



ANNUAL REPORT

Mental Health Professionals' Network

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Member organisations



Partner organisations



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Introduction

Mental Health Professionals' Network's (MHPN's) long-term program 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 our well-established face-to-face and emerging online practitioners' networks and online professional development program.

We have also developed many partnerships with organisations who share our aim to provide professional development for mental health practitioners.

This year, we also focussed on upgrading internal MHPN resources, primarily the database and website, in order to sustain growth; continuously improve our service delivery; and support networks. These upgrade projects will be fully executed in the next financial year.

In the first half of 2019-2020, MHPN continued to nurture and grow networks, with an added focus on rural and remote Australia.

By December 2019, program participants were dealing with the challenges of bushfires and their aftermath which meant our project team needed to reschedule meetings where necessary; and subsequently help networks run meaningful networks related to bushfire recovery.

As we headed into the new year, more difficulties arose with floods, and then the COVID-19 pandemic, impacting network participants.

Interdisciplinary practice

FOSTERS

a collaborative care approach

DELIVERING

MHPN promotes interdisciplinary practice and collaborative care to practitioners through two national platforms.

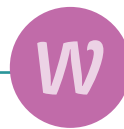


LOCAL INTERDISCIPLINARY PRACTITIONER NETWORKS

Practitioners meet regularly at network meetings to:

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

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



ONLINE PROFESSIONAL DEVELOPMENT PROGRAM

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

We responded to the needs of our audience by developing relevant webinars which were then broadcast in the 2019-2020 financial year.

At MHPN's first fully online conference in the 2018-19 financial year, we successfully piloted a podcast initiative which will lead to developing a new podcast arm of MHPN. The podcast will launch in the first quarter of the 2020-2021 financial year.

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: Australian Psychological Society, Royal Australian College of General Practitioners, The Royal Australian and New Zealand College of Psychiatrists and The Australian College of Mental Health Nurses; and Australian Association of Social Workers, Occupational Therapy Australia, and Australian College of Rural and Remote Medicine.

improved clinical pathways
and better informed referrals

RESULTING IN

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

Achievements

NETWORKS



365

NETWORKS
SUPPORTED



38%

IN RURAL AND
REGIONAL AREAS



165

SPECIFIC-INTEREST
NETWORKS



902

MEETINGS
HELD



7,750

NETWORK
MEMBERS



12,283

MEETING
ATTENDANCES



472

NETWORK
COORDINATORS

WEBINARS



18

WEBINARS
PRODUCED



22,212

TOTAL
ATTENDEES



58,036

TOTAL VIEWS OF
WEBINAR RECORDINGS*

* Includes 2019 conference

2019-2020

ONLINE CONNECTIONS



69,505

SUBSCRIBERS TO
CONNECT eNEWS



31

PHNs RECEIVE
RELEVANT MHPN NEWS



4,298

TWITTER
FOLLOWERS



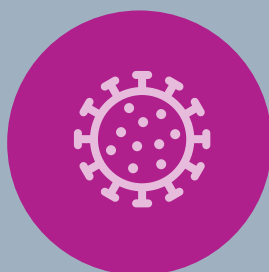
55,070

LINKEDIN CONNECTIONS



11,971

FACEBOOK FOLLOWERS



198

NETWORK MEETINGS
HELD MARCH-JUNE 2020 AMID
PANDEMIC RESTRICTIONS



80,248

TOTAL WEBINAR ATTENDANCES
AND RECORDING VIEWS*

* Includes 2019 conference

A foreword from the Chair

Participation by mental health practitioners in MHPN face-to-face practitioner networks and online professional development has continued throughout a very challenging 2020 in which MHPN continued to promote interdisciplinary professional development to practitioners working in community mental health across Australia.

It has been a year of two halves, with a very productive first half, showing strong engagement of practitioners in both face-to-face networks and in the online professional development program. However, bushfires, floods, and then the rapid onset of COVID-19, brought face-to-face networks to a sudden halt in early March 2020.

From March, MHPN worked to encourage online network participation and by year's end, 1,469 practitioners participated in 114 online meetings. I am pleased to report that this year, between July 2019 and June 2020, nearly eight thousand practitioners participated 12,283 times in 365 MHPN networks across the country. Thirty-eight 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 472 network coordinators who are the backbone 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 professional development program was in greater demand this year because more practitioners were looking for online learning largely due to COVID-19 pandemic restrictions.

“Nearly eight thousand practitioners participated 12,283 times in 365 MHPN networks across the country.”

“MHPN attracted 22,212 participants for our 18 nationally run live webinars and garnered a further 80,248 views of recordings in MHPN’s online webinar library.”



Website traffic indicates a 51 per cent increase in unique page views for upcoming webinars; and 24 per cent more unique page views of the webinar library.

MHPN attracted 22,212 participants for our 18 nationally run live webinars and garnered a further 80,248 views of recordings in MHPN’s online webinar library.

MHPN is very grateful for the continued support and funding from the federal Department of Health which demonstrates the value of our work. We extend our gratitude to the Department of Veterans’ Affairs (DVA), 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: Australian Psychological Society, Royal Australian College of General Practitioners, The Royal Australian and New Zealand College of Psychiatrists, and the Australian College of Mental Health Nurses.

Our members 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 Australian Association of Social Workers, Australian College of Rural and Remote Medicine, Occupational Therapy Australia, and importantly the Primary Health Networks, have all 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; as well as the Executive Team 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
Chair

Chief Executive Officer's overview

MHPN celebrated 10 years as a unique national interdisciplinary mental health professional development program in 2019.

MHPN's core purpose has remained steady over this time. Our activities are anchored on the premise that mental healthcare is enhanced if practitioners from the relevant disciplines connect on a regular basis. Interdisciplinary collaboration results in better consultation and cooperation, more targeted referrals, and improved outcomes for people living with poor mental health.

Over this time, 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.

Bushfires and floods had an adverse impact on network meetings from November and the impact of COVID-19 saw all face-to-face networks closed down from early March 2020 while working from home was introduced for all staff. From that time, MHPN focussed on supporting network coordinators; attending to the wellbeing of staff; and gradually introducing an online network program.

Not surprisingly, MHPN's online interdisciplinary professional development program continued to grow in popularity with practitioners across the country, particularly in the latter part of the year.

“In a challenging year ahead, MHPN will undertake an active recovery plan for face-to-face networks and at the same time continue to grow our online networks program.”

“Bushfires and floods had an adverse impact on network meetings from November and the impact of COVID-19 saw all face-to-face networks closed down from early March 2020.”



MHPN has worked hard 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.

In addition to the introduction of the online networks program, the year saw MHPN grow its presence on social media and start a significant upgrade to the MHPN database which is one of our major assets.

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 continued to guide program evaluation and oversaw the publication of an article in a reputable US journal on a webinar series produced by MHPN for the Department of Veterans' Affairs.

In a challenging year ahead, MHPN will undertake an active recovery plan for face-to-face networks and at the same time continue to grow our online networks program. We will review and expand 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 a national consortium of PHNs. We will expand our current online professional development suite to include 'MHPN Presents', a new podcasting initiative, which was successfully trialed in the MHPN 2019 online conference. MHPN will convene a second online conference in May/June 2021.

Finally, I would like to sincerely thank our Chair John Rasa, MHPN directors, staff, expert advisors and external partners for their support and advice in maintaining an organisational focus in what became a year like no other.

Chris Gibbs
Chief Executive Officer

MHPN interdisciplinary practitioner networks

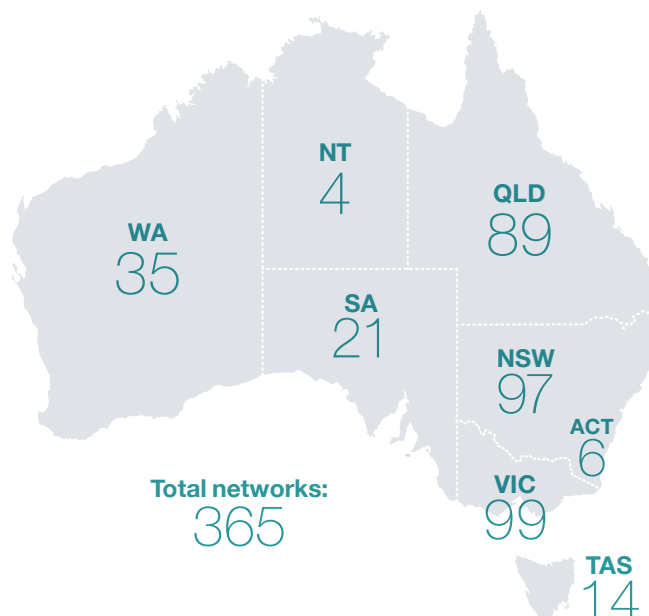
MHPN supports 365 interdisciplinary practitioner networks across Australia.

Networks are a forum for:

- peer support
- professional development
- developing relationships between practitioners from different disciplines
- sharing knowledge of local services
- reinforcing a whole-of-community approach
- identifying emerging issues or trends
- improving referral pathways.

Networks are self-directed and managed by a volunteer network coordinator. 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.

ACTIVE NETWORKS BY STATE OR TERRITORY



NETWORK NUMBERS STABLE AMID CRITICAL INCIDENTS

Network coordinators and participants have demonstrated adaptability and resilience in the face of adversity.

The second half of 2019-2020 was characterised by devastating bushfires, floods and the COVID-19 pandemic which, individually and collectively, are expected to have impacts for years to come.

Despite the myriad of challenges, network numbers remained at a steady 365 in 2019-2020.

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

Network growth has sprung from:

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

PRACTITIONER PARTICIPATION REMAINS STRONG

During 2019-20, 7,750 network members attended 902 network meetings. Participation was affected by the COVID-19 pandemic in the final quarter which accounts for a 20 per cent drop in meeting numbers from last year.

Nonetheless, MHPN coordinators and project officers banded together to learn how to use videoconferencing, and subsequently, hold meetings online from March.

This opened up a new opportunity for MHPN to create significantly more online-only networks which will be launched in the next financial year.

A number of other 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.

CLINICIAN-LED 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.

This was especially important in the second half of the financial year for communities affected by bushfire, floods and/or the COVID-19 pandemic.

Network coordinators sought to provide network meetings that were relevant to the immediate needs of their local community.

NETWORK NEWS SNAPSHOT

MHPN publishes numerous articles about our networks and other news of interest to mental health practitioners. We have provided summaries of four articles written during 2019-2020. Full articles and more can be read in the news section on our website: www.mhpn.org.au/news.

Q&A with Tasmania-based coordinator Robyn McKinnon

MHPN produces a series of Q&A articles with network coordinators which demonstrates the value and impact of networks.

Mental health social worker Robyn McKinnon launched the Launceston Perinatal and Mental Health Network in June 2019.

Robyn has a special interest in perinatal and infant mental health and is passionate about her work in far flung locations like King Island and Flinders Island in the Bass Strait (northern Tasmania).

MHPN spoke to Robyn about interdisciplinary collaboration and what it's like to coordinate a MHPN network.

Why did you get involved as a coordinator?

Last year, I was invited to present at the Hobart Perinatal Mental Health Professionals Network on the topic of 'Perinatal Loss: Providing compassionate bereavement care for parents when the unexpected happens'.

It got me thinking: "Why don't we have a Launceston Perinatal Network?" So I began talking to MHPN about trialling a meeting, kicking off with the same presentation I gave in Launceston as this was a particular topic I was passionate about; and I already had strong connections in the community of health professionals already.

What do you like about coordinating an interdisciplinary network for mental health professionals?

It has been great as a private practitioner to become more connected with other disciplines who are like-minded professionals with a passion in the field of perinatal mental health. In fact, at our second meeting a GP came up and introduced herself to me as someone who had been referring to me for many years, but until now we had never actually met in person. This was a nice way to cement connections and get a better understanding for each other's practices and skills.

Tell us about the benefits of collaboration in the field of perinatal and infant mental health.

I have seen collaborative care work exceptionally well in rural and remote communities where resources are often limited, and so the impact of working together can make a very significant difference.



NEW HOLISTIC CARE PLAN FOR EATING DISORDERS TREATMENT

We published an article about extra sessions for eating disorders treatment in October, 2019. At this time, MHPN had 10 eating disorder networks across Australia, with some meeting to discuss the changes to the Better Access initiative.

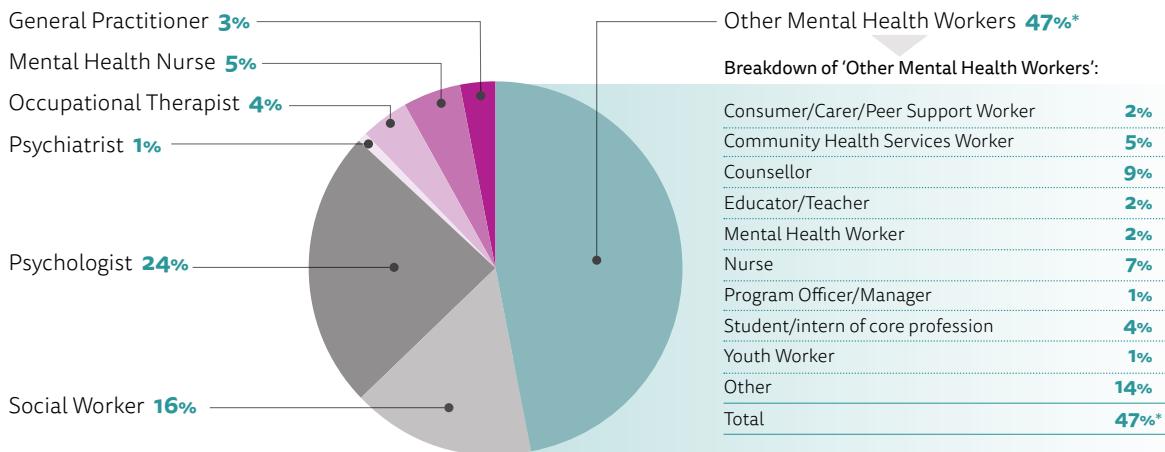
The Department of Health announced that, from November 2019, the Medicare Benefits Schedule (MBS) Eating Disorders Treatment Pathway would come into effect. It's designed to support a model of best practice, evidence-based care for patients with anorexia nervosa and other eligible patients with eating disorders.

BUSHFIRE RESOURCES FOR INTERDISCIPLINARY PRACTITIONERS

Mental health practitioners play a critical role in our communities, particularly during challenging times. With this mind, we collated an extensive list of useful resources about bushfire recovery for the mental health and related health sector professionals. We continued to expand this list as new information was released; and when further major events, such as floods and the COVID-19 pandemic, happened.

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.



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

MHPN network goes online with COVID-19 forum

Restrictions on face-to-face meetings, due to the COVID-19 pandemic, meant MHPN needed to adapt quickly and efficiently to offer local networks the option of meeting online.

Network coordinators or other network members could – with the ongoing support of a MHPN project officer – organise to meet with local mental health practitioners via teleconferencing. MHPN-supported network Byron Bay Family & Relationships successfully held its first online meeting in early April.

Network member Kimberley Lipschus, who helped organise this meeting, says interdisciplinary collaboration between mental health practitioners had become more important now than ever.

'I can't stress enough how important it is. I think the more voices, from all modalities and training bodies, simply add to the knowledge base. There is no us or them in this situation.

In essence we must be supporting one another as practitioners and our respective communities. If we hold this as the central motivation, then there can only be a level playing field and openness in knowing we can learn from one another'.

At the 8 April meeting, five interdisciplinary panellists linked up to discuss the topic 'How Mental Health Practitioners Can Support the Northern Rivers Community During COVID-19'.

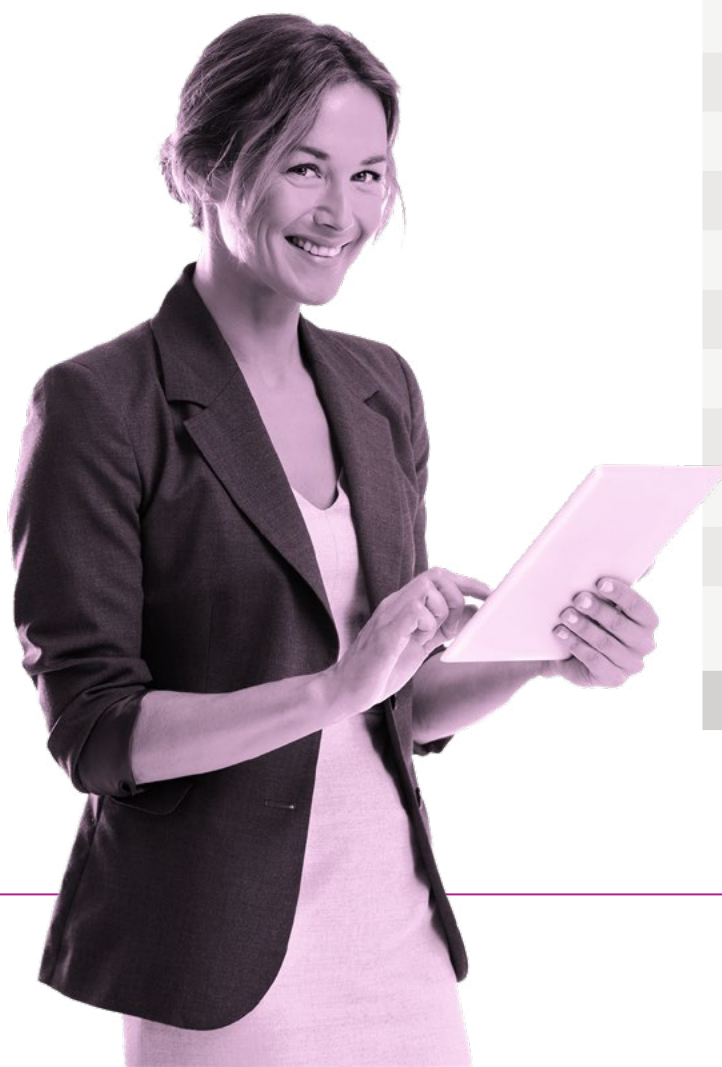
'I can say personally it was very enjoyable, made so much more easeful by the articulate, intelligent and thoughtful panel who stepped up with such wisdom, authenticity and vulnerability', Kimberley says.



COORDINATORS MAKE NETWORKS TICK

In 2019-20, MHPN supported 472 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.

Network meetings and meetings attendances dropped by 20 per cent this year as a result of COVID-19 restrictions and lockdowns. Victoria and New South Wales have the highest number of networks; they were also the states most affected by the COVID-19 pandemic which accounts for much of the decreased activity.



SPECIFIC-INTEREST NETWORKS

Specific-interest Network	Total
Addictions and mental health	4
Autism and mental health	4
Culturally and linguistically diverse and transcultural mental health	7
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	16
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)	22
Total	165

Online professional development in 2019–20

MHPN webinars aim to role model interdisciplinary practice and collaborative care with panellists from a mix of disciplines.

Our webinars are live, interactive panel discussions based on a case study about a client presenting with a mental health condition relevant to the overarching topic.

We produced six Department of Health-funded webinars featuring 21 panellists from eight disciplines, including a lived experience advocate. Four of the webinars were facilitated by Professor Stephen Trumble; Ms Julianne Whyte and Ms Nicola Palfrey facilitated one webinar each and both also appeared as a panellist on two separate webinars.

Twelve webinars were produced in partnership with other organisations, including Emerging Minds, Victorian-Tasmanian Alliance Primary Health Network, Department of Veterans' Affairs and Department of Home Affairs.

As a Melbourne-based organisation, MHPN is acutely aware of the challenges and opportunities arising

from restrictions enforced at local, state and federal levels during the COVID-19 pandemic.

MHPN produced and delivered two timely webinars relevant to the COVID-19 pandemic:

- MHPN: Working with children and families during the Coronavirus (COVID-19) outbreak
- MHPN and North West Melbourne Primary Health Network (PHN): Tips and strategies in using technology for mental health consultations.



	Department of Health funded webinars	Partnership webinars to MHPN audiences*
No. of webinars	6	12
Registrations	22,387	33,587
Attendees	7,912	14,300
Recording views	42,300*	14,495*
Average attendees per webinar	1,320	1,195
Total recording views and attendees over the last FY**	50,212	28,795

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

** There were an additional 1,241 views of conference webinar recordings.

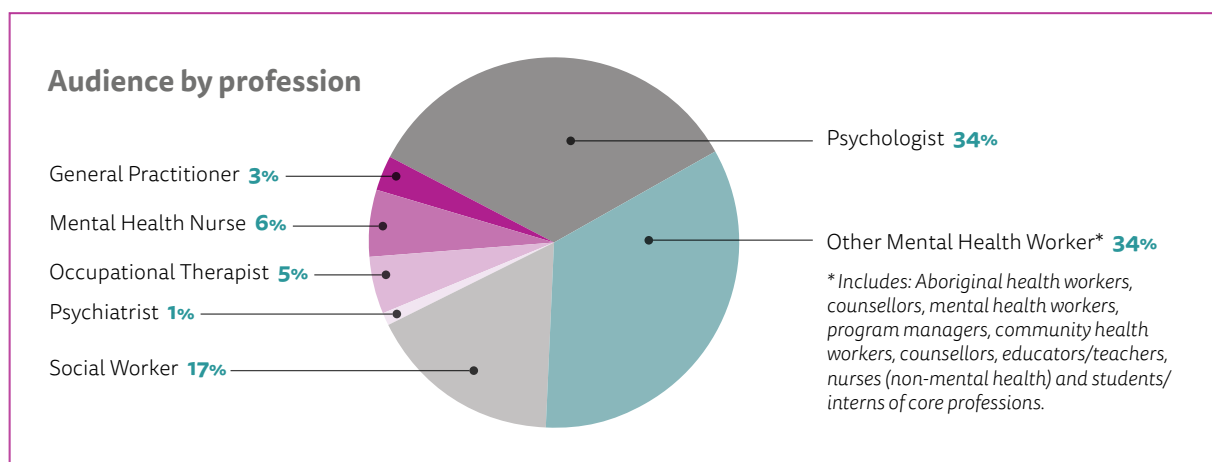
INTERDISCIPLINARY PANELLISTS AND AUDIENCES

MHPN consistently delivers webinars with high calibre practitioners on each panel which is a major factor in the continued program success and positive feedback from attendees.

Each expert panellist contributes a different perspective based on their discipline and specialty. Panels are recruited from various professions, including but not limited to psychiatrists, psychologists, social workers, mental health nurses and GPs.

Using a case study format for the webinars ensures that consumers are at the centre of webinar panel discussions. Occasionally, we use a 'question and answer' (Q&A) format, rather than a case study, to meet the changing needs and environment of our audience. For instance, we used a Q&A format for 'Working with children and families during the Coronavirus (COVID-19) outbreak' so the attendees had a space to ask more questions than usual in the context of unprecedented events.

In 2019-20, webinars attracted an audience of mental health practitioners from a range of disciplines. The audience breakdown is highlighted in the chart below which represents MHPN's webinar audiences, including partnership webinars.



WEBINAR PROGRAM

Webinar attendance and recording views remain strong and continue to guide us in the choice of webinar topics.

Our COVID-19 webinar - 'Working with children and families during the Coronavirus (COVID-19) outbreak' - was by far the strongest performer this financial year with 2,688 attendees.

The second and third highest attendances were 1,332 people for 'Responding to the needs of a person presenting with suicidality'; and 1,171 attendees watched 'Collaborating to recognise and address depression in cannabis users'.

Throughout 2019-20, we continued to cross-promote interdisciplinary practitioners networks during webinars and via our digital media channels.

MHPN CORE WEBINAR SERIES 2019-20

Title and date held	Panellists	No. of attendees	Views of recordings
<p>Collaborating to recognise and address depression in cannabis users</p> <p>17 July, 2019</p>	<p>Dr Shalini Arunogiri, Psychiatrist, VIC</p> <p>Ms Leeanne Brient, Psychologist, Tasmania</p> <p>Dr Paul Grinzi, GP, VIC</p> <p>Ms Monica Lord, Accredited Mental Health Social Worker, QLD</p> <p>Facilitator: Professor Stephen Trumble, GP, VIC</p>	1,171	694
<p>Do you have what it takes to engage with Indigenous people?</p> <p>19 September, 2019</p>	<p>Dr Louis Peachey, Rural Generalist, QLD</p> <p>Dr Jeff Nelson, Psychologist, QLD</p> <p>Dr Mary Emeleus, Psychiatric Registrar, QLD</p> <p>Facilitator: Professor Stephen Trumble, GP, VIC</p>	889	1,116
<p>Better outcomes for schizophrenia: a patient-centred approach</p> <p>7 November, 2019</p>	<p>Dr Cathy Andronis, GP, VIC</p> <p>Dr Melissa Connell, Psychologist, QLD</p> <p>Mr Russell Syphers, Lived Experience Advocate, VIC</p> <p>Dr Richard Lakeman, Mental Health Nurse, QLD</p> <p>Facilitator: Ms Julianne Whyte, Accredited Mental Health Social Worker, NSW</p>	982	659

Title and date held	Panellists	No. of attendees	Views of recordings
<p>Collaborating to recognise and address conduct disorder 3 December, 2019</p>	<p>Ms Georgette Fleming, Psychologist, NSW Mr David Hong, Family Therapist, Mental Health Nurse, NSW Professor David Coghill, Psychiatrist, VIC Dr Andrew Leech, GP, WA Facilitator: Professor Stephen Trumble, GP, VIC</p>	850	1,075
<p>Responding to the needs of a person presenting with suicidality 23 March, 2020</p>	<p>Dr Lyn O’Grady, Community Psychologist, VIC Dr Graham Fleming, GP, SA Professor Tim Wand, Nurse Practitioner, NSW Facilitator: Ms Nicola Palfrey, Psychologist, ACT</p>	1,332	1,626
<p>Working with children and families during the Coronavirus (COVID-19) outbreak 30 April, 2020</p>	<p>Dr Andrew Leech, GP, WA Ms Nicola Palfrey, Psychologist, ACT Ms Julianne Whyte, Accredited Mental Health Social Worker, NSW Facilitator: Professor Stephen Trumble, GP, VIC</p>	2,688	873
TOTAL		7,912	6,043

*Reported in 2018/19 annual report; not added to this year’s total

Last year, we didn’t have recording views data for our final webinar of 2018-19 so we held over reporting this figure until the 2019-20 financial year. To this end, we advise that by 30 June 2020, there were 229 views of the recording for ‘Working together to prevent heart disease for people living with psychiatric illness’ which was broadcast on 25 June, 2019.

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

Marketing and communication activities

MHPN's digital communications channels are vital to delivering marketing and communications campaigns that encourage mental health practitioners to participate in webinars and network meetings.

MHPN continues to optimise opportunities for cross-promoting the networks and online professional development programs across our own channels:

- **Connect Enews:** a monthly practitioner newsletter with a subscriber list of 69,505 at 30 June, 2020.
- **Coordinator Connect:** a tailored bi-monthly newsletter for network coordinators.
- **NetHub:** a bi-monthly newsletter with information for PHNs about webinars, networks and other MHPN activities.

- The **MHPN website** through news articles and general MHPN programs information.
- **Social media:** LinkedIn, Twitter, Facebook.
- **E-invitations** for the online professional development program, mainly webinars.

MHPN's integrated marketing strategy connects us to our practitioner audience in a meaningful way. For instance, 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 news 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 practitioner audience with valuable information about our webinar and local practitioner network programs.

Our campaign delivery rate is nearly 100 per cent while open and click rates remain strong and above the industry average. The figures demonstrate 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.

	Campaigns sent	Open rate	Click rate	Delivery rate
01/07/2019 – 31/12/2019*	165	515,643	77,067	N/A
%	N/A	37.5%	15.36%	98%
22/08/2018 – 31/12/2018*	175	376,190	53,977	N/A
%	N/A	33.7%	5%	98%
01/01/2019 – 30/06/2019	189	449,492	91,013	N/A
%	N/A	33.8%	6.8%	98%
01/01/2020 – 30/06/2020	100	386,223	57,748	N/A
%	N/A	31.6%	5.6%	98.3%



MHPN WEBSITE

Traffic to the MHPN website increased significantly in the 2019-2020 financial year. Practitioners regularly downloaded and watch webinars, registered for webinars, and joined networks. Most of the main website pages experienced a spike in unique page views, including 'find a network' with a 70 per cent increase. Thirty-six per cent of unique page views for the 'find-a-network' page occurred in the final quarter of the financial year unique page

views for upcoming webinars increased by 51% over the financial year. These figures reflect the increased demand for our webinar and network programs at the height of the COVID-19 pandemic nationally. The news section has seen a big boost, increasing visits by 22 per cent, largely owing to Connect Enews being monthly; the inclusion of feature articles; and promotion in other MHPN digital channels.

Unique page views 2019-2020*

Website page	2017-2018	2018-19	% change from June 2018 to June 2019	2019-2020	% change from June 2019 to June 2020
Home	36,604	38,452	+22%	37,639	-3%
Upcoming webinars	12,907	16,572	+22%	32,675	+51%
Webinar library	58,491	72,630	+10.5%	95,151	+24%
Find a network	10,881	12,331	+12%	20,981	+70%
Start a network	910	911	+8%	1,013	+11%
Participate	8,647	8,893	+3%	8,526	-5.5%
About	4,988	5,024	+1%	4,871	-3%
Resources	10,180	10,688	+5%	12,902	+17%
News	14,813	18,870	+21.5%	24,276	+22%
Contact	1,892	1,924	+9%	1,971	+12%

* 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

MHPN strategically uses social media and maintains an active presence. Regular posts on Twitter, Facebook 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 224 per cent this financial year to a total of 55,070.




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.

Audience engagement has grown because we are creating more targeted and relevant content through all available platforms.



Next year, MHPN will expand audience engagement to support the organisation’s strategic direction for the 2020-21 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.

		Followers at June 2019	New followers in 2018-19	Followers at June 2020	New followers in 2019-20	% increase
	LinkedIn	17,016	6,039	55,070	38,054	224%
	Twitter	3,923	371	4,298	375	9%
	Facebook	8,733	1,391	11,971	3,238	37%

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 and Hospital Financing, 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)
- Chief General Manager, Acute Services, Eastern Health (2001-2004)
- 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
- Binational Chair of Advanced Training in Psychotherapy – RANZCP
- Past Visiting Fellow, Personality Disorders Institute – Weill Cornell Medical College, New York City
- Research Lead, BPD Co, South Australia Health
- Head of Psychotherapy Training, St Vincent's Hospital, Melbourne

ROSIE FORSTER BPhy, MBus (Comm Studies), MTM

Special Responsibilities

- Chair of the MHPN Quality Assurance & 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

- National Manager, eHealth & Quality Care – RACGP
- RACGP Manager for the Commonwealth funded General Practice Mental Health Standards Collaboration

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

Special responsibilities

- Member of the MHPN Quality Assurance & 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)

STEPHEN JACKSON

MdS(T-L), BSc (Computing), MBA (AGSM), MAICD

Special responsibilities

- Member of the MHPN Finance, Audit & Risk Committee (from 24 August 2020)

Experience

- Chief Executive Officer of the Australian College of Mental Health Nurses

More recent roles have included:

- Chief Executive Officer, Marathon Health
- Deputy CEO & CFO, Western NSW Medicare Local
- Steering Committee, NSW Health Information Bureau
- Member, National Workforce Strategy Task Force
- Program Manager, Government Relations, National E-Health Transition Authority (NEHTA)
- General Manager, International Technologies Australia
- Director, various sporting community groups
- International Athletics Federation (technical official, both Operations and WADA)

DR REBECCA MATHEWS PhD MAPS FCCLP

Special responsibilities

- Member of MHPN Quality Assurance & Clinical Education Committee (until May 2020)
- Member of the MHPN Evaluation Committee (from June 2020)

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

Experience

- Chief Executive Officer – 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)
- Board Member, Rural Workforce Agency Victoria (RWAV)
- Past Chair of the Victoria Faculty of the RACGP and a RACGP Faculty Board Member (Vic Branch)
- Adjunct Associate Professor in General Practice at the University of Sydney
- Chair, General Practice Mental Health Standards Collaboration (GPMHSC)

KIM RYAN RN, Grad Dip Health Services Management

Special Responsibilities (to 31/7/2019)

- 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 (to July 2019 ACMHN)
Frances Mirabelli (APS)
Chris Gibbs (MHPN)

Finance, Audit and Risk Committee

John Rasa (Latrobe Regional Hospital)
Kim Ryan Chair (to July 2019 ACMHN)
Stephan Groombridge (RACGP)
Heng Soong (RANZCP) (advisor)
Chris Gibbs (MHPN)
Trevor Donegan (MHPN)

Evaluation Committee

Paul Cammell (RANZCP)
Rebecca Mathews (from June 2020 APS)
Barbara Murphy (Advisor)
Deepika Ratnaike (Advisor)
Harry Lovelock (from June 2020 Advisor)

Chris Gibbs (MHPN)

Kate Hoppe (to July 2019 MHPN)

Joselyn Brown (from July 2019 MHPN)

Trish Clarke (MHPN)

Belinda McDowall (MHPN)

Quality Assurance and Clinical Education Committee

Rosie Forster (RANZCP)

Brian Jackson (ACMHN)

Rebecca Mathews (to May 2020 APS)

Cathy Andronis (RACGP) (Advisor)

Peta Marks (to November 2019 ACMHN)

Chris Gibbs (MHPN)

Kate Hoppe (to July 2019 MHPN)

Joselyn Brown (from July 2019 MHPN)

Julie Middleton (MHPN)

Nicky Bisogni (MHPN)

Belinda McDowall (MHPN)

Financial report

for the year ended
30 June 2020

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

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DIRECTORS' REPORT

The directors and officers present their report together with the financial report of Mental Health Professionals' Network Ltd ("the company") for the financial year ended 30 June 2020 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	22/8/2017		
Brian Jackson	12/12/2017	7/8/2020	
Stephen Jackson	23/6/2020		
Rebecca Mathews	25/6/2019		
Frances Mirabelli	17/08/2018	17/7/2020	
Morton Rawlin	12/6/2008	26/7/2019	27/8/2019
Kim Ryan	12/6/2008	31/7/2019	

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 persons held the position of company secretary during the financial year:

Name	Appointment	Resignation
Kim Ryan	12/6/2008	31/7/2019
Trevor Donegan	31/7/2019	

Results

The surplus of the company for the year amounted to \$166,207 (2019: \$54,896). Current year retained earnings surplus after accounting for all accumulated obligations carried forward totalled \$250,053 (2019: \$83,846).

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 14 July 2020 which extends the life of the project through to 30 September 2022.

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 2020, a national platform of 366 interdisciplinary community mental health networks had been established and sustained, and
- The project delivered national online professional development of 6 of the 7 agreed webinars to mental health practitioners across the country. In addition, 13 contracted webinars were provided, targeted to specific practitioner groups.

After Balance Date Events

On 11 March 2020 the World Health Organisation declared an ongoing global outbreak of a novel coronavirus ('COVID-19') as a pandemic. Subsequent to reporting date, the Company has not seen an impact on the business to date, however the pandemic and various government responses to the pandemic continues to inhibit general activity levels within the community and economy.

On 14 July 2020, the Department of Health has approved a further grant of \$4,224,250 that extends life of the project until 30 September 2022.

Except for approved grant and COVID-19 and subsequent government actions, the impact of which on the Company cannot be determined with certainty at this time, there has been no matter or circumstance, which has arisen since 30 June 2020 which has significantly affected or which may significantly affect:

- (a) the operations, in financial years subsequent to 30 June 2020, of the Company, or
- (b) the results of those operations, or
- (c) the state of affairs, in financial years subsequent to 30 June 2020, of the Company.

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	2	2
P Cammell	3	6	-	-
R Forster	5	6	-	-
S Groombridge	6	6	-	-
B Jackson	4	6	-	-
S Jackson	1	1	-	-
R Mathews	6	6	-	-
F Mirabelli	4	6	2	2
M Rawlin	4	6	-	-
K Ryan	-	-	1	1

	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	-	-	-	-	0	3
R Forster	-	-	3	3	-	-
S Groombridge	4	6	-	-	-	-
B Jackson	-	-	0	3	-	-
S Jackson	-	-	-	-	-	-
R Mathews	-	-	3	3	1	1
F Mirabelli	-	-	-	-	-	-
M Rawlin	-	-	-	-	-	-
K Ryan	-	-	-	-	-	-

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 Corporations Act 2001 (Cth) 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 2020, the number of members was 4 (2019:4). The combined total amount that members of the company are liable to contribute if the company is wound up is \$400 (2019: \$400)

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



John Rasa
Director

Dated: 20 October 2020, Melbourne

AUDITOR'S INDEPENDENCE DECLARATION



MENTAL HEALTH PROFESSIONALS NETWORK LIMITED
ABN: 67 131 543 229

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

In relation to the independent audit for the year ended 30 June 2020, to the best of my knowledge and belief there have been no contraventions of APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)*.

N R BULL
Partner

PITCHER PARTNERS
Melbourne

Date: 28 October 2020

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STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2020

	Notes	2020 \$	2019 \$
Revenue	4	2,228,860	2,213,065
Less: expenses			
Administrative expenses		(119,219)	(167,721)
Depreciation	6	(5,353)	(1,861)
Employee benefits	6	(1,539,394)	(1,508,856)
Network expenses		(74,535)	(102,191)
Non-grant webinar expenses	5	(95,278)	(171,781)
Occupancy		(154,353)	(148,880)
Other expenses		(74,521)	(56,879)
		(2,062,653)	(2,158,169)
Surplus before income tax expense		166,207	54,896
Income tax expense		-	-
Net surplus from continuing operations		166,207	54,896
Other comprehensive income for the year		-	-
Total comprehensive income		166,207	54,896

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2020

	Notes	2020 \$	2019 \$
Current assets			
Cash and cash equivalents	7	586,894	328,261
Receivables	8	146,913	100,833
Total current assets		733,807	429,094
Non current assets			
Plant and equipment	9	10,611	5,324
Total non current assets		10,611	5,324
TOTAL ASSETS		744,418	434,418
Current liabilities			
Payables	10	298,191	175,299
Provisions	11	159,970	162,197
Total current liabilities		458,161	337,496
Non current liabilities			
Provisions	11	36,204	13,076
Total non current liabilities		36,204	13,076
TOTAL LIABILITIES		494,365	350,572
Net assets		250,053	83,846
Equity			
Accumulated surplus	12	250,053	83,846
TOTAL EQUITY		250,053	83,846

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
Balance as at 1 July	83,846	28,950
Surplus for the year	166,207	54,896
Total comprehensive income for the year	166,207	54,896
Balance as at 30 June	250,053	83,846

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2020

	Notes	2020 \$	2019 \$
Cash flows from operating activities			
Grant receipts		1,951,237	1,908,196
COVID-19 related Grant receipts		50,000	-
Other revenue		546,179	346,701
Payments to suppliers and employees		(2,284,840)	(2,317,618)
Interest received		6,697	12,187
Net cash provided by / (used in) operating activities		269,273	(50,534)
Cash flows from investing activities			
Purchase of plant and equipment		(10,640)	(3,549)
Net cash used in investing activities		(10,640)	(3,549)
Net increase / (decrease) in cash held		258,633	(54,083)
Reconciliation of cash			
Cash at the beginning of the financial year		328,261	382,344
Net increase / (decrease) in cash held		258,633	(54,083)
Cash at end of financial year	7	586,894	328,261

The accompanying notes form part of these financial statements.

NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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) 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.

The company is dependent on the ongoing grant funding from the Department of Health. Current funded project that the company entered into on 2 May 2017, extends the life of the project through to 31 December 2020.

At the date of these financials the Department of Health has provided a further grant of \$4,224,250 until 30 September 2022.

(c) 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).

The accompanying notes form part of these financial statements.

(d) 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.

(e) 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.

(f) 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.

(g) 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 12 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.

(h) 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.

(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 2020 to 30 September 2022.

	2020 \$	2019 \$
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NOTE 4: REVENUE AND OTHER INCOME

(a) Revenue from operating activities		
– Government grants	1,773,852	1,734,724
– COVID-19 related Grant receipts	100,000	–
– Non-grant webinars	278,578	424,110
– Other	69,757	42,300
(b) Revenue from non-operating activities		
– Interest revenue	6,673	11,931
	2,228,860	2,213,065

NOTE 5: NON-GRANT OPERATIONS

Webinars:		
– Revenue	278,578	424,110
– Employee benefits	(113,166)	(128,746)
– Other expenses	(95,278)	(171,781)
Net contribution to non-grant operations	70,134	123,583

2020

\$

2019

\$

NOTE 6: OPERATING SURPLUS

Surplus has been determined after:

Expenses:

Depreciation	5,353	1,861
Employee benefits:		
– Salaries and wages	1,443,411	1,402,032
– Superannuation	115,983	106,824
	1,539,394	1,508,856

NOTE 7: CASH AND CASH EQUIVALENTS

Cash at bank	586,894	328,261
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NOTE 8: RECEIVABLES

Current

Accrued income	272	296
ATO – Integrated Account	24,000	–
Sundry debtors	58,677	94,110
Other receivables	63,094	6,427
Amounts owing from members	870	–
	146,913	100,833

NOTE 9: PLANT & EQUIPMENT

Office equipment at cost	18,589	7,949
Less accumulated depreciation	(7,978)	(2,625)
	10,611	5,324

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	5,324	3,636
Additions	10,640	3,549
Depreciation expense	(5,353)	(1,861)
Closing amount	10,611	5,324

2020
\$

2019
\$

NOTE 10: PAYABLES

Current

Unsecured Liabilities

- Trade creditors	24,467	31,174
- Income received in advance	178,229	25,780
- Other payables	80,537	103,312
<i>Amounts payable to members</i>	14,958	15,033
	298,191	175,299

NOTE 11: PROVISIONS

Current

Employee benefits

- Annual leave	82,158	65,194
- Long service leave	77,812	97,003
	159,970	162,197

Non-Current

Employee benefits

- Long service leave	36,204	13,076
	196,174	175,273

NOTE 12: ACCUMULATED SURPLUS

Accumulated surplus at beginning of financial year	83,846	28,950
Net surplus attributable to members of the company	166,207	54,896
	250,053	83,846

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 2020, 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	22/8/2017		
Brian Jackson	12/12/2017	7/8/2020	
Stephen Jackson	23/6/2020		
Rebecca Mathews	25/6/2019		
Frances Mirabelli	17/08/2018	17/7/2020	
Morton Rawlin	12/6/2008	26/7/2019	27/8/2019
Kim Ryan	12/6/2008	31/7/2019	

(ii) Names of Executives:

- C. Gibbs (Chief Executive Officer)
- K. Hoppe (National Project Manager – resigned 11 August 2019)
- I. Benge (National Networks Program Manager – 12 August 2019 to 26 January 2020)
- J. Brown (Manager – Marketing, Communications and Online Professional Development)
- J. O’Loughlin (National Networks Program Manager – from 27 January 2020)

	2020 \$	2019 \$
Compensation of KMP		
Aggregated compensation of KMP was as follows:		
Short-term employee benefits	438,838	356,317
	438,838	356,317

2020
\$

2019
\$

NOTE 15: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

- audit services	18,200	17,720
- consultancy	1,000	1,000
- other	40	40
	19,240	18,760

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 – \$14,958 (2019: \$14,152), ACMHN – Nil (2019: \$881).

The aggregate amount receivable from related parties by the company at balance date is: receivable from RACGP – \$870 (2019: Nil).

Transactions with related parties:

(a) Provision of services from members

ACMHN	1,494	4,383
APS	173,396	168,001
RACGP	725	5,975
RANZCP	1,386	4,128
	177,001	182,487

(b) Supply of webinar services to members

APS	8,800	26,400
RACGP	-	15,961
	8,800	42,361

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	956	4,824
- later than one year but not later than 5 years	-	-
	956	4,824

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

NOTE 18: EVENTS SUBSEQUENT TO REPORTING DATE

On 14 July 2020, the Department of Health has approved a further grant of \$4,224,250, that extends life of the project until 30 September 2022.

Except for approved grant and COVID-19 and subsequent government actions, the impact of which on the Company cannot reasonably be determined with certainty at this time, there has been no matter or circumstance, which have arisen since 30 June 2020 that has significantly affected or may significantly affect:

- (a) the operations, in financial years subsequent to 30 June 2020, of the Company, or
- (b) the results of those operations, or
- (c) the state of affairs, in financial years subsequent to 30 June 2020, 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 37 to 48 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 2020 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: 20 October 2020, Melbourne

INDEPENDENT AUDITOR'S REPORT



MENTAL HEALTH PROFESSIONALS NETWORK LIMITED
ABN: 67 131 543 229

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

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Mental Health Professionals Network Limited, "the Company", which comprises the statement of financial position as at 30 June 2020, 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 Limited, 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 2020 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 (including Independence Standards)* "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 2020, 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.

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Adelaide Brisbane Melbourne Newcastle Sydney Perth

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INDEPENDENT AUDITOR'S REPORT (CONTINUED)



MENTAL HEALTH PROFESSIONALS NETWORK LIMITED
ABN: 67 131 543 229

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

Other Information (Continued)

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.

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INDEPENDENT AUDITOR'S REPORT (CONTINUED)



MENTAL HEALTH PROFESSIONALS NETWORK LIMITED
ABN: 67 131 543 229

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

Auditor's Responsibilities for the Audit of the Financial Report (Continued)

- 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.

A handwritten signature in black ink, appearing to be "N R Bull".

N R BULL
Partner

A handwritten signature in black ink, appearing to be "Pitcher Partners".

PITCHER PARTNERS
Melbourne

Date: 28 October 2020

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Mental Health Professionals' Network

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