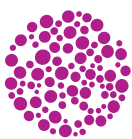


Annual Report
.....
2022



mhpn
Mental Health Professionals' Network

Acknowledgement of Country

The Mental Health Professionals' Network (MHPN) respectfully acknowledges the Wurundjeri and Boon Wurrung people of the Kulin nation, the Traditional Owners and Custodians of the land on which our office is situated, and pay our respects to their Elders past, present and emerging.

Through our various programs, MHPN is committed to working with mental health practitioners who support Aboriginal and Torres Strait Islander people.

Mental Health Professionals' Network

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

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22

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Introduction

This year has once again tested Australia's health system. The continued effect of the COVID 19 pandemic and climate change induced weather events have created significant challenges for practitioners, services and service users.

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

MHPN has continued to adapt this year to support the mental health workforce by promoting collaborative care, offering professional development and networking opportunities to practitioners through three separate, yet interrelated programs:

Interdisciplinary practitioner **networking**, both face-to-face and online

Professional development **webinars**, livestreams and recordings

Podcast program, available on our website and all major platforms

STATEMENT OF PURPOSE

The following is an extract from MHPN's Board endorsed Strategic Direction 2021-22.

MHPN works to strengthen the existing primary health workforce to improve referral pathways and practitioner expertise by promoting 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 its three interdisciplinary programs; networking, online professional development webinars, and podcasts.

With a unique platform that has the ability to engage with a range of practitioners across the country, and a focus on interdisciplinary practice, MHPN 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), and location to encourage the development of interdisciplinary collaboration.

Partnerships with key stakeholders are central to MHPN's effectiveness, particularly in terms of practitioner engagement and sharing clinical expertise.

Complementing 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
- wellbeing of Aboriginal and Torres Strait Islander people, and with CALD communities
- self-care for mental health practitioners.

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.



A Foreword from the Chair and CEO

“Establishing so many new networks demonstrates the importance with which networking and inter-disciplinary collegial support is held by practitioners.”

2021-22 has been another challenging year, as the COVID pandemic and weather events, particularly in New South Wales and Queensland have impacted MHPN's programs. We acknowledge the impact on both the communities and practitioners affected in the face of these challenges.

MHPN's Network program's recovery has been impacted by the imposition of intermittent restrictions and an ambient anxiety about attending in-person events. We anticipate that this will continue into the foreseeable future.

Our overarching goal is to continue to adapt and innovate to deliver our program of activities, with the clear purpose of supporting the health workforce that is experiencing a high workload and fatigue.

Thirty-one new networks were established in the 2021-22 financial year, collectively holding 105 meetings. Establishing so many new networks demonstrates the importance with which networking and interdisciplinary collegial support is held by practitioners, and is a credit to the national network team.

Participation across the Online Professional Development programs, which includes the

Podcast and Webinar programs has continued to deliver the message of interdisciplinary practice and collaborative care. The Podcast program reached an important milestone during the year, recording its 40,000th listen in June 2022.

The Online Professional Development Webinar Program acknowledged the impact of COVID 19 in both topic selection and the content presented throughout the year. Both online professional development programs worked alongside a number of new and established partner organisations, supporting both growth and engagement from new audiences.

It is important to acknowledge the significant role played by MHPN's Quality Assurance and Clinical Education Committee in identifying relevant topics and expert presenters; as well as supporting the overall integrity of the Online Professional Development program.



We acknowledge that our achievements would not be possible without the ongoing active support of the member organisations: 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 organisations, 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 programs.

A new program was piloted during the year. MHPN Insight Advisory Service will harness MHPN's potential to provide approved mental health organisations the opportunity to connect with our substantial network of practitioners to seek their views, feedback and input on a range of issues.

The introduction of the MHPN Portal has provided MHPN with improved data integrity, particularly in relation to the practitioners who engage with, and participate in MHPN's programs. Close to thirty thousand portal accounts have been created. Account holders can manage their own personal details, access Network Directories, register for MHPN events and access details about their participation. All of which helps to efficiently report CPD activity, encourages networking and improves referral pathways.

In the year ahead, MHPN will continue to progress a recovery plan to reinvigorate face-to-face networks, while still growing the online networks program. We will also review, refine and expand the approach undertaken to provide interdisciplinary professional development to practitioners in rural and remote communities.

We're excited to announce MHPN's second Online Conference *All Together Better* which will be held in late March 2023. The conference will explore how, over recent years, climate disasters and the COVID pandemic have impacted the social determinants of health and mental health; exploring what these impacts mean for mental health providers and for the people they treat and support.

We would like to extend a heartfelt thank you to all MHPN Directors and Committee members, and a special mention to Rosie Forster, outgoing Chair of the Quality Assurance and Clinical Education Committee for providing guidance and expertise over eight years of service.

To our expert advisors and partners, thank you for your continued input and advice that supported MHPN throughout the year.

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

We all look forward to a brighter year ahead in 2023.

John Rasa
Chair, MHPN

Chris Gibbs
Chief Executive Officer, MHPN

Achievements

NETWORKS



383

NETWORKS
SUPPORTED



39%

IN RURAL AND
REGIONAL AREAS



160

SPECIFIC-INTEREST
NETWORKS



823

MEETINGS
HELD



5,964

NETWORK
MEMBERS



9,864

MEETING
ATTENDANCES



413

NETWORK
COORDINATORS

WEBINARS



16

WEBINARS
PRODUCED



15,350

TOTAL
ATTENDEES



7,987

TOTAL VIEWS OF
WEBINAR RECORDINGS

2021-22

ONLINE CONNECTIONS



42,408

SUBSCRIBERS TO
CONNECT eNEWS



31

PHNs RECEIVE
RELEVANT MHPN NEWS



4,781

TWITTER
FOLLOWERS



92,117

LINKEDIN
CONNECTIONS



13,010

FACEBOOK PAGE
LIKES



29,025

PORTAL ACCOUNTS
CREATED



39,887

TOTAL WEBINAR
RECORDING VIEWS
(ACROSS ALL WEBINARS)

PODCASTS



14

EPISODES
PRODUCED



40,832

LISTENS (ACROSS
ALL EPISODES)

MHPN Interdisciplinary Practitioner Networks

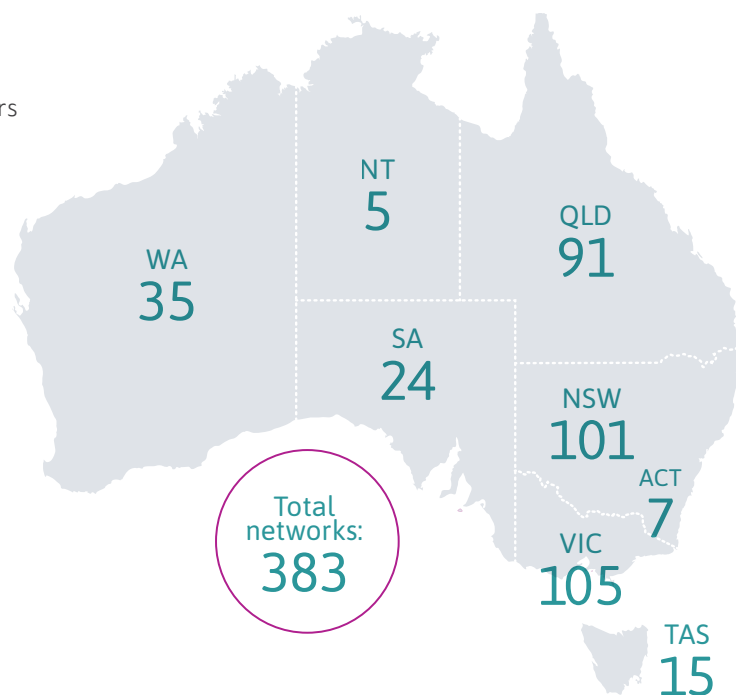
MHPN supports 383 interdisciplinary practitioner networks across Australia.

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 led locally by one or more volunteer network coordinators. Each network determines its purpose, membership and topics for discussion. All networks receive administrative and strategic support from a MHPN Project Officer. The map at right shows the distribution of networks across the states.

NETWORKS BY STATE OR TERRITORY



NETWORK NUMBERS STABLE

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

Throughout 2021-22 the COVID-19 pandemic and climate change induced weather events affected the MHPN networks and will continue to do so for the coming years.

Despite the numerous challenges, the number of supported networks increased to 383 in 2021-22 (from 368 in 2020-21).

Practitioners from a range of disciplines are becoming increasingly aware of MHPN's activities and the importance of interdisciplinary networking to support their practice and professional development.

Network growth has been generated by:

- practitioner word-of-mouth
- MHPN social media campaigns
- MHPN enews articles
- MHPN website enhancements to make finding and joining networks easier.

PRACTITIONER PARTICIPATION REMAINS STRONG

During 2021-22 5,964 network members attended 823 network meetings. Participation was affected by the COVID-19 pandemic and lockdowns throughout the year, with Victoria and New South Wales particularly impacted.

MHPN's project team continues to liaise and remain flexible with network coordinators to provide support as required and maintain contact to facilitate the resumption of network activity when appropriate. There is ongoing positive feedback about this approach. The project team are skilled in supporting networks to meet face-to-face, online or in a hybrid (mixed) format.

MHPN coordinators and project officers have continued to use videoconferencing to hold meetings online to overcome COVID-related hesitancy to meet face-to-face. There is an increasing interest in hybrid meeting formats that mean some networks will deliver selected meetings online and others face-to-face throughout the year.

Online-only networks provide an opportunity for MHPN to branch out in this changed environment. Eleven of the 31 networks established this year have chosen to meet only online.





CLINICIAN-LED NETWORKS RESPOND TO COMMUNITY NEEDS

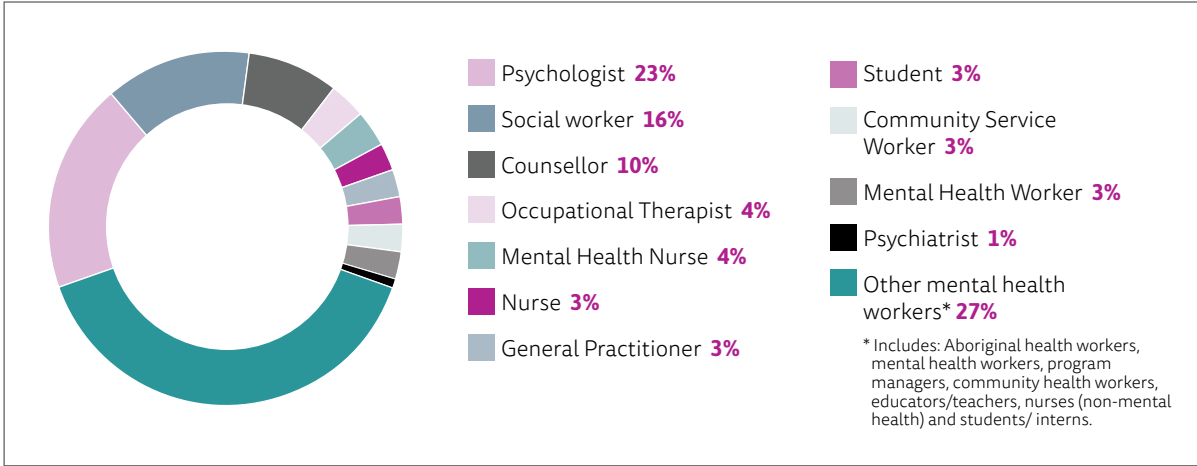
Practitioners respond to consumer and community needs by establishing or re-activating local networks. MHPN networks are self-directed, with each adapting to meet the needs and challenges experienced by members and the local community.

There is ongoing importance to provide a forum for peer support and reflection on how the COVID-19 pandemic continues to impact mental health practitioners, both personally and professionally; in their local community, as well across the country.

PARTICIPATION FROM A RANGE OF DISCIPLINES

Network meetings continue to attract practitioners from a range of disciplines. Members include a mix of GPs, psychiatrists, psychologists, mental health nurses, social workers, occupational therapists, nurses, counsellors and other mental health practitioners.

The following graph shows meeting attendees by profession.



COORDINATORS MAKE NETWORKS TICK

In 2021-22, MHPN supported 413 network coordinators. Every network requires one or more members to volunteer to lead their network, undertaking the role of coordinator.

Coordinators work closely with, and have the full support of, an MHPN project officer who helps to organise meeting dates, teleconference rooms or

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.



“Thanks so much for your words of encouragement, and for being the foundational presence that makes the continuation of these [coordinator] roles feel possible and so well supported. We love doing it together and with you [project officer] behind us doing so much to take the tricky bits off our plate.”

~ MHPN CO-COORDINATORS
AND PROJECT OFFICER
CORRESPONDENCE

MHPN project officers are available every step of the way to guide coordinators through organising meetings and using the associated technology.

SPECIFIC INTEREST NETWORKS

While MHPN supports a number of specific interest networks covering a range of topics, the following table shows those where 10 or more networks are supported across the country.

- _____
- Eating disorders
- _____
- Gender, sexuality and mental health
- _____
- Perinatal and infant mental health
- _____
- Physical health and mental health
- _____
- 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)
- _____

Peer support

Peer support is crucial in supporting a health workforce facing challenges caused by the increase in workload. Members benefit from the insights of other health practitioners in a safe environment, as well as relief from professional isolation.

A noticeable increase in new networks with a specific focus on peer support has been recorded. MHPN supports thirty-four networks focused on peer support either as Balint, networking or small groups who conduct case consultations.

A Balint group is a small group of clinicians who meet regularly, with the guidance of trained leaders, to discuss challenging cases from their practices. The focus is on the emotional aspects of their work and particularly the clinician-patient relationship.

It's important to note that all MHPN networks offer peer support through their interdisciplinary networking focus. An increase has also been observed in groups that identify a local need to focus on the connections between practitioners.



Alice Springs network increases attendance by meeting online

Introducing the option to meet online has built on MHPN's successful locally-driven face-to-face networks program. During the year the approach to supporting these networks has been consolidated and enhanced. Online networks cater to mental health professionals across Australia, including in rural and remote areas; practitioners with a shared interest in a particular subject area who are spread out geographically; and clinicians with a shared interest in a particular field looking to establish networks that expand beyond the local area to encompass different regions, states or even all of Australia.

With restrictions eased, some networks have continued in a hybrid setup - meeting online and in-person. The Alice Springs Mental Health Professionals Interagency Network adapted to online meetings while COVID-19 restrictions were in place. This network has decided to continue meeting online as they have experienced an increase in attendance over face-to-face meetings. MHPN is pleased to support this transition which reflects the strategy and purpose of online networks to bring together practitioners in regional, rural and remote locations.

Partnership with Phoenix Australia supports first responders and those affected by natural disasters.

Supporting Victorian emergency workers and mental health clinicians

The MHPN Online Victorian Emergency Workers & Mental Health Community of Practice was established in partnership with the Centre of Excellence for Emergency Worker Mental Health at Phoenix Australia. The network connects clinicians from all disciplines who work with Victorian emergency service workers with mental health concerns. The network meets online to learn from one another, discuss their practice across disciplines and support one another. The meetings provide opportunities for learning, and promotion of best practice across disciplines through presentations on topics of interest sourced via the community of experts and thought leaders. The first meeting featured a panel of nine speakers and attracted 46 attendees.

Supporting those affected by natural disasters

MHPN is supporting the Skills for Life Adjustment and Resilience (SOLAR) program by recruiting MHPN members to become coaches. The coaches are trained



by the SOLAR program leaders and have held over 40 support session meetings. This early intervention strategy (to prevent longer-term, more serious mental illness) is the first program of its kind to use the MHPN member base to recruit local professionals to support those affected by natural disasters.

More information about SOLAR is available on Phoenix Australia's website.

Online Professional Development – Webinar Program

MHPN's Webinar program aims to inform and engage an online audience and has proven to be an effective way to provide high-quality professional development to an interdisciplinary audience.

Webinars feature leading experts engaged in a case-based discussion or Q&A session. Webinar participants can interact with panelists by submitting questions before or during the broadcast. They can also access resources relevant to the material presented and interact with other attendees via a chat box. Practitioners can attend live broadcasts or watch recordings in their own time, via MHPN's webinar library.

Now in its 12th year, having produced over 166 activities that provide online professional development for busy, time-poor practitioners who have met many challenges over the past

three years, the program continues to be very popular. The need to support practitioners to collaborate on an accessible platform is highlighted by the consistent number of practitioners signing up for the first time to attend live webinar broadcasts.

Body image concerns in young children

"I love the approach to MHPN webinars; [they] always provide a variety of participants for an integrated approach to client care. I always find the delivery offers practical approaches that help assimilate knowledge into practice. Very much appreciated."

~ PSYCHOLOGY STUDENT, QLD

ONLINE FORMAT AIDS PARTICIPATION

Practitioners noted a desire to extend their existing knowledge in the topic area as a major drawcard for attending. This reaffirms that the topics covered and quality standard being delivered are meeting practitioner needs.

Across the program, 27% of practitioners who attended are located outside of metro regions. The convenience of online delivery aids connection and collaboration for isolated practitioners, while also

providing easy access to esteemed expert opinions from around Australia. Presenters consist of an interdisciplinary panel from across the country, and often include those with lived experience.

The chat function continues to be well received, with participants networking and actively engaging in discussion and sharing resources, such as websites, journal articles, and local programs related to the topic.

“Very useful presentation, clear content, balanced across professions. Highly valuable. Thank you for sharing this knowledge and understanding.”

~ PSYCHOLOGIST, NSW



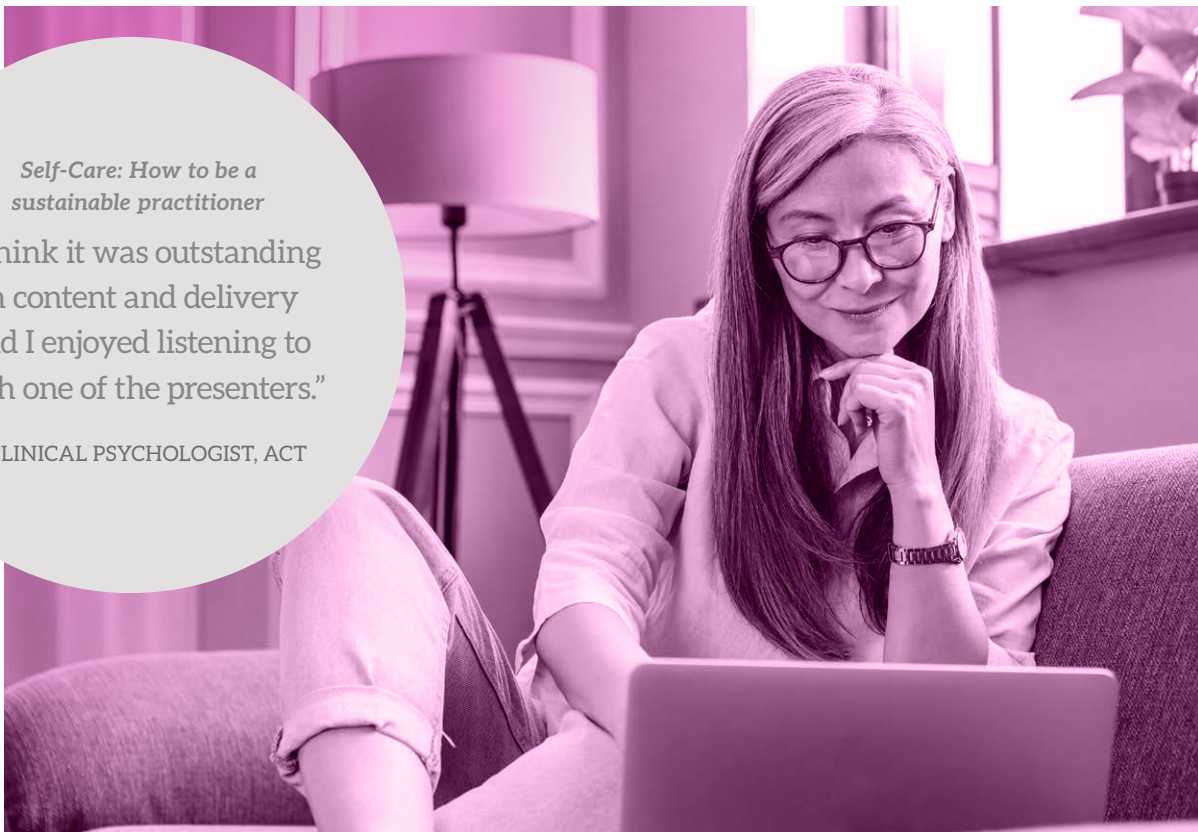
2021-22 WEBINAR ACTIVITY

	Department of Health funded webinars	Partnership webinars to MHPN audiences
No. of webinars	7	9
Registrations	13,569	21,734
Attendees	6,485	8,865
Library recording views, webinars produced in 2021-22	5,427	2,560
Library recording views, all webinars produced to 30 June 2022	31,409	8,002

*Self-Care: How to be a
sustainable practitioner*

"I think it was outstanding
in content and delivery
and I enjoyed listening to
each one of the presenters."

~ CLINICAL PSYCHOLOGIST, ACT



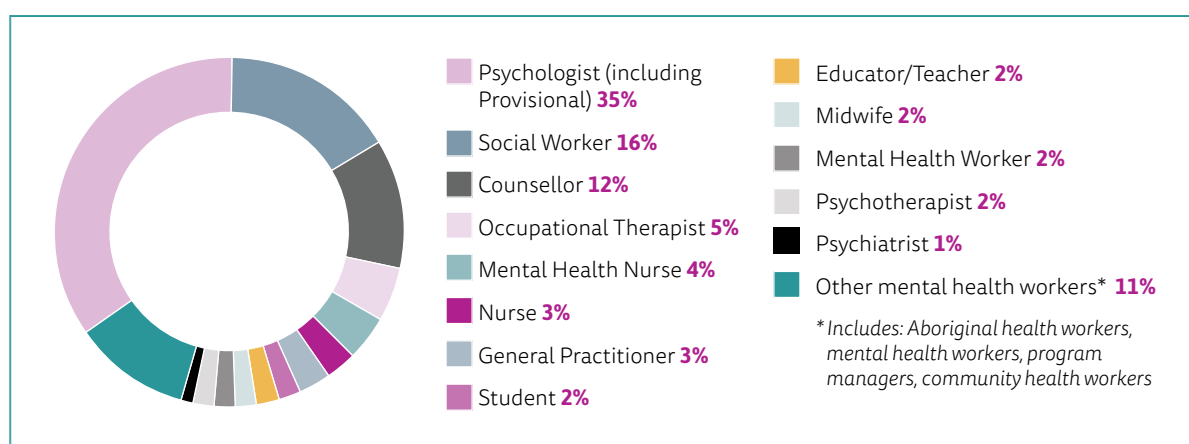
DEPARTMENT OF HEALTH FUNDED PROGRAM CONTENT

The Department of Health funded program continues to remain relevant with topics that address the current need areas in mental health. The impacts of COVID 19 on the community, including how it affected people and practitioners in relation to the webinar topic was consistently addressed.

Date	Title	Number of attendees
7 September 2021	Self-Care: How to be a sustainable practitioner	1,013
14 October 2021	Body image concerns in young children	800
28 October 2021	An interdisciplinary approach to caring for people living with Obsessive Compulsive Disorder	975
6 December 2021	An interdisciplinary approach to caring for people living with Generalised Anxiety Disorder	707
15 February 2022	Coercive control and its impact on mental health	1,243
22 March 2022	Suicide prevention for LGBTQIA+ communities	863
12 May 2022	An interdisciplinary approach to perinatal anxiety and depression	884

WEBINAR AUDIENCE BY PROFESSION

MHPN's Department of Health Funded webinars continue to attract practitioners from a range of disciplines. The following graph shows attendances by profession.



PARTNERSHIPS INCREASE TOPIC BREADTH AND AUDIENCE REACH

MHPN's online platform together with a national interdisciplinary audience is attractive to other organisations wanting to introduce their content to practitioners across the country. In the reporting year, MHPN enjoyed productive partnerships with Emerging Minds, the National Primary Health Network (PHN) consortium, and Comcare.

Our partnership with Emerging Minds continues to strengthen with the fourth series in production and

the fifth planned for 2023. Each series focuses on children's mental health and links practitioners to further online training and resources offered by Emerging Minds. The majority of these webinars include parents with lived experience who sit alongside the practitioners on the panel.

A six-part series commissioned by the National PHN consortium continued during the year with a focus on the mental health of older Australians.

PARTNERSHIP WEBINARS

Date	Title	Partnership	Number of attendees
19 August 2021	Making children visible in work with parents	Emerging Minds	772
23 September 2021	Using an intergenerational lens when working with children and parents	Emerging Minds	737
10 November 2021	Cultural considerations in the social and emotional wellbeing support provided to Aboriginal and Torres Strait Islander children and families	Emerging Minds	738
18 November 2021	Trauma informed care with older Australians	National PHN Partnership	931
2 March 2022	Supporting the wellbeing of infants and children through a trauma-informed lens	Emerging Minds	1,328
7 April 2022	Assessment and engagement with infants and children	Emerging Minds	937
19 May 2022	Assessing functional capacity to work for psychological injuries	Comcare	1,484
15 June 2022	Building parents' understanding of play to nurture infant and toddler mental health	Emerging Minds	885
29 June 2022	Age, frailty, loneliness and suicide	National PHN	1,053

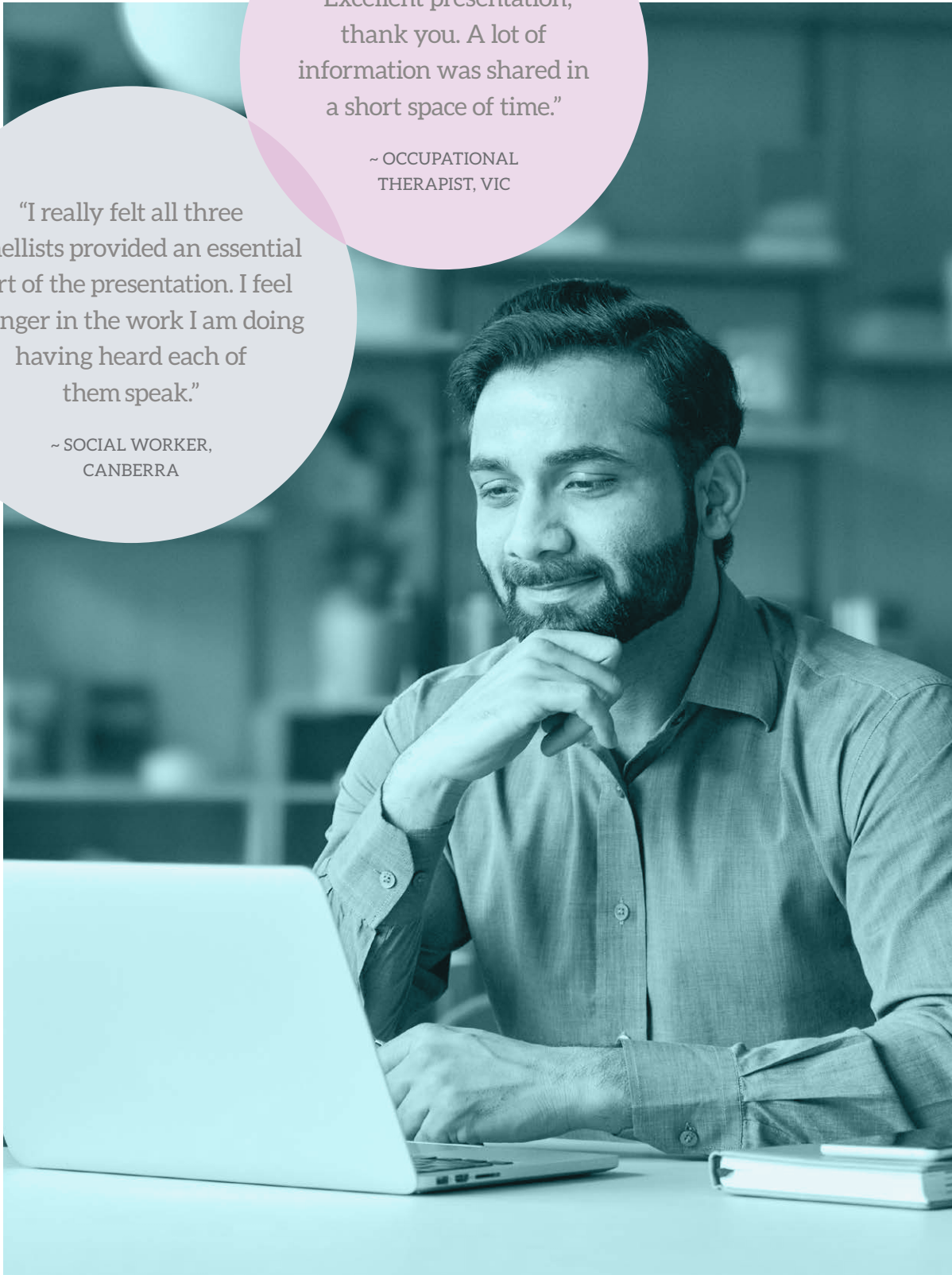
*Suicide Prevention for
LGBTQIA+ Communities*

“Excellent presentation,
thank you. A lot of
information was shared in
a short space of time.”

~ OCCUPATIONAL
THERAPIST, VIC

“I really felt all three
panellists provided an essential
part of the presentation. I feel
stronger in the work I am doing
having heard each of
them speak.”

~ SOCIAL WORKER,
CANBERRA



Online Professional Development – Podcast Program



The Podcast program showcases and promotes collaborative interdisciplinary practice by featuring reflective, engaging and spirited conversations, across and between mental health practitioners of different disciplines.

The Podcast program, now in its second year, has released 32 episodes across MHPN's two shows: *MHPN Presents* and *Mental Health in Focus*; 14 of these in 2021-22, with 40,832 listens across the program since it began.

KEY FEATURES OF MHPN PODCASTS

- Conversational focus enables practitioners to explore what is important to them personally, as well as professionally – applying whole of 'practitioner' approach
- Listeners can curate what content they want to consume and when
- Ability to add to series
- Different series enable different 'entry points' to the content

PODCASTS AVAILABLE ON MHPN PRESENTS

MHPN podcasts are designed to enable conversations that are unscripted and highlight presenters' authenticity, genuine curiosity, and unique perspectives.

Currently MHPN produces five series on its *MHPN Presents* show:

- **Trauma and Resilience** explores trauma and its relationship with mental health, and also resilience – what it means, how it works, and how resilience can be cultivated in our lives.
- **Book Club** features conversations between two mental health clinicians about a book/journal that one of the practitioners identifies has influenced their clinical practice and/or challenged their thinking and which both have read.
- **Transitions** 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 others' growth through life's many seasons.
- **In Conversation With** features mental health professionals, advocates, academics, clinicians and people with lived experience engaging in 'fire-side' conversations, discussing topics of mutual interest and expertise.

MHPN releases episodes fortnightly on the MHPN Presents show. Adopting this release schedule has engaged subscribers who enjoy regular content.

AVAILABLE ON MENTAL HEALTH IN FOCUS

Eating Disorders: Beyond the Unknown

A four-part series featuring a service provider and carer presenting a united and holistic approach to supporting people who are living with an eating disorder. This series was produced in partnership with the National Eating Disorders Collaboration.



FEEDBACK FROM LISTENERS

A feedback survey is available on all streaming platforms. Pleasingly 95% of survey respondents indicated they planned to listen to future MHPN podcast episodes.



A rating average of
4.3 stars
out of a possible five
has been recorded

Eating Disorders: Beyond the Unknown

"I've very much enjoyed this whole series. The presenters did an excellent job of integrating clinical information and lived experience. As a psychologist I feel better prepared to include questions around eating/body image in my approach and where to go for further training. An excellent series!"

~ PODCAST LISTENER

COMING IN 2022-23

A new partnership with Phoenix Australia's Responder Assist will produce a four-part series on the Mental Health in Focus show that explores the mental health of emergency workers.

Two new series will be launched on the *MHPN Presents* show:

- **MHPN Presents: In The First Person**
will acknowledge the centrality and uniqueness of the lived experience of mental illness and supports the efficacy of mental health and health practitioners by providing first person insights about warning signs, red flags, triggers, treatment challenges, carers' needs, and key elements to recovery.
- **MHPN Presents: A Conversation About ...**
will explore specific topics, either through the lens of a particular cohort or diagnostic category; each episode features two mental health practitioners (researchers, clinicians, peer advocates, etc.) in conversation with each other, providing niche insights about the cohort or the diagnostic category according to their particular interest or expertise.



Marketing and Communications

In an ever-changing landscape, 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.

Our channels include:

- **Connect eNews:** a monthly practitioner e-newsletter.
- **Coordinator Connect:** a tailored Bimonthly e-newsletter for network coordinators, a particularly important tool in remaining connected to coordinators who lead MHPN's Network program.
- **MHPN's website** hosts news articles and general MHPN program information, as well as the webinar and podcast libraries.
- **Social media:** LinkedIn, Twitter, Facebook.

MHPN's integrated marketing strategy recognises that our audience connects with MHPN in a range of ways. A range of marketing activities are undertaken to help ensure practitioners are aware of MHPN's full range of offerings, for example promos at the conclusion of webinars promote networks and podcasts; 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 and practitioners.

MHPN PORTAL

The MHPN Portal provides a secure space for practitioners to interact with our program and also provides coordinators the opportunity to connect with members, and record important network attendance data.

At 30 June 2022, 29,025 practitioners have created portal accounts which allows them to manage their profile data, register for MHPN events, and access Statements of Attendance. A key benefit of the Portal is that it provides accurate and timely information via each Network's Member Directory, allowing network members to refer to each other with ease.

MHPN INSIGHT ADVISORY SERVICE

MHPN's Insight Advisory Service was launched this year. It provides the opportunity for approved mental health organisations to connect with our network of practitioners to seek their views, feedback, and input on a range of issues. These may include feedback on clinical resources or information to support workforce development. This program is designed to complement MHPN's work in supporting practitioners and the health workforce.

SOCIAL MEDIA



The use of social platforms keeps our activities top of mind for those who engage with MHPN on social media, allowing promotion to potential network members, webinar registrants and podcast subscribers. MHPN is pleased to use its profile to share stakeholders' events that align with our values, and also to promote health awareness days to support the broader promotion of mental health awareness. MHPN also encourages coordinators to promote their networks through their own social networks, increasing the reach within the practitioner networks.

Using video, audio and images is a key feature to encourage engagement with social media posts. The Podcast program has promoted new episodes via audiograms to capture the listeners attention and encourage them to tune in to the full episode and subscribe to the series.

Importantly, marketing activities help consolidate and expand the capacity of MHPN to promote interdisciplinary practice to audiences across Australia.

A promotional banner for the MHPN Online Conference. The background is teal with a pattern of white triangles. On the left, a dark teal box contains the text 'MHPN ONLINE CONFERENCE' in yellow. In the center, the text 'ALL TOGETHER BETTER' is displayed in white and yellow. On the right, a dark teal box contains the text 'Collaborative Mental Health Care in a Changing World' in yellow, with '28-30 MARCH 2023' and 'FIND OUT MORE & REGISTER' in white below it. The MHPN logo is in the bottom right corner.

MHPN ONLINE CONFERENCE

ALL TOGETHER BETTER

Collaborative Mental Health Care in a Changing World

28-30 MARCH 2023 FIND OUT MORE & REGISTER

mhpn
Mental Health Professionals' Network

www.mhpnconference.org.au

Financial Report

for the year ended
30 June 2022

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 2022 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	
Rosie Forster	12/2/2015	12/4/2022
Vinita Godinho	23/2/2021	
Stephan Groombridge	22/8/2017	
Donna Hansen-Vella	27/4/2021	
Stephen Jackson	23/6/2020	
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
Trevor Donegan	31/7/2019

Results

The surplus of the company for the year amounted to \$217,202 (2021: \$138,457 deficit). Current year retained earnings surplus after accounting for all accumulated obligations carried forward totalled \$328,798 (2021: \$111,596).

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 6 May 2022 which extends the life of the project through to 30 November 2023.

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 2022, a national platform of 383 interdisciplinary community mental health networks had been established and sustained, and
- The project delivered national online professional development of 7 agreed webinars to mental health practitioners across the country. In addition, 9 contracted webinars were provided, targeted to specific practitioner groups.

After Balance Date Events

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

AFFILIATE ASSOCIATE PROFESSOR JOHN RASA
BA, MHP, FCHSM, CHE, FAIM, MAICD, FAHRI

Special Responsibilities

- MHPN Chair
- Member of the MHPN Finance, Audit & Risk Committee

Experience

- Deputy Chair, Latrobe Regional Hospital
- Chair and Independent Director, healthAbility Community Health Service
- Unit Chair Healthcare 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

ROSIE FORSTER, B PHTY, MBUS (COMM STUDIES), MTM

Special Responsibilities

- Chair of the MHPN Quality Assurance & Clinical Education Committee (to April 2022)

Experience

- Executive Manager for Practice, Policy and Partnerships Department – RANZCP (to April 2022)
- 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

Experience

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

STEPHAN GROOMBRIDGE, BA (HONS)

Special responsibilities

- Chair of the MHPN Evaluation Committee

Experience

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

DONNA HANSEN-VELLA

BNurs (Psychiatric), BNurs, PGDipN (Mental Health/
Psychiatric), PGDip (Family Therapy), MACMHN, MACN,
MANMF (Vic Branch), MACSA, MAICD

Special responsibilities

- Member and Chair (from May 2022) of the MHPN Quality Assurance & Clinical Education Committee

Experience

- Australian College of Mental Health Nurses (ACMHN), member and to 6 June 2022,
 - Board Director
 - ACMHN representative on the Coalition of National Nursing & Midwifery Organisations (CoNNMO)
 - ACMHN representative on the Victorian Mental Health Nursing Advisory Group
- Program Director of Mental Health, Mercy Health

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)

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)
- Member, Phoenix 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

Experience

- General Adult Psychiatrist (Private Practice) at the Albert Road Clinic
- Fellow of the Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- 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)

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	5	6	-	-
R Forster	4	4	-	-
V Godinho	4	6	4	6
S Groombridge	5	6	-	-
D Hansen-Vella	5	6	-	-
S Jackson	6	6	6	6
M Rawlin	5	6	-	-
J Reddy	5	6	-	-

	Evaluation		Quality Assurance & Clinical Education	
	Attended	Eligible to attend	Attended	Eligible to attend
J Rasa	-	-	-	-
Z Burgess	-	-	-	-
R Forster	-	-	3	3
V Godinho	-	-	-	-
S Groombridge	3	3	-	-
D Hansen-Vella	-	-	3	3
S Jackson	-	-	-	-
M Rawlin	-	-	-	-
J Reddy	3	3	-	-

Indemnification of officers

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

Further disclosure required under section 300(9) of the Corporation's Act 2001 is prohibited under the terms of the contract.

Options

No options over unissued shares or interest in a company were granted during or since the end of the year and there were no options outstanding at the end of the year.

Indemnification of auditors

No indemnities have been given or insurance premiums paid, during or since the end of the year, for any person who is or has been an auditor of the company.

Auditor's Independence Declaration

A copy of the auditor's independence declaration is provided with this report.

Proceedings on behalf of the company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

Members' guarantee

The company is incorporated under the Corporations Act 2001 as a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding debts and obligations of the company. At 30 June 2022, the number of members was 4 (2021:4). The combined total amount that members of the company are liable to contribute if the company is wound up is \$400 (2021: \$400)

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



John Rasa
Director

Dated: 18 October 2022, 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 2022, 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: 19 October 2022

PITCHER PARTNERS
Melbourne

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

Pitcher Partners is an association of independent firms. Liability limited by a scheme approved under Professional Standards Legislation.
Pitcher Partners is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities

Adelaide Brisbane Melbourne Newcastle Sydney Perth

pitcher.com.au

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2022

	Notes	2022 \$	2021 \$
Revenue	4	2,377,596	2,310,751
Less: expenses			
Administrative expenses		(64,580)	(66,569)
Depreciation	6	(10,347)	(5,654)
Employee benefits	6	(1,571,315)	(1,688,536)
Information Technology		(133,687)	(258,439)
Network expenses		(55,607)	(40,112)
Non-grant webinar expenses	5	(60,625)	(75,743)
Occupancy		(153,196)	(155,774)
Online support expenses		(71,599)	(109,530)
Other expenses		(39,438)	(48,851)
		(2,160,394)	(2,449,208)
Surplus / (Deficit) before income tax expense		217,202	(138,457)
Income tax expense		–	–
Net surplus / (deficit) from continuing operations		217,202	(138,457)
Other comprehensive income / (loss) for the year		–	–
Total comprehensive income / (loss)		217,202	(138,457)

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2022

	Notes	2022 \$	2021 \$
CURRENT ASSETS			
Cash and cash equivalents	7	682,883	479,488
Receivables	8	13,976	16,343
TOTAL CURRENT ASSETS		696,859	495,831
NON CURRENT ASSETS			
Plant and equipment	9	14,318	21,175
TOTAL NON CURRENT ASSETS		14,318	21,175
TOTAL ASSETS		711,177	517,006
CURRENT LIABILITIES			
Payables	10	148,514	156,511
Provisions	11	221,859	212,558
TOTAL CURRENT LIABILITIES		370,373	369,069
NON CURRENT LIABILITIES			
Provisions	11	12,006	36,341
TOTAL NON CURRENT LIABILITIES		12,006	36,341
TOTAL LIABILITIES		382,379	405,410
NET ASSETS		328,798	111,596
EQUITY			
Accumulated surplus	12	328,798	111,596
TOTAL EQUITY		328,798	111,596

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2022

	2022 \$	2021 \$
Balance as at 1 July	111,596	250,053
Surplus/ (Deficit) for the year	217,202	(138,457)
Total comprehensive income for the year	217,202	(138,457)
Balance as at 30 June	328,798	111,596

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2022

	Notes	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Grant receipts		2,417,702	2,285,800
COVID-19		-	50,000
Other revenue		223,500	145,051
Payments to suppliers and employees		(2,435,187)	(2,575,266)
Interest received		870	3,227
Net cash provided by / (used in) operating activities		206,885	(91,188)
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of plant and equipment		(3,490)	(16,218)
Net cash used in investing activities		(3,490)	(16,218)
Net increase / (decrease) in cash held		203,395	(107,406)
Reconciliation of cash			
Cash at the beginning of the financial year		479,488	586,894
Net increase / (decrease) in cash held		203,395	(107,406)
Cash at end of financial year	7	682,883	479,488

The accompanying notes form part of these financial statements.

NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

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.

The company entered into a contract on 1 July 2020 which extends the life of the project through to 30 November 2023. In the event that an additional phase of funding past 30 November 2023 is not secured, the entity intends to scale down its operations but continue to provide elements of its principal activities to the extent it has resources to do so.

As at the date of signing the accounts, a briefing paper has been presented to DoH for their consideration of the extension of the grant.

(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 November 2023.

NOTE 4: REVENUE & OTHER INCOME

	2022 \$	2021 \$
(a) Revenue from operating activities		
– Government grants	2,197,911	2,078,000
– Non-grant webinars	170,600	229,701
– Other	8,000	40
(b) Revenue from non-operating activities		
– Interest revenue	1,085	3,010
	2,377,596	2,310,751

2022
\$

2021
\$

NOTE 5: NON-GRANT OPERATIONS

Webinars:

- Revenue	170,600	229,701
- Employee benefits	(60,943)	(102,638)
- Other expenses	(60,625)	(75,743)

Net contribution to non-grant operations	49,032	51,320
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NOTE 6: OPERATING SURPLUS

Surplus has been determined after:

Expenses:

Depreciation	10,347	5,654
Employee benefits:		
- Salaries and wages	1,453,865	1,569,876
- Superannuation	117,450	118,660
	1,571,315	1,688,536

NOTE 7: CASH AND CASH EQUIVALENTS

Cash at bank	682,883	479,488
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NOTE 8: RECEIVABLES

Current

- Accrued income	271	56
- Other receivables	13,705	16,287
	13,976	16,343

2022
\$

2021
\$

NOTE 9: PLANT AND EQUIPMENT

Office Equipment at cost	38,297	34,807
Less accumulated depreciation	(23,979)	(13,632)
	14,318	21,175

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	21,175	10,611
Additions	3,490	16,218
Depreciation expense	(10,347)	(5,654)
Closing amount	14,318	21,175

NOTE 10: PAYABLES

Current

Unsecured liabilities

- Trade creditors	39,126	70,892
- Income received in advance	22,000	-
- Other payables	73,340	71,062
Amounts payable to members	14,048	14,557
	148,514	156,511

NOTE 11: PROVISIONS

Current

Employee benefits

- Annual leave	104,418	108,241
- Long service leave	117,441	104,317
	221,859	212,558

Non-Current

Employee benefits

- Long service leave	12,006	36,341
	233,865	248,899

2022
\$

2021
\$

NOTE 12: ACCUMULATED SURPLUS

Accumulated surplus at beginning of financial year	111,596	250,053
Net surplus / (deficit) attributable to members of the company	217,202	(138,457)
	328,798	111,596

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 2022, 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	
Rosie Forster	12/2/2015	12/4/2022
Vinita Godinho	23/2/2021	
Stephan Groombridge	22/8/2017	
Donna Hansen-Vella	27/4/2021	
Stephen Jackson	23/6/2020	
Morton Rawlin	27/8/2019	
Jaya Reddy	27/4/2021	

NOTE 14: KEY MANAGEMENT PERSONNEL COMPENSATION (CONTINUED)

(ii) Names of Executives:

C Gibbs (Chief Executive Officer)

J O'Loughlin (National Networks Program Manager) to 9/1/2022

S Kleinitz (National Networks Program Manager) from 15/3/2022

E Leong (Communications and Marketing Manager) to 7/10/2021

K Hoppe (Manager, Communications, Marketing & Strategic Projects) from 10/1/2022

Compensation of KMP

Aggregated compensation of KMP was as follows:

	2022 \$	2021 \$
Compensation of KMP		
Short-term employee benefits	391,169	434,489
	391,169	434,489

NOTE 15: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

– audit services	20,000	18,500
– consultancy	1,000	1,000
	21,000	19,500

2022
\$

2021
\$

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 – \$14,048 (2021: \$14,557).

The aggregate amount receivable from related parties by the company at balance date is Nil (2021: Nil).

Transactions with related parties:

Provision of services from members

ACMHN	1,730	1,125
APS	166,361	176,830
RACGP	1,100	1,100
RANZCP	3,784	1,686
	172,975	180,741

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	3,800	740
– later than one year but not later than 5 years	-	-
	3,800	740

Photocopiers for a 24-month period with an option to extend at the end. Payments are paid monthly in arrears.

NOTE 18: EVENTS SUBSEQUENT TO REPORTING DATE

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 2022 that has significantly affected or may significantly affect:

- (a) the operations, in financial years subsequent to 30 June 2022, of the Company, or
- (b) the results of those operations, or
- (c) the state of affairs, in financial years subsequent to 30 June 2022, 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 36 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 2022 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: 18 October 2022, Melbourne

INDEPENDENT AUDITOR'S REPORT



**MENTAL HEALTH PROFESSIONALS NETWORK LTD
ABN 67 131 543 229**

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

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Mental Health Professionals Network Ltd, "the Company", which comprises the statement of financial position as at 30 June 2022, 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 2022 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 2022, 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

19 October 2022

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Mental Health Professionals' Network

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