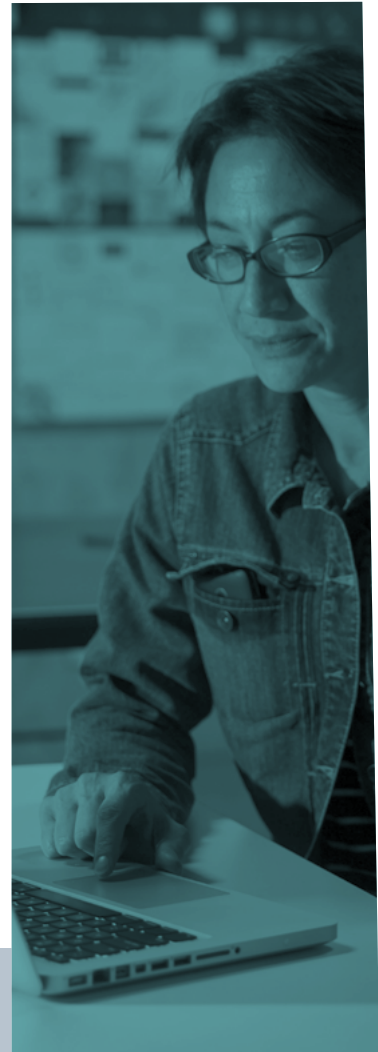


ANNUAL REPORT



2019

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 2019

Member organisations



Partner organisations



20

19

Contents

Introduction	4
Achievements 2018–19	5
A foreword from the Chair	6
Chief Executive Officer’s overview	8
Inaugural online conference	10
MHPN interdisciplinary practitioner networks ..	14
Online professional development webinars	20
Marketing and communication activities	24
Information on directors	28
Financial report	31

Introduction

Mental Health Professionals' Network's (MHPN) 10-year service delivery model has made it possible to grow our reach; and increase our impact on promoting interdisciplinary mental health practitioner networking and collaboration through our two core programs.

Our progress is largely due to the partnerships that we have had the opportunity to cultivate, coupled with our well-established face-to-face practitioners' networks, and online professional development program. MHPN continued to nurture and grow networks, and in 2019, we expanded the online service delivery by launching the debut online conference which included trial podcasting.

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. 2019 also saw MHPN successfully pilot podcasting and will fold this into the suite of service delivery for the expanded online professional development program.

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

The four member organisations and three partner organisations that actively support MHPN have been integral to the initiative's success.

They are respectively: 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, The Australian Association of Social Workers, Occupational Therapy Australia, and The Australian College of Rural and Remote Medicine.

Inter-disciplinary practice

FOSTERS

a collaborative care approach

DELIVERING

improved clinical pathways & better informed referrals

RESULTING IN

- improved consumer outcomes
- increased workforce efficiency
- an enhanced experience of seeking & receiving care

Achievements 2018-2019

NETWORKS



WEBINARS



ONLINE CONNECTIONS



A foreword from the Chair

Participation by mental health professionals in MHPN face-to-face practitioner networks and online professional development has continued to rise which has enabled us to further promote interdisciplinary professional development to practitioners working in community mental health across Australia.

MHPN is pleased to report that this year between July 2018 and June 2019, 11,000 practitioners participated almost 16,000 times in 365 MHPN networks across the country. Forty per cent 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 480 network coordinators who are the pillar of MHPN's local network program as they lead and support networks. Their dedicated contribution is vital to networks' sustainability and MHPN's ongoing success.

MHPN's online program celebrated its 100th webinar in March 2019 signifying an ongoing appetite for our interactive webinar program that features interdisciplinary panel discussions which focus on collaborative mental health care. Between July 2018 and June 2019, MHPN attracted nearly 30,000 participants for our 24 nationally run live webinars and garnered a further 47,000 views of the recordings from MHPN's online webinar library.

“ 11,000 practitioners participated almost 16,000 times in 365 MHPN networks across the country. ”

“ MHPN attracted nearly 30,000 participants for our 24 nationally run live webinars and garnered a further 47,000 views of the recordings from MHPN’s online webinar library.”



We extend our gratitude to the Department of Veterans’ Affairs (DVA), the Australian BPD Foundation, Emerging Minds and the Department of Home Affairs as these partnerships have enabled us to create and foster opportunities for practitioners with shared interests in mental health which further supports and deepens interdisciplinary collaboration through our face-to-face and online professional development activities.

We also acknowledge that our achievements and growth would not be possible without the ongoing active support of the 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 have continued to deliver the message of interdisciplinary practice and collaborative care to their respective disciplines with genuine commitment and enthusiasm.

MHPN’s many partner organisations, including the Australian Association of Social Workers, the

Australian College of Rural and Remote Medicine, Occupational Therapy Australia, and importantly the Primary Health Networks, have played an important role in connecting practitioners to MHPN’s professional development programs.

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 the directors for their strategic advice, guidance and ongoing support.

Finally, I would like to make the comment that it is clear to all of us at MHPN and all of those working to improve the mental health of our community that there is much work ahead. We have set ourselves a challenging agenda for the coming year ahead to ensure that the MHPN platform continues to respond to the professional development needs of its participants.

John Rasa
Chairman

Chief Executive Officer's overview

Since its inception as a pilot initiative in 2008, MHPN has steadily walked through the MHPN project phase to have arrived nearly 11 years later as a unique national interdisciplinary mental health professional development program.

MHPN's core purpose has remained steady over this time. Our activities are anchored on the premise that collaborative mental health care is enhanced if practitioners from the relevant disciplines are able to connect on a regular basis, resulting in greater consultation and collaboration, more targeted referrals, and improved outcomes for people with mental health conditions.

Two arms of service delivery have remained central to our operations. MHPN promotes collaborative care through two platforms: face-to-face interdisciplinary mental health practitioner network meetings and an online professional development program. Evidence-based evaluations show that MHPN programs improve practitioners' attitudes and practice regarding interdisciplinary care.

Within this brief we have worked to extend our offering to practitioners by bringing in new partners who have particular additional expertise and specialist resources that help better inform and support the practitioners that participate in MHPN activities.

It is important to acknowledge the important role played by the MHPN Quality Assurance and Clinical Education Committee in identifying the relevance of topics, the identification of expert presenters; and the integrity of the online professional development program.

The MHPN Evaluation Committee have planned and overseen a number of programs through to publication which are evidence that MHPN interdisciplinary network meetings and online professional development have impacted positively on health professionals' attitudes and practices towards a more collaborative approach to mental health care.

In a major new initiative, there were nearly 10,000 attendances at MHPN's inaugural online conference 'Working Better Together', which was held over three weeks from 21 May - 6 June 2019 with sessions offered on the Tuesday, Wednesday and Thursday of each week.

“ In a major new initiative, there were nearly 10,000 attendances at MHPN's inaugural online conference *Working Better Together*. ”

The program offered 18 activities in different formats, including case consultations; single discipline presentations; and one-on-one interviews; different mediums included audio-only sessions; pre-recorded sessions and studio-based sessions. Scheduling times were mainly during the day.

In the year ahead, MHPN will review the approach we have undertaken to provide interdisciplinary professional development to practitioners in rural and remote communities. We will look to providing a sharper focus on older Australians and mental health in conjunction with PHNs. We will expand our current online professional development suite to include podcasting which was successfully trialed in the MHPN online conference.

Finally, I would like to thank our new Chair John Rasa, MHPN directors, staff, expert advisors and external partners for their support and advice in making 2018/19 a successful year.

Chris Gibbs
Chief Executive Officer



Inaugural online conference

MHPN's first online conference – 'Working Better Together' – was held over three weeks from 21 May to 6 June 2019.



PROGRAM DESIGN

MHPN and its webinar partners offered three content streams:

- 1. Mental Health and the Military Experience**
- 2. Grief and Loss**
- 3. Trauma: the Impact of Adverse Childhood Experiences**

A range of activities were available as live events or pre-recorded audio, including online webinars, case consultations, single-discipline presentations and one-on-one interviews.

After attending activities, participants were encouraged to 'continue the chatter' with each other in the relevant forum. For pre-recorded activities, participants could also post questions for the presenters.



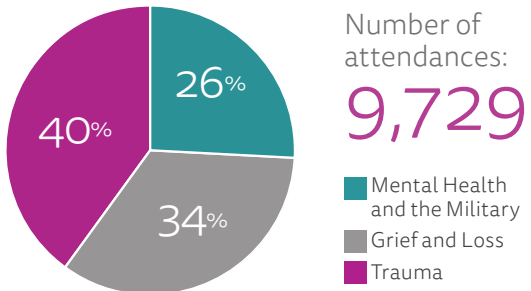
REGISTRATION AND ATTENDANCE FIGURES

Registrations

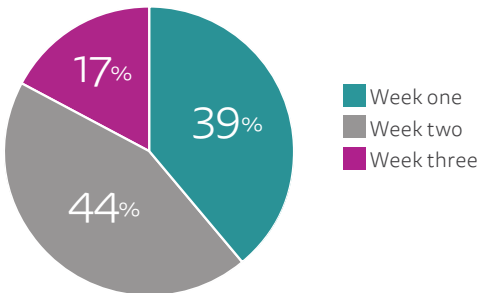
Number of registrations	7,577
Content stream	% of registrations
Mental Health and the Military	47%
Grief and Loss	78%
Trauma	86%

Please note: Registrants could register for up to three content streams.

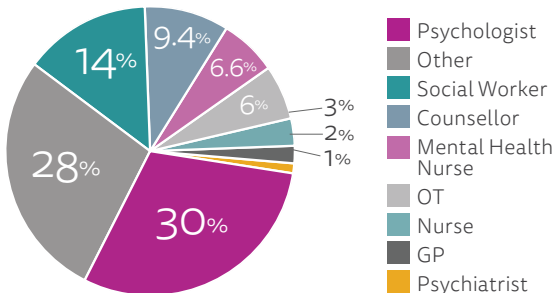
Attendances



Participation by week



Registrations by discipline (across streams)



CONFERENCE PARTNERS

Thank you to our conference partners: Emerging Minds, Centenary of Anzac Centre, an initiative of Phoenix Australia, and Department of Veterans' Affairs.

Our partners made a valuable contribution through webinar facilitation, providing panellists and/or activity topics.

Find out what our partners have to say about the 'Working Better Together' conference.

"MHPN were extremely proactive in supporting us to facilitate four events during the conference. We particularly appreciated MHPN offering us the chance to experiment with new formats during the online conference, and this allowed for increased focus on the service experiences of our lived experience partners".

– Emerging Minds

"From a participant perspective, the standard and breadth of presentations offered across the three streams of the conference was excellent and a very accessible way for practitioners, who for various reasons may be unable to attend conferences in person, to easily update their knowledge and engage in conversations with their peers".

– Centenary of Anzac Centre, an initiative of Phoenix Australia

"The webinars were innovative, well-structured and professionally run".

– Department of Veterans' Affairs

PARTICIPANTS' QUALITATIVE FEEDBACK

Qualitative feedback was secured by way of individual activity exit surveys and/or the overall registrant survey.

(Please note: the return rate for individual activity exit surveys varied from activity to activity. The overall registrant survey link was emailed and successfully delivered to 7,350 registrants. The survey was completed by 693 registrants. Thus, the response rate was 9.4%).

Mental Health and the Military Experience stream

"Thank you for these webinars; they are fabulous for learning and for linking people together in a very low stress way. They are also an excellent way of gathering information. Great stuff".

– Comorbid Mental Health Conditions in Veterans: Strategies for Assessment, Case Formulation and Treatment

Grief and Loss stream

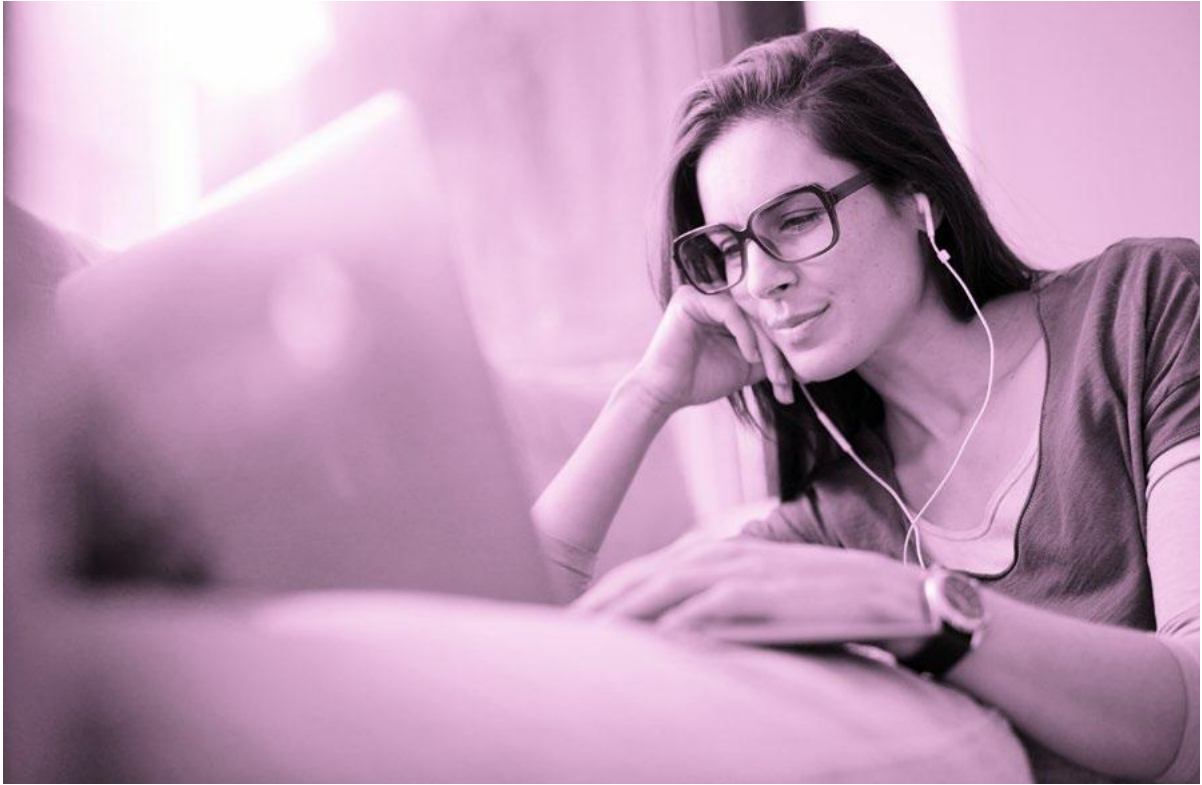
"This was an excellent presentation and I believe the MHPN are doing a great job in providing this service to mental health professionals".

– Grief, Loss, Older People and Mental Health: An Interdisciplinary Response

Trauma stream

"I am currently working on a project aimed at strengthening the health assessment pathways for children in out of home care. I will share information from this webinar with the community of practice we are currently developing".

– The Effects of Adverse Experiences on Children



CONFERENCE OUTCOMES GENERATE SERVICE GROWTH

MHPN will host its second online conference in 2021 with early planning starting in late 2019. The format and structure of the 2021 conference will be a principal consideration as we expand the suite of online professional development program.

The 2019 online conference saw MHPN trial different short form mediums in week two of the conference. The key outcome from this trial was that audio-only podcasts were proven to be an engaging medium for our audience. There is sufficient evidence to suggest that MHPN continue its development of podcasts, as new and distinct from webinars.

Development of a MHPN podcasting program

Podcasts will sit within, complement and share key elements to MHPN's current webinar program, as they will:

- meet objectives of MHPN's online professional development program
- be delivered online
- be relevant to MHPN's existing mental health practitioner audience base
- be free
- be claimable for CPD (continuing professional development).



MHPN interdisciplinary practitioner networks

MHPN supports 365 interdisciplinary practitioner networks across Australia.

Networks are a forum for:

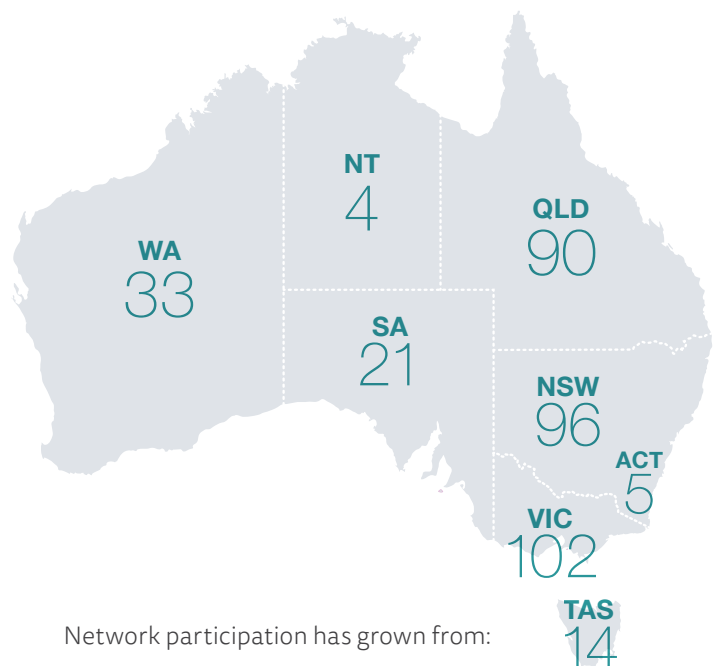
- peer support
- developing interdisciplinary practitioner relationships
- sharing knowledge of local services
- improving referral pathways
- professional development.

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 at right shows a breakdown in the number of networks across Australia.

NEW NETWORKS

Network numbers grew by 27 last year which is a 20 per cent increase on 2017-2018. Therefore, MHPN has continued to exceed its annual target for new networks.

Interdisciplinary practitioners are becoming increasingly aware of MHPN's activities; and the importance of interdisciplinary networking in their community.



Network participation has grown from:

- practitioner word-of-mouth
- MHPN social media
- MHPN enews
- website registration form

PRACTITIONER PARTICIPATION REMAINS STRONG

During 2018-19, 11,000 network members attended 1,111 network meetings.

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 affected by staff changes;

and successfully recruited new coordinators to keep the networks active.

SELF-DIRECTED NETWORKS RESPOND TO COMMUNITY NEEDS

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

MENTAL HEALTH AND LEGAL EXPERTS FORM PANEL ON MENTAL ILLNESS AND THE LAW

Last year, Hobart Trauma Network met to hear a panel discussion on 'Trauma, Mental Illness and the Law'. Both the mental health and legal system regularly encounter people whose lives have been shaped and harmed by traumatic events, although the effects of unresolved trauma are not always apparent. This can result in complex interactions as people who have experienced trauma endeavour to navigate their way through obtaining aid in the mental health and legal systems.

This meeting brought together experts from the mental health sector, police force and legal profession, including Dr Aaron Groves, Chief Psychiatrist, Tasmania; Detective Inspector Kim Steven, Tasmania Police Mental Health Liaison Officer (MHLO); and David Cocker, Mental



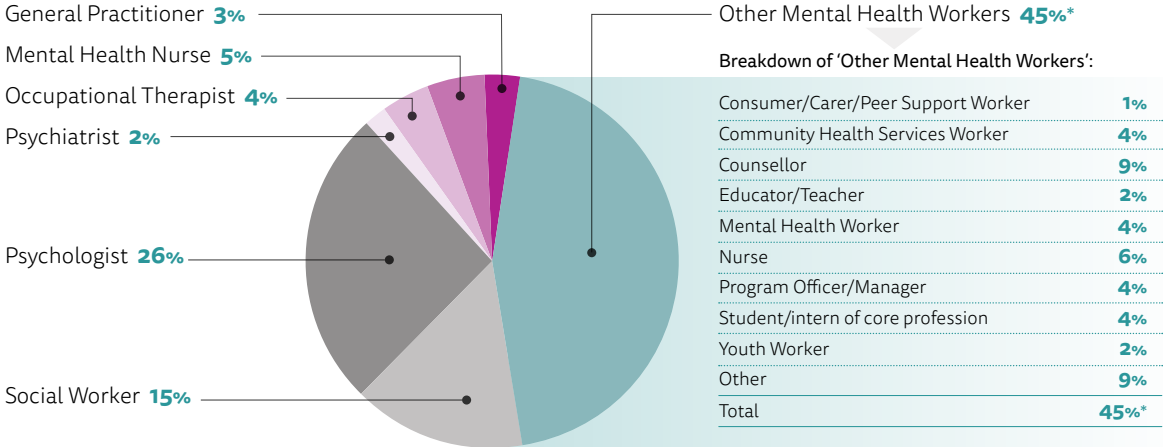
Health and Disability Lawyer. The Q & A session was facilitated by retired Chief Magistrate Michael Hill. Michael played a major role in the introduction of the Mental Health Diversional List, the court-mandated drug diversion program and has been a strong advocate for a therapeutic approach within legal systems.

'There was great audience participation attracting over 80 attendees; the session enabled further understanding, and more in-depth questioning, of how we can work better as a system to assist those experiencing trauma navigate both the mental health and the legal system', said network coordinator Ms Debbie Hewson.

“The session enabled further understanding, and more in-depth questioning, of how we can work better as a system to assist those experiencing trauma navigate both the mental health and the legal system.”

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 and other associated mental health practitioners.



*This pie chart shows the largest percentage of groups within the 'Other Mental Health Workers' category of participants.

GPs recognise the importance of network participation

GPs are often the first point of contact for patients so they're 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. GPs are time poor but they recognise the importance of joining a local MHPN network. Last year, 281 meetings had at least one GP attend at least one meeting during the year. This is a significant increase of 56 per cent on the previous financial year.

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.

Over 3,700 GPs receive regular MHPN information updates, including Connect Enews, network meeting invitations and professional development webinar information. In the last year, over 300 new GPs subscribed to MHPN's communications which is a 30 per cent increase on 2017-18.

Network in Melbourne's west responds to community needs

Last year, the Sunshine network met to discuss addiction with a panel of two psychiatrist guest speakers.

Dr Rajnarayan Mahasuar, Consultant Psychiatrist, gave a presentation on 'Treatment of addictive disorders: What works and what doesn't'; followed by Addiction Psychiatrist Dr Nitin Shukla, who spoke on Pathways to care: Drug and Alcohol services in Victoria. After the presentations, the lively conversation continued with questions from attendees.

On behalf of the network committee, Pooja Shetty said: 'Sunshine, [and] all the way to Melton and Sunbury, is a high mental health needs area and we recognised the need for

a meeting point for information sharing and networking for all the mental health care providers, GPs and specialist services in the area. We also wanted to help coordinate professional development and have an ongoing platform where GPs and mental health professionals are able to access current guidelines and principles of treatment in mental health as well as discuss challenges and gain support through this network. Thank you MHPN for making this happen'.





Victorian rural and remote network addresses men's health

In Victoria, Warrnambool Network Coordinator Mark Powell used International Men's Health Day 2018 as an opportunity to focus on men's mental health. The all-male panel discussed a case study - 'Working collaboratively to support the mental health of men experiencing difficulties regulating their emotions' was chosen as the focus for the panel. The panel included local practitioners John Parkinson (Mental Health Nurse), Dr Matt Birtles

(General Practitioner), Trevor Jacobson (Social Worker), Xavier Farrelly (Criminal Lawyer) and Chris Kendall (Clinical Co-ordinator, Western Region Alcohol and Drug Centre (WRAD)). The meeting was held at St John of God Hospital and well received by the 16 attendees.

In future, the Warrnambool Network plans to use the same method of selecting a health day, MHPN case study and experts in that chosen field, to lead the discussion.

COORDINATORS MAKE NETWORKS TICK

In 2018-19, MHPN supported 480 network coordinators. Every network needs one or more members to volunteer as a coordinator. 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 requirements. They encourage coordinators to set dates to ensure that the network meets regularly. The commitment of volunteer coordinators is fundamental to MHPN's success.



Specific-Interest Network	Number
Addictions and mental health	4
Autism and mental health	4
Culturally and linguistically diverse and transcultural mental health	8
Diabetes and mental health	7
Eating disorders	11
Family and carer and mental health	1
Gender, sexuality and mental health	10
Intellectual disability and mental health	3
Mood disorders (bipolar, depression, anxiety)	1
Older people and mental health	2
Organisation-specific mental health (e.g. ADF)	1
Perinatal and infant mental health	15
Personality disorders	8
Physical health and mental health	14
Pilot – Older persons	4
Suicidality and suicide prevention	7
Trauma and mental health	19
Treatment and intervention focused	14
Veterans mental health	9
Women's mental health	1
Young people and mental health (child, adolescent and young adult)	23
Total	166

Online professional development webinars in 2018–19

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

Eight Department of Health funded webinars were produced, featuring 33 panellists from nine disciplines. Sixteen webinars were produced in partnership with other organisations.

	Department of Health funded webinars	Partnership webinars to MHPN audiences*
No. of webinars	8	16
Registrations	29,326	48,361
Attendees	11,087	18,354
Recording views	31,858**	15,084**
Average attendees per webinar	1,374	1,147
Total: Attendees + recording views	42,945	33,438*

* Not all partnership webinars are on the MHPN website.

** Recording views are for all webinars produced during the life of the program.

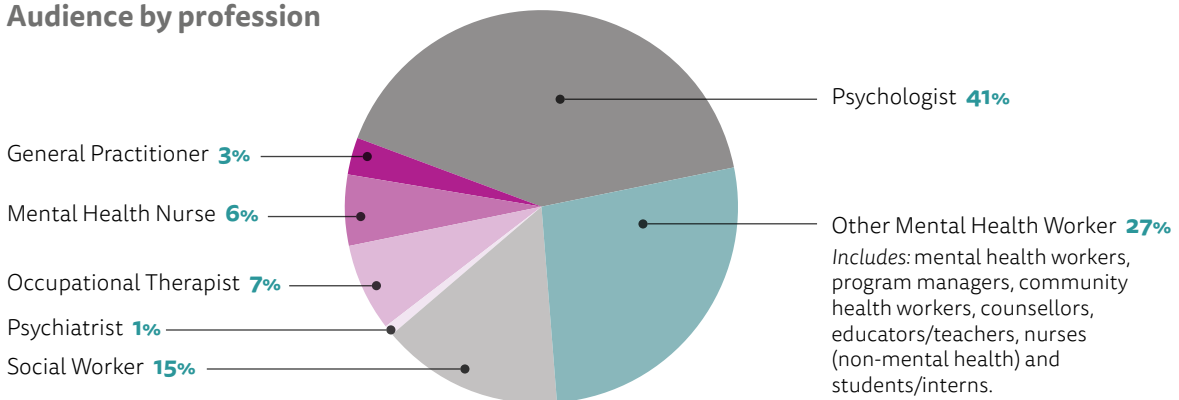
Please note: Not all online conference data is captured in the above table.

INTERDISCIPLINARY PANELLISTS AND AUDIENCES

The success and continued growth of MHPN's webinar program is due to the recruitment of high calibre practitioners for each panel. Each expert panellist brings a different contribution and perspective based on their discipline and specialty. The webinars' case study format ensures that the consumer is at the forefront of all discussions.

Each panel is drawn from a range of professions to promote interdisciplinary practice and collaborative mental health care. In 2018-19, 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.

Audience by profession



In 2018-19, a large number of webinar attendees came from outside a major metropolitan area. Webinars are a popular source of professional development among rural practitioners because they offer professional development that is easy to access and free of charge.



WEBINAR PROGRAM

MHPN continues to build its panellist network to present practitioners from interdisciplinary professions and perspectives. Webinar attendance and recording views remain strong and continue to guide us in the choice of webinar topics. In particular, 'Self-care for mental health professionals' and 'Suicidal ideation in primary school-aged children' were very popular with

interdisciplinary practitioners which demonstrates that we are meeting the needs of our audiences.

Cross-promotion of interdisciplinary practitioners networks during webinars continued in 2018-19. We have also ramped up cross-promotion of both webinars and networks through webinar updates; social media; Coordinator Connect; and Connect enews feature articles.

MHPN CORE WEBINAR SERIES 2018-19

Title and date held	Panellists	No. of attendees	Views of recordings
<p>Self-care for mental health professionals 23 August, 2018</p>	<p>Ms Ann Evans, NSW psychologist Ms Katherine Fairest, Vic mental health nurse Associate Professor Louise Nash, NSW psychiatrist Professor Simon Willcock, NSW GP Facilitator: Dr Catherine Boland, NSW clinical psychologist</p>	1,672	2,032
<p>Unravelling the myth: somatic symptom disorder 23 October, 2018</p>	<p>Associate Professor Louise Stone, ACT GP Professor Alex Holmes, Vic psychiatrist Ms Elizabeth Muldoon, ACT Psychologist Facilitator: Dr Konrad Kangru, Qld GP</p>	1,424	915
<p>Psychological treatments for trichotillomania 6 December, 2018</p>	<p>Dr Imogen Rehm, Vic psychology registrar Dr Scott Blair-West, Vic psychiatrist Dr Johanna Lynch, Qld GP Facilitator: Dr Mary Emeleus, Qld psychiatry registrar</p>	828	918

Title and date held	Panellists	No. of attendees	Views of recordings
<p>Suicidal ideation in primary school-aged children</p> <p>12 February, 2019</p>	<p>Dr Lyn O'Grady, Vic psychologist Dr Andrew Leech, WA GP Dr Huu Kim Le, SA psychiatrist Ms Ellen Sinclair, NSW mental health nurse Facilitator: Mr Daniel Moss, SA, Emerging Minds</p>	2,977	1,578
<p>Collaborating to recognise and address the mental health impacts of loneliness</p> <p>3 April, 2019</p>	<p>Dr Michelle Lim, Vic psychologist Dr Jonathan Ho, NSW GP Professor Lisa Brophy, Vic social worker Facilitator: Professor Steve Trumble, Vic GP</p>	1,676	654
<p>Grief, Loss, Older People and Mental Health: An interdisciplinary response</p> <p>22 May, 2019</p>	<p>Dr Cathy Andronis, Vic GP Dr Rod McKay, NSW psychiatrist Mr Chris Hall, Vic psychologist Facilitator: Dr Ebonney van der Meer, Qld GP</p>	1,240	62
<p>Disenfranchised Grief: Exploring the Impact of Infertility on Mental Health</p> <p>5 June, 2019</p>	<p>Professor Jane Fisher, Vic psychologist Ms Denise Donati, Qld fertility nurse Dr Carolyn Breadon, Vic psychiatrist Facilitator: Dr Ebonney van der Meer, Qld GP</p>	583	30
<p>Working together to prevent heart disease for people living with psychiatric illness</p> <p>25 June, 2019</p>	<p>Associate Professor David Colquhoun, Qld cardiologist Dr Phillip Tully, SA psychologist Dr Helen Stanley, Vic GP Facilitator: Ms Nicola Palfrey, ACT clinical psychologist</p>	687	None in 2018-19; to be reported in 2019-2020.
TOTAL		11,087	6,189

Download or view all 100+ webinars for free at www.mhpn.org.au

Marketing and communication activities

MHPN's proficiency in mobilising marketing and communication activities that engage our large and diverse audience is critical to effectively promoting interdisciplinary collaboration between practitioners through our two programs: face-to-face-practitioner networks and online professional development.

MHPN's communications channels are integral to the effective deployment of the marketing and communications campaigns that encourage participation by mental health practitioners in interdisciplinary collaboration and professional development.

MHPN continues to optimise opportunities for cross-promoting practitioner networks and the online program across our own channels:

- **Connect E-news:** a monthly practitioner e-newsletter with a subscriber list of approximately 55,000
- **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:** LinkedIn, Twitter, Facebook
- **E-invitations** for the online professional development program, mainly webinars.

MHPN's integrated marketing approach enables us to connect in a meaningful way with the practitioner audience. For instance, local

practitioner networks are promoted at the end of webinars; and website articles are published to create engaging content as they reflect current industry themes and often involve contributions from MHPN stakeholders. These articles have proven to increase traffic to the website while also producing richer content for enews campaigns and social media.

Our partner organisations have also continued to provide opportunities to showcase MHPN’s professional development events in both print and online publications.

eDM CAMPAIGN PERFORMANCE

MHPN electronic direct mail (eDM) caters to our interdisciplinary audience by providing valuable information about the services we offer both online and through our face-to-face practitioner networks. Our campaigns have seen an increase in open and click rates and delivery rate is nearly 100 per cent which all translate to above the industry average. These figures illustrate that our campaigns are performing well and provide data to test and measure content and activities as we continue to increase our marketing reach and impact.

	22/08/2018 – 31/12/2018*	%	01/01/2019 – 30/06/2019	%
Campaigns sent	175	N/A	189	N/A
Open rate	376,190	33.7%	449,492	33.8%
Click rate	53,977	5%	91,013	6.8%
Delivery rate	N/A	98%	N/A	98%

* Figures are only available starting 22 August, 2018.



MHPN WEBSITE

Traffic to the MHPN website increased significantly in 2018-2019. Practitioners regularly download and watch webinars, register for a webinar, or join networks. Each of the main website pages experienced a spike in unique page views, including 'find a network' with a 12 per cent increase. The webinar library traffic has increased by 10.5 per cent

and the upcoming webinars page had an increase of 14,139 unique views (up 22 per cent since last year). The news section has seen a big boost, increasing visits by 21.5 per cent largely owing to regular updates and an increase of feature articles being published along with promotion in associated MHPN channels.

Unique page views* increase

	2017-18	2018-19	% increase
Home	36,604	38,452	22%
Upcoming webinars	12,907	16,572	22%
Webinar library	58,491	72,630	10.5%
Find a network	10,881	12,331	12%
News	14,813	18,870	21.5%

*Unique page views combine the page views that are from the same person (a user in Google Analytics), on the same page, in the same session, and just count them as one.





SOCIAL MEDIA

In the last year, MHPN continued its targeted use of social media and maintains an active presence. Regular posts on Twitter and LinkedIn feature upcoming webinars, network news, Connect Enews and MHPN’s organisational news. Facebook highlights MHPN achievements, news articles and acknowledges national and international mental health days.

The number of followers on all platforms has significantly increased as shown in the table below. LinkedIn continues to be MHPN’s fastest growing and strongest social media platform with followers increasing by 36 per cent this financial year to a total of 17,016. This positive result may be attributed to the nature of LinkedIn echoing MHPN’s core mission of ‘professional development’; and being a ‘networking organisation’ but equally to an increased focus on social media, content marketing and cross-promotion.

	Followers at June 2019	New followers in 2018-19	% increase
LinkedIn	17,016	6,039	36%
Twitter	3,923	371	9.5%
Facebook	8,733	1,391	16%

Audience engagement has grown because we are creating more targeted and relevant content through all available platforms. Next year, MHPN will deepen audience engagement through its digital marketing strategy to supports the organisation’s strategic direction for the 2019-20 financial year.

As MHPN expands the online professional development program with the addition of podcasts, and through the delivery of MHPN’s broader strategic plans, we anticipate that social media will become more prominent in our marketing strategy. Each of our marketing and communication channels will continue to strengthen our reach and efficacy in promoting interdisciplinary practitioner collaboration and professional development.



Information on directors

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 & Risk Committee

Experience

- Non-Executive Director, Latrobe Regional Hospital
- Chair and Independent Director, healthAbility/ Carrington Community Health Service
- Unit Chair Hospital Operations School of Medicine Faculty of Health, Deakin University
- Chief Fellowship Examiner (International and Alternative Pathway) Australasian College of Health Service Management
- 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)
- CEO, Box Hill Hospital (1996–2001)

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 City

ROSIE FORSTER BPhy, MBus (Comm Studies), MTM

Special Responsibilities

- Chair 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)
- Manager, Fellowship Program – National Institute of Clinical Studies (NICS)
- Manager, Integration and Marketing – Division of General Practice
- Operations Manager – Coordinated Care Trial
- Senior Health Planning Officer – Commonwealth Department of Health

STEPHAN GROOMBRIDGE BA (Hons)

Special responsibilities

- Member of the MHPN Finance, Audit & Risk Committee

Experience

- Manager, eHealth & Quality Care – RACGP
- RACGP Manager for the Commonwealth funded General Practice Mental Health Standards Collaboration
- RACGP representative on the National Workforce Centre of 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 Practitioners' Regulation Agency (AHPRA)
- Member, Australian College of Mental Health Nurses (ACMHN)

PROFESSOR LYN LITTLEFIELD

OAM, FAPS, FAICD, FAIM

Special Responsibilities

- Chair of the MHPN Quality Assurance and Clinical Education Committee (to August 2018)
- Member of MHPN Executive Committee (to Aug 2018)

Experience

- Executive Director of the Australian Psychological Society (retired September 2018) 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) (retired April 2018)
- Chair of Mental Health Professionals' Association (MHPA) (retired September 2018)
- 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 of 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 (to Feb 2019)

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)

DR REBECCA MATHEWS PhD MAPS FCCLP

Special responsibilities

- Member of MHPN Quality Assurance & Clinical Education Committee

Experience

- Chief, Publications and Professional Advisory – APS
- Editor, *InPsych*: The Bulletin of the APS
- Manager, Practice Standards – APS
- Clinical Psychologist – Private practice
- Coordinator, Research and Projects – APS Psychologist – Scope Victoria
- Sessional university lecturer at Swinburne University and La Trobe University

FRANCES MIRABELLI BAppSC, MBA, GAICD

Special responsibilities

- Member of MHPN Executive Committee (from March 2019)

Experience

- CEO – The Australian Psychological Society
- 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).

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.

KIM RYAN RN, Grad Dip Health Services Management

Special Responsibilities

- MHPN Acting Chair (to 5 July 2018)
- MHPN Company Secretary
- Chair of MHPN Finance, Audit & Risk Committee
- Member of MHPN Executive Committee

Experience

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

INFORMATION ON COMMITTEES

Executive Committee

John Rasa (Latrobe Regional Hospital)
Kim Ryan (ACMHN)
Lyn Littlefield (to August 2018) (APS)
Frances Mirabelli (from March 2019) (APS)
Chris Gibbs (MHPN)

Finance, Audit and Risk Committee

John Rasa (Latrobe Regional Hospital)
Kim Ryan Chair (ACMHN)
Stephan Groombridge (RACGP)
Heng Soong (RANZCP) (advisor)
Chris Gibbs (MHPN)
Trevor Donegan (MHPN)

Evaluation Committee

Harry Lovelock (Chair to February 2019) (APS)
Paul Cammell (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 to August 2018) (APS)
Rosie Forster (Chair from August 2018) (RANZCP)
Brian Jackson (ACMHN)
Peta Marks (ACMHN)
Associate Professor David Pierce (Director, University Dept of Rural Health)
Rebecca Mathews (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 2019

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

CONTENTS

Directors' Report	32
Auditor's Independence Declaration ...	35
Statement of Profit or Loss and Other Comprehensive Income.....	36
Statement of Financial Position	37
Statement of Changes in Equity	38
Statement of Cash Flows.....	38
Notes to the Financial Statements.....	39
Directors' Declaration	47
Independent Auditor's Report	48

DIRECTORS' REPORT

The directors and officers present their report together with the financial report of Mental Health Professionals' Network Ltd (MHPN) for the financial year ended 30 June 2019 and auditor's report thereon. The financial report has been prepared in accordance with Australian Accounting Standards.

Directors

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

Name of director	Appointment	Resignation	Reappointment
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	19/2/2019	
Rebecca Mathews	25/6/2019		
Frances Mirabelli	17/08/2018		
Morton Rawlin	12/6/2008	26/7/2019	27/8/2019
Kim Ryan	12/6/2008	31/7/2019	27/8/2019

The directors and officers 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 during the financial year:

Name of Director	Appointment
Kim Ryan	12/6/2008

Results

The surplus of the company for the year amounted to \$54,896 (2018: \$52,076 loss). Current year retained earnings surplus after accounting for all accumulated obligations carried forward totalled \$83,846 (2018: \$28,950).

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 clinical interdisciplinary groups of mental health professionals working in the primary care sector across Australia, 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 2019, a national platform of 365 interdisciplinary community mental health networks had been established and sustained, and
- The project delivered national online professional development of eight agreed webinars to mental health practitioners across the country. In addition, provided 20 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 Rasa	6	6	5	6
P Cammell	5	6	-	-
R Forster	5	6	-	-
S Groombridge	4	6	-	-
B Jackson	2	6	-	-
L Littlefield	-	-	1	1
H Lovelock	3	3	-	-
R Mathews	1	1	-	-
F Mirabelli	3	6	2	2
M Rawlin	4	6	-	-
K Ryan	5	6	5	6

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

Indemnification of officers

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

Further disclosure required under section 300(9) of the Corporation's 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 2019, the number of members was 4 (2018:4). The combined total amount that members of the company are liable to contribute if the company is wound up is \$400 (2018:\$400)

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



John Rasa
Director

Dated: 25 October 2019, 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 2019, 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: 29 October 2019



PITCHER PARTNERS
Melbourne

Pitcher Partners. An independent Victorian Partnership ABN 27 975 255 196. Level 13, 664 Collins Street, Docklands, VIC 3008⁷
Pitcher Partners is an association of independent firms. Liability limited by a scheme approved under Professional Standards Legislation.
Pitcher Partners is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities

Adelaide Brisbane Melbourne Newcastle Sydney Perth

pitcher.com.au

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2019

	Notes	2019 \$	2018 \$
Revenue	4	2,213,065	1,961,414
Less: expenses			
Administrative expenses		(167,721)	(158,848)
Depreciation	6	(1,861)	(733)
Employee benefits	6	(1,508,856)	(1,437,262)
Network expenses		(102,191)	(116,873)
Non-grant webinar expenses	5	(171,781)	(99,898)
Occupancy		(148,880)	(143,224)
Other expenses		(56,879)	(56,652)
		(2,158,169)	(2,013,490)
Surplus / (Deficit) before income tax expense		54,896	(52,076)
Income tax expense		–	–
Net surplus / (deficit) from continuing operations		54,896	(52,076)
Other comprehensive income for the year		–	–
Total comprehensive income / (loss)		54,896	(52,076)

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019

	Notes	2019 \$	2018 \$
Current assets			
Cash and cash equivalents	7	328,261	382,344
Receivables	8	100,833	45,920
Total current assets		429,094	428,264
Non current assets			
Plant and equipment	9	5,324	3,636
Total non current assets		5,324	3,636
TOTAL ASSETS		434,418	431,900
Current liabilities			
Payables	10	175,299	275,024
Provisions	11	162,197	105,862
Total current liabilities		337,496	380,886
Non current liabilities			
Provisions	11	13,076	22,064
Total non current liabilities		13,076	22,064
TOTAL LIABILITIES		350,572	402,950
Net assets		83,846	28,950
Equity			
Accumulated surplus	12	83,846	28,950
TOTAL EQUITY		83,846	28,950

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
Balance as at 1 July	28,950	81,026
Surplus / (Deficit) for the year	54,896	(52,076)
Total comprehensive income / (loss) for the year	54,896	(52,076)
Balance as at 30 June	83,846	28,950

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2019

	Notes	2019 \$	2018 \$
Cash flows from operating activities			
Grant receipts		1,908,196	1,881,626
Other revenue		346,957	402,645
Payments to suppliers and employees		(2,317,618)	(2,166,386)
Interest received		11,931	11,433
Net (used in) / cash provided by operating activities		(50,534)	129,318
Cash flows from investing activities			
Purchase of plant and equipment		(3,549)	(3,300)
Net cash used in investing activities		(3,549)	(3,300)
Net (decrease) / increase in cash held		(54,083)	126,018
Reconciliation of Cash			
Cash at the beginning of the financial year		382,344	256,326
Net (decrease) / increase in cash held		(54,083)	126,018
Cash at end of financial year	7	328,261	382,344

The accompanying notes form part of these financial statements.

NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with the Australian Charities and Not for profits Commission Act 2012 and Australian Accounting Standards Reduced Disclosure Requirements, Interpretations and other applicable authoritative pronouncements of the Australian Accounting Standards Board.

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 contemplates continuity of normal business activities and the realisation of assets and the settlement of liabilities in the ordinary course of business.

(i) Financial instruments

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.

Classification of financial assets

Financial assets recognised by the company are subsequently measured in their entirety at either amortised cost or fair value, subject to their classification and whether the company irrevocably designates the financial asset on initial recognition at fair value through other comprehensive income (FVtOCI) in accordance with the relevant criteria in AASB 9.

Financial assets not irrevocably designated on initial recognition at FVtOCI are classified as subsequently measured at amortised cost, FVtOCI or fair value through profit or loss (FVtPL) on the basis of both:

- (a) the company’s business model for managing the financial assets; and
- (b) the contractual cash flow characteristics of the financial asset.

Classification of financial liabilities

Financial liabilities classified as held for trading, contingent consideration payable by the company for the acquisition of a business, and financial liabilities designated at FVtPL, are subsequently measured at fair value.

All other financial liabilities recognised by the company are subsequently measured at amortised cost.

Trade and other receivables

Consistent with both the company’s business model for managing the financial assets and the contractual cash flow characteristics of the assets, trade and other receivables are subsequently measured at amortised cost.

(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 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.

2019
\$

2018
\$

NOTE 4: REVENUE AND OTHER INCOME

(a) Revenue from operating activities		
– Government grants	1,734,724	1,710,569
– Non-grant webinars	424,110	216,729
– Other	42,300	22,295
(b) Revenue from non-operating activities		
– Interest revenue	11,931	11,821
	2,213,065	1,961,414

NOTE 5: NON-GRANT OPERATIONS

Webinars:		
– Revenue	424,110	216,729
– Employee benefits	(128,746)	(82,201)
– Other expenses	(171,781)	(99,898)
Net contribution to non-grant operations	123,583	34,630

2019
\$

2018
\$

NOTE 6: OPERATING SURPLUS

Surplus has been determined after:

Expenses:

Depreciation	1,861	733
Employee benefits:		
– Salaries and wages	1,402,032	1,334,932
– Superannuation	106,824	102,330
	1,508,856	1,437,262

NOTE 7: CASH AND CASH EQUIVALENTS

Cash at bank	328,261	382,344
--------------	----------------	----------------

NOTE 8: RECEIVABLES

Current

Accrued income	296	552
Sundry debtors	94,110	38,275
Other receivables	6,427	7,093
	100,833	45,920

NOTE 9: PLANT & EQUIPMENT

Office Equipment at cost	7,949	4,400
Less accumulated depreciation	(2,625)	(764)
	5,324	3,636

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	3,636	1,069
Additions	3,549	3,300
Depreciation expense	(1,861)	(733)
Closing amount	5,324	3,636

2019
\$

2018
\$

NOTE 10: PAYABLES

Current

Unsecured Liabilities

– Trade creditors	31,174	34,621
– Income received in advance	25,780	136,961
– Other payables	103,312	87,952
<i>Amounts payable to members</i>	15,033	15,490
	175,299	275,024

NOTE 11: PROVISIONS

Current

Employee benefits

– Annual leave	65,194	45,237
– Long service leave	97,003	60,625
	162,197	105,862

Non-Current

Employee benefits

– Long service leave	13,076	22,064
	175,273	127,926

NOTE 12: ACCUMULATED SURPLUS

Accumulated surplus at beginning of financial year	28,950	81,026
Net surplus / (deficit) attributable to members of the company	54,896	(52,076)
	83,846	28,950

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 2019 the number of members was four. The combined total amount that members of the company are liable to contribute if the company is wound up is \$400.

NOTE 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 in office during or since the end of the year were:

Name of director	Appointment	Resignation	Reappointment
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	19/2/2019	
Rebecca Mathews	25/6/2019		
Frances Mirabelli	17/08/2018		
Morton Rawlin	12/6/2008	26/7/2019	27/8/2019
Kim Ryan	12/6/2008	31/7/2019	27/8/2019

(ii) Names of Executives:

C Gibbs (Chief Executive Officer)

K Hoppe (National Project Manager – resigned 11 August 2019)

	2019 \$	2018 \$
Compensation of KMP		
Aggregated compensation of KMP was as follows:		
Short-term employee benefits	356,317	345,149
	356,317	345,149

NOTE 15: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

– audit services	17,720	17,360
– consultancy	1,000	1,000
– other	40	20
	18,760	18,380

2019
\$

2018
\$

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 - \$14,152 (2018: \$13,853), ACMHN - \$881 (2018: \$713) and RANZCP - Nil (2018: \$924).

Transactions with related parties:

(a) Provision of services from members

ACMHN	4,383	6,888
APS	168,001	162,449
RACGP	5,975	7,319
RANZCP	4,128	2,310
	182,487	178,966

(b) Supply of webinar services to members

APS	26,400	-
RACGP	15,961	15,400
	42,361	15,400

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
	4,824	9,648

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 2019 that has significantly affected or may significantly affect:

- The operations, in financial years subsequent to 30 June 2019, of the company, or
- The results of those operations, or
- The state of affairs, in financial years subsequent to 30 June 2019, 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 34 to 42 are in accordance with *Australian Charities and Not-for-profits Commission Act 2012*; and

- a) Comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
- b) Give a true and fair view of the financial position of the entity as at 30 June 2019 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

Dated: 25 October 2019, 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 2019, 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 2019 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 2019, 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.

Pitcher Partners. An independent Victorian Partnership ABN 27 975 255 196. Level 13, 664 Collins Street, Docklands, VIC 3008⁷

Pitcher Partners is an association of independent firms. Liability limited by a scheme approved under Professional Standards Legislation.

Pitcher Partners is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities

Adelaide Brisbane Melbourne Newcastle Sydney Perth

pitcher.com.au

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**

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.

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.

Pitcher Partners. An Independent Victorian Partnership ABN 27 975 255 196. Level 13, 664 Collins Street, Docklands, VIC 3008⁷

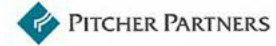
Pitcher Partners is an association of independent firms. Liability limited by a scheme approved under Professional Standards Legislation.

Pitcher Partners is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities

Adelaide Brisbane Melbourne Newcastle Sydney Perth

pitcher.com.au

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

- 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.
- 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

29 October 2019



PITCHER PARTNERS
Melbourne

Pitcher Partners. An independent Victorian Partnership ABN 27 975 255 196. Level 13, 664 Collins Street, Docklands, VIC 3008⁷
Pitcher Partners is an association of independent firms. Liability limited by a scheme approved under Professional Standards Legislation.
Pitcher Partners is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities

Adelaide Brisbane Melbourne Newcastle Sydney Perth

pitcher.com.au

This page has been left blank intentionally.



2019