners working in primary mental health.*

A close look at the wide range of relevant topics discussed at network meetings in communities across Australia goes some way to explain the 14% increase in practitioner attendances at meetings to 16,000. Of particular interest has been the growth in specific interest networks and it was pleasing to see the establishment of networks supporting practitioners working with veterans and with borderline personality disorder. MHPN looks forward to working with its partner professional associations, Primary Health Networks (PHNs) and special interest groups to consolidate this unique interdisciplinary platform that works with practitioners at a local level.

Working in tandem with the interdisciplinary networks is the MHPN webinar program. This program continues to grow at a rapid rate, as it addresses the very strong appetite for contemporary expert discourse on a wide variety of mental health presentations that practitioners are responding to in everyday practice. The 18 webinars produced in 2017-18 attracted over 21,000 participants and

there were 37,000 views in the webinar library. MHPN will continue to develop its online presentations in a model designed to address time poor practitioners in their own environment.

MHPN is pleased to have had three papers published in the *Journal of Integrated Care*, an international peer review journal, in which MHPN presented evidence-based data on the effectiveness of the MHPN platform in promoting interdisciplinary practice. We hope to expand upon this in 2018-19.

It is important to acknowledge the role played by MHPN's Quality Assurance and Clinical Education Committee and the Evaluation Committee in identifying the relevance of topics, the identification of expert presenters and the integrity of the internal evaluation program.

The year also saw MHPN embrace a range of partners including the Department of Veterans' Affairs, the Australian BPD Foundation and the National LGBTI Health Alliance.

We look forward to continuing to develop effective partnerships with PHNs, with whose catchments the promotion of interdisciplinary practice has the opportunity to flourish.

MHPN saw the retirement of our much loved inaugural Chairman John McGrath AM, and we thank Associate Professor Kim Ryan for her willingness to step into the breach for the remainder of the year. To Directors, expert advisors and to MHPN staff, thank you for making 2017-18 a successful year.

**Chris Gibbs**  
Chief Executive Officer



**“MHPN is pleased to have had three papers published in the *Journal of Integrated Care*, an international peer review journal, in which MHPN presented evidence-based data on the effectiveness of the MHPN platform in promoting interdisciplinary practice. We hope to expand upon this in 2018-19.”**

# MHPN interdisciplinary practitioner networks

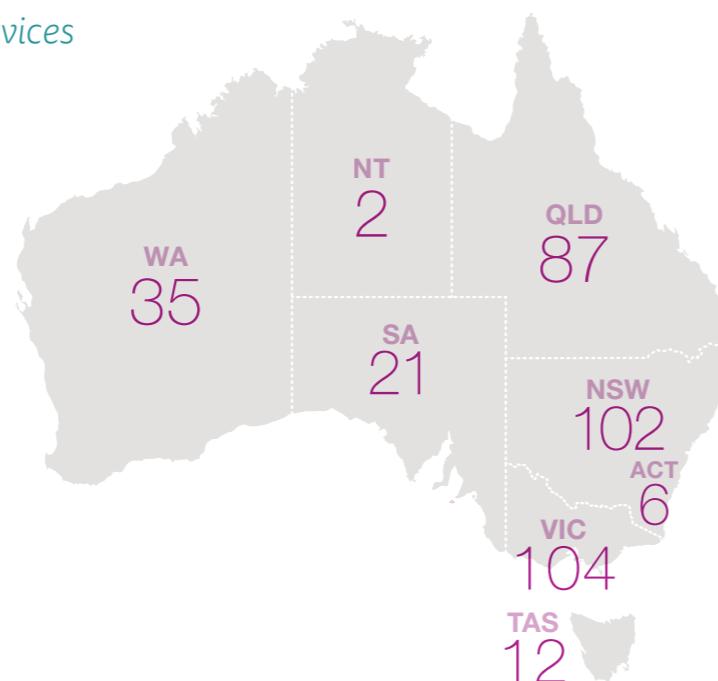
MHPN supports 369 practitioner networks across Australia.

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 continued to exceed its target, establishing 21 new networks. 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.

## PRACTITIONER PARTICIPATION REMAINS STRONG

During 2017–18, 10,700\* network members attended 1,133 network meetings. This reflects a 10% increase of network memberships from 2016–17.

Networks continued to meet regularly. A number of factors continue to influence the frequency and regularity of network meetings including school holidays, public holidays, community events and staff changes. Project Officers worked with a number of networks who were affected by staff changes, and successfully recruited new coordinators to keep the networks active.

## 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.

## Aboriginal storytelling helps practitioners understand intergenerational trauma

Practitioners from MHPN's Mid North Coast Complex Trauma Network listened to Aboriginal Trauma Counsellor, Shelle Cowan share her knowledge about Aboriginal intergenerational trauma in a culturally sensitive way.

The group was mesmerised by a heartbreaking story of five generations of women from the one family.

"The biggest shock was the very final detail in Shelle's story. It was definitely an evening that we will remember," said network member Rowena Bianchino.

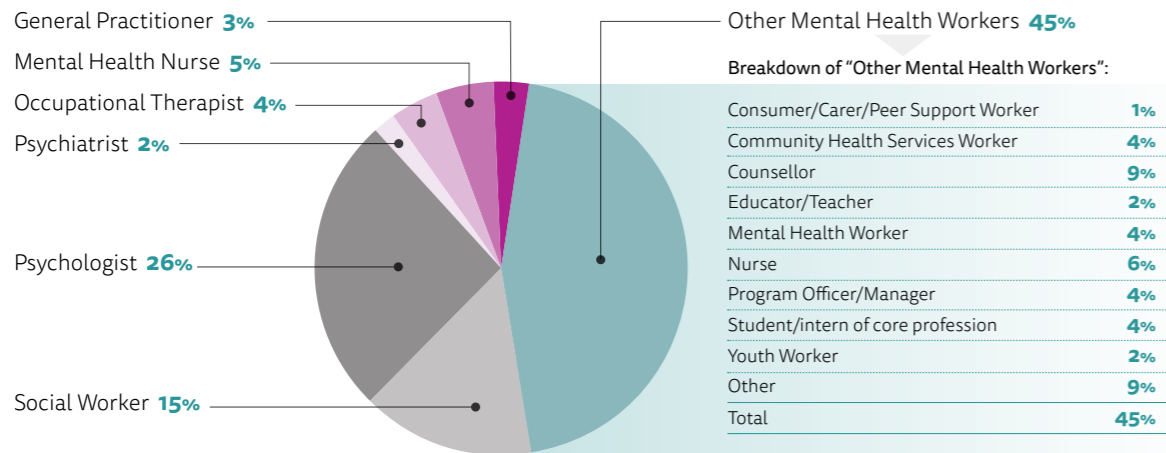
"I love the realisation point when I see people 'get it'. Gives me hope that one day we will see a change and we will stand together and stand strong to embrace and nurture each other's culture. This is my dream," said Shelle Cowan.



Shelle Cowan

### 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 other associated mental health practitioners.



### GPs recognise the importance of network 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 encourage GPs to attend network meetings.

GPs are time poor, but recognise the importance of being a member of a local MHPN network. Last year 17 GPs were network coordinators and 126 of networks had at least one GP attend at least one meeting during the year.

Over 3,400 GPs receive regular MHPN's information updates, including MHPN Connect, network meeting invitations and professional development webinar information. In the last year, over 200 new GPs subscribed to MHPN's communication.

**Mental Health Interdisciplinary Networks**

**4 in 5 GPs**

- increase **CORRESPONDENCE** with other practitioners
- gain **CONFIDENCE** in referring to other practitioners
- make changes to **PRACTICE**

Murphy B, Gibbs C, Hoppe K, Ramakrishna D, Lovelock H. Change in mental health collaborative care attitudes and practice in Australia: impact of participation in MHPN network meetings. Journal of Integrated Care 2018; DOI: 10.1108/JICA-10-2017-0033.

### COORDINATORS CENTRAL TO NETWORK ACTIVITY

In 2017-18, MHPN supported 485 network coordinators.

Every network requires one or a few members to volunteer 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,

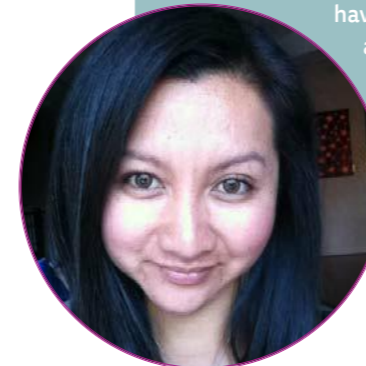
catering and other network details. They encourage coordinators to set dates to ensure that the network meets regularly. The commitment of volunteer coordinators is fundamental to MHPN's success.

Supporting the coordination of mental health services for veterans

#### COORDINATOR OF BRISBANE VETERAN-FOCUSED NETWORK, LE LE, PSYCHOLOGIST

Coordinated by Le Le, this network has brought together Brisbane practitioners who support the mental health of veterans. The network first met in October 2017, where over 30 practitioners from a variety of disciplines listened to a representative from Overwatch Australia discuss life after the Army.

"There was a level of excitement after our first meeting, as practitioners realised the potential impact that meetings will have on service coordination, and the flow on affect this will have on the mental health of veterans and their families," Le Le said.



Practitioners meet to improve mental health of elderly in their community

#### CO-COORDINATOR OF SYDNEY OLDER PERSONS' NETWORK, DR STEPHEN GINSBORG, GP

A GP on Sydney's northern beaches, Stephen Ginsborg is a passionate advocate for the health and wellbeing of older Australians. Stephen has worked in his practice for over 40 years, and in some cases has had the privilege of providing care for up to three generations in the one family.

Believing there to be a significant lack of support for older people's mental health, he and two other practitioners, with the support of Sydney North PHN, started MHPN's Sydney Older Persons' Network. The network brings together up to 30 practitioners from the area, who work with and support older people.



## GROWTH IN SPECIFIC-INTEREST NETWORKS

Of MHPN's 369 networks, 45% or 165 networks bring together practitioners with a common interest in a specific field of mental health. The following table lists the full range of specific interest networks:

Specific-Interest Network	Number
Addictions and mental health	4
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	11
Intellectual disability and mental health	5
Mood disorders (bipolar, depression, anxiety)	7
Older people and mental health	6
Organisation-specific mental health (e.g. ADF)	5
Perinatal and infant mental health	12
Physical health and mental health	23
Suicidality and suicide prevention	6
Trauma and mental health	17
Treatment and intervention focused	12
Young people and mental health (child, adolescent and young adult)	25
Veterans	4
<b>Total</b>	<b>165</b>

## 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 Emerging Minds.

## PRIMARY HEALTH NETWORKS (PHNs)

PHNs continue to 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 bi-monthly newsletter NetHub has further developed working relationships with PHNs. Editions of NetHub include specific information about MHPN-supported practitioner activity in the PHN's region. MHPN hosts a webpage for each PHN with network news in the area.

# Online professional development webinars in 2017-18

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

Eight Department of Health funded webinars were produced, featuring 38 panellists from nine disciplines. Ten webinars were produced in partnership with other organisations.

	Department of Health funded webinars	Partnership webinars to MHPN audiences
No. of webinars	8	10
Registrations	20,596	31,790
Attendees	7,579	13,697
Recording views	5,671*	NA**
Average attendees per webinar	947	1,370
<b>Total: Attendees + recording views</b>	<b>13,250</b>	<b>NA**</b>

\* Of all 2017-18 webinar recordings.

\*\* Not all partnership webinars are on the MHPN website.

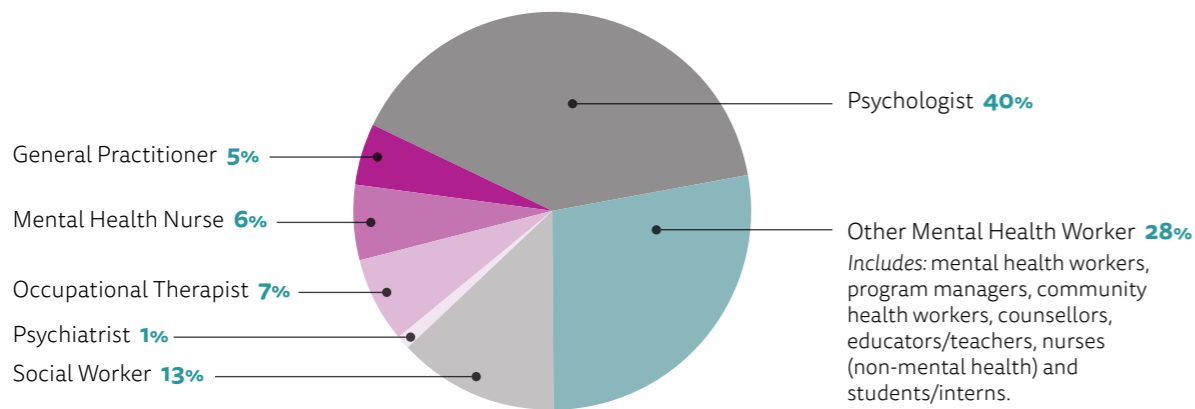


## INTERDISCIPLINARY PANEILLISTS AND AUDIENCE

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 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 2017-18, webinars attracted an audience of mental health practitioners from a range of disciplines. The audience breakdown is highlighted in the chart below. It depicts all MHPN's webinar audiences, including partnership webinars.



IN 2017-18 HUNDREDS OF WEBINAR ATTENDEES CAME FROM OUTSIDE A MAJOR METROPOLITAN AREA. THEY ARE A POPULAR SOURCE OF PROFESSIONAL DEVELOPMENT AMONGST RURAL PRACTITIONERS, AS THEY OFFER HIGH-QUALITY CONTENT, AT NO COST AND WITHOUT HAVING TO TRAVEL.

## 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 was unable to 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 exposure to a growing international audience.

The online webinar library has grown to feature 80+ 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 2017-18, 97% of webinar participants who provided feedback through a MHPN webinar survey indicated that their learning needs had been entirely or partially met.

Over 90% of participants indicated they would change their clinical practices as a result of participating in a webinar.

## BENEFITS OF PARTICIPATION

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

"All of the panellists were great. I really appreciated their patient-centred approach, and lovely approach to supporting the whole family. Thank you."

RECOGNISING AND MANAGING OPPOSITIONAL DEFIANT DISORDER, APRIL 2018.

"Excellent work and fantastic information. It increased my confidence to assess and manage clients seeking cosmetic surgery or who have BDD or BDD elements within a diagnosis."

IDENTIFYING BODY DYSMORPHIC DISORDER AND PSYCHOLOGICAL ASSESSMENTS FOR PEOPLE SEEKING COSMETIC SURGERY, JUNE 2018.

"Greater understanding of some strategies that can benefit clients experiencing this problem."

INTERNET GAMING ADDICTION AND THE EFFECTS ON MENTAL HEALTH, NOVEMBER 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 Department of Veterans' Affairs webinar series and the borderline personality disorder (BPD) webinars, attendees were directed to information on how to register interest in MHPN's veteran and BPD networks.

## MHPN WEBINAR SERIES 2017-18

Title and date held	Panellists	No. of attendees	Views of recordings at 30 June 2018
<b>Co-ordinating mental health care for people experiencing suicide bereavement</b> 17 August 2017	<b>Jacinta Hawgood</b> , Qld psychologist <b>Dr Graham Fleming</b> , rural SA GP <b>Prof Siva Bala</b> , Qld psychiatrist <b>Dr Jane Mowll</b> , NSW social worker <b>Facilitator: Dr Lyn O'Grady</b> , Vic psychologist	1,048	1,013
<b>Supporting the mental health of people living with obesity</b> 6 September 2017	<b>Fiona Sutherland</b> , Vic dietician <b>Glenn Mackintosh</b> , Qld psychologist <b>Prof Phillipa Hay</b> , NSW psychiatrist <b>Dr Gary Kilov</b> , Tas GP <b>Facilitator: Dr Konrad Kangru</b> , Qld GP	1,208	662
<b>Improving your practice with Better Access's new Telehealth options</b> 17 October 2017	<b>Belinda Swan</b> , Commonwealth Department of Health <b>Dr David</b> , Qld GP <b>Dr Jacintha Bell</b> , WA occupational therapist <b>Lauren Campbell</b> , Vic psychologist <b>Julianne Whyte</b> , NSW social worker <b>Facilitator: Dr Konrad Kangru</b> , Qld GP	852	479
<b>Internet gaming addiction and the effects on mental health</b> 22 November 2017	<b>Dr Sam Yong</b> , SA GP <b>Dr Vasileios Stavropoulos</b> , Vic psychologist <b>Dr Huu Kim Le</b> , SA psychiatrist <b>Dr John Hurley</b> , NSW mental health nurse <b>Facilitator: Dr Catherine Boland</b> , NSW psychologist	906	1192

Title and date held	Panellists	No. of attendees	Views of recordings at 30 June 2018
<b>Prostate Cancer – effects on mental health after surgery</b> 1 March 2018	<b>Assoc Prof Declan Murphy</b> , Vic urologist <b>Dr Jane Crowe</b> , Vic GP <b>Samantha Clutton</b> , Qld psychologist <b>Facilitator: Dr Mary Emeleus</b> , Qld GP and psychotherapist	643	301
<b>Recognising and managing oppositional defiant disorder</b> 30 April 2018	<b>Georgette Fleming</b> , NSW psychologist <b>Prof David Coghill</b> , Vic psychiatrist <b>Adjunct Assoc Prof Michael Fasher</b> , NSW GP <b>Facilitator: Prof Stephen Trumble</b> , Vic GP	1,717	1,478
<b>Telehealth: How to make it work</b> 18th June 2018	<b>Dr Jonathan Ho</b> , NSW GP <b>Julianne Whyte</b> , NSW social worker <b>Jacintha Bell</b> , WA occupational therapist <b>Louise Roufeil</b> , VIC, Executive Manager of Professional Practice APS <b>Facilitator: Dr Konrad Kangru</b> , Qld GP	882	**
<b>Identifying body dysmorphic disorder and psychological assessments for people seeking cosmetic surgery</b> 27 June 2018	<b>Dr Magdalena Simonis</b> , Vic GP <b>Dr Gemma Sharp</b> , Vic psychologist <b>Dr George Blair-West</b> , Qld, psychiatrist <b>Facilitator: Dr Mary Emeleus</b> , Qld psychiatric registrar	929	**
<b>TOTAL</b>		<b>8,125</b>	<b>5,143</b>

## DOWNLOAD OR VIEW ALL 80+ WEBINARS FOR FREE AT WWW.MHPN.ORG.AU

MHPN is committed to covering topics of a more niche nature that attract smaller audiences, such as *Prostate Cancer – effects on mental health after surgery*.

1700+ practitioners attended MHPN's *Recognising and managing oppositional defiant disorder* in April. This is one of MHPN's largest audiences for a DoH funded webinar.

\*\* Data is unavailable as the recording was uploaded in July

## 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 the Department of Veterans' Affairs to extend the current series of six webinars by a further eight. The Mental Health and the Military Experience series has been very well attended with over 3,100 practitioners attending the three webinars produced in 2017-18, which were *Understanding Anger in Veterans: Tips and Strategies to Support Veterans Struggling with Anger; Supporting the Families of Veterans: Understanding the Impact of Veterans' Mental Health on their Families, Partners and Children;* and *Suicide Prevention and the Veteran Community*.

In October, MHPN partnered with the Australian BPD Foundation to produce a series of six webinars.

MHPN produced the first three which included *What is borderline personality disorder?, Treatment principles for people living with borderline personality disorder and Evidence-based treatments for people living with borderline personality disorder?* The series has been extremely popular, with 5,600 attending the three webinars. The first webinar attracted a record 2,286 practitioners.

Over the course of the financial year MHPN was pleased to partner with Project Air Strategy for Personality Disorders to deliver two webinars. The first, entitled *Collaborative Mental Health Care and the Narcissistic Personality*, was held in November 2017, attracting over 2,000 attendees. The second, held in May 2018 covered *Personality Disorders and Substance Use*. It was similarly popular attracting over 1,800 attendees.

In March, MHPN worked with the General Practice Mental Health Standards Collaboration (GPMHSC), and produced a webinar titled, *Tips and strategies to enhance communication between medical and mental health professionals*. Of the 880 practitioners who attended, it was extremely pleasing that 168 were GPs who were amongst the key target audience.

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

### National Aboriginal Community Controlled Health Organisation (NACCHO) webinar

MHPN partnered with NACCHO to deliver a webinar to Aboriginal Community Controlled Organisations (ACCHOs), Aboriginal Medical Services and organisations and staff associated with ACCHO work. The webinar, *Reducing the mental health impact of Indigenous incarceration on people, communities and services* was delivered mid-September. The webinar attracted 143 participants and was well received by the audience.

## PLATFORM OVERLAP

### The overlap between MHPN's networks and webinars

MHPN's networking and webinar platforms provide a unique opportunity to support practitioners from different disciplines to collaborate around a shared field of interest. While some practitioners favour one form over another, producing a webinar series on a specific topic allows the benefits of locally-based, face-to-face networks to be showcased.

### Veterans' mental health

MHPN's partnership with the DVA to produce webinars for the Mental Health and the Military Experience series, has provided an opportunity to establish veteran-focussed networks that further support practitioners who work with veterans. In the last year, MHPN has worked with the Veterans and Veterans Families Counselling Service (VVCS), and established seven veteran-focussed networks in Brisbane, Townsville, Sydney, Newcastle, Canberra, Perth and Melbourne. Over 250 practitioners from a range of professions have

attended 13 network meetings. The networks provide support for practitioners, strengthen practitioner ties and are improving service coordination. During the webinars, information about the benefits of becoming a member of a veteran-focussed MHPN network and how to join are provided.

### Borderline personality disorder

MHPN is in a partnership with the Australian BPD Foundation and Spectrum the Personality Disorder Service for Victoria to deliver six professional development webinars. MHPN has established and supports seven BPD focussed networks in Adelaide, Sydney, Melbourne, Perth, Brisbane, Ipswich and Hobart. The networks have over 2,300 members and met 189 times in the last year. They are promoted through BPD webinars and have the full support of the Australian BPD Foundation, who not only promote the networks but also have staff coordinating, attending and involved in network meetings.



Australian Government  
Department of Veterans' Affairs



# Marketing and communication activities

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 56,000. In the last year the subscriber list has increased by 11,000 practitioners



**In the last year, the MHPN Connect subscriber list has increased by 11,000 practitioners.**

- **Coordinator Connect:** a tailored bi-monthly e-newsletter for network coordinators
- **NetHub:** a bi-monthly 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 for webinars.

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

## 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 pages. Practitioners regularly download and watch webinars, register for a webinar, or join networks. The News section of the site is regularly updated with the latest MHPN practitioner news. MHPN also frequently promotes partner and national organisations' conferences, webinars and information where appropriate.



## SOCIAL MEDIA

In the last year, MHPN continued its targeted use of social media. To maintain an active presence, MHPN posts at least once per week. Regular posts on Twitter and LinkedIn promoted upcoming webinars, network news, MHPN Connect and MHPN's organisational news. The number of followers on all platforms have significantly increased as shown in the table below. LinkedIn is MHPN's fastest growing social media platform.

	Followers at June 2018	New followers in 2017-18
LinkedIn	10,977	1,529
Twitter	3,552	430
Facebook	7,342	914

## RESEARCH DEMONSTRATES MHPN IS CONTRIBUTING TO BETTER MENTAL HEALTH CARE FOR AUSTRALIANS

Three articles published in the *Journal of Integrated Care* describe MHPN's contribution to improving integrated mental health care in Australia. Two of the articles showed the results of independent evaluations which demonstrated that interdisciplinary practitioner networking improves practitioner relationships and client referrals and the positive impact of MHPN's webinar program on practitioner practice.

## SUPPORTING PRACTITIONERS WHO WORK WITH CHRONIC DISEASE

MHPN has applied its interdisciplinary model to a pilot program, Interdisciplinary Health Practitioner Network (IHPN), to support practitioners and improve outcomes for people living with multiple chronic conditions. This program resulted from a collaboration between MHPN, Allied Health Professions Australia, Royal Australian College of General Practitioners, Adelaide PHN, Brisbane South PHN, Eastern Melbourne PHN, Murray PHN and Murrumbidgee PHN.



A recent evaluation found that practitioners attending IHPN network meetings have:

- increased awareness of other health professionals
- interest in working with people with multiple chronic conditions
- increased inter-professional interactions
- improved management of people with multiple chronic conditions
- interest in future involvement in IHPN networks.

## IHPN webinar

To help support the complex health needs of people with chronic multimorbid health conditions through interdisciplinary collaboration, IHPN delivered a webinar in May titled "*Multimorbidity in Primary Care: An Interdisciplinary Challenge*". Over 200 practitioners attended the live webinar.

The IHPN pilot project has successfully demonstrated the appetite of practitioners for interdisciplinary professional development opportunities that foster the connectivity required to improve integrated approaches to multimorbidity and community care.

# Information on directors

## JOHN MCGRATH AM

### Special Responsibilities

- Chairman of MHPN
- Chair of the MHPN Executive Committee
- Member of the MHPN Finance, Audit and Risk 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*.

## KIM RYAN

RN, Grad Dip Health Services Management

### Special Responsibilities

- MHPN Acting Chair (from 10 January – 5 July 2018)
- MHPN Company Secretary
- Chair of MHPN Finance, Audit and Risk 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.

## ADJUNCT ASSOCIATE PROFESSOR

JOHN RASA BA, MHP, FCHSM, CHE, FAIM, MAICD, FAHRI

### Special Responsibilities

- MHPN Chair
- Chair of the MHPN Executive Committee
- Member of the MHPN Finance, Audit and Risk Committee

### Experience

- Non-Executive Director, Latrobe Regional Hospital
- Chair and Independent Director, healthAbility/Carrington Community Health Service
- Former Chair and Board Director, Australasian College of Health Service Management
- Former Chair and Board Member, Box Hill Institute of TAFE
- Former Member of Victorian Department of Health and Human Services Emergency Access Reference Committee
- Former Member of Commonwealth Department of Social Services – Carer Gateway Advisory Group
- Former Chair, Victorian Chronic Disease Prevention Alliance
- CEO, Networking Health Victoria 2013–2016
- CEO, General Practice Victoria 2010–2012
- Project Manager, Department of Health Victoria 2004–2010
- Chief Executive Officer, Box Hill Hospital 1996 to 2001.

## DR PAUL CAMELL

MA MBBS (Hons) FRANZCP PhD

### Special responsibilities

- Member of the MHPN Evaluation Committee

### Experience

- Senior Consultant Psychiatrist, Royal Melbourne Hospital
- Senior Fellow, Department of Psychiatry, University of Melbourne
- Senior Lecturer, Department of Psychiatry, Flinders University
- Binational Chair of Advanced Training in Psychotherapy, RANZCP
- Past Visiting Fellow, Personality Disorders Institute, Weill-Cornell Medical College, New York.

## ROSIE FORSTER B Pty, MBus (Comm Studies), MTM

### Special Responsibilities

- Member of the MHPN Quality Assurance and Clinical Education Committee

### Experience

- Executive Manager for Practice, Policy and Partnerships Department – 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 Finance, Audit and Risk Committee

### Experience

- Manager, eHealth & Quality Care – Royal Australian College of General Practitioners (RACGP)
- RACGP Manager for the Commonwealth funded General Practice Mental Health Standards Collaboration
- RACGP representative on the National Workforce Centre for Child Mental Health (a Commonwealth funded project managed by Emerging Minds).

BRIAN JACKSON RPN, RGN, MSc Nursing (UniMelb) BSc (Hons), Advanced Diploma (London)

### Special responsibilities

- Member of the MHPN Quality Assurance and Clinical Education Committee

### Experience

- Director of Nursing, North Western Mental Health
- Honorary Senior Lecturer, University of Melbourne/Australian Catholic University
- Member, Health Round table (Australia/New Zealand)
- Registered Nurse, Australian Health Practitioner Regulation Agency (AHPRA)
- Member, Australian College of Mental Health Nursing (ACMHN).

## 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)

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, Eating Disorders Working Group and Mental Health Reference Group
- 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 initiative.

**HARRY LOVELOCK**

MSSc, Grad Dip Human Services 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 (MHPA).

**FRANCES MIRABELLI** B AppSc, MBA, GAICD

**Experience**

- Board Director – Mental Health Professionals' Association (MHPA)
- Board Director – Star of the Sea College Brighton
- Board Director – Allied Health Professions Australia (AHPA)
- Member – Mental Health Reform Stakeholders Group (MHRSG)
- Member – Mentally Healthy Workplace Alliance (MHWa) Steering Committee
- Member – Australian Health Practitioners' Regulation Agency (AHPRA) Professions Reference Group
- Member – Health Expert Advisory Group (HEAG).

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

**Special Responsibilities**

- Member of the MHPN Evaluation Committee

**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).
- Phoenix Foundation Education Advisory Committee.

**INFORMATION ON COMMITTEES**

**Executive Committee**

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

**Finance, Audit and Risk Committee**

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

**Evaluation Committee**

- Harry Lovelock Chair (APS)
- Paul Cammell (RANZCP)
- Barbara Murphy (Advisor)
- Deepika Ratnaika (Advisor)
- Chris Gibbs (MHPN)
- Kate Hoppe (MHPN)
- Trish Clarke (MHPN)
- Belinda McDowall (MHPN)

**Quality Assurance and Clinical Education Committee**

- Lyn Littlefield Chair (APS)
- Rosie Forster (RANZCP)
- Brian Jackson (ACMHN)
- 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)

**Financial report for the year ended 30 June 2018**

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

**CONTENTS**

Directors' Report ..... 28

Auditor's Independence Declaration ... 31

Statement of Comprehensive Income... 32

Statement of Financial Position ..... 33

Statement of Changes in Equity ..... 34

Statement of Cash Flows..... 34

Notes to the Financial Statements..... 35

Directors' Declaration ..... 43

Independent Auditor's Report ..... 44

## 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 2018 and auditor's report thereon. The financial report has been prepared in accordance with Australian Accounting Standards.

### Directors

The names of the directors in office at any time during or since the end of the year are:

Name of Director	Appointment	Resignation
John McGrath	7/8/2008	10/1/2018
Kim Ryan	12/6/2008	
John Rasa	5/7/2018	
Paul Cammell	12/12/2017	
Rosie Forster	12/2/2015	
Stephan Groombridge	26/8/2017	
Brian Jackson	12/12/2017	
Lyn Littlefield	12/6/2008	3/8/2018
Harry Lovelock	26/4/2017	
Frances Mirabelli	17/8/2018	
Josephine Raw	14/2/2017	4/8/2017
Morton Rawlin	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 loss of the company for the year amounted to \$52,076 (2017: \$44,113 surplus). Current year retained earnings surplus after accounting for all accumulated obligations carried forward totalled \$28,950 (2017: \$81,026).

### 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 2018, a national platform of 369 interdisciplinary community mental health networks had been established and sustained, and
- The project delivered national online professional development of 8 agreed webinars to mental health practitioners across the country. In addition, MHPN provided a further 2 webinars, funded by the department as well as 9 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	1	3	1	3
K Ryan	6	6	6	6
P Cammell	3	4	-	-
R Forster	6	6	-	-
S Groombridge	5	6	-	-
B Jackson	3	4	-	-
L Littlefield	4	6	4	6
H Lovelock	6	6	-	-
J Raw	-	-	-	-
M Rawlin	4	6	-	-

	FINANCE, AUDIT & RISK		QUALITY ASSURANCE & CLINICAL EDUCATION		EVALUATION	
	Attended	Eligible to attend	Attended	Eligible to attend	Attended	Eligible to attend
J McGrath	1	3	-	-	-	-
K Ryan	6	6	-	-	-	-
P Cammell	-	-	-	-	2	2
R Forster	-	-	3	3	-	-
S Groombridge	4	5	-	-	-	-
B Jackson	-	-	-	-	-	-
L Littlefield	-	-	3	3	-	-
H Lovelock	-	-	-	-	4	4
J Raw	-	-	-	-	-	-
M Rawlin	-	-	-	-	-	-

### 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 2018 the number of members was 4 (2017: 4). The combined total amount that members of the company are liable to contribute if the company is wound up is \$400 (2017: \$400).

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



**John Rasa**  
Director



**Kim Ryan**  
Director

Dated: 23 October 2018, 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 2018, 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: 23 October 2018



**PITCHER PARTNERS**  
Melbourne

An independent Victorian Partnership ABN 27 975 255 196  
Level 13, 664 Collins Street, Docklands VIC 3008  
Liability limited by a scheme approved under Professional Standards Legislation

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



STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2018

	Notes	2018 \$	2017 \$
<b>Revenue</b>	<b>4</b>	<b>1,961,414</b>	<b>1,944,265</b>
<b>Less: expenses</b>			
Administrative expenses		(158,848)	(129,383)
Depreciation	<b>6</b>	(733)	(31)
Employee benefits	<b>6</b>	(1,437,262)	(1,350,451)
Network expenses		(116,873)	(128,847)
Non-grant webinar expenses	<b>5</b>	(99,898)	(97,018)
Occupancy		(143,224)	(132,197)
Other expenses		(56,652)	(62,225)
		<b>(2,013,490)</b>	<b>(1,900,152)</b>
<b>(Deficit)/Surplus before income tax expense</b>		<b>(52,076)</b>	<b>44,113</b>
Income tax expense		-	-
<b>Net (deficit)/surplus from continuing operations</b>		<b>(52,076)</b>	<b>44,113</b>
Other comprehensive income		-	-
<b>Total comprehensive (loss)/income</b>		<b>(52,076)</b>	<b>44,113</b>

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2018

	Notes	2018 \$	2017 \$
<b>Current assets</b>			
Cash and cash equivalents	<b>7</b>	382,344	256,326
Receivables	<b>8</b>	45,920	61,096
<b>Total current assets</b>		<b>428,264</b>	<b>317,422</b>
<b>Non current assets</b>			
Plant and equipment	<b>9</b>	3,636	1,069
<b>Total non current assets</b>		<b>3,636</b>	<b>1,069</b>
<b>TOTAL ASSETS</b>		<b>431,900</b>	<b>318,491</b>
<b>Current liabilities</b>			
Payables	<b>10</b>	275,024	135,085
Provisions	<b>11</b>	105,862	89,175
<b>Total current liabilities</b>		<b>380,886</b>	<b>224,260</b>
<b>Non current liabilities</b>			
Provisions	<b>11</b>	22,064	13,205
<b>Total non current liabilities</b>		<b>22,064</b>	<b>13,205</b>
<b>TOTAL LIABILITIES</b>		<b>402,950</b>	<b>237,465</b>
<b>Net assets</b>		<b>28,950</b>	<b>81,026</b>
<b>Equity</b>			
Accumulated surplus	<b>12</b>	28,950	81,026
<b>TOTAL EQUITY</b>		<b>28,950</b>	<b>81,026</b>

The accompanying notes form part of these financial statements.

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2018

	2018 \$	2017 \$
<b>Balance as at 1 July</b>	<b>81,026</b>	<b>36,913</b>
(Deficit)/surplus for the year	(52,076)	44,113
<b>Total comprehensive (loss)/ income for the year</b>	<b>(52,076)</b>	<b>44,113</b>
<b>Balance as at 30 June</b>	<b>28,950</b>	<b>81,026</b>

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2018

	Notes	2018 \$	2017 \$
<b>Cash flows from operating activities</b>			
Grant receipts		1,881,626	1,826,000
Other revenue		402,645	249,322
Payments to suppliers and employees		(2,166,386)	(2,082,021)
Interest received		11,433	3,823
<b>Net cash provided by / (used in) operating activities</b>		<b>129,318</b>	<b>(2,876)</b>
<b>Cash flows from investing activities</b>			
Purchase of plant and equipment		(3,300)	(1,100)
<b>Net cash used in investing activities</b>		<b>(3,300)</b>	<b>(1,100)</b>
<b>Net increase / (decrease) in cash held</b>		<b>126,018</b>	<b>(3,976)</b>
<b>Reconciliation of Cash</b>			
Cash at the beginning of the financial year		256,326	260,302
Net increase / (decrease) in cash held		126,018	(3,976)
<b>Cash at end of financial year</b>	<b>7</b>	<b>382,344</b>	<b>256,326</b>

The accompanying notes form part of these financial statements.

## NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

### 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 statement of financial position 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 incurred a loss from ordinary activities of \$52,076 (2017: \$44,113 surplus) during the year ended 30 June 2018, and as at that date the company's total assets exceeded total liabilities by \$28,950 (2017: \$81,026).

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

(a) Revenue from operating activities		
– Government grants	1,710,569	1,660,000
– Non-grant webinars	216,729	266,565
– Other	22,295	14,030
(b) Revenue from non-operating activities		
– Interest revenue	11,821	3,670
	<b>1,961,414</b>	<b>1,944,265</b>

### NOTE 5: NON-GRANT OPERATIONS

Webinars:		
– Revenue	216,729	266,565
– Employee benefits	(82,201)	(83,247)
– Other expenses	(99,898)	(97,018)
Net contribution to non-grant operations	<b>34,630</b>	<b>86,300</b>

### 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.

2018  
\$

2017  
\$

### NOTE 6: OPERATING SURPLUS

Surplus has been determined after:

Expenses:		
Depreciation	733	31
Employee benefits:		
– Salaries and wages	1,334,932	1,255,236
– Superannuation	102,330	85,215
	<b>1,437,262</b>	<b>1,350,451</b>

### NOTE 7: CASH AND CASH EQUIVALENTS

Cash at bank	<b>382,344</b>	<b>256,326</b>
--------------	----------------	----------------

### NOTE 8: RECEIVABLES

#### Current

Accrued income	552	10,943
Sundry debtors	38,275	44,814
Other receivables	7,093	5,339
	<b>45,920</b>	<b>61,096</b>

### NOTE 9: PLANT & EQUIPMENT

Office Equipment at cost	4,400	1,100
Less accumulated depreciation	(764)	(31)
	<b>3,636</b>	<b>1,069</b>

#### 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	1,069	–
Additions	3,300	1,100
Depreciation expense	(733)	(31)
<b>Closing amount</b>	<b>3,636</b>	<b>1,069</b>

	2018 \$	2017 \$
<b>NOTE 10: PAYABLES</b>		
<b>Current</b>		
<i>Unsecured Liabilities</i>		
– Trade creditors	34,621	24,179
– Other payables	224,913	97,692
Amounts payable to members	15,490	13,214
	<b>275,024</b>	<b>135,085</b>
<b>NOTE 11: PROVISIONS</b>		
<b>Current</b>		
<i>Employee benefits</i>		
– Annual leave	45,237	51,913
– Long service leave	60,625	37,262
	<b>105,862</b>	<b>89,175</b>
<b>Non-Current</b>		
<i>Employee benefits</i>		
– Long service leave	22,064	13,205
	<b>127,926</b>	<b>102,380</b>
<b>NOTE 12: ACCUMULATED SURPLUS</b>		
Accumulated surplus at beginning of financial year	81,026	36,913
Net (deficit) / surplus attributable to members of the company	(52,076)	44,113
	<b>28,950</b>	<b>81,026</b>

#### 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 2018 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.

	2018 \$	2017 \$
<b>NOTE 14: KEY MANAGEMENT PERSONNEL COMPENSATION</b>		
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.		
<b>(i) Names of Directors who held office during or since the end of the year were:</b>		
J McGrath (resigned 10 January 2018)		B Jackson (appointed 12 December 2017)
K Ryan		L Littlefield (resigned 3 August 2018)
J Rasa (appointed 5 July 2018)		H Lovelock
P Cammell (appointed 12 December 2017)		F Mirabelli (appointed 17 August 2018)
R Forster		J Raw (resigned 4 August 2017)
S Groombridge (appointed 26 August 2017)		M Rawlin
<b>(ii) Names of Executives:</b>		
C Gibbs (Chief Executive Officer)		K Hoppe (National Project Manager)
<b>Compensation of KMP</b>		
Aggregated compensation of KMP was as follows:		
Short-term employee benefits	345,149	340,608
	<b>345,149</b>	<b>340,608</b>
<b>NOTE 15: AUDITOR'S REMUNERATION</b>		
Amounts received or due and receivable by Pitcher Partners for:		
– audit services	17,360	17,000
– consultancy	1,000	1,000
– other	20	375
	<b>18,380</b>	<b>18,375</b>

2018  
\$

2017  
\$

#### 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 – \$13,853 (2017: \$13,214), ACMHN – \$713 (2017: Nil) and RANZCP – \$924 (2017: Nil).

Transactions with related parties:

(a) Provision of services from members		
ACMHN	6,888	5,884
APS	162,449	150,014
RACGP	7,319	5,315
RANZCP	2,310	–
	<b>178,966</b>	<b>161,213</b>
(b) Supply of webinar services to members		
APS	–	48,950
RACGP	15,400	–
	<b>15,400</b>	<b>48,950</b>

#### 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	4,824
– Later than one year but not later than 5 years	4,824	9,648
	<b>9,648</b>	<b>14,472</b>

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 2018 that has significantly affected or may significantly affect:

- The operations, in financial years subsequent to 30 June 2018, of the company, or
- The results of those operations, or
- The state of affairs, in financial years subsequent to 30 June 2018, of the company.

#### NOTE 19: COMPANY DETAILS

The registered office of the company is Emirates House, Level 6, 257 Collins Street, Melbourne VIC 3000.  
ABN: 67 131 543 229.

#### DIRECTORS' DECLARATION

The directors declare that the financial statements and notes set out on pages 35 to 42 are in accordance with *Australian Charities and Not-for-profits Commission Act 2012*; and

- Comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
- Give a true and fair view of the financial position of the entity as at 30 June 2018 and of its performance for the year ended on that date.

In the directors' opinion there are reasonable grounds to believe that Mental Health Professionals' Network Ltd 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 Rasa**  
Director



**Kim Ryan**  
Director

Dated: 23 October 2018, 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 2018, 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 2018 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 2018, 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

23 October 2018

**PITCHER PARTNERS**  
Melbourne

This page has been left blank intentionally.



