

**mhpnp**  
Mental Health Professionals' Network



# ANNUAL REPORT



# 2024

## **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 and present.

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**

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# Introduction

This year has been one of reflection and transition for MHPN, with a smooth leadership change as Dr. Daisy Brooke was appointed to the role of CEO by the MHPN Board. The continuity in leadership has allowed MHPN to maintain its focus on interdisciplinary collaboration while embracing new opportunities for growth.

The National Networks Program continues to provide participants with valuable peer support and professional development opportunities focused on improving interdisciplinary care in both local communities, and more broadly across the country. Our Professional Development Webinars and Podcasts maintained their ability to attract strong interest, with topics reflecting the current needs and interests of mental health practitioners across Australia.



MHPN's three key programs have remained responsive and adaptive, continuing to provide valuable support to practitioners through interprofessional networking, peer support, and professional development initiatives.

MHPN is excited to be looking ahead and planning the implementation of a new strategy over the next 2–3 years.

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

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 the Australian Association of Social Workers, Occupational Therapy Australia, and the Australian College of Rural and Remote Medicine.



## A Foreword from the Chair



*As MHPN moves forward, our commitment to supporting practitioners working in the delivery of mental health services continues. We are confident that under the guidance of new CEO Dr Daisy Brooke, MHPN will continue to propel toward a bright and successful future.*

The past year has been one of reflection and transition for MHPN. After 15 years of dedicated service, Chris Gibbs, the inaugural CEO, has retired, and the MHPN Board has entrusted the leadership of MHPN to Dr Daisy Brooke. Chris's inclusive approach and deep understanding of the mental health landscape have been crucial in shaping MHPN's success to date, and we are deeply grateful for the legacy he has left. As MHPN transitions to a new chapter under Daisy's leadership, we are looking forward to refining our strategy to advance interdisciplinary practice, expand professional development opportunities, and enhance engagement with our members and partners.

During the year, MHPN has maintained its commitment to targeting key areas of need for practitioners, including activities focused on supporting Aboriginal and Torres Strait Islander people, suicidality and trauma-informed care.

There has been particular interest and engagement around neurodiversity and Borderline Personality Disorder.

Participation across the Online Professional Development Program continues to remain firm, validating that practitioners continue to appreciate its relevance, convenience and accessibility. The Webinar Program attracted 15,420 attendances at 16 live broadcasts: an impressive 13% growth on last year. The webinar library also continues to appeal to busy practitioners by offering the ease of free, on-demand access to CPD, with 13,522 recording views during the year of MHPN webinars broadcast in 2023/24.

The Podcast Program released its 74th episode this year and surpassed a significant milestone, achieving over 115,000 all-time listens across all episodes.

Our National Networks Program continues to show steady engagement, with a total of 365 networks at the end of the year. This included 19 networks that started meeting again after a break – including some that hadn't met for over a year. Total meeting attendances demonstrated an impressive 11% increase since last year, and the total number of network members has shown continued steady growth throughout the year.

Throughout the past 12 months, MHPN has dedicated significant effort to developing a Reconciliation Action Plan (RAP) through our RAP Working Group, with guidance from Reconciliation Australia. This has involved a thorough examination of our role in reconciliation and has led to actionable steps to deepen our understanding of Aboriginal and Torres Strait Islander cultures and needs. Starting from July 2024, we enter the implementation phase of our Reflect RAP, running through July 2025.

In January 2024, we launched a new website, offering an easier and more intuitive experience for users. The MHPN member account portal continues to be a vital resource for over 50,000 practitioners, allowing them to register for program activities, access network directories, track their activity and download CPD statements.

As MHPN celebrates these milestones, I'd also like to recognise the contribution of our late Board colleague, Stephen Jackson. Stephen was a valued member of the Board and chaired the Finance, Audit, and Risk Committee. His expertise, kindness, and wisdom helped guide MHPN through the difficult years of the pandemic, and his passing is a significant loss to our community.

**The MHPN Board:**

*Rear, L-R: Dr Jaya Reddy, Assoc Prof Morton Rawlin, Adrian Armitage, Affiliate Assoc Prof John Rasa, Stephan Groombridge*

*Front, L-R: Sharon McGowan, Sonia Miller, Dr Daisy Brooke*

*Not pictured: Dr Vinita Godinho and Dr Zena Burgess*

MHPN's successes this year are a testament to the ongoing and active involvement of our stakeholders. We would particularly like to recognise the significant contributions from our member organisations; the Australian Psychological Society, the Royal Australian College of General Practitioners, the Royal Australian and New Zealand College of Psychiatrists, and the Australian College of Mental Health Nurses, as well as our partner organisations, the Australian Association of Social Workers, the Australian College of Rural and Remote Medicine, Occupational Therapy Australia, and the Psychotherapy and Counselling Federation of Australia.

I would also like to extend my thanks to our Board Directors, along with the external advisors on the MHPN Evaluation; Finance, Audit and Risk; and Quality Assurance and Clinical Education Committees, and to the expert practitioners whose dedication and knowledge have supported all our Programs.

The National Networks Program owes much of its success to the 351 volunteer Network Coordinators, whose commitment and hard work are essential to the Program's achievements, and we are deeply appreciative of their efforts.

Lastly, I want to express my gratitude to the MHPN team for their dedication and perseverance during this time of transition, and I look forward to the year ahead with confidence and optimism.

**John Rasa**  
*Chair, MHPN*



# A Reflection from the Inaugural CEO



*It has been a privilege to have been part of the development of the unique organisation that is MHPN.*

Reflecting on the journey of MHPN over the past 15 years, I am filled with a profound sense of achievement. What began as a “great idea” to get mental health professionals together in a way that encourages collaborative care in the primary care sector, has made significant strides. At inception, over 1,000 workshops were held to bring together diverse mental health professionals. From there, interdisciplinary networks were established across Australia, supporting and sustaining the evolution of these networks remains one of MHPN’s key achievements. The addition of an Online Professional Development Program provided another avenue to showcase interdisciplinary practice. Activity in this Program has been delivered firstly via webinars, two highly successful online conferences, and most recently through the introduction of podcasts.

Our Online Professional Development Programs have consistently recorded significant growth in participation, validating that practitioners appreciate the variety of formats on offer. It has

allowed us to reach practitioners in new ways by offering flexibility and accessibility that was previously unattainable.

MHPN’s interdisciplinary approach has allowed a unique opportunity to develop programs that provide the space for practitioners from a range of disciplines to learn together – which has contributed to a richer and more diverse dialogue within the mental health space across Australia. What has been particularly rewarding is our consistent ability to engage high-calibre practitioners from across Australia, as presenters in both the National Networks and Online Professional Development Programs.

The collaborative spirit that has defined MHPN is evident in the success of our long-term partnerships with organisations like Emerging Minds, Department of Veterans’ Affairs, Comcare, and Black Rainbow. These powerful partnerships have been able to positively impact countless practitioners, and helped expand our ability to cover relevant and topical issues and focus on

vulnerable cohorts. Since inception, MHPN has also been fortunate to have the support and collaboration of our partner organisations: RACGP, APS, ACMHN, and RANZCP, which have been integral to our success.

MHPN has established itself as a unique, national presence in the mental health landscape, and I'm confident that it will continue to grow and evolve. It has been a privilege to lead such a dedicated team and to witness the impact of our work on practitioners across Australia.

As I step away from my role as CEO, I do so with immense gratitude for the opportunity to lead such a unique organisation. It has been a journey filled with learning, collaboration, and, most importantly, a shared vision of making a significant difference in mental health.

I would like to acknowledge the leadership provided by our first Chair, the late John McGrath AM. Leadership, empathy, and advocacy characterised his long quest to help improve the lives of people living with mental illness, as well as the lives of their carers. I would also like to acknowledge Harry Lovelock's commitment to MHPN, primarily from

the successful submission to the Department of Health that set MHPN on its journey, then as a long-term director, and finally as an expert advisor to the Evaluation Committee that has paralleled my involvement.

Also, a special word of thanks to the various members of the Department of Health whose ongoing support has continued throughout the last 15 years.

Finally, I want to thank Chair John Rasa, and past and present MHPN Board members for their hard work and commitment. None of this would have been possible without the dedication and passion of the entire MHPN team, and their support for practitioners and efforts to improve mental health care across Australia has laid the foundation of our success. With Daisy's capable leadership, and with the continued support of our dedicated team, I'm confident that MHPN is ready to keep making significant contributions to the mental health workforce.

**Chris Gibbs**  
*Inaugural CEO*

"MHPN's interdisciplinary approach has allowed a unique opportunity to develop programs that provide the space for practitioners from a range of disciplines to learn together – which has contributed to a richer and more diverse dialogue within the mental health space across Australia."

~ CHRIS GIBBS,  
OUTGOING CEO



## An Introduction from the New CEO



*I look forward to leading MHPN into its next phase, focusing on strategic growth and deepening our commitment to interdisciplinary collaboration in mental health care.*

Taking on this role, my goal is to build on MHPN's strong foundation and further our commitment to interdisciplinary practice in mental health. MHPN's impressive track record of delivering successful programs highlights our commitment and effectiveness.

The Professional Development Webinars and Podcast Program have continued to see high levels of engagement, reflecting the interests and needs of mental health practitioners.

Looking to the future, we are working to finalise a new strategy that reflects the growing complexity of the contemporary mental health landscape.

Collaboration is at the heart of everything we do, and it is more important than ever for professionals to work together.

We aim to expand our engagement with both new and existing stakeholders, exploring further opportunities to enhance interdisciplinary collaboration and professional development. With the support of our Board and partner organisations, I am confident that MHPN's direction and our continued efforts to advocate for improved mental health outcomes will make a tangible difference to practitioners and consumers.

I want to express my gratitude to Chris Gibbs for his contribution to MHPN's growth and success to date. His commitment to encouraging interdisciplinary collaboration has established a solid foundation for MHPN's future.

**Dr Daisy Brooke**  
CEO



# Achievements 2023–2024

## NETWORKS



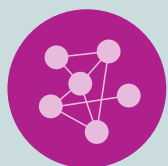
365

NETWORKS  
SUPPORTED



35%

IN RURAL AND  
REGIONAL AREAS



186

SPECIFIC INTEREST  
NETWORKS



886

MEETINGS HELD



7,549

NETWORK  
MEMBERS



11,094

MEETING  
ATTENDANCES



351

NETWORK COORDINATORS

## WEBINARS



16

WEBINARS  
PRODUCED



15,420

TOTAL  
ATTENDEES



35,589

WEBINAR RECORDING VIEWS  
(COMPLETE LIBRARY)

# Achievements 2023–2024

## PODCASTS



20

EPISODES  
PRODUCED



23,204

LISTENS ACROSS  
ALL EPISODES



115,727

TOTAL LISTENS



4.6 out of 5

AVERAGE STAR RATINGS

## ONLINE CONNECTIONS



17,097

FACEBOOK  
PAGE FOLLOWERS



130,366

LINKEDIN  
CONNECTIONS

## HYPOTHETICAL SPECIAL EVENT



1,050

ATTENDEES



1,080

RECORDING VIEWS



50,631

MHPN MEMBER  
ACCOUNTS

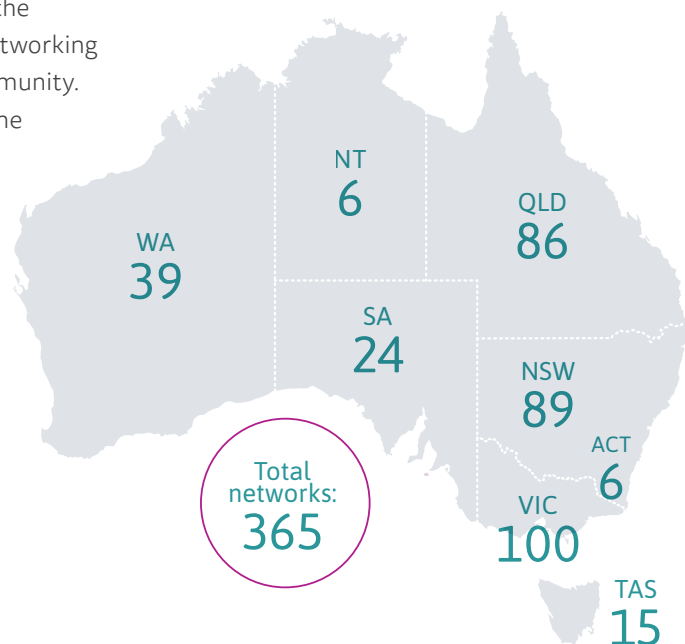
# National Networks Program



*In 2023–24, the National Networks Program maintained steady engagement, supporting 365 networks across Australia, 24 of which were newly established. This reaffirmed the Program's relevance in the ever-evolving mental health landscape.*

Over the year, the Program recorded 11,094 attendances across 886 meetings – an impressive 11% growth since last year. This highlights the continuing demand for interdisciplinary networking within the mental health practitioner community. The increase in participation emphasises the Program's role as a valuable platform for mental health practitioners to access networking, peer support, and professional development opportunities.

## NETWORKS BY STATE AND TERRITORY



### NETWORK REINVIGORATION

In 2023–24, the networks team successfully reinvigorated 19 networks that had not met for some time. By recruiting and collaborating with either current or new Coordinators and members, the team helped these networks resume their meetings. Some highlights of reinvigorated networks across Australia are:

- **Melbourne LGBTQI+ Network:**  
resumed after four years
- **Brisbane Professional Supervision Network:**  
resumed after two years
- **Broome Mental Health Professionals' Network:** resumed after two years
- **ACT Complex PTSD Network:**  
resumed after one year

### PEER SUPPORT CONTINUES TO BE ESSENTIAL

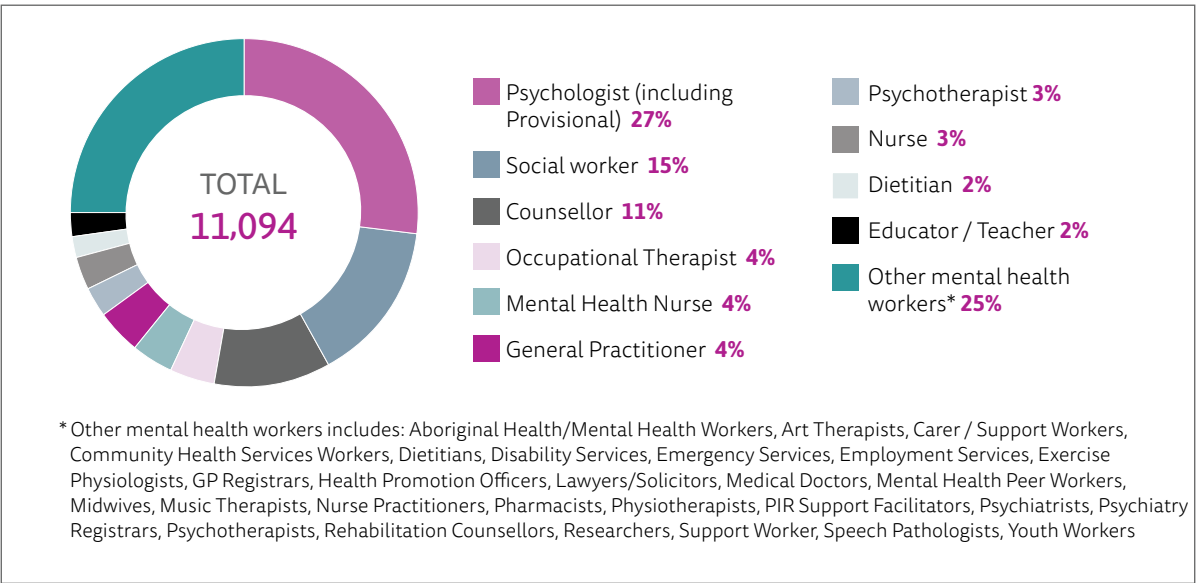
Throughout the year, peer support remained the most popular reason networks met. This was reflected in both meeting and attendance numbers. This trend has remained steady over the past three years.

Meeting topic	Meetings	Attendances
Peer support	236	1,470
Treatment and intervention	146	1,940
Perinatal and infant	50	876

### NETWORKS SHOWCASE INTERDISCIPLINARY PARTICIPATION

The networks continue to successfully attract a wide range of professions, showcasing strong interdisciplinary participation. Across the National Networks Program, more than 35 different professions have been represented at network meetings.

As shown on the graph, the highest representation comes from psychologists, social workers and counsellors.

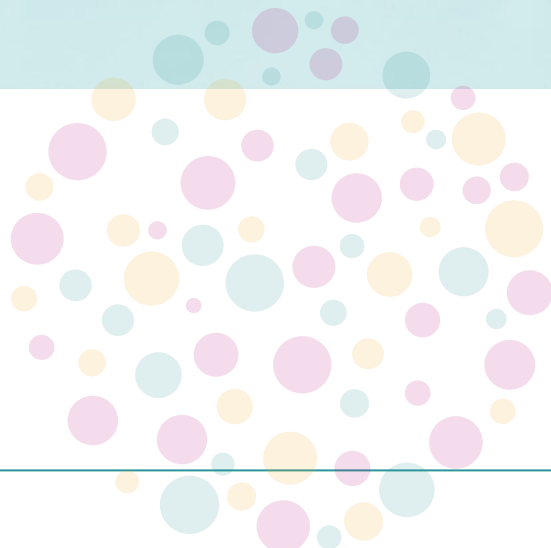


## COORDINATORS ARE THE KEY TO NETWORK SUCCESS

The National Networks Program was supported by a dedicated group of 351 volunteer Network Coordinators. Network Coordinators are fundamental to the Program's success and their unwavering commitment to improving interdisciplinary mental health care demonstrates remarkable passion and resilience. MHPN's Board and staff hold their contributions in the highest regard, recognising the vital impact they have on connecting professionals and enhancing collaboration within the mental health community.

## CELEBRATING 10 YEARS OF NETWORK COORDINATION

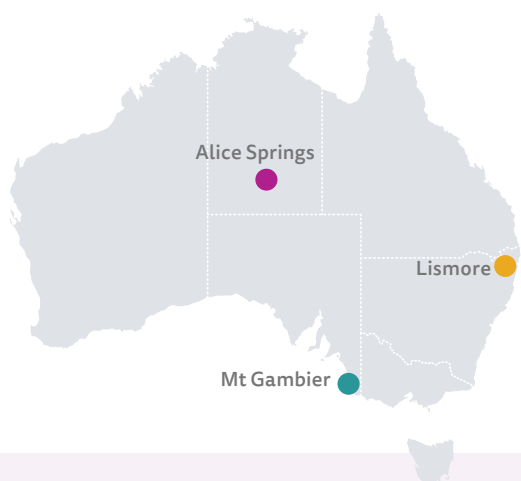
Each year, MHPN acknowledges the Network Coordinators who have dedicated over 10 years of voluntary service to MHPN. This year, five Coordinators reached this significant milestone. Their extraordinary commitment of time and passion has been pivotal to the continued success of the networks.





## NETWORKS CONNECT PRACTITIONERS IN REGIONAL AREAS

Mental health professionals in regional areas often face unique challenges, such as isolation and limited access to resources. Networks that encourage collaboration and support among practitioners can help to address these issues. Providing a platform for ongoing learning, networking and peer support can help to bridge gaps, enhance professional development, and strengthen mental health services in remote and regional communities.



### Alice Springs

The Alice Springs Mental Health Professionals' Network coordinated by the Mental Health Association of Central Australia (MHACA), has met six times this year to foster collaboration among local services. The Network provides a platform for mental health professionals in the area to share knowledge and support each other, with recent discussions including suicide prevention training, health promotion events and new recreational programs in Mparntwe/ Alice Springs. This Network aims to strengthen community ties and enhance the wellbeing of those in the region by facilitating the space for ongoing learning and professional connection.



### Lismore

Caroline Raphael became the Network Coordinator for the Lismore Network out of a strong commitment to her profession and her colleagues. As someone who had attended MHPN meetings for several years, she saw this as an opportunity to give back and support something she valued deeply, particularly within the local community.

"I love my profession and all the colleagues I work with," Caroline says. "Becoming a Network Coordinator felt like the perfect way to support something I considered incredibly valuable."

A key milestone for the Lismore Network has been its growth from a group of professionals gathering to network into a community that feels more like family. Caroline has found great satisfaction in seeing how members have opened up to one another and built meaningful support networks beyond the meetings themselves. "Watching people develop these connections has been beyond rewarding and is one of the reasons I continue to do what I do."

Caroline's role as Coordinator has also shaped her approach to professional development. While she has always valued learning and meeting new people, her experience running the network has shown her that building strong relationships can often have a more lasting impact than the content itself. "Developing networks and relationships can sometimes be more important than the professional development itself," she notes, reinforcing the idea that connections are key to sustained growth.

## Mount Gambier

Network Coordinator Tracey Wanganeen became involved with the Mt Gambier network after starting as Manager of the Mount Gambier Head to Health service with FocusOne Health. Having previously worked regionally across country South Australia and participating in various Mental Health Professionals' Networks, she recognised the value of these connections in supporting practitioners.

"The professional networks I had been a part of were beneficial in connecting with the supports available in each region," Tracey explains, highlighting her motivation to encourage similar connections in Mt Gambier. "One of our key milestones has been the impressive turnout for our first meeting. The majority of those initial attendees have returned for the second and third meetings, and we've successfully attracted new members as well."

Tracey's role as Coordinator extends beyond logistics; it involves actively listening to network members and understanding their goals for attending. This keen engagement has led to dynamic discussions on various topics, including trauma-informed care, facilitated by practitioners with relevant expertise. Following these discussions, two members from different organisations stepped up to lead the next session on working with neurodiverse clients, demonstrating the Network's collaborative spirit.

The Mt Gambier Network has not only brought together health professionals from both private practice and non-government organisations but has also established a space for networking and identifying referral pathways to meet specific community needs. "The Network has provided a valuable platform for practitioners to connect and share resources," Tracey says, highlighting its impact on the Mount Gambier community.



## SPOTLIGHT ON SPECIALTY NETWORKS

Specialty networks can play an important role in addressing the unique challenges faced by practitioners working with specific client populations. By facilitating collaboration and support among professionals in particular fields, these networks promote shared knowledge and expertise, enabling practitioners to enhance their skills and improve care for their clients.

### Deaf and hard of hearing network

Clinical psychologist Christina Clarke became an MHPN Network Coordinator after wanting to connect with other professionals supporting the mental health needs of Deaf and hard of hearing people. The network has grown rapidly since its launch in 2021, engaging over 240 practitioners and has met 12 times, fostering collaboration among a wide range of disciplines. Christina believes that working together strengthens the professional community and ultimately improves overall care for clients.

“I was eager to find others who work with this unique client group to enhance my understanding, share knowledge, and create a supportive practitioner community working in what is often an isolated specialty,” she said. “To my delight, others shared my vision, and the network quickly grew into a large online community that continues to expand.”

Ashleigh Wallach, a psychologist, and Debra Swann, a mental health social worker, later joined as Coordinators, bringing valuable lived experience of deafness to the network. Their involvement is crucial to the network’s success, demonstrating the importance of collaboration. Ashleigh highlights the significance of sharing expertise in niche fields, not only to enhance services for the Deaf and hard of hearing community but also to help professionals feel more connected.

### National Networks Program

In May 2024, the Kew Perinatal Network Coordinators: Robyn Ball, Dr Matthew Roberts, and Lucy Bire, successfully organised a presentation by Boston-based paediatrician Dr Cyndie Hatcher, who introduced her newly developed app, Small Moments, Big Impact. This innovative app is designed to promote the mother-infant relationship and emotional well-being for low-income mothers from birth through the first six months of their baby’s life. It also assists clinicians in facilitating important conversations that lead to the best outcomes for new parents.

The meeting, hosted by the Kew Perinatal Network, brought together members from MHPN networks

across the country: including the Gold Coast, Launceston, WA South-West, Adelaide, St Kilda, and Western Victorian. Attendees included midwives, maternal child health nurses, psychologists, social workers, psychotherapists, counsellors, and psychiatrists. They all expressed their appreciation for the opportunity to engage with this valuable resource. Many reported feeling “privileged and inspired” to attend the free network meeting and learn from Dr Hatcher’s insights.

This network meeting highlights the power of collaboration and how effective it can be in enhancing professional knowledge and improving care for patients across Australia.

## Victorian BPD Network

Rita Brown became involved as a Network Coordinator of the Victorian BPD Network to influence change and improve the skills of multi-disciplinary health professionals in supporting individuals living with Borderline Personality Disorder (BPD).

"The Networks are a convenient and very effective way to influence change and upskill multidisciplinary health professionals to be willing and able to work with people living with BPD in a supportive way," Rita explains.

A key milestone for the Network has been the successful reframing of participants' attitudes towards individuals living with BPD. Through networking opportunities, members have shifted their perspectives to adopt a person-centred, strength-based narrative, enhancing their approach to care.

Rita says that her experiences have allowed her to contribute significantly to the network's mission. By advocating for a supportive and collaborative approach, she plays a crucial role in strengthening the community of practitioners working with this stigmatised and often-misunderstood population.

## ONLINE MEETINGS REMAIN POPULAR

Among the 10 most attended meetings, nine were conducted online, highlighting the extensive reach and accessibility that this format offers to practitioners. The table illustrates the variety of topics covered during these sessions.

Network Name	Meeting topic	No. of attendees
Brisbane Infant, Child, Youth and Family Seminar Series (ICYFSS) Network	<i>Children, Adolescents and Families of CALD background intersection of culture and disability</i>	134
Kew Perinatal	<i>What happened to you? Relational trauma and relational recovery</i>	107
Online Victorian Emergency Workers & Mental Health Community of Practice	<i>Cognitive Therapy for PTSD</i>	92
Borderline Personality Disorder and Complex Trauma	<i>Sensory Modulation</i>	91
Brisbane Infant, Child, Youth and Family Seminar Series (ICYFSS) Network	<i>Young People and Cannabis: Emerging Trends</i>	86
Nature Based Therapies	<i>Opening the counselling room door: Outdoor therapies: possibilities and critical perspectives</i>	84
Perth Complex Trauma	<i>Neurodiversity and trauma</i>	83
Perth Complex Trauma	<i>Internal Family Systems for clients with complex PTSD</i>	83
Online Eating Disorders	<i>Severe and Enduring Eating Disorders – Help! What do I do?</i>	65

# Online Professional Development – Podcast Program



*The MHPN Podcast Program has thrived and expanded its reach, successfully promoting interdisciplinary collaborative care through accessible, engaging and reflective content.*

This year, the Program released 20 new episodes, bringing the total number of episodes to 74 since its inception. The Podcast Program continues to meet the needs of busy practitioners, reinforcing our commitment to promoting collaborative care through innovative online PD.

## HIGHLIGHTS

### Milestone of over 115,000 all-time listens

As of 30 June 2024, we achieved a significant milestone with a total of 115,727 listens across all podcast episodes, including 23,204 for those released during this financial year.

### Top Performing Episodes

The most popular five episodes released during the year, based on listens within the first seven days of their release, were:

A Conversation About... Anger and Mental Health: Why Do People Get Angry?	743 listens
A Conversation About... Anger and Mental Health: Treating Anger	742 listens
A Conversation About... Anger and Mental Health: The Nature of Anger	725 listens
In The First Person: Living with Bipolar	696 listens
Book Club: 'The Eight Keys to Recovery from an Eating Disorder'	650 listens

Based on this measure each episode ranked in the top 10% of podcasts on Buzzsprout, MHPN's hosting platform which hosts over 120,000 podcasts.



## LISTENER FEEDBACK

The average listener rating for MHPN podcasts has improved year on year. This year's overall feedback rating saw listeners rate episodes an average of 4.6 stars out of 5.



A rating average of  
**4.6 stars**  
out of five has been recorded

Feedback from listeners has been overwhelmingly positive, highlighting the Program's quality and relevance.



## Listener Feedback

*A Conversation About...  
Anger and Mental Health:  
Treating Anger*

Very good presentation,  
extremely clear, concise  
and practical.

~ PSYCHOLOGIST

*In The First Person:  
Living with Bipolar:*

Both Mark Creamer and Neil Cole are excellent speakers. They are clear, get to the point, and share knowledge in a down-to-earth and accessible manner. Neil Cole's understanding of the importance of engaging in lived and living experience in the mental health sector is excellent. His ability to share his own lived experience of living with bipolar invites the listener in and engages the listener in a way that is non-judgmental and informative.

~ SOCIAL WORKER

## Feedback and Surveys

As of 30 June 2024, 181 feedback surveys were completed, reiterating the quality of the content and helping to provide valuable input into the development of future episodes.

## PODCASTS AVAILABLE ON MHPN PRESENTS

Ongoing and New Series: The program continues to feature a diverse range of series:

*In Conversation With*, *Book Club*, *Transitions*, and *Trauma and Resilience* remain popular, resonating with listeners and attracting significant engagement. This is particularly impressive given these were amongst the first series released.

New series launched this year include *In The First Person* and *A Conversation About...*, both have been well-received and provide useful insights into mental health issues from various perspectives.

The MHPN Podcast Program's continued success is a testament to its ability to engage listeners through high-quality, reflective, and interdisciplinary content. Its expansion into intersecting sectors and disciplines highlights its role in advancing mental health care and promoting collaborative practice.

MHPN podcasts are available on all the major podcast apps, including Apple podcasts and Spotify, as well as directly from MHPN's website.

Subscribe to be alerted every time a new episode drops.



# Online Professional Development – Webinar Program



*MHPN's Webinar Program continues to be a popular platform for delivering high-quality, interdisciplinary professional development to mental health practitioners across Australia.*

During the 2023–24 year, the Program produced a total of 16 professional development webinars, collectively attracting over 15,420 participants to the live broadcasts and an additional 13,522 recording views in the Webinar Library. The Program featured 27 presenters from 13 professions.

## KEY ACHIEVEMENTS

### Updated Webinar Hosting Platform

The introduction of a new webinar hosting platform in 2024 showcases a sleeker design and new interface. Offering an easy one click log-in for participants, increasing the conversion rate of attendees.

### Series 7 of Emerging Minds Partnership

In very good news, MHPN and Emerging Minds' long-term partnership entered its 7th series.

### Successful Partnerships

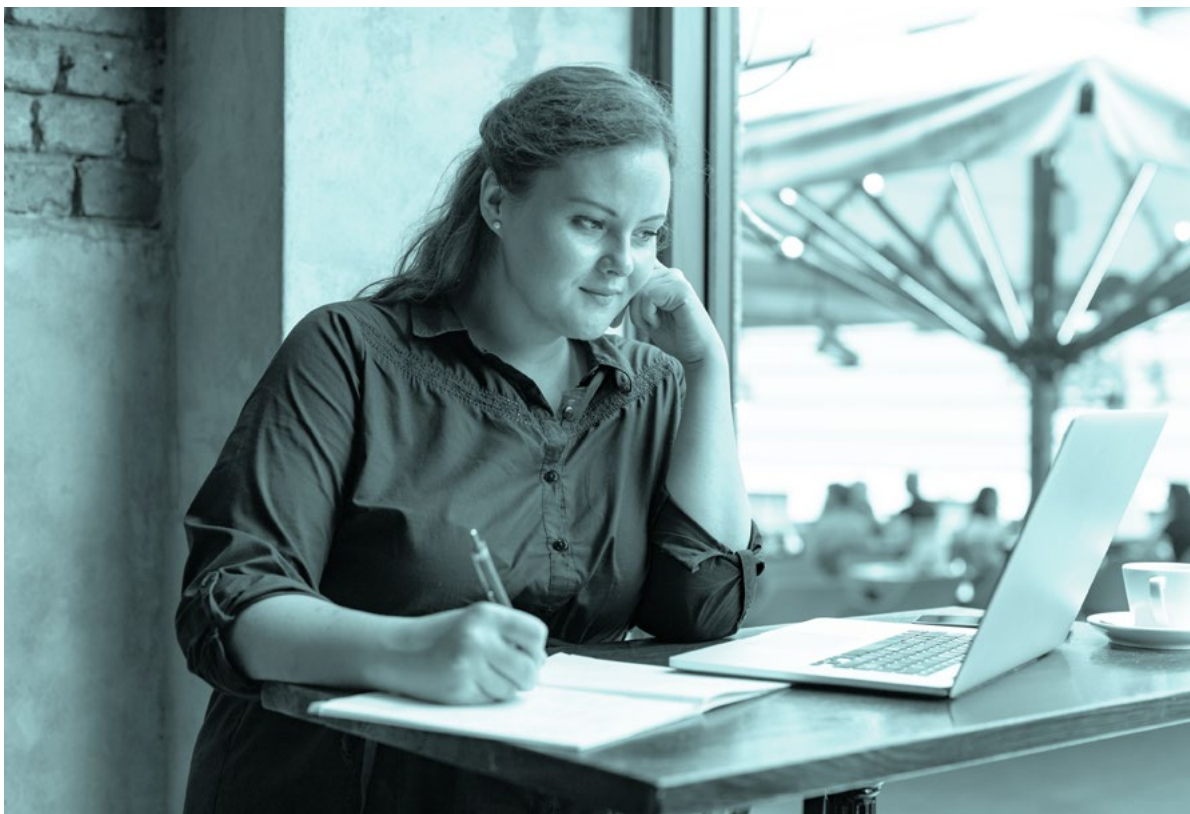
Continued collaboration with organisations: Black Rainbow and Comcare.

### Increased Attendance at Live Broadcasts

The Program attracted a broad audience, with an increase in attendees at live broadcasts, demonstrating the value and relevance of the content provided.

### Innovative Content

A diverse range of topics, including trauma-informed care, neurodiversity, and cultural competence, addressed current challenges and advancements in mental health practice.



## 2023-24 WEBINAR PROGRAM ACTIVITY

	Department of Health funded	Produced in partnership with MHPN
No. of webinars	7	9
Registrations	18,128	21,237
Attendees	7,631	7,789
Library recordings, webinars produced in 2023-24	8,926	4,400
Library recordings, all webinars produced to June 30 2024	25,852	9,737

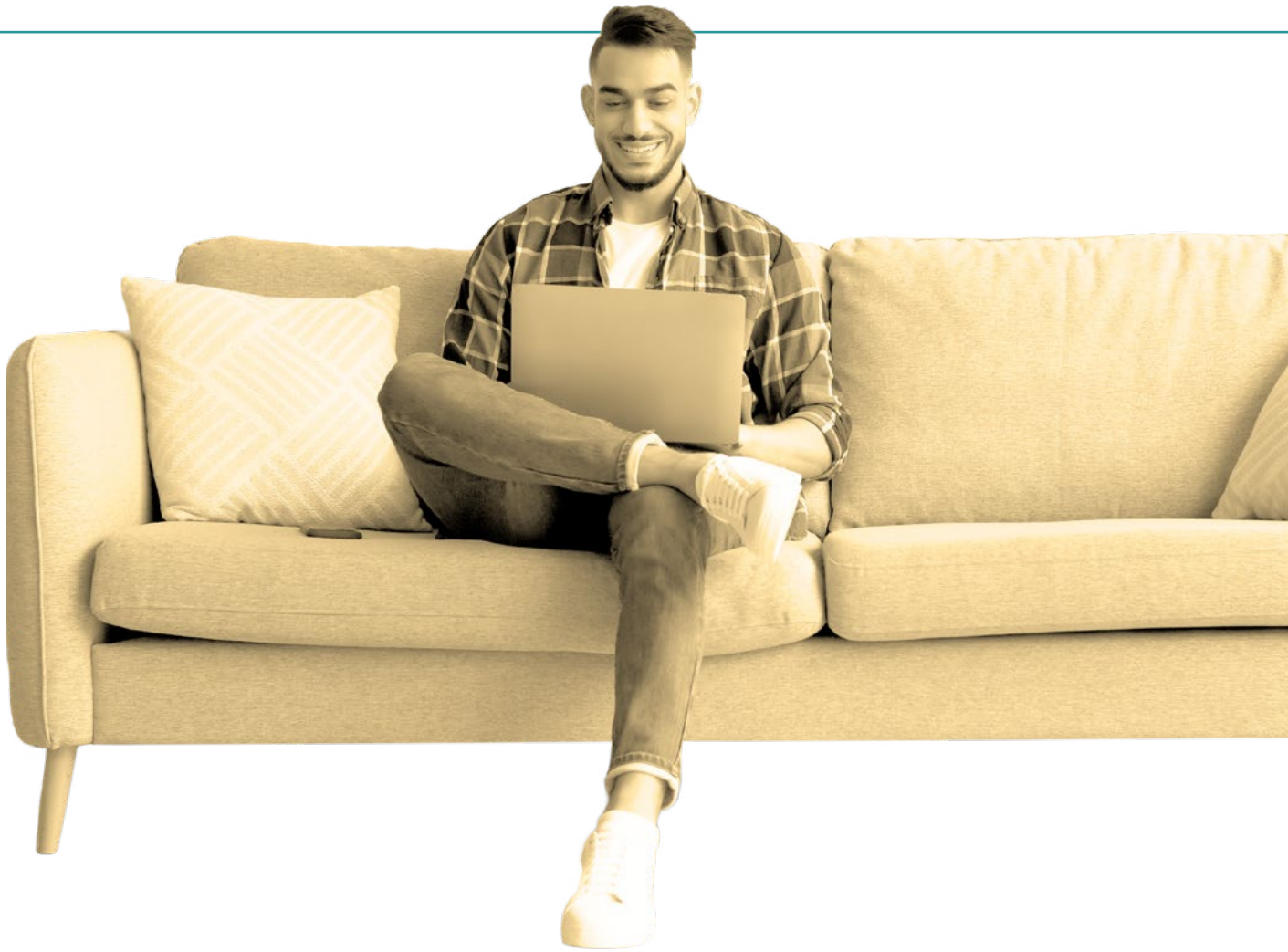
## DEPARTMENT OF HEALTH-FUNDED PROGRAM CONTENT

Date	Title	No. of attendees
24 August 2023	Latest innovations to embed and sustain trauma-informed care	1,111
20 September 2023	Trauma-informed care: Therapies and approaches to improve your practice	1,004
19 October 2023	Trauma-informed care: The impacts of trauma on the physical body	975
15 November 2023	Identifying and treating panic disorder	876
19 March 2024	Identifying and treating Agoraphobia	846
10 April 2024	No, I can't! Overcoming school refusal	1,020
26 June 2024	Supporting the mental health of a neurodivergent person with co-occurring Autism and ADHD	1,799



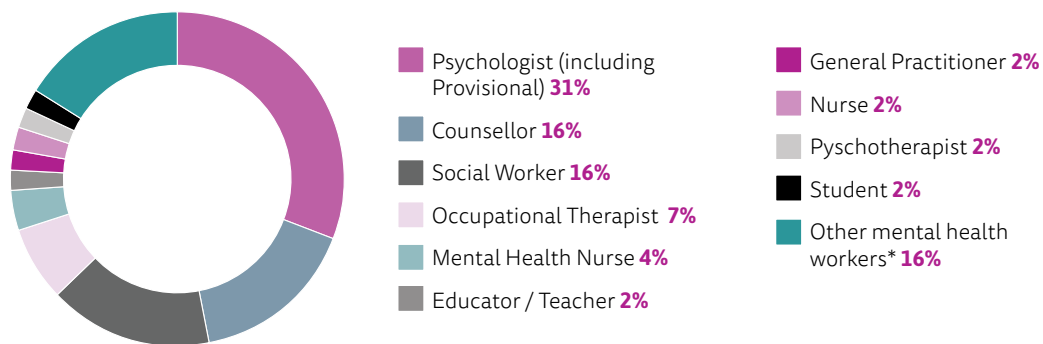
Webinar panel: Identifying and treating panic disorder, held on 15 November, 2023.

Top left, clockwise: Professor Steve Trumble, Dr Catherine Eltringham, Dr John Lam-Po-Tang, Katie Dobinson



## WEBINAR AUDIENCE BY PROFESSION

MHPN's Department of Health and Aged Care funded webinars continue to attract practitioners from a range of disciplines. The following graph indicates attendances by profession.



\* Other mental health workers includes: Aboriginal Health/Mental Health Workers, Art Therapists, Carer / Support Workers, Community Health Services Workers, Dietitians, Disability Services, Emergency Services, Employment Services, Exercise Physiologists, GP Registrars, Health Promotion Officers, Lawyers/Solicitors, Medical Doctors, Mental Health Peer Workers, Midwives, Music Therapists, Pharmacists, Physiotherapists, PIR Support Facilitators, Psychiatrists, Psychiatry Registrars, Psychotherapists, Rehabilitation Counsellors, Researchers, Support Worker, Speech Pathologists, Youth Workers

## THREE MOST POPULAR WEBINARS PRODUCED THIS YEAR

The following webinars are all available for view and download in the webinar library at [www.mhpn.org.au](http://www.mhpn.org.au)

1

### Trauma-informed care: The impacts of trauma on the physical body

**2,671**  
registrations

**975**  
attendees

**3,092**  
recording views

**4,067**  
total reach

“Superb presentation from highly skilled and knowledgeable panellists with different practices and so much overlap and reinforcement of current theory and practice.”

~ COUNSELLOR, WA

2

### Supporting the mental health of a neurodivergent person with co-occurring Autism and ADHD

**4,123**  
registrations

**1,799**  
attendees

**1,692**  
recording views

**3,491**  
total reach

“One of the best panels I’ve listened to. A fantastic example of MDT working together to support an individual.”

~ OCCUPATIONAL THERAPIST, NSW

3

### Trauma-informed care: Therapies and approaches to improve your practice

**2,431**  
registrations

**1,004**  
attendees

**1,845**  
recording views

**2,849**  
total reach

“The multiple practice context and different modalities of presenters made for a very rich conversation which gave space for multiple perspectives and ways of working.”

~ COUNSELLOR, NSW

## ONLINE SPECIAL EVENT – HYPOTHETICAL CASE SCENARIO

*In this special event, the esteemed interdisciplinary panel reacted in real time to an evolving scenario.*

Broadcast live, this activity was unscripted and unrehearsed. The panel had no forewarning as to how the scenario would unfold. Then at key stages, different panel members shared their insights, discussing how to support the safety, mental health, and wellbeing of the individual, their family, and the wider community.

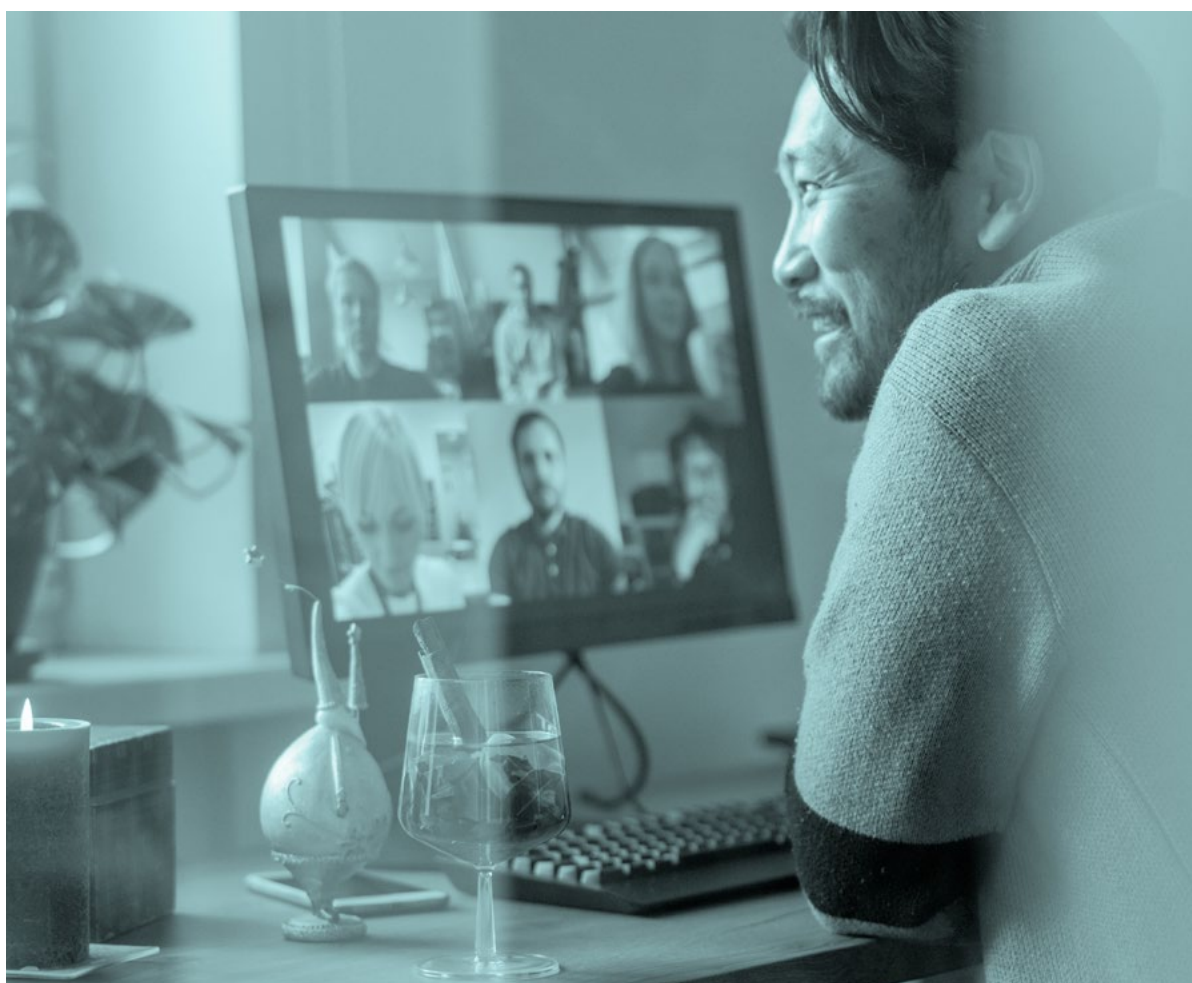
“This was one of the best workshops I have ever attended. The expertise of the panel and their responses to the scenario were outstanding.”

~ PSYCHOLOGIST, ACT

Panellists responded to issues arising for ‘the Robinsons’: a family characterised by volatile interpersonal relationships and underlying mental health and personality issues.

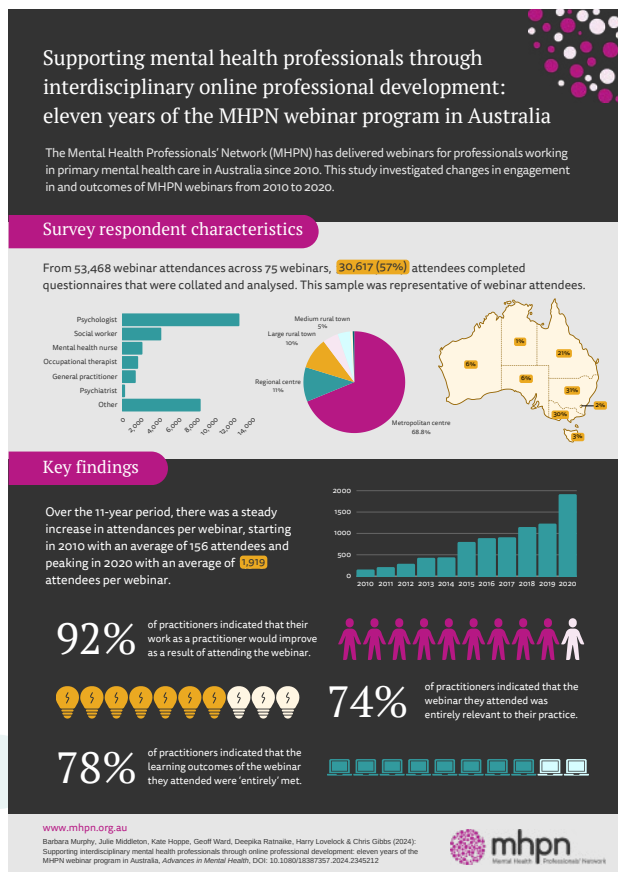
1,050 attendees

1,080 recording views



## PUBLISHED:

# SUPPORTING INTERDISCIPLINARY MENTAL HEALTH PROFESSIONALS THROUGH ONLINE PROFESSIONAL DEVELOPMENT: ELEVEN YEARS OF THE MHPN WEBINAR PROGRAM



A journal article titled *Supporting interdisciplinary mental health professionals through online professional development: eleven years of the MHPN Webinar Program in Australia* was published in the peer-reviewed journal, *Advances in Mental Health*. The article examined changes in practitioner engagement and outcomes from MHPN webinars between 2010 and 2020. During this period, MHPN hosted 75 webinars, attracting over 53,000 practitioner attendances. Of those, 57% completed surveys, which were subsequently analysed.

The analysis revealed a consistent and significant rise in webinar attendance, along with notable improvements across various qualitative measures. Key findings include:

**92%** of practitioners reported that attending the webinar would positively impact their work

**74%** stated that the webinar was entirely relevant to their practice

**78%** indicated that the webinar's learning outcomes were fully achieved



# Marketing and Communications

*MHPN has strategically developed digital channels to effectively reach and engage mental health practitioners, ensuring easy access to valuable content and updates.*

MHPN's digital communications channels are integral to engaging busy mental health practitioners. We've worked hard to curate these channels, ensuring that our webinars, podcasts, and network meetings reach and resonate with our audience.



During Reconciliation Week, MHPN attended an exhibition of My Country, displayed at The Ian Potter Centre: NGV Australia

## OUR CHANNELS INCLUDE:

**MHPN Website:** A key resource for news articles, program information, the gateway for accessing networks, and our extensive webinar and podcast libraries.

**MHPN Connect:** A monthly practitioner newsletter that keeps our audience fully across MHPN's activities.

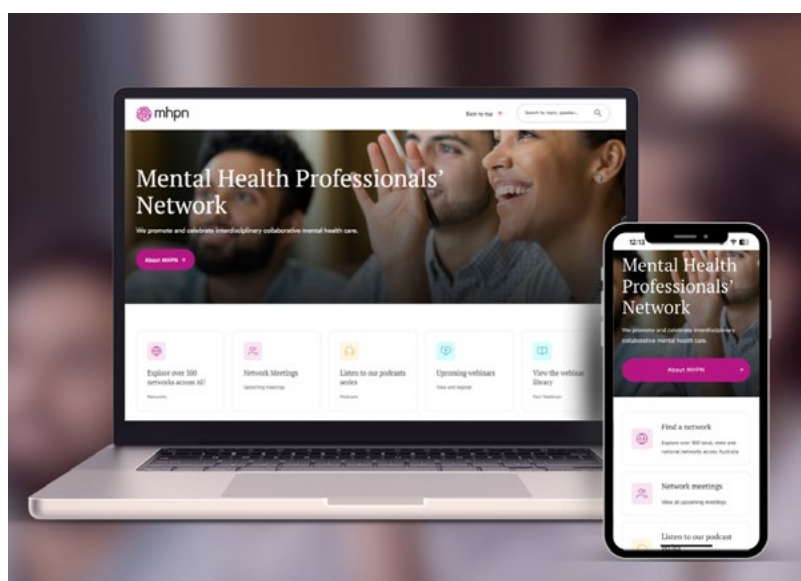
**Coordinator Connect:** A tailored bimonthly newsletter for Network Coordinators, essential for maintaining our connection with those leading our network programs.

**Social Media:** Active engagement on LinkedIn and Facebook to share updates and reach a broader audience.

## NEW WEBSITE AND BRAND REFRESH

A brand new, user-friendly website was launched in January 2024. It features an updated and intuitive webinar and podcast library, ensuring practitioners can easily find the resources they're after. The website also introduced a new feature called Compilations, presenting curated selections of networks, podcasts and webinars on a specific topic of interest, e.g. Trauma, BPD or Suicidality.

The website launch also introduced a refreshed MHPN logo, enhanced brand colours and new design elements, including updated icons for each program.



*Right: launch of the new website*

## STEADY INCREASE OF LINKEDIN FOLLOWERS

MHPN's LinkedIn followers increased by 8.5% over the year to 130,366. This channel continues to be amongst the most connected and engaged, and provides an effective way to communicate with practitioners, across both the country and the world.

## MILESTONE NUMBER OF MHPN ACCOUNT HOLDERS

The MHPN member account portal remains an essential resource for more than 50,000 practitioners. This platform allows members to register for program activities, access network directories, and downloading CPD statements.

# Financial Report

for the year ended  
30 June 2024

**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 2024 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	Period of Appointment
John Rasa	5/7/2018	AGM 2024
Adrian Armitage	27/2/2023	AGM 2026
Zena Burgess	22/6/2021	AGM 2024
Vinita Godinho	23/2/2021	AGM 2024
Stephan Groombridge	22/8/2017	AGM 2026
Sharon McGowan	28/4/2023	AGM 2026
Sonia Miller	24/10/2023	AGM 2025
Morton Rawlin	27/8/2019	AGM 2025
Jaya Reddy	27/4/2021	AGM 2024

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 deficit of the company for the year amounted to \$6,319 (2023: \$141,961 deficit). Current year retained earnings surplus after accounting for all accumulated obligations carried forward totalled \$180,518 (2023: \$186,837).

### 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 and Aged Care on 25 August 2023 which extends the life of the project through to 30 November 2026.

### 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 2024, a national platform of 365 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

No matters or circumstances have arisen since the end of the financial year which significantly affect or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

## Likely Developments

The directors believe that there are no likely developments that will significantly adversely affect the company in the coming year.

## Environmental Issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

## Dividends Paid or Recommended

The constitution prohibits the payment of dividends to members of the company. No dividends were paid or declared since the start of the financial year. No recommendation for payment of dividends has been made.

## Information on directors

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

### Special Responsibilities

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

### Experience

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

**Former roles include:**

- Deputy Chair, Latrobe Regional Hospital
- 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)

**ADRIAN ARMITAGE**

**Special Responsibilities**

- Member of the MHPN Finance, Audit & Risk Committee

**Experience**

- Chief Executive Officer, Australian College Mental Health Nurses (ACMHN)
- ACT Health Professional Colleges Advisory Committee
- National Nurse and Midwife Health Service (NNMHS) Advisory Group
- Member – Expert Advisory Group for the National Initial Assessment and Referral for Mental Healthcare Project (IAR)
- Member – Nursing and Midwifery Strategic Reference Group (NMSRG)

- SaferCare Victoria – Clinical Supervision Education and Training Provider’s Forum
- ACMHN representative - The Coalition of National Nursing & Midwifery Organisations
- Director – Nursing and Midwifery Health Program Victoria
- Member of Mental Health Australia (MHA)
- Chair – Primary Care, Nursing and Midwifery Program (ACNP)

**DR ZENA BURGESS**

FAPS, FAICD

**Experience**

- Chief Executive Officer, The Australian Psychological Society
- Deputy Chair, Bully Zero
- Director, Diabetes Australia

**VINITA GODINHO**

MBA, PhD, GAICD

**Special responsibilities**

- Chair of the MHPN Finance, Audit & Risk Committee

**Experience**

- General Manager, Policy & Advocacy – The Australian Psychological Society (APS)
- 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**

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

### SHARON MCGOWAN

AM, MBA, GAICD, Gen Nurse Div1 (UK)

#### Experience

- Chief Executive Officer – Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Chair of the Australian Living Evidence Collaboration

### 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)

### SONIA MILLER

MBBS, BSN-RN, GradDip MHN, NBV Psychiatric Nurse Endorsement, MHSc-MHN, ARPN, AHPRA Endorsed NP, ACA level 4 ARCAP

#### Special responsibilities

- Member of the MHPN Quality Assurance & Clinical Education Committee (from 24/10/2023)

#### Experience

- Nurse Practitioner – Psychiatry and Psychotherapist, Private Practice, Director of MHNP Consulting
- ADHD Senate Inquiry – led AMHCN submission and care pathway response to Senate Standing

Committee on Community Affairs. Parliament House, 2023

- Member of Australian College of Mental Health Nurses (ACMHN), Certified Credentialed Mental Health Nurse
- Chair, ACMHN NP-MH Special Interest Group from 2014.
- Member of Australian Counselling Association (ACA), Level 4 Clinical Psychotherapist, registered with the Australian Registration of Counsellors and Psychotherapist (ARCAP)
- Director – Nurse Midwife Program (Victoria)

### DR JAYA PRAKASH REDDY BHAKTI REDDY

MBBS, MMed (Psy), PhD, FRANZCP

#### Special responsibilities

- Chair of the MHPN Quality Assurance & Clinical Education Committee

#### Experience

- General Adult Psychiatrist (Private Practice) at the Albert Road Clinic
- Fellow of the Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Senior Lecturer, 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	8	8
A Armitage	6	6	8	8
Z Burgess	6	6	–	–
V Godinho	6	6	7	8
S Groombridge	6	6	–	–
S McGowan	6	6	–	–
S Miller	5	5	–	–
M Rawlin	2	6	–	–
J Reddy	6	6	–	–

	Evaluation		Quality Assurance & Clinical Education	
	Attended	Eligible to attend	Attended	Eligible to attend
J Rasa	–	–	–	–
A Armitage	–	–	–	–
Z Burgess	–	–	–	–
V Godinho	–	–	–	–
S Groombridge	4	4	–	–
S McGowan	–	–	–	–
S Miller	–	–	3	3
M Rawlin	–	–	–	–
J Reddy	–	–	4	4

### 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 2024, the number of members was 4 (2023:4). The combined total amount that members of the company are liable to contribute if the company is wound up is \$400 (2023: \$400)

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



**John Rasa**  
Director

Dated: 15 October 2024, 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 2024, 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: 15 October 2024

PITCHER PARTNERS  
Melbourne

**Pitcher Partners.** An independent Victorian Partnership ABN 27 975 255 196. Level 13, 664 Collins Street, Docklands, VIC 3008  
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Adelaide Brisbane Melbourne Newcastle Sydney Perth



## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2024

	Notes	2024 \$	2023 \$
<b>Revenue</b>	<b>4</b>	<b>2,746,261</b>	<b>2,452,854</b>
<b>Less: expenses</b>			
Administrative expenses		(128,718)	(107,813)
Depreciation	<b>6</b>	(8,724)	(8,385)
Employee benefits	<b>6</b>	(1,870,204)	(1,782,522)
Information Technology		(270,451)	(204,035)
Network expenses		(86,832)	(81,016)
Non-grant webinar expenses	<b>5</b>	(55,467)	(76,052)
Occupancy		(167,881)	(160,379)
Online support expenses		(112,511)	(131,789)
Other expenses		(51,792)	(42,824)
		<b>(2,752,580)</b>	<b>(2,594,815)</b>
<b>Deficit before income tax expense</b>		<b>(6,319)</b>	<b>(141,961)</b>
Income tax expense		—	—
<b>Net deficit from continuing operations</b>		<b>(6,319)</b>	<b>(141,961)</b>
Other comprehensive income / (loss) for the year		—	—
<b>Total comprehensive loss</b>		<b>(6,319)</b>	<b>(141,961)</b>

The accompanying notes form part of these financial statements.

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2024

	Notes	2024 \$	2023 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	7	384,939	452,177
Receivables	8	124,059	44,063
<b>TOTAL CURRENT ASSETS</b>		<b>508,998</b>	<b>496,240</b>
<b>NON-CURRENT ASSETS</b>			
Plant and equipment	9	1,224	7,951
<b>TOTAL NON-CURRENT ASSETS</b>		<b>1,224</b>	<b>7,951</b>
<b>TOTAL ASSETS</b>		<b>510,222</b>	<b>504,191</b>
<b>CURRENT LIABILITIES</b>			
Payables	10	200,699	102,326
Provisions	11	121,530	204,235
<b>TOTAL CURRENT LIABILITIES</b>		<b>322,229</b>	<b>306,561</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	11	7,475	10,793
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>7,475</b>	<b>10,793</b>
<b>TOTAL LIABILITIES</b>		<b>329,704</b>	<b>317,354</b>
<b>NET ASSETS</b>		<b>180,518</b>	<b>186,837</b>
<b>EQUITY</b>			
Accumulated surplus	12	180,518	186,837
<b>TOTAL EQUITY</b>		<b>180,518</b>	<b>186,837</b>

The accompanying notes form part of these financial statements.

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2024

	Notes	2024 \$	2023 \$
Balance as at 1 July		186,837	328,798
Deficit for the year		(6,319)	(141,961)
Total comprehensive income for the year		(6,319)	(141,961)
Balance as at 30 June		180,518	186,837

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2024

### CASH FLOWS FROM OPERATING ACTIVITIES

Grant receipts	2,808,030	2,484,173
Other revenue	108,608	142,417
Payments to suppliers and employees	(2,911,655)	(2,868,236)
Interest received	29,776	12,958
Net used in operating activities	34,759	(228,688)

### CASH FLOWS FROM INVESTING ACTIVITIES

Cash outflow to Term deposit	(100,000)	–
Purchase of plant and equipment	(1,997)	(2,018)
Net used in investing activities	(101,997)	(2,018)
Net decrease in cash held	(67,238)	(230,706)

### Reconciliation of cash

Cash at the beginning of the financial year	452,177	682,883
Net decrease in cash held	(67,238)	(230,706)
Cash at end of financial year	7	384,939
		452,177

The accompanying notes form part of these financial statements.

## NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

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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 Commonwealth Department of Health and Aged Care.

#### **(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 and Aged Care for grant funding from 1 July 2023 to 30 November 2026.

	2024 \$	2023 \$
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## NOTE 4: REVENUE & OTHER INCOME

(a) Revenue from operating activities		
– Government grants	2,552,755	2,258,339
– Non-grant webinars	165,836	167,600
– Other Non-grant income	–	11,256
(b) Revenue from non-operating activities		
– Interest revenue	27,670	15,659
	<b>2,746,261</b>	<b>2,452,854</b>

## NOTE 5: NON-GRANT OPERATIONS

Webinars and other O.P.D.:

– Revenue	165,836	178,856
– Employee benefits	(58,609)	(69,231)
– Other expenses	(55,467)	(76,052)
Net contribution to non-grant operations	<b>51,760</b>	<b>33,573</b>

**2024**  
\$

**2023**  
\$

## NOTE 6: OPERATING SURPLUS / (DEFICIT)

Deficit has been determined after:

Expenses:

Depreciation	8,724	8,385
Employee benefits:		
– Salaries and wages	1,706,268	1,638,695
– Superannuation	163,936	143,827
	<b>1,870,204</b>	<b>1,782,522</b>

## NOTE 7: CASH AND CASH EQUIVALENTS

Cash at bank	384,939	452,177
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## NOTE 8: RECEIVABLES

### Current

Accrued income	866	2,972
Term Deposit over 3 month term	100,000	–
Other receivables	23,193	41,091
	<b>124,059</b>	<b>44,063</b>

## NOTE 9: PLANT AND EQUIPMENT

Office Equipment at cost	42,312	40,315
Less accumulated depreciation	(41,088)	(32,364)
	<b>1,224</b>	<b>7,951</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	7,951	14,318
Additions	1,997	2,018
Depreciation expense	(8,724)	(8,385)
<b>Closing amount</b>	<b>1,224</b>	<b>7,951</b>

**2024**  
\$

**2023**  
\$

## NOTE 10: PAYABLES

### Current

#### Unsecured Liabilities

– Trade creditors	29,274	12,756
– Income received in advance	15,000	–
– Other payables	138,714	73,548
Amounts payable to members	17,711	16,022
	<b>200,699</b>	<b>102,326</b>

## NOTE 11: PROVISIONS

### Current

#### Employee benefits

– Annual leave	72,774	98,127
– Long service leave	48,756	106,108
	<b>121,530</b>	<b>204,235</b>

### Non-Current

#### Employee benefits

– Long service leave	7,475	10,793
	<b>129,005</b>	<b>215,028</b>

## NOTE 12: ACCUMULATED SURPLUS

Accumulated surplus at beginning of financial year	186,837	328,798
Net (deficit) attributable to members of the company	(6,319)	(141,961)
	<b>180,518</b>	<b>186,837</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 2024, 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	Period of appointment
John Rasa	5/7/2018	AGM 2024
Adrian Armitage	27/2/2023	AGM 2026
Zena Burgess	22/6/2021	AGM 2024
Vinita Godinho	23/2/2021	AGM 2024
Stephan Groombridge	22/8/2017	AGM 2026
Sharon McGowan	28/4/2023	AGM 2026
Sonia Miller	24/10/2023	AGM 2025
Morton Rawlin	27/8/2019	AGM 2025
Jaya Reddy	27/4/2021	AGM 2024

### (ii) Names of Executives:

**C Gibbs**, Chief Executive Officer until 28 March 2024, then in a consultancy role to 21 June 2024

**D Brooke**, Chief Executive Officer from 2 April 2024

**K Hoppe**, Manager, Communications, Marketing & Strategic Projects

### Compensation of KMP

Aggregated compensation of KMP was as follows:

	2024 \$	2023 \$
Short-term employee benefits	442,747	374,444
	<b>442,747</b>	<b>374,444</b>

2024  
\$

2023  
\$

## NOTE 15: AUDITOR'S REMUNERATION

Amounts received or due and receivable by Pitcher Partners for:

– audit services	25,200	24,000
– other	2,740	–
	<b>27,940</b>	<b>24,000</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 - \$15,236 (2023: \$14,592), ACMHN - Nil (2023: \$1,430) and RANZCP - \$2,475 (2023: Nil).

The aggregate amount receivable from related parties by the company at balance date is Nil (2023: Nil).

### Transactions with related parties:

Provision of services from members

ACMHN	6,934	2,305
APS	179,427	171,686
RACGP	3,300	3,740
RANZCP	4,950	3,872
	<b>194,611</b>	<b>181,603</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	600	1,400
– Later than one year but not later than 5 years	–	–
	<b>600</b>	<b>1,400</b>

Photocopier 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

There has been no matter or circumstance, which has arisen since 30 June 2024 that has significantly affected or may significantly affect:

- (a) The operations, in financial years subsequent to 30 June 2024, of the company, or
- (b) The results of those operations, or
- (c) The state of affairs, in financial years subsequent to 30 June 2024, 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 44 to 55 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 2024 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: 15 October 2024, 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 2024, 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 2024 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 2024, 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.

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

**N R BULL**  
Partner  
15 October 2024

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

**PITCHER PARTNERS**  
Melbourne

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**Mental Health Professionals' Network**

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