



# Vale John McGrath AM



*MHPN extends its condolences to the family and friends of inaugural MHPN Chair, John McGrath AM.*

It is with sadness that we inform you of the passing of John McGrath AM at the age of 81.

John was the inaugural MHPN Chair and a colleague and friend to many across Australia. Leadership, empathy and advocacy characterized his long quest to help improve the lives of people living with mental illness, as well as the lives of their carers.

MHPN was fortunate to be a part of the many influential contributions

John made across the mental health sector that included Board roles with Beyond Blue, Headspace and the Mental Health Council Australia, the forerunner to Mental Health Australia.

John's greatest strength was that he never lost sight of the individual in all that he championed.

We at MHPN mourn his passing and send our condolences to his family and friends.

20  
21

# Contents

Introduction .....	4
Achievements 2020–21 .....	6
A foreword from the Chair .....	8
Chief Executive Officer’s overview .....	10
MHPN interdisciplinary practitioner networks .....	12
Online professional development: Webinars .....	20
MHPN podcasting program .....	24
Marketing and communication activities .....	26
Financial report .....	29

**Click on a page title to skip to specific sections of the report.**

## Member organisations



## Partner organisations



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# Introduction

*In these unprecedented times where COVID-19 has managed to dominate our personal and professional lives in ways we never imagined, it is important to reflect on what we do, how we do it, and why we do it.*

Australia's health workforce has been absorbing the ongoing pressure of COVID-19 in all parts of the system. As we reached the end of 2020/21 of living inside this new normal, it was vital that we took stock to recognize the commitment, hard work, dedication, and creativity that our colleagues across the country demonstrated in the face of changing circumstances and the challenges this brings.

The value of community, peer support, and collaboration has never been more important – both in terms of the community of practitioners across our primary health and mental health care workforces, as well as our broader communities: our families, friends, and colleagues.

While MHPN's overarching aim – to improve consumer outcomes by promoting interdisciplinary collaborative care across Australia's mental health landscape – remains unchanged; both the 'how' and 'through what means we continue to achieve this', have evolved alongside the changing needs of practitioners.

Since 2009, our core purpose has been to provide a platform to promote interdisciplinary collaborative care to Australia's general practice and mental health workforce through the provision of free, relevant, and accessible online professional development and networking activities.

Our programs have expanded beyond an initial focus on delivering in-person workshops; to a targeted establishment of the national networks program; facilitated through both in-person and online meetings; and an expanding online professional development program encompassing over a hundred webinars and three podcast series.



As of 2021, MHPN provides professional development and networking opportunities to practitioners through three discrete yet interrelated streams:

Interdisciplinary practitioner networks, both face-to-face and online

Professional development webinars, livestreams and recordings

Podcast program, available on our website and all major platforms

Find below the latest MHPN Statement of Purpose which updates, contextualises, and addresses the changing narrative about MHPN, which was endorsed by our Board as part of MHPN's Strategic Directions for 2021/23.

## STATEMENT OF PURPOSE

MHPN works to strengthen the existing primary health workforce to improve referral pathways and practitioner expertise through the promotion of interdisciplinary practice and collaborative care.

MHPN engages general practitioners, psychiatrists, psychologists, nurses both mental health and general, social workers, occupational therapists, counsellors and a range of related health practitioners working in primary care, in public and private settings and in communities across Australia.

MHPN's aim is to provide a platform to promote interdisciplinary professional development through three interrelated streams:

- Interdisciplinary practitioner networks, both face-to-face and online
- Core and partnership webinar programs (live streamed and free-to-access via our website)
- Core and partnership podcast programs (free to access via our website and distributed on all major podcast platforms)

MHPN with its unique national workforce platform and focus on interdisciplinary practice

is well positioned to play a role in the critical task of mental health workforce development.

MHPN activities purposely cross boundaries of discipline, mode of practice (private and public), location, and encourage the development of interdisciplinary collaboration.

Partnerships with key stakeholders are central to the effectiveness of MHPN in terms of engagement of practitioners and sourcing of expertise.

In addition to a general aim of promoting interdisciplinary practice, MHPN supports practitioners through active work in specific areas. These include:

- practitioners working in regional, rural and remote communities
- integrating mental and physical health
- working to improve mental health care for older Australians
- building awareness and more effective responses of practitioners to their emotional health
- wellbeing of Aboriginal and Torres Strait Islander people and with CALD communities
- self-care for mental health practitioners.

# Achievements

## NETWORKS



**368**

NETWORKS  
SUPPORTED



**40%**

IN RURAL AND  
REGIONAL AREAS



**173**

SPECIFIC-INTEREST  
NETWORKS



**700**

MEETINGS  
HELD



**6,485**

NETWORK  
MEMBERS



**7,552**

MEETING  
ATTENDANCES



**424**

NETWORK  
COORDINATORS

## WEBINARS



**19**

WEBINARS  
PRODUCED



**20,290**

TOTAL  
ATTENDEES



**66,427**

TOTAL VIEWS OF  
WEBINAR RECORDINGS\*

\* Includes 2019 conference

# 2020-2021

## ONLINE CONNECTIONS



**65,000**

SUBSCRIBERS TO  
CONNECT eNEWS



**31**

PHNs RECEIVE  
RELEVANT MHPN NEWS



**4,511**

TWITTER  
FOLLOWERS



**76,231**

LINKEDIN CONNECTIONS



**14,871**

FACEBOOK FOLLOWERS



**86,717**

TOTAL WEBINAR ATTENDANCES  
AND RECORDING VIEWS\*

\* Includes 2019 conference

# A foreword from the Chair

*2020-21 has been very challenging for all of us. I would like to acknowledge the efforts of all those working in different roles across our health system who have kept services functioning in the face of extreme difficulties. MHPN has connection with GPs and community mental health practitioners across the country and has experienced firsthand the disruption and pressure that the COVID pandemic has created for practitioners in both their professional and private lives.*

Like all organizations, MHPN had to continue to rethink its modus operandi. The reporting year saw the endorsement by the Board of an MHPN Statement of Purpose which affirms a commitment to the promotion of interdisciplinary practice and

acknowledges the importance of online networks and podcasting as significant new additions to the suite of services that MHPN can offer to practitioners.

The impact of COVID saw MHPN's network program suffer, dropping to under half of the previous year's level of activity with online meetings becoming the dominant form of communication. The rebuilding of face-to-face networks in 2021-22 requires a more stable environment and will be the major challenge for MHPN in the coming year.

The MHPN Online Professional Development Program including webinars (both MHPN initiated and contracted), the new podcasting program and the webinar library were strong performers and enabled MHPN to maintain a healthy overall level of engagement with practitioners.

It is important to acknowledge to critical role the network coordinators play in the leadership and support of networks. MHPN continued to actively support all coordinators in the reporting year, including those who were unable to run network meetings because of restrictions on movement and surge in demand for intervention.

MHPN enjoys the continued support and funding from the federal Department of Health which is



“Like all organizations, MHPN had to continue to rethink its *modus operandi*.”



greatly appreciated. Important partnerships with Emerging Minds, Primary Health Networks, both nationally and at a local level, as well as the Department of Home Affairs, have enabled us to foster opportunities for practitioners with specific interests in mental health. This further supports and deepens interdisciplinary collaboration through our face-to-face and online professional development activities.

We also acknowledge that our achievements would not be possible without the ongoing active support of the member organizations: Australian Psychological Society, Royal Australian College of General Practitioners, Royal Australian and New Zealand College of Psychiatrists, and the Australian College of Mental Health Nurses.

MHPN's many partner organizations, including Australian Association of Social Workers, Australian College of Rural and Remote Medicine, and Occupational Therapy Australia among others, have all played an important role in connecting practitioners to MHPN's professional development programs. Participation in the widening range of MHPN activities has continued to deliver the message of interdisciplinary practice and

collaborative care to their respective disciplines with genuine commitment and enthusiasm.

On behalf of the Board, I would like to thank Chris Gibbs, MHPN CEO, for his experienced leadership; as well as to the Executive Team and all MHPN staff for their continuing commitment. Thank you to my fellow Board Directors for their strategic advice, guidance and ongoing support.

Finally, 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 a great deal of work ahead. COVID-19 keeps rewriting the rules but the levels of vaccination in Australia is preparing us for a far more positive 2022. It remains out there and will continue to circulate in the community and practitioner fatigue will increasingly be a concern to us all. We have set ourselves a challenging agenda for the coming year ahead to ensure that the MHPN platform continues to respond to and supports the professional development needs of its participants.

**John Rasa**  
**Chair**

# Chief Executive Officer's overview

*MHPN, through its national program platform, had the opportunity to see and experience the impact of COVID on our community, and in particular on GPs and community mental health practitioners. A year ago we were hopeful that we were through the worst of it, and yet in the middle of 2021 with the emergence of the DELTA strain the battle continued across Australia with a wide range of ongoing impacts on all.*

For MHPN the response in the reporting year was to meet the challenges with adaptability and innovation.

From March 2020, the majority of MHPN networks across the country were closed when COVID arrived and in the time since we have seen a tentative rebuild that has been subjected to

ongoing restrictions to movement, a prevailing general ambient anxiety in the community and an ever-growing incidence of practitioner fatigue.

By the beginning of 2021, network activity was slowly recovering, largely through the introduction of online and hybrid networks. At that time, more than half of the networks were online.

We anticipate the recovery of face-to-face meetings will continue through 2021-22 (subject to pandemic impact) and we can confidently predict that online networks will become an ongoing feature of MHPN. MHPN networks are reliant on the outstanding efforts of network coordinators, and I would like to acknowledge their ongoing engagement with MHPN at a frustrating time when best laid plans were frequently upset.

The online professional development program, comprising webinars and the new podcasting program, flourished and countered much of the activity drop experienced in the national network program. MHPN continued to develop its presence and expertise throughout the year in the use of social media to support brand awareness and highlight upcoming events across MHPN programs.

A significant initiative was a partnership with the national PHN consortium to produce a series of

webinars on mental health and aging. This has been a trail-blazing exercise and hopefully demonstrates to others that there are effective ways for small organizations to work with 31 PHNs.

Whilst the ongoing engagement with PHNs remained a key priority, we accelerated the building of our relationships with key stakeholder organizations that want to have something to say about mental health. Examples included BPD Foundation Australia, WA Country Health Service, Open Arms, Butterfly Foundation, Australian Women's Health Network, Diabetes Australia, Phoenix, Lifeline WA, Emerging Minds.

MHPN has worked hard in the year to extend our offering to practitioners by bringing in new partners who have additional expertise and specialist resources that help better inform and support the practitioners who participate in MHPN activities.

MHPN has completed a major upgrade to the management of its database and website to accommodate its evolving strategies and business requirements, particularly in relation to the new online networks.

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 production of a 10-year review of the MHPN webinar program.

In the year ahead, MHPN will progress our 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.



“For MHPN the response in the reporting year was to meet the challenges with adaptability and innovation.”

We will expand our current online professional development suite of activities, consolidate our new podcasting initiative, and improve the visibility of our extensive online webinar library.

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

Finally thank you to MHPN staff who worked with commitment and enterprise while dealing with the vicissitudes of working from home in isolation from colleagues, and often family and friends.

We all look forward to a brighter year ahead.

**Chris Gibbs**  
*Chief Executive Officer*

# MHPN interdisciplinary practitioner networks

*MHPN supports 368 interdisciplinary practitioner networks across Australia.*

MHPN supports mental health practitioners to establish and participate in both face-to-face and online interdisciplinary mental health networks in communities across metropolitan, regional, rural, and remote Australia. MHPN's national networks program aims to improve consumer outcomes by supporting Australia's health workforce by providing a regular and ongoing forum for practitioners to meet each other, with the shared goal of improving interdisciplinary practice and collaborative care.

Regular and active participation in MHPN's national networks program provides practitioners the opportunity to:

- build and grow professional relationships with practitioners of diverse disciplines
- provide and receive peer support
- raise and gain awareness of mental health issues
- improve interdisciplinary practices
- strengthen collaborative care practices
- share knowledge of local services and resources
- build and strengthen referral pathways
- be part of an active community of practitioners.

Each MHPN network is led by a volunteer coordinator, predominantly a mental health practitioner, with the support of a designated MHPN Project Officer. All networks share a focus on mental health and are self-determining in their specific focus, meeting content, and membership. MHPN Project Officers provide ongoing administrative and strategic support to the network coordinator/s and members to ensure the network's ongoing sustainability.

Participation in MHPN networks is free and membership is open to practitioners working within Australia's primary health and mental health workforces including but not limited to: general practitioners, psychologists, nurses both mental health and general, psychiatrists, social workers, occupational therapists, counsellors, and other related professions.

## NETWORK TYPES

No two practitioner networks look the same. Practitioners join MHPN networks for different reasons including shared location and common interests.

All networks are either face-to-face or online; or a mixture of the two; and fall into either general or special mental health interest.

## NETWORK NUMBERS STABLE AMID THE ONGOING PANDEMIC

Network coordinators and participants have demonstrated adaptability and resilience in the face of the great challenge of COVID-19.

Despite the myriad of challenges, MHPN continued to support 368 networks. However a proportion of these networks did not meet in the reporting year because of COVID.

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 2020-21, 7,552 network members attended 700 network meetings. Participation was affected by the COVID-19 pandemic and lockdowns throughout the year, with Victoria and New South Wales particularly impacted. This accounts for a 20 per cent drop in meeting numbers from last year.

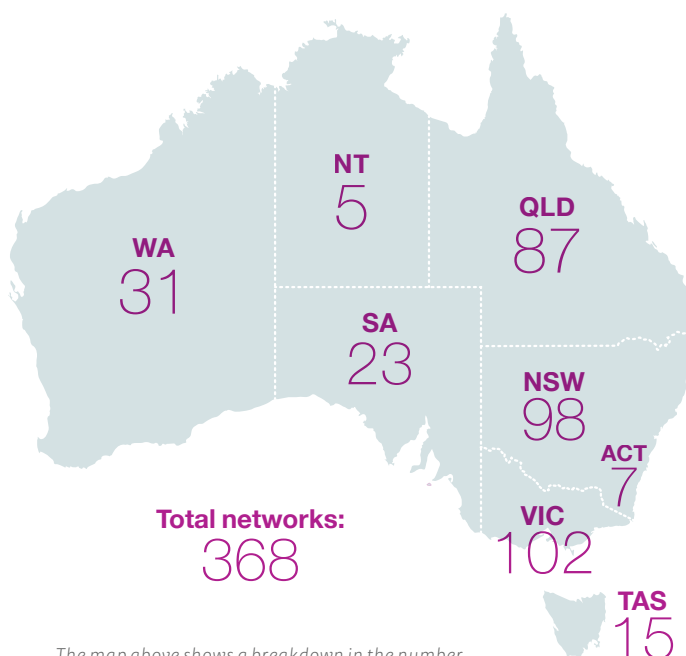
Nonetheless, MHPN coordinators and project officers banded together to learn how to use videoconferencing, and subsequently, hold meetings online to combat lockdown restrictions with some networks continuing to utilize online meetings even in the periods between lockdowns.

Online-only networks have been a new opportunity for MHPN to expand into this financial year. Of the 24 new networks established this year, 8 were online-only networks.

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 maintain network activity.

## ACTIVE NETWORKS BY STATE OR TERRITORY



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

## CLINICIAN-LED NETWORKS RESPOND TO COMMUNITY NEEDS

It was especially important this financial year to provide a forum for peer support and self-reflection on how the pandemic impacted mental health practitioners, both personally and professionally.

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 3 articles written during 2020-2021. Full articles and more can be read in the news section on our website: [www.mhpn.org.au/news](http://www.mhpn.org.au/news).

### MHPN boosts rural and remote network activity

**Nearly 40 per cent of MHPN-supported networks are in rural and remote locations. During 2020 and 2021 MHPN built on this through supporting interdisciplinary networks to start up in rural and remote (RAR) Australia.**

Our targeted rural and remote strategy acknowledged that each rural and remote region in Australia has some similarities as well as a specific set of differences to each other and metropolitan areas.

The MHPN network team met with two long-standing coordinators, Ms Sharon Sewell and Ms Dennise Allen, in July 2020. They are respectively the primary health liaison for WAPHA (Western Australia Primary Health Alliance) and coordinator



of MHPN's Karratha and Port Hedland networks; and Port Hedland co-coordinator and WA Country Health Service team leader. Sharon also shared comments from her Karratha co-coordinator Samara Clark, headspace manager for the Pilbara.

The partnerships between these coordinators demonstrate strong interdisciplinary collaboration with key mental health services that are 100km apart and over 1500km from Perth.

Sharon, Dennise and Samara gave our team valuable insights into the challenges and opportunities that arise from isolation and having a limited workforce. In Karratha, Sharon says, WAPHA works closely with local GPs and visiting psychiatrists to help their clients receive treatment and ongoing support. 'We help them to develop and implement quality treatment and support plan services and activities that meet the unique health needs of the community,' she says.

Dennise explains that Aboriginal mental health workers are the lynchpin to interdisciplinary

*Continued...*





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social and emotional wellbeing in Karratha and Port Hedland where Aboriginal clients make up a large number of the clientele. The three Aboriginal mental health workers on Dennise's team are the first point of contact for an Aboriginal client.

'We work alongside the Aboriginal mental health workers. We can't do our work without them. We've got one of the lowest numbers of community treatment orders out of our cohort. So we use engagement rather than using mental health legislation to enforce treatment, which we're very proud of,' Dennise says.

Moreover, the combination of cultural knowledge and trust means Aboriginal mental health workers are more likely to encourage help-seeking behaviours; and help with accurate diagnoses.

Samara says it's important for non-Indigenous mental health workers to undertake cultural training. 'It's vital to understanding the protocols; building the relationship; being transparent about who you work for and your agenda, and be prepared to share information about yourself.'

Dennise adds that extended family networks and social connections within Aboriginal communities have a big impact on the social, emotional and spiritual wellbeing of the individual so the team knows that a client will be safe, and if not, the community will let her know. This helps reduce hospital admissions and allows clients to recover on their own terms with the support of their family and cultural practices at home.

Both Sharon and Dennise often need to think outside the box or come up with 'creative plans' to get their clients the help they need because there are so few private practitioners available. For instance, Port Hedland has one private psychologist so there are alternatives for people to access help which includes organisations such as Mission Australia, through private health insurance or an employee assistance program and co-management with a GP.

MHPN have used this discussion with Sharon and Dennise to help us understand, engage and support rural and remote practitioners through our network and webinar programs.

## MHPN Networks explore vicarious trauma and self-compassion in meetings

**As we persevered through the uncertainty caused by the COVID-19 pandemic of 2020 and 2021, practitioner self-compassion became a growing topic of interest for MHPN network meetings.**

At a meeting of the Casey Cardinia Family Violence Network, presenter and Social Worker, Courtney Lucanto encouraged practitioners to engage in self-compassion as a means to increase professional resilience.

Courtney explained the differences between compassion fatigue, the concept of collective care and vicarious trauma (VT). She identified that, importantly, VT is a process rather than a single event.

‘It is common for practitioners to encourage their clients to engage in self-care but then feel unable to follow their own advice,’ Courtney says.

Courtney encouraged her audience to consider their own levels of emotional fatigue. This can be done through an assessment by practitioners of their own trauma inputs from a range of environments – including media.

Another MHPN network putting a spotlight on practitioner self-compassion this year is the Townsville Mindfulness Network.

In a nod to the growing interest in this theme, all of the network’s 2021 meetings focus on self-compassion and how health professionals can exercise practical self-care.

Karen Cribb, the Townsville Mindfulness Network’s coordinator, hoped that this focus will provide some reassurance to those managing the uncertainty and isolation resulting from the pandemic. Karen says, ‘it is really important for everyone to understand the concept of compassion – you cannot pour from an empty cup.’

It is evident that breaking down the barriers to practitioner self-compassion is a complex process. Karen continues, ‘the thought of doing something nice for ourselves is often seen as narcissistic behaviour when in fact it is necessary.’

Both Courtney and Karen made the point that finding time for yourself isn’t selfish, and that giving yourself permission to start thinking about that is the first step, Karen says, ‘I think by identifying that self-compassion is a necessity rather than an indulgence would be a good place to start.’





## Q & A with Pieta Shakes

**Mental health nurse Pieta Shakes is the coordinator of the Online Prenatal Diagnosis Mental Health network. As the coordinator of an exclusively online network, Pieta joins a growing number of coordinators supported by MHPN in their leadership of special interest networks that connect practitioners across the nation through meeting online.**

Pieta is the Executive Director of *Through the Unexpected* and a mental health nurse with experience across diverse settings including acute and community care, crisis and triage and private practice. MHPN spoke to Pieta about interdisciplinary collaboration and what it's like to coordinate an online MHPN network.

**As one of MHPN's recently launched Online Networks; what motivated you to establish and coordinate the Online Prenatal Diagnosis Mental Health network?**

**PIETA SHAKES:** I had hoped to start a local MHPN network to forge better support pathways for parents, however there were concerns that we may not have enough interested local providers. The online network solved this problem by widening the geographical area.

**In your view, what are the benefits to coordinating an online-only network?**

**PIETA SHAKES:** Firstly, in general online networks are typically more accessible for providers who have caring responsibilities, disability or difficulties with travel. Beyond that, the online network will allow us to draw upon the expertise of guest speakers and our many wonderful network members – no matter their location. This pool of experience and knowledge, whether rural, remote, metropolitan will bring additional context, ideas and solutions to the table.

**In your view, what are the challenges of coordinating an online-only network?**

**PIETA SHAKES:** I am particularly interested in nurturing connections within the network. The topic of prenatal diagnosis can surface many



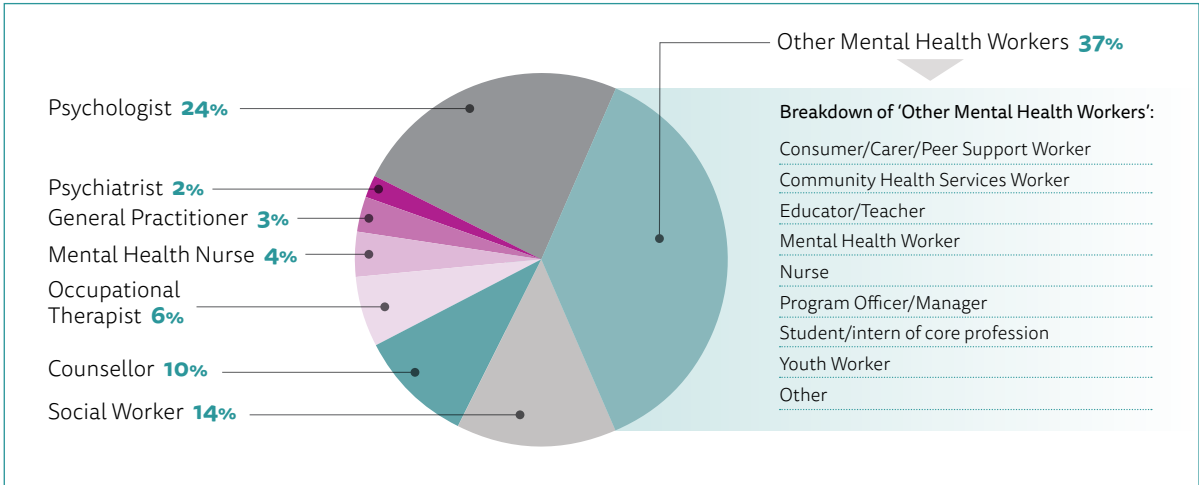
emotions and ethical dilemmas. Online networks and meetings can present greater challenges in forging these connections that otherwise may have been built over a cuppa and a biscuit. I hope, through break out groups, providers have the chance to start to know each other and can feel empowered to help steer the network.

**How does the online-only format of this network shape your coordination role?**

**PIETA SHAKES:** As a coordinator of an online network, I don't need to purchase food, scout a location or familiarise myself with [local] COVID-19 policy. Otherwise, I'm not too sure that my role as a coordinator will be much different to another format. I invited some wonderful speakers to the first meeting and have scheduled time specifically to break into smaller manageable groups where providers will feel they have a chance to connect, rather than just listen to a webinar.

### 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.

### COORDINATORS MAKE NETWORKS TICK

In 2020-21, MHPN supported 424 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, teleconference rooms, 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

Addictions and mental health

Autism and mental health

Culturally and linguistically diverse and transcultural mental health

Diabetes and mental health

Eating disorders

Family and carer and mental health

Gender, sexuality and mental health

Intellectual disability and mental health

Mood disorders (bipolar, depression, anxiety)

Older people and mental health

Organisation specific mental health (e.g ADF)

Perinatal and infant mental health

Personality disorders

Physical health and mental health

Suicidality and suicide prevention

Trauma and mental health

Treatment and intervention focused

Veterans' mental health

Women's mental health

Young people and mental health (child, adolescent and young adult)



# Online professional development: Webinars

*MHPN webinars aim to inform and engage an online audience and are an effective way to provide high quality content directly to that audience.*

MHPN webinars are live, person-centred and facilitated panel discussions.

MHPN's webinar program supports practitioners to engage in free online professional development activities by producing and delivering webinars that feature interdisciplinary panels, to an interdisciplinary audience across Australia.

Practitioners can engage with the webinar program by attending livestream webinars or by watching recorded webinars in their own time, via MHPN's webinar library.

MHPN webinars provide practitioners with access to expert panellists and exposure to expertise and resources (such as case studies). The webinar program celebrates interdisciplinary practice amongst Australia's primary health and mental health workforces and promotes interdisciplinary collaborative care through modelling interdisciplinary collaborative care.

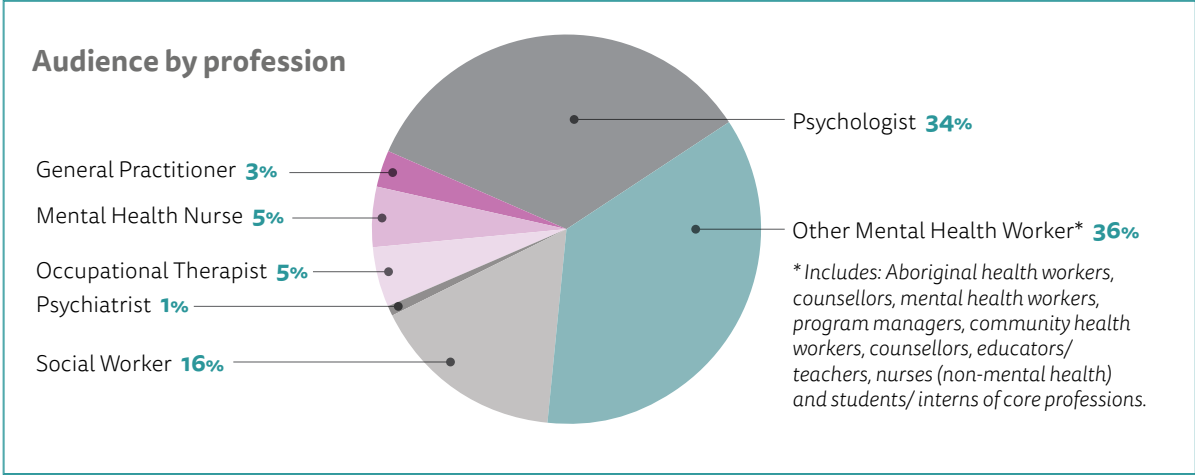
Webinars are accessible on a wide range of electronic devices.

The topics of each webinar have clinical currency and are selected for their relevance to mental health providers across the country.

MHPN plans and produces a minimum of seven webinars a year and produces an additional number of contracted webinars with partner organisations.

MHPN's online platform together with a national interdisciplinary audience is attractive to other organizations wanting to connect their content with practitioners. In the reporting year, MHPN enjoyed productive partnerships with Emerging Minds, the Department of Home Affairs and two CALD focused webinars with NWMPHN and Eastern PHN. In a first, MHPN in conjunction with the national PHN consortium, produced a series of three webinars targeting practitioners working with older Australians.

As the COVID-19 pandemic continued, MHPN ensured that each webinar considered questions from the audience relating to the impact that



COVID-19 was having on practitioners and their clients.

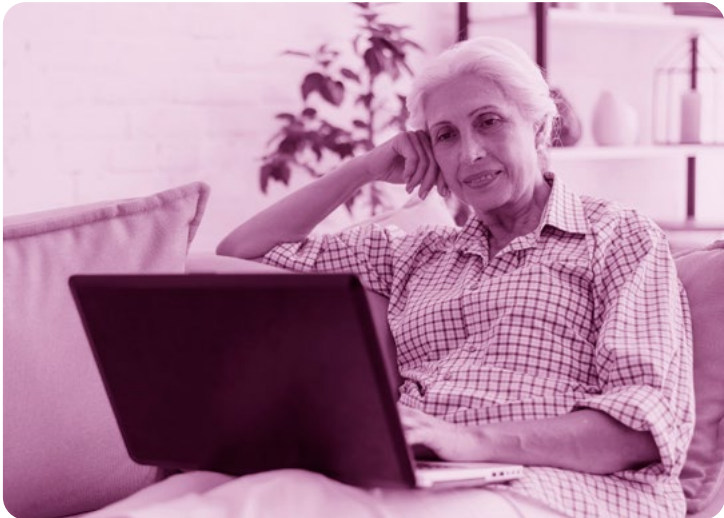
The introduction of the new MHPN online portal in early 2021 enhanced the user experience for webinar participants.

### INTERDISCIPLINARY PANELLISTS AND AUDIENCES

In the 2020-21 year a revised feedback survey was introduced. This allowed MHPN to identify the number of new webinar attendees. A total of 1,326 people reported they were attending their first MHPN webinar. The updated survey asked additional questions around what made people attend and the most common answer was 'to extend existing knowledge'. An average of 77% of survey participants reported they gained more knowledge from attending webinars.

Satisfaction around the webinar aim and learning outcomes were consistently high as was the satisfaction with the expert panellists. An important part of the MHPN webinar program included a webinar on self-care for health professionals.

An unexpected impact of the webinar program was that facilitators and panellists commonly reported not only enjoying the webinar experience but they also learnt something new from other panellists.





	Department of Health funded webinars	Partnership webinars to MHPN audiences
No. of webinars	7	12
Registrations	20,544	27,416
Attendees	8,918	11,372

Throughout 2020-21, we continued to cross-promote interdisciplinary practitioners networks during webinars and via our digital media channels. Topics addressed included social anxiety disorder, older persons and mental health, treating a health professional with mental health issues, mental health and chronic pain, children affected by grief, men’s mental health and wellbeing, and transitions in young adults.

“It was a privilege to learn from such experienced, knowledgeable panellists. I don’t usually attend webinars in the evening after a long day, but this kept me captivated.”

~ ADJUSTMENT DISORDER WEBINAR

“They all said several things that I want to grab onto and see how I can improve my practice.”

~ LIFE TRANSITIONS WEBINAR



## WEBINAR VIEWING ACTIVITY

Webinar viewing activity as at June 2021				
Phase 4 Year 4	Core	Non Core	Conference	Total
Number of live webinars	7	112		19
Registrations	20,727	27,416		48,143
Participants	8,940	11,372		20,312
Webinar library views	50,906	14,691	830	66,427
View time (hr) – recordings				13,912
View time (hr) – live webinars				25,390
Total view time (hr)				39,302

Phase 4 totals	Core	Non Core	Conference	Total
Number of live webinars	28	51		79
Registrations	91,127	143,063		234,190
Participants	34,666	58,575		93,241
Webinar library views	154,088	55,797	2,109	211,994
View time (hr) – recordings				53,265
View time (hr) – live webinars				116,551
Total view time (hr)				169,816



# MHPN Podcasting Program

*The MHPN Podcasting program has just completed its first year. Our broad aim is to provide a platform to promote interdisciplinary collaborative care across Australia's GP and mental health workforce through the provision of professional development and networking activities.*

The podcasting program was launched in August 2021 to complement the Interdisciplinary practitioner network program and the online professional development webinar program.

The three program streams offer different entry points, foci and opportunity to learn more about interdisciplinary collaborative care and depending on the particular learning needs or clinical imperative of practitioners, can be accessed accordingly.

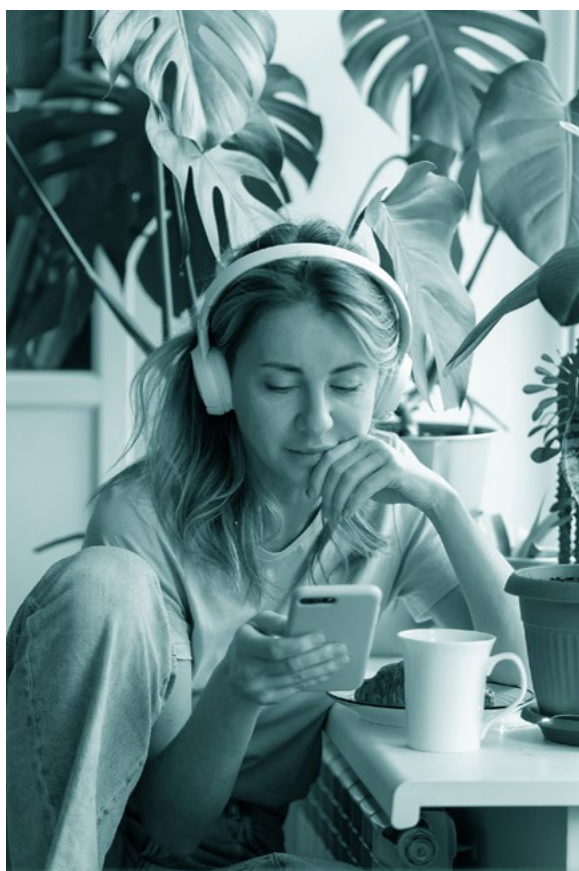




The MHPN podcasting program showcases and promotes reflective practice by featuring conversations which explore the challenges and opportunities in applying 'best practice principles' to the reality of providing primary care and/or of living with a mental illness.

Podcast hosts and guests are encouraged to explore topics in a way that suits their personalities and the theme of the conversation – they are often personal reflections on their practice – rather than a specific structure designed to meet learning needs.

To date, MHPN podcasts have collectively accrued over 20,000 listens, in 16 episodes, across two shows, with a new show 'Mental Health In Focus' launching in November 2021.



## MHPN PRESENTS AGEING WELL/ TRANSITIONS SERIES

This ten-episode series explores transitions across the lifespan: what they are, how they affect our mental health and wellbeing, and what we can do, individually and collectively, to support each other's growth through life's many seasons.

The series features co-hosts, Julianne Whyte (Social Worker) and Dr Monica Moore (General Practitioner) and their expert guests in conversation as they share their insights, stories, and experiences of navigating life's many transitions across both their professional and personal lives.

.....

## MHPN PRESENTS TRAUMA AND RESILIENCE

This six-episode series explores trauma and its relationship with mental health, and also resilience – what it means, how it works, and how we can cultivate it in our lives.

The series is hosted by a content expert, Prof Mark Creamer, and features him in conversation with invited experts including those with lived experience.

# Marketing and communication activities

*In a very competitive marketplace MHPN's digital communications channels are vital to delivering marketing and communications campaigns that encourage mental health practitioners to participate in webinars, podcasts and network meetings.*

In the reporting year, MHPN continued to cross promote networks and online professional development programs across our own channels:

- **Connect eNews:** a monthly practitioner newsletter.
- **Coordinator Connect:** a tailored bi-monthly newsletter for network coordinators, a particularly important tool in remaining connected to coordinators in the stop start COVID environment.

- **NetHub:** a bi-monthly newsletter with information for PHNs about webinars, networks and other MHPN activities.
- **MHPN website** through news articles and general MHPN programs information.
- **Social media:** LinkedIn, Twitter, Facebook.
- **E-invitations** for the online professional development program, predominantly webinars.

MHPN's integrated marketing strategy recognizes that our audience connects with MHPN in multiple ways.

For example, 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. MHPN continued to promote relevant information provided by stakeholders.

## SOCIAL MEDIA

The MHPN structure of its social media presence is designed to showcase, and to reflect activity that provides a more detailed understanding of our performance in terms of MHPN's brand presence, brand profile, user engagement on social media through growth in MHPN's: **followers, post impressions, post shares, post comments, post likes/reactions, page views and page reach**, and others.

Importantly, and in conjunction with MHPN, program activities help consolidate and expand the capacity of MHPN to promote interdisciplinary practice to audiences across Australia.

### JUNE 2021 SNAPSHOT

MHPN has had significant growth across our LinkedIn, Facebook and Twitter followers with an all-time high across all platforms. To date, MHPN has a total of 76,231 followers on LinkedIn; 14,871 followers on Facebook; and 4,511 followers on Twitter.

The past year has seen increased engagement across all three channels in terms of new followers, post impressions, profile visits, page views, reactions to posts, mentions, and comments on our posts for the reporting period, in comparison to the preceding reporting period.





# Financial report

for the year ended  
30 June 2021

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

## CONTENTS

Directors' Report .....	30
Information on Directors .....	32
Auditor's Independence Declaration .....	38
Statement of Profit or Loss and Other Comprehensive Income .....	39
Statement of Financial Position .....	40
Statement Of Changes In Equity .....	41
Statement of Cash Flows .....	41
Notes to Financial Statements .....	42
Directors' Declaration .....	50
Independent Auditor's Report .....	51

**Click on a page title to skip to specific sections of the report.**



## 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 2021 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
John Rasa	5/7/2018	
Zena Burgess	22/6/2021	
Paul Cammell	12/12/2017	15/12/2020
Rosie Forster	12/2/2015	
Vinita Godinho	23/2/2021	
Stephan Groombridge	22/8/2017	
Donna Hansen-Vella	27/4/2021	
Brian Jackson	12/12/2017	7/8/2020
Stephen Jackson	23/6/2020	
Rebecca Mathews	25/6/2019	2/4/2021
Frances Mirabelli	17/08/2018	17/7/2020
Morton Rawlin	27/8/2019	
Jaya Reddy	27/4/2021	

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	Appointment	Resignation
Trevor Donegan	31/7/2019	

### Results

The deficit of the company for the year amounted to \$138,457 (2020: \$166,207 surplus). Current year retained earnings surplus after accounting for all accumulated obligations carried forward totalled \$111,596 (2020: \$250,053).

### 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 375 networks by 30 June 2021, a national platform of 368 interdisciplinary community mental health networks had been established and sustained, and
- The project delivered national online professional development of 8 agreed webinars to mental health practitioners across the country. In addition, 11 contracted webinars were provided, targeted to specific practitioner groups.

## After Balance Date Events

On 10 October 2021, the Department of Health has confirmed a further grant of \$2,310,000 for the program that extends the funding agreement at least to 30 June 2023.

On 11 March 2020 the World Health Organisation declared an ongoing outbreak of a novel coronavirus (COVID-19) as a pandemic. Subsequent to reporting date, the State government of Victoria enacted a lockdown which commenced 16 July 2021. The pandemic and restrictions of this lockdown, and further lockdowns across Australia may have an impact on the financial position and may affect financial performance of the company in the future. Except for COVID-19 and subsequent government actions, there have been no matters or circumstances which have arisen since the end of the financial year which significantly affected or may affect the operations of the company, the results of those operations, or the state of affairs of the company in future 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.

## 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*

- Deputy Chair, Latrobe Regional Hospital
- Chair and Independent Director, healthAbility Community Health Service
- Unit Chair Hospital Financing, School of Medicine, Faculty of Health, Deakin University
- Chief Fellowship Examiner (International and Alternative Pathway) Australasian College of Health Service Management

Former roles include:

- Chair and Board Director, Australasian College of Health Service Management
- Chair and Board Member, Box Hill Institute of TAFE
- Member of Victorian Department of Health and Human Services Emergency Access Reference Committee
- Member of Commonwealth Department of Social Services – Carer Gateway Advisory Group
- 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 ZENA BURGESS, FAPS, FAICD

#### *Experience*

- Chief Executive Officer, The Australian Psychological Society
- Deputy Chair, Bully Zero
- Director, Australian Patients Association

### DR PAUL CAMELL, MA MBBS (Hons) FRANZCP PhD

#### *Special Responsibilities*

- Member of the MHPN Evaluation Committee (to February 2021)

#### *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,

B Pty, 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

#### **VINITA GODINHO, MBA, PhD, GAICD**

##### *Special responsibilities*

- Member of the MHPN Finance, Audit & Risk Committee (from June 2021)

##### *Experience*

- General Manager, Policy & Advocacy – The Australian Psychological Society
- Chief Executive Officer, Financial Resilience Australia
- Board Member, Glen Eira Learning Centre

#### **STEPHAN GROOMBRIDGE, BA (Hons)**

##### *Special responsibilities*

- Member of the MHPN Finance, Audit & Risk Committee (to April 2021)
- Chair of the MHPN Evaluation Committee (from June 2021)

##### *Experience*

- National Manager, eHealth & Quality Care – RACGP
- RACGP Manager for the Commonwealth funded General Practice Mental Health Standards Collaboration (GPMHSC)
- RACGP representative on the National Workforce Centre for Mental Health

#### **DONNA HANSEN-VELLA, BNurs (Psychiatric), BNurs, PGDipN (Mental Health/Psychiatric), PGDip (Family Therapy), MACMHN, MACN, MANMF (Vic Branch), MACSA**

##### *Special responsibilities*

- Member of the MHPN Quality Assurance & Clinical Education Committee

##### *Experience*

- Board Director, Australian College of Mental Health Nurses
- Mental Health Clinical Nurse Consultant, Mercy Health
- Senior Project Officer, DHHS Office of The Chief Mental Health Nurse

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

##### *Special responsibilities*

- Member of the MHPN Quality Assurance & Clinical Education Committee (to August 2020)

##### *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*

- Chair of the MHPN Finance, Audit & Risk Committee

*Experience*

- Chief Executive Officer of the Australian College of Mental Health Nurses
- Member, National Workforce Strategy Task Force

More recent roles have included:

- Chief Executive Officer, Marathon Health
- Deputy CEO & CFO, Western NSW Medicare Local
- Steering Committee, NSW Health Information Bureau
- 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 the MHPN Quality Assurance & Clinical Education Committee (to August 2020)
- Member of the MHPN Evaluation Committee (from September 2020 to April 2021)

*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 (to July 2020)

*Experience*

- Chief Executive Officer – The Australian Psychological Society (to July 2020)
- 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
- Chair, Rural Workforce Agency Victoria (RWAV)
- Pheonix Foundation Education Advisory Committee
- Adjunct Associate Professor in General Practice at the University of Sydney
- Chair, General Practice Mental Health Standards Collaboration (GPMHSC)

**DR JAYA PRAKASH REDDY BHAKTI REDDY,**  
**MBBS, MMed (Psy), PhD, FRANZCP**

**Special responsibilities**

- Member of MHPN Evaluation Committee (from June 2021)

**Experience**

- General Adult Psychiatrist (Private Practice) at the Albert Road Clinic
- Fellow of the Royal Australian and New Zealand College of Psychiatrists
- Clinical Fellow, Department of Psychiatry, University of Melbourne

- Director of self-owned company, Mind Connex Pty Ltd
- Full Member of the Australian ADHD Professionals Association (AADPA)
- Co-investigator of Industry sponsored Research Projects at the Albert Road Clinic
- Honorariums received from – Pharmaceutical Companies – (Shire /Takeda /Lundbeck /Servier / Janssen)

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**INFORMATION ON COMMITTEES JULY 2020 – JUNE 2021**

**Finance, Audit & Risk Committee**

Stephen Jackson, Chair (ACMHN)  
(from August 2020)

John Rasa (MHPN Chair)

Stephan Groombridge (RACGP) (to April 2021)

Vinita Godinho (APS) (from June 2021)

Heng Soong (RANZCP Advisor)

Chris Gibbs (MHPN)

Trevor Donegan (MHPN)

**Evaluation Committee**

S Groombridge, Chair (RACGP) (from June 2021)

Paul Cammell (RANZCP) (to December 2020)

Rebecca Mathews (APS) (from September 2020 to April 2021)

Jaya Reddy (RANZCP) (from June 2021)

Barbara Murphy (Advisor)

Deepika Ratnaik (Advisor)

Harry Lovelock (Advisor)

Chris Gibbs (MHPN)

Trish Clarke (MHPN)

Julie Middleton (MHPN) (from December 2020)

Joselyn Brown (MHPN) (to March 2021)

Belinda McDowall (MHPN)

**Quality Assurance and Clinical Education Committee**

Rosie Forster, Chair (RANZCP)

Brian Jackson (ACMHN) (to August 2020)

Cathy Andronis (RACGP Advisor)

Lyn O'Grady (APS Advisor) (from August 2020)

Kim Ryan (ACMHN Advisor) (from August 2020)

Shuichi Suetani (RANZCP Advisor)  
(from November 2020)

Tegan Leeder (AASW Advisor) (from August 2020)

Chris Gibbs (MHPN)

Julie Middleton (MHPN)

Nicky Bisogni (MHPN)

Joselyn Brown (MHPN) (to March 2021)

Belinda McDowall (MHPN)

## Directors' meetings including committee meetings

The number of meetings of directors (including meetings of the Committees of Directors) held during the year and the numbers of meetings attended by each Director were as follows:

	Directors meetings		Finance, Audit & Risk	
	Attended	Eligible to attend	Attended	Eligible to attend
J Rasa	6	6	6	6
Z Burgess	1	1	-	-
P Cammell	1	3	-	-
R Forster	6	6	-	-
V Godinho	3	3	1	1
S Groombridge	6	6	5	5
D Hansen-Vella	2	2	-	-
B Jackson	-	-	-	-
S Jackson	6	6	6	6
R Mathews	4	4	-	-
F Mirabelli	-	-	-	-
M Rawlin	6	6	-	-
J Reddy	2	2	-	-

	Evaluation		Quality Assurance & Clinical Education	
	Attended	Eligible to attend	Attended	Eligible to attend
J Rasa	-	-	-	-
Z Burgess	-	-	-	-
P Cammell	0	2	-	-
R Forster	-	-	4	4
V Godinho	-	-	-	-
S Groombridge	1	1	-	-
D Hansen-Vella	-	-	-	-
B Jackson	-	-	0	1
S Jackson	-	-	-	-
R Mathews	2	3	1	1
F Mirabelli	-	-	-	-
M Rawlin	-	-	-	-
J Reddy	1	1	-	-

### **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* 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 2021, the number of members was 4 (2020:4). The combined total amount that members of the company are liable to contribute if the company is wound up is \$400 (2020: \$400)

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



**John Rasa**  
Director

Dated: 19 October 2021, 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 2021, 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: 20 October 2021

**PITCHER PARTNERS**  
Melbourne

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## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2021

	Notes	2021 \$	2020 \$
<b>Revenue</b>	<b>4</b>	<b>2,310,751</b>	<b>2,228,860</b>
<b>Less: expenses</b>			
Administrative expenses		(176,099)	(119,219)
Depreciation	<b>6</b>	(5,654)	(5,353)
Employee benefits	<b>6</b>	(1,688,536)	(1,539,394)
Information Technology		(181,631)	(18,084)
Network expenses		(40,112)	(74,535)
Non-grant webinar expenses	<b>5</b>	(75,743)	(95,278)
Occupancy		(155,774)	(154,353)
Other expenses		(125,659)	(56,437)
		<b>(2,449,208)</b>	<b>(2,062,653)</b>
<b>(Deficit) / Surplus before income tax expense</b>		<b>(138,457)</b>	<b>166,207</b>
Income tax expense		-	-
<b>Net (deficit) / surplus from continuing operations</b>		<b>(138,457)</b>	<b>166,207</b>
Other comprehensive (loss) / income for the year		-	-
<b>Total comprehensive (loss) / income</b>		<b>(138,457)</b>	<b>166,207</b>

The accompanying notes form part of these financial statements.

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

	Notes	2021 \$	2020 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	7	479,488	586,894
Receivables	8	16,343	146,913
<b>TOTAL CURRENT ASSETS</b>		<b>495,831</b>	<b>733,807</b>
<b>NON CURRENT ASSETS</b>			
Plant and equipment	9	21,175	10,611
<b>TOTAL NON CURRENT ASSETS</b>		<b>21,175</b>	<b>10,611</b>
<b>TOTAL ASSETS</b>		<b>517,006</b>	<b>744,418</b>
<b>CURRENT LIABILITIES</b>			
Payables	10	156,511	298,191
Provisions	11	212,558	159,970
<b>TOTAL CURRENT LIABILITIES</b>		<b>369,069</b>	<b>458,161</b>
<b>NON CURRENT LIABILITIES</b>			
Provisions	11	36,341	36,204
<b>TOTAL NON CURRENT LIABILITIES</b>		<b>36,341</b>	<b>36,204</b>
<b>TOTAL LIABILITIES</b>		<b>405,410</b>	<b>494,365</b>
<b>NET ASSETS</b>		<b>111,596</b>	<b>250,053</b>
<b>EQUITY</b>			
Accumulated surplus	12	111,596	250,053
<b>TOTAL EQUITY</b>		<b>111,596</b>	<b>250,053</b>

The accompanying notes form part of these financial statements.



## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2021

	2021 \$	2020 \$
<b>Balance as at 1 July</b>	<b>250,053</b>	<b>83,846</b>
(Deficit) / Surplus for the year	(138,457)	166,207
<b>Total comprehensive income for the year</b>	<b>(138,457)</b>	<b>166,207</b>
<b>Balance as at 30 June</b>	<b>111,596</b>	<b>250,053</b>

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2021

	Notes	2021 \$	2020 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Grant receipts		2,285,800	1,951,237
COVID-19		50,000	50,000
Other revenue		145,051	546,179
Payments to suppliers and employees		(2,575,266)	(2,284,840)
Interest received		3,227	6,697
<b>Net cash (used in) / provided by operating activities</b>		<b>(91,188)</b>	<b>269,273</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of plant and equipment		(16,218)	(10,640)
<b>Net cash used in investing activities</b>		<b>(16,218)</b>	<b>(10,640)</b>
<b>Net (decrease) / increase in cash held</b>		<b>(107,406)</b>	<b>258,633</b>
<b>Reconciliation of cash</b>			
Cash at the beginning of the financial year		586,894	328,261
Net (decrease) / increase in cash held		(107,406)	258,633
<b>Cash at end of financial year</b>	<b>7</b>	<b>479,488</b>	<b>586,894</b>

The accompanying notes form part of these financial statements.

## NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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### NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general-purpose financial report that has been prepared in accordance with 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.

At the date of these financials, the Department of Health has provided grant funding at least to 30 June 2023.

#### **(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).

#### **(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 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.

## (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 is 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, with a further commitment at least to 30 June 2023.

	2021 \$	2020 \$
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## NOTE 4: REVENUE & OTHER INCOME

(a) Revenue from operating activities		
– Government grants	2,078,000	1,773,852
– COVID-19	–	100,000
– Non-grant webinars	229,701	278,578
– Other	40	69,757
(b) Revenue from non-operating activities		
– Interest revenue	3,010	6,673
	<b>2,310,751</b>	<b>2,228,860</b>

## NOTE 5: NON-GRANT OPERATIONS

Webinars:		
– Revenue	229,701	278,578
– Employee benefits	(102,638)	(113,166)
– Other expenses	(75,743)	(95,278)
Net contribution to non-grant operations	<b>51,320</b>	<b>70,134</b>

**2021**  
\$

**2020**  
\$

## NOTE 6: OPERATING SURPLUS

Surplus has been determined after:

Expenses:

Depreciation	<b>5,654</b>	<b>5,353</b>
Employee benefits:		
– Salaries and wages	1,569,876	1,423,411
– Superannuation	118,660	115,983
	<b>1,688,536</b>	<b>1,539,394</b>

## NOTE 7: CASH AND CASH EQUIVALENTS

Cash at bank	<b>479,488</b>	<b>586,894</b>
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## NOTE 8: RECEIVABLES

**Current**

Accrued income	56	272
ATO – Integrated Account	–	24,000
Sundry debtors	–	58,677
Other receivables	16,287	63,094
Amounts owing from members	–	870
	<b>16,343</b>	<b>146,913</b>

## NOTE 9: PLANT AND EQUIPMENT

Office Equipment at cost	34,807	18,589
Less accumulated depreciation	(13,632)	(7,978)
	<b>21,175</b>	<b>10,611</b>

### Movement in carrying amounts

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

*Office Equipment*

Carrying amount at beginning	10,611	5,324
Additions	16,218	10,640
Depreciation expense	(5,654)	(5,353)
<b>Closing amount</b>	<b>21,175</b>	<b>10,611</b>

**2021**  
\$

**2020**  
\$

## NOTE 10: PAYABLES

### Current

#### *Unsecured Liabilities*

Trade creditors	70,892	24,467
Income received in advance	–	178,229
Other payables	71,062	80,537
<i>Amounts payable to members</i>	14,557	14,958
	<b>156,511</b>	<b>298,191</b>

## NOTE 11: PROVISIONS

### Current

#### *Employee benefits*

– Annual leave	108,241	82,158
– Long service leave	104,317	77,812
	<b>212,558</b>	<b>159,970</b>

### Non-Current

#### *Employee benefits*

– Long service leave	36,341	36,204
	<b>248,899</b>	<b>196,174</b>

## NOTE 12: ACCUMULATED SURPLUS

Accumulated surplus at beginning of financial year	250,053	83,846
Net (deficit) / surplus attributable to members of the company	(138,457)	166,207
	<b>111,596</b>	<b>250,053</b>

## NOTE 13: MEMBERS' GUARANTEE

The company is incorporated under the Corporations Act 2001 as a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding debts and obligations of the company. At 30 June 2021, 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
John Rasa	5/7/2018	
Zena Burgess	22/6/2021	
Paul Cammell	12/12/2017	15/12/2020
Rosie Forster	12/2/2015	
Vinita Godinho	23/2/2021	
Stephan Groombridge	22/8/2017	
Donna Hansen-Vella	27/4/2021	
Brian Jackson	12/12/2017	7/8/2020
Stephen Jackson	23/6/2020	
Rebecca Mathews	25/6/2019	2/4/2021
Frances Mirabelli	17/08/2018	17/7/2020
Morton Rawlin	27/8/2019	
Jaya Reddy	27/4/2021	

### (ii) Names of Executives:

C Gibbs (Chief Executive Officer)

J Brown (Manager – Marketing, Communications and Online Professional Development to 16 May 2021)

J O’Loughlin (National Networks Program Manager)

	2021 \$	2020 \$
<b>Compensation of KMP</b>		
Aggregated compensation of KMP was as follows:		
Short-term employee benefits	434,489	440,098
	<b>434,489</b>	<b>440,098</b>

**2021**  
\$

**2020**  
\$

## NOTE 15: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

- audit services	18,500	18,200
- consultancy	1,000	1,000
- other		40
	<b>19,500</b>	<b>19,240</b>

## 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 – \$14,557 (2020: \$14,958).

The aggregate amount receivable from related parties by the company at balance date is; receivable from RACGP – Nil (2020: \$870).

Transactions with related parties:

(a) Provision of services from members

ACMHN	1,125	1,494
APS	176,830	173,396
RACGP	1,100	725
RANZCP	1,686	1,386
	<b>180,741</b>	<b>177,001</b>

(b) Supply of webinar services to members

APS	-	8,800
	<b>-</b>	<b>8,800</b>

## NOTE 17: CAPITAL AND LEASING COMMITMENTS

### Operating lease commitments

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

Payable:

- no later than one year	740	956
- Later than one year but not later than 5 years	-	-
	<b>740</b>	<b>956</b>

Photocopier for a 12-month period with an option to extend at the end. Payments are paid monthly in arrears.

## NOTE 18: EVENTS SUBSEQUENT TO REPORTING DATE

On 10 October 2021, the Department of Health has confirmed a further grant of \$2,310,000 for the program that extends the funding agreement at least to 30 June 2023.

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 2021 that has significantly affected or may significantly affect:

- (a) the operations, in financial years subsequent to 30 June 2021, of the Company, or
- (b) the results of those operations, or
- (c) the state of affairs, in financial years subsequent to 30 June 2021, 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 39 to 50 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 2021 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: 19 October 2021, Melbourne

## INDEPENDENT AUDITOR'S REPORT

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**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 2021, 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 2021 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 2021, 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.

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## 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**

*Other Information (Continued)*

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:

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## 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**

- 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.
- 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

20 October 2021

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Melbourne

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## **Mental Health Professionals' Network**

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