beyondblue has generated huge support from the Australian community and is now recognised as the focal point and catalyst for action addressing depression.

With only a small beyondblue staff team, this would not have been possible without the invaluable support we have received from our partners — including the media, Governments, businesses, health services, schools and community organisations, as well as people with depression and their carers.

We appreciate the support of all our partners.
beyondblue: the national depression initiative

beyondblue is an independent, not-for-profit organisation working to increase awareness and understanding of depression, anxiety and related disorders throughout Australia and reduce the stigma associated with the illness. beyondblue works to promote early intervention and prevention of depression through our programs and research activities. We also provide information about the real-life experiences of people who live with depression and effective treatments for the illness.

beyondblue’s five priority areas

1. Community awareness and destigmatisation
2. Consumer and carer participation
3. Prevention and early intervention
4. Primary care
5. Targeted research
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**ISSN: 1832-2778**
In my representations for beyondblue throughout Australia this past year, I have been surprised by the increasing awareness of depression and the lessening of the stigma associated with the illness. This, coupled with a corresponding need to improve access to quality services, treatments and facilities – in an already hardworking health environment – points to a need for a strong national mental health reform agenda.

I have also noticed a changing attitude by Governments on the issue of mental health. I think many of the personalities with responsibility for addressing mental illness are desperately looking for ways to give Mental Health a higher priority. We all have a long way to go, but I detect a small mood change for the better.

Depression and mental illness have increasingly become the subjects of media and public debate over the last 12 months. The current Senate Inquiry into Mental Health, extensive media coverage and debate about mental illness, its impact and the urgent need for increased treatment options, have all combined to give mental health issues a higher priority for Governments and everyday Australians.

The statistics speak for themselves. One in five people in Australia are going to experience depression at some stage of their lives. This equates to one million people in any one year experiencing a depressive illness. The number of people caring for family members with depression is equally high. These figures are far too high to remain unaddressed.

I describe depression as the most democratic of all illnesses. It can strike anyone at any time – men, women, rich, poor, young or old. Depression doesn’t discriminate.

Over the last 12 months I’ve visited many rural and regional communities across Australia to speak about depression and beyondblue, from Toowoomba and Mount Isa in Queensland to Carnarvon and Geraldton in Western Australia, Ariah Park and Broken Hill in New South Wales. I’ve also spoken at business forums to industry leaders in many of the major metropolitan centres. Wherever I’ve gone, the scope of the problem is clear and the message is consistent. Depression affects a huge number of people in Australia. Many people don’t yet know it’s treatable and effective treatments are available.

Even if they know first hand about the illness, many people don’t seek help for depression – either because they don’t know where to go or, as is the case particularly with men, because they may feel ashamed to ask for help. As I say to anyone I meet, depression isn’t a weakness, it’s an illness that needs to be treated like any other – like diabetes and heart disease. The most important thing is that people seek help when they need it.
In our first five years, beyondblue has made huge inroads in raising awareness of depression, working with GPs to provide expanded health services and funding new research through beyondblue’s Victorian Centre of Excellence, so we can learn more about the illness and the treatments which really work.

beyondblue’s Depression Monitor survey shows that awareness of depression in Australia has increased over this time, as has the awareness of beyondblue. Sixty-two per cent of people in Australia have heard of beyondblue and our work around depression in 2004/05, compared with 30 per cent in 2002.

Our Annual Report shows what we have achieved with our supporters and partners over the last 12 months, including major awareness partnerships with the Australian Rotary Health Research Fund Health Safari, The Australian Grand Prix Corporation, the Croc Festival, Woolworths, Lifeline and Just Ask, the Sony Foundation and Harvey Norman.

I would like to thank my Board colleagues, our Chief Executive Officer, Leonie Young and our dedicated staff for their substantial efforts and achievements.

There remains a massive amount of work still to be done and this is reflected in beyondblue’s strategic plan for our second term. We will maintain our efforts and support for the development of a national postnatal depression program and provide a focus on depression prevention with those at risk, including men, Indigenous Australians, the elderly, primary school children and rural families.

These are important times for constructive mental health reform in Australia and for beyondblue. I look forward to continuing our work with Governments, the health sector, our community partners and, importantly, the people living with the illness, to assist us to further open eyes to depression across Australia.

The Hon. Jeff Kennett
Chairman
Chief Executive Officer’s Report

We end this year and our first term at beyondblue with a proud record of achievement in providing a national focus and leadership on depression, anxiety and related disorders in Australia. Through our wide and collaborative approach, across Governments, States and sectors, we have substantially increased the capacity of the broader community to recognise and respond to depression and its impact.

The consistent and untiring efforts of our small staff team and collective voices in building depression awareness in Australia have also taken us through a significant period of growth and development for beyondblue. This rapid growth across our first term, and particularly in 2004/05, has brought change as a constant, requiring a dynamic organisational response to match the increasing demands for accessible, up to date information, treatment and service options. Though we have had setbacks and disappointments, I am pleased to report that beyondblue was able to meet these challenges. We built our reputation through responsive, non-partisan and diverse areas of activity, all the while drawing on and promoting the personal experiences of those with the illness.

Our website visits are up to 110,000 per month with over 1.7million visits since 1 April 2001.

Independent evaluations reported on the return on investments to Governments and the effectiveness of a proactive, national focal point on depression, and our success in increasing knowledge and literacy. Together with our partners, we have also contributed to an increasing uptake of self-help and psychological treatment options, interest in primary mental health care and applied research. As we move to our second term, we do so with the full support of the Australian, Victorian and partner State/Territory Governments and we thank them for their ongoing commitment and confidence in beyondblue.

It is important to note that while beyondblue and others have been successful in destigmatising depression in a relatively short period, there remains considerable work to be done in improving access to services and preventing depression – across sectors and Governments. These are challenging times for fully addressing depression and related disorders in Australia - with an estimated one million people affected, less than 50 per cent receiving care and the illness impacting on more than a million carers and families. Providing information to people when they need it, in an accessible and culturally appropriate format; encouraging help-seeking and an early intervention and prevention approach across the lifespan; growing the mental health and primary care workforce; and collaboratively addressing the issues through a national mental health reform agenda – are all priorities for our second term.

beyondblue has established strong and valuable partnerships across depression and related disorder areas, across sectors and with other national health and mental health agencies. We are well placed to respond to emerging issues, launch new initiatives and national research activities and deliver across the range of beyondblue programs, prevention, early intervention, research and consumer/ carer areas.

Individually and collectively, our proactive Chair, Board Members, Clinical Advisor, staff and blueVoices have contributed mightily to addressing the impact of depression in Australia in our first term. I know we will continue to progress this important work as we go forward to a second term.

Together, we’re opening eyes to depression throughout Australia.

Leonie Young
CEO

The beyondblue staff team.
# The Way Forward 2005-2010 — current strategies and five-year focus

<table>
<thead>
<tr>
<th><strong>beyondblue Strategic Focus 2000-2005</strong></th>
<th><strong>2006-2010</strong></th>
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<tbody>
<tr>
<td><strong>Overall Strategic Direction</strong></td>
<td>Raise awareness and increase recognition and responses to depression in Australia as a serious health problem across the lifespan. Key priorities included the following commitments:</td>
</tr>
<tr>
<td></td>
<td>• depression prevention and research (50 per cent of resources)</td>
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<td></td>
<td>• community awareness and literacy (30 per cent)</td>
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<td>• training and workforce support (20 per cent)</td>
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<tr>
<td></td>
<td>Establish beyondblue as the leading agency in raising awareness and conducting research into depression.</td>
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<td></td>
<td>Establish partnerships with community, professionals and Government.</td>
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<td>Create new responses to depression, building on early achievements and partnerships to:</td>
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<td></td>
<td>• implement project and research outcomes in prevention and treatment</td>
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<td></td>
<td>• lead implementation of prevention strategies</td>
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<td></td>
<td>• develop and partner new styles of health services</td>
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<td></td>
<td>• target bipolar, comorbidity, anxiety and related drug and alcohol disorders</td>
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<td></td>
<td>• target young people, men, the workforce and the elderly.</td>
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<td></td>
<td>Provide a focus on increased recognition of depression and its health impact across the lifespan.</td>
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<td></td>
<td>Develop and extend corporate and philanthropic partnerships.</td>
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<td><strong>Priority One</strong></td>
<td>Establish national awareness campaigns with targeted strategies to reach:</td>
</tr>
<tr>
<td><strong>Community and destigmatisation</strong></td>
<td>• media</td>
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<td></td>
<td>• community leaders</td>
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<td></td>
<td>• health professionals, consumers and carers.</td>
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<td>Monitor changes and establish awareness and attitudinal benchmarks.</td>
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<td>Use websites to reinforce messages.</td>
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<td></td>
<td>Implement new targeted strategies, monitoring against continuing benchmarks with a focus on help-seeking and recovery.</td>
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<td></td>
<td>Develop and implement new advertising and other mass media campaigns.</td>
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<td></td>
<td>Build school and youth depression initiatives through Ybblue, education and health sector partnerships.</td>
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<td></td>
<td>Implement workplace prevention programs.</td>
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<td></td>
<td>Conduct regional community consultations to support nationally-agreed objectives.</td>
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<td></td>
<td>Initiate programs arising from attitudinal monitoring.</td>
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<tr>
<td><strong>Priority Two</strong></td>
<td>Establish community-based systems to promote and support consumer and carer participation through:</td>
</tr>
<tr>
<td><strong>Consumer and carer participation</strong></td>
<td>• electronic networks</td>
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<td></td>
<td>• dedicated websites.</td>
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<td></td>
<td>Increase involvement of families, friends and carers.</td>
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<td></td>
<td>Develop new forms of consumer and carer self-management, eg.</td>
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<td></td>
<td>• electronic prevention and assessment</td>
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<td>• electronic counselling</td>
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<td>• electronic treatment options.</td>
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<td>Initiate programs to strengthen engagement and response to families and community.</td>
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<tr>
<td><strong>Priority Three</strong></td>
<td>Implement large population-based early intervention and prevention programs in priority areas such as:</td>
</tr>
<tr>
<td><strong>Prevention and early intervention</strong></td>
<td>• postnatal and antenatal depression</td>
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<td></td>
<td>• children and young people</td>
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<td>• families</td>
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<td>• older people</td>
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<td>• depression in the workplace.</td>
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<td></td>
<td>Explore alternative pathways to healthcare.</td>
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<td></td>
<td>Promote, fund and develop prevention programs in priority areas of young people, men, the elderly, Indigenous Australians and the ethnic community in such areas as:</td>
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<td>• co-morbidity and chronic Illness</td>
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<td></td>
<td>• workplace depression.</td>
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<td></td>
<td>Initiate collaboration and partner chronic disease related agencies e.g. National Heart Foundation, Diabetes Australia, Cancer Council and Alzheimer’s Australia.</td>
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<tr>
<td><strong>Priority Four</strong></td>
<td>Support Medicare reform.</td>
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<tr>
<td><strong>Primary care</strong></td>
<td>Increase and improve mental health education and training for general practitioners and health professionals.</td>
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<td></td>
<td>Assist implementation of Better Outcomes in Mental Health Care Initiative evaluation and expansion of service options. Develop partnerships with rural doctors, mental health and primary care providers, regional and Indigenous health services and Co-operative Research Centres.</td>
</tr>
<tr>
<td><strong>Priority Five</strong></td>
<td>Establish research infrastructure:</td>
</tr>
<tr>
<td><strong>Targeted research</strong></td>
<td>• beyondblue Victorian Centre of Excellence in Depression and Related Disorders</td>
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<tr>
<td></td>
<td>• conduct and partner innovative research with consumers and carers in priority areas and national organisations.</td>
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<td></td>
<td>Rigorously evaluate across programs.</td>
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<td></td>
<td>Target research into prevention and treatment.</td>
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<td></td>
<td>Collaborate with agencies such as the National Health and Medical Research Council, Australian Research Council and applied research organisations.</td>
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<td></td>
<td>Expand applied research program in depression prevention with rigorous evaluation regime.</td>
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<td></td>
<td>Disseminate research results and assist in implementing recommendations.</td>
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<tr>
<td><strong>Outcomes</strong></td>
<td>• Establish and provide leading international practice in depression and anxiety awareness, prevention, early intervention, treatment and pathways to recovery across the lifespan.</td>
</tr>
<tr>
<td></td>
<td>• Develop and deliver a national cross portfolio approach across health, education, family and community services.</td>
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<tr>
<td></td>
<td>• Implement a national depression prevention and early intervention program for children and young people through schools, education and integrated health systems.</td>
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<tr>
<td></td>
<td>• Deliver and promote workplace depression awareness, education and training.</td>
</tr>
</tbody>
</table>
The independent evaluation of beyondblue and our Way Forward Strategic Plan 2005-2010 provide a template for the next five years. To expand and continue our work across beyondblue’s five priority areas, our plans include:

- building greater public awareness and understanding of depression, anxiety and related drug and alcohol disorders through media, advertising and public presentations
- establishing and providing leading international practice in depression and anxiety awareness, prevention, early intervention, treatment and pathways to recovery
- developing and delivering a national response to depression across portfolios, including health, education, youth, employment, family and community, in partnership with all Governments and in the context of the National Mental Health Plan 2003-2008
- building on existing research to address depression and anxiety
- implementing national prevention and early intervention programs across the lifespan, using supportive environments, particularly in the areas of postnatal depression, children, young people, men, the elderly, Indigenous Australians, families, people living in rural and remote areas and those from culturally and linguistically diverse backgrounds
- delivering and promoting workplace depression awareness, education and training
- participating in the emerging national youth, general practice and primary care, drug and alcohol-focused strategies
- supporting greater participation of allied health workers in primary mental health care, across public and private sectors, including in the Better Outcomes in Mental Health Care Initiative
- trialling alternative models of care, including e-prevention and e-counselling.
Senate Select Committee on Mental Health

In July 2005, beyondblue made a submission to the Senate Committee calling for bold new leadership, more targeted funding and a nationally-coordinated focus to tackle the current crisis in mental health services in Australia.

At a Select Committee Public Hearing in Melbourne, beyondblue CEO Leonie Young and Chairman, The Hon. Jeff Kennett presented beyondblue’s submission to Senators Lyn Allison (Chair), Michael Forshaw, Gary Humphries, Claire Moore, Nigel Scullion and Ruth Webber.

Research shows that more than a million people in Australia have depression and related disorders at any one time, but less than half are receiving medical care. While effective treatments are available, stigma, limited access to services, varying quality of treatment, diminishing mental health workforce numbers and lack of choice are major concerns. In addition to the social impact of depression, the economic effect is massive; over $3 billion is lost to the economy each year due to untreated depression.

This represents a crisis in the mental health and primary care system. As a result, the Australian Government has established a Senate Select Committee on Mental Health to examine how policies and care could be improved for people living with mental illness.

While Australia’s national spending on health continues to grow, the amount allocated to mental health has remained less than seven per cent for the past decade.

Twice that amount is needed to simply cover costs and to begin meeting the prevention, treatment and rehabilitation services required.

Key recommendations in beyondblue’s submission also included:

1. creating a single, independent, bipartisan body to oversee a national, integrated approach to mental health reform, setting mental health goals, targets, standards and legislation

2. establishing new national targets to increase the proportion of people with mental illness provided with care, reducing suicide rates and addressing disability costs attributable to mental disorders

3. targeting efforts to expand the workforce in mental health and primary care

4. setting up a national health and well-being campaign to encourage and help Australians focus on staying fit and well.
As beyondblue moves into a second period of national operation, it is timely to reflect on our achievements since 2001 and the challenges that lie ahead. The most important aspect has been the rapid and continuing shift in community understanding of depression.

By the end of 2004, over 65 per cent of people in Australia who were surveyed as part of beyondblue’s Depression Monitor reported that they, or a close family member, had had a personal experience with depression. Depression was recognised as the single most important mental health problem by 58 per cent of respondents (up from 51 per cent in 2002). According to independent research, the most change occurred in those States and Territories that have contributed funding to beyondblue.

Despite the rapid progress in community understanding, people with depression and related illnesses and their families still report major difficulties accessing appropriate psychological and medical therapies.

Additionally, they still encounter misunderstanding, lack of empathy and other attitudinal and structural barriers to employment and other key elements of social participation. Much work remains to be done in the promotion of the experiences of those who have dealt with their illness successfully and returned to productive and rewarding community roles. Our ongoing work with the employment sector and the implementation of changes to personal, disability and life insurance remain high priorities.

One of the most satisfying aspects of our current work is receiving the products of our major investments in depression prevention in secondary schools, better identification and management of postnatal depression and promotion of more appropriate response to anxiety and behavioural problems in primary school children. Each of these programs will grow and go on to have a major impact on the directions of mental health services in this country.

The major service changes for the treatment of depression and anxiety that are now underway in Australian general practice are a landmark development. These have followed on from the major advocacy work of beyondblue in association with its other key partners in general practice, psychiatry and psychology as well as the Mental Health Council of Australia and related consumer and carer organisations. It delivers new ways of working and begins to provide real access to affordable psychological care.

Building the evidence base for integrated medical and psychological practice has been the driving concern of the beyondblue Victorian Centre of Excellence for Depression and Related Disorders. Through its unique combination of large and small grants it has already resulted in considerable growth in the capacity of multi-disciplinary research groups in Victoria. This has led to enhanced success in attracting national research grants, as well as providing the lessons from these experiences back into the health services and health policy development.

Having an organisation such as beyondblue that drives a mental health promotion and illness prevention approach has proved to be a valuable national investment. It has become a model for similar operations internationally. Combined with the large body of academic research, service development and industry-based activity, Australia is now well-placed to reduce the burden of depression.

Professor Ian Hickie
Clinical Advisor
beyondblue Board Members hosted a briefing for beyondblue’s partner organisations in Canberra in August 2005 (see page 21).

## Board of Directors

The directors at any time during or since the end of the financial year are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Experience</th>
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</thead>
<tbody>
<tr>
<td><strong>The Hon. Jeffrey Kennett AC</strong></td>
<td>23 years’ experience in Victorian Parliament, including Premier of Victoria. Director since 19 October 2000.</td>
</tr>
<tr>
<td><strong>The Hon. Caroline Hogg</strong></td>
<td>Former member of Victorian Parliament holding a number of Human Services’ portfolios including Minister for Health. Director since 19 October 2000.</td>
</tr>
<tr>
<td><strong>Dr Paul Hemming</strong></td>
<td>Former President of the Royal Australian College of General Practitioners. General practitioner in Ballarat, Victoria. Director since 19 October 2000.</td>
</tr>
<tr>
<td><strong>Professor Harvey Whiteford</strong></td>
<td>Inaugural Mental Health Advisor to the World Bank and Mental Health Advisor to the World Health Organisation. Kratzmann Professor of Psychiatry at the University of Queensland. Director since 19 October 2000.</td>
</tr>
<tr>
<td><strong>Mr Garry McDonald AO</strong></td>
<td>Australian actor. Past Patron of the Anxiety Disorders Foundation, New South Wales Branch. Director since 19 October 2000.</td>
</tr>
<tr>
<td><strong>Ms Jenny Pickworth</strong></td>
<td>Legal advisor to the Western Australian Health Reform Implementation Taskforce and the WA Department of Health, Chair of the Professional Review Group. Director since 19 October 2000.</td>
</tr>
<tr>
<td><strong>Mr John McGrath</strong></td>
<td>Inaugural Chairman of the Mental Health Council of Australia. Former member of the Victorian Government, carer of a family member with a mental illness and Chairman of the Victorian Ministerial Advisory Committee on Mental Health. Director since 19 October 2000.</td>
</tr>
<tr>
<td><strong>Ms Gwen Wilcox</strong></td>
<td>Chief Executive Officer of Australian Drug Management and Education. Director since 19 October 2000.</td>
</tr>
<tr>
<td><strong>Professor Veronica Arbon</strong></td>
<td>Director of the Bachelor Institute of Indigenous Tertiary Education. Director since 13 August 2002. Resigned 1 November 2004</td>
</tr>
<tr>
<td><strong>Professor Kenneth Kirkby</strong></td>
<td>Professor of Psychiatry, University of Tasmania. Member of the Royal Australian and New Zealand College of Psychiatrists. Director since 18 March 2003.</td>
</tr>
<tr>
<td><strong>Monsignor David Cappo VG</strong></td>
<td>Vicar General of the Archdiocese of Adelaide and Administrator of the Cathedral, South Australia. Director since 15 September 2003.</td>
</tr>
<tr>
<td><strong>Ms Leonie Young</strong></td>
<td>Former Executive Manager with the Federal Department of Health. Director since 15 September 2003.</td>
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</tbody>
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Priority Area One
Community Awareness and Destigmatisation

Objective

To increase community awareness of depression, anxiety and related substance-misuse disorders and to address the stigma linked to these health problems.

Raising widespread community awareness about depression is the core focus of beyondblue and significant achievements were made in this area in 2004/05. Media coverage of depression remains high and new depression information resources have been developed and widely distributed. The number of people visiting the beyondblue website to get information about the illness is at an all-time high. Major depression awareness partnerships were also generated with the Australian Grand Prix Corporation, the Australian Rotary Health Research Fund’s Health Safari and Woolworths.
Monitoring growth in awareness of depression

Awareness of depression and other mental illnesses has increased in the past three years, but Australians do not recognise these conditions as general health problems, according to beyondblue’s Depression Monitor survey.

The Depression Monitor project helps beyondblue track changes in the community’s awareness and understanding of depression, enabling it to strategically tailor its activities.

Comprising more than 2,000 telephone surveys in 2002 and a further 3,200 during 2004/05, the Monitor showed that on the whole, aspects of depression awareness have improved.

A key message promoted by beyondblue is that approximately one in five people will experience depression at some point in their lives. When asked to choose the correct proportion from a list of options, 36 per cent of people surveyed in 2002 correctly chose “one in five”, with that figure increasing to 40 per cent in 2004/05.

In 2002, 61 per cent of people reported having personal experience of depression, with the number rising to 65 per cent in the second survey, suggesting more people were recognising depression.

When asked about the current major mental health problems in Australia, people most commonly identified depression and schizophrenia. During both surveys, the top three most recognised major general health problems in Australia were cancer, heart disease and obesity, with only small numbers of people mentioning depression.

This result suggests that while depression is recognised in the Australian community as the leading mental health problem, it is not regarded as a general health problem.

Understanding of depression’s impact on a person’s life also rose between the surveys. When asked which out of depression, diabetes, arthritis, alcohol abuse and asthma would most impact a person’s normal, everyday life, the number nominating depression rose three per cent to 47 per cent in 2004/05.

The survey also assessed people’s preferences in how they would seek information about depression. In 2002 almost 20 per cent of people said they would search the internet, increasing to 33 per cent three years later. The response confirms the importance of the beyondblue website as a source of credible information on depression.

Finally, the survey asked people to name organisations associated with depression. Those spontaneously mentioning beyondblue were counted as having high recognition. Those who did not were asked if they had heard of beyondblue: the national depression initiative and, if so, were logged as having medium awareness. The remainder were asked if they knew of the initiative associated with The Hon. Jeff Kennett; if they said “yes” this was considered low awareness.

Total awareness of beyondblue (both spontaneous and prompted) more than doubled during the survey period, growing from 30 per cent to 62 per cent (see the chart on previous page).

Overall, the results of the survey indicate that many aspects of depression awareness have increased over time as has awareness of beyondblue. While encouraging, the survey highlighted the need for continued activity to increase awareness across specific population groups. This finding is reflected in beyondblue’s strategic plan, which places emphasis on specific population groups such as men, the elderly and those in rural areas.
Study shows beyondblue’s impact on depression awareness

Awareness of beyondblue is approximately twice as great among residents of States that have funded the organisation compared to people living in States that do not, according to a recent independent analysis.

Led by Professor Anthony Jorm, a team from the Australian National University’s Centre for Mental Health Research aimed to evaluate the effects of beyondblue’s community awareness work.

The research, published in the Australia and New Zealand Journal of Psychiatry in 2005, found that 19 per cent of survey respondents in high-exposure States were familiar with beyondblue compared to 9.4 per cent of those in low-exposure States.

beyondblue is largely funded by the Australian and Victorian Governments, with smaller contributions from South Australia, Tasmania, Queensland, Western Australia, Northern Territory and the Australian Capital Territory. To date, New South Wales has not contributed to the initiative. There has also been financial and in-kind support from a number of non-government sources.

In the absence of a completely unexposed control group, the researchers compared awareness levels in States providing funding to beyondblue against those in States that did not; the assumption being that the residents of non-funding States would have relatively less exposure to the organisation’s messages.

This assumption was supported by the finding that awareness of beyondblue was approximately twice as high in the States and Territories that funded the organisation.

The high-exposure States were also found to have a greater increase in their belief that counselling and antidepressants were helpful interventions for depression, and that coping alone was not.

In compiling the evaluation, the researchers drew on data from national surveys of mental health literacy conducted in 1995 and 2003/04.

In both surveys, participants were presented with a case study and asked what was wrong with a person in it. They were also asked to give opinions about the likely helpfulness of a range of treatments for this person.

Overall, the evaluation found that recognition of depression improved greatly at a national level, but slightly more so in the so-called high-exposure States.

While beyondblue contributed financially to have some questions added to the 2003/04 survey, the organisation had no involvement in the design of the evaluation, the analysis of the data or the interpretation of the results.
Working with the Media

beyondblue continued to raise community awareness of depression and anxiety-related disorders by working closely with the media. This included the Communications Team responding to high levels of daily media enquiries and assisting public discussion of mental health issues raised by journalists.

Key issues on which information was sought by the media and discussed throughout the year included:

- depression and suicide among men
- depression in the workplace
- the drought and depression in rural areas
- bipolar disorder
- use of antidepressants
- postnatal depression in women and its affect on their partners and families
- depression and the elderly
- young people, depression and suicide
- the pressures of political life and the mental health of politicians.

We also expanded the mental health services reform agenda by responding via the media to political issues relevant to mental health, including Ms Cornelia Rau’s detention and the Senate Select Committee on Mental Health (see page 8).

beyondblue’s partnership with the Australian Rotary Health Research Fund in the Rotary Health Safari (see page 17) generated extensive media coverage along its route as it travelled across Australia. Local, regional and rural newspapers reported the arrival in their area of the Safari Winnebago and associated beyondblue Public Meetings. Numerous stories were written about depression and many radio and television interviews conducted with key beyondblue speakers such as Board Member Garry McDonald, CEO Leonie Young and Chairman, The Hon. Jeff Kennett.

Throughout the year beyondblue has achieved good working relations with journalists across the country leading to widespread media coverage of depression and beyondblue’s programs.

Listed are some of the media programs and publications that featured stories about beyondblue and depression.

- **Daily newspapers in major cities**

- **Major television news services**
  - Network Ten, Channel Nine, ABC TV and Imparja.

- **Radio news services** across the country and radio programs including Radio 2UE’s John Laws Morning Show, Radio 2GB’s Alan Jones Breakfast Show, ABC Radio 774 Drive Program with Virginia Trioli, Radio 3AW Drive Program with Derryn Hinch, Radio 6PR Drive Program with Howard Sattler and ABC Radio Statewide Programs in Tasmania, Western Australia and New South Wales.

- **Television programs** – The 7.30 Report (ABC TV), Good Morning Australia (Network Ten), Mornings with Kerri-Anne (Nine Network), Extra (Channel Nine Brisbane), A Current Affair (Nine Network) and The Today Show (Nine Network).
Guides to the beyondblue website and the Ybblue website.

beyondblue’s websites

beyondblue has four websites: www.beyondblue.org.au and separate sites for its Ybblue youth program, postnatal depression program and Victorian Centre of Excellence research program (see page 16).

beyondblue website awarded

beyondblue’s website continues to be an important source of information about depression and anxiety to the 110,000 visitors who use the site each month1.

Its popularity was reinforced when the site received a Hitwise Australian Online Performance Award for most-visited health and medical organisation website, 2004, based on the number of visits made by a sample of three million Australian internet users.

The website passed the 1.5 million visits milestone in August 2005, almost four and a half years after its launch, with the number of people using the website continuing to rise (see graph above).

Recent improvements to the site include a revised navigation system to make information easier to find and the launch of Australia’s first Consenting General Practitioners List (see page 27).

Website feedback

‘I would just like to say what a great website this is. I’ve dealt with depression over half of my life and I have had NO ONE to actually talk to about it. Even though I know the internet is different, you still get the sense of “I’m not alone” and that’s a really encouraging feeling. You guys are doing a wonderful job and keep up the good work because it’s sure opened my eyes. Don’t stop what you’re doing or how you’re doing it!’

‘Reading the stories of others who have had depression and been suffering from anxiety has made me feel so much less alone.’

1 Based on site statistics for October 2005
**beyondblue’s four websites**

- **www.beyondblue.org.au** is the organisation’s main website. It includes interactive depression checklists, information about effective treatments, personal stories, fact sheets and information resources to order or print.

- **www.ybblue.com.au**, the website of beyondblue’s youth program Ybblue, features depression information specifically for young people aged 12 to 24. It includes tips on how to help a friend, interactive checklists for depression and anxiety, Ybblue information materials and e-cards.

- **www.beyondblue.org.au/postnataldepression** presents details of beyondblue’s National Postnatal Depression Program, as well as personal experiences, details of support groups and information resources (see Priority 3 – page 29).

- **www.beyondblue.org.au/vcoe**, the beyondblue Victorian Centre of Excellence in Depression and Related Disorders website, includes summaries of all past and present funded research projects.
COMMUNITY EVENTS

*beyondblue* and Rotary: driving the campaign against depression across Australia

*beyondblue* hit the road with the Rotary Health Safari from July to December 2005 to raise awareness of depression and the importance of good mental health among Australian communities.

As part of the Rotary International centenary celebrations and the 25th anniversary of the Australian Rotary Health Research Fund, a purpose-built Winnebago motor-home travelled 35,000 kilometres, visiting over 400 towns across every State and Territory.

The Safari van carried *beyondblue* information on depression and anxiety, including computers with specially designed software. Visitors used an interactive checklist to recognise the signs and symptoms of depression in themselves and their families.

*beyondblue* held free Public Meetings on depression in 18 communities to coincide with the visit of the Safari. Up to 300 people attended the forums, which were held in most capital cities as well as Roma, Toowoomba, Coolangatta, Townsville, Mount Isa (Queensland), Alice Springs (Northern Territory), Carnarvon, Geraldton (Western Australia), Broken Hill, Bathurst and Coffs Harbour (New South Wales).

Speakers at the Public Meetings included *beyondblue* Chairman The Hon. Jeff Kennett, Board Member and actor Garry McDonald, ABC Radio Rugby League Commentator Craig Hamilton, Australian swimming legend, Olympic Gold Medallist John Konrads and Northern Territory Administrator The Hon. Ted Egan. These well-known Australians shared the stage with local residents who talked about their personal experiences of depression, as well as local health professionals, who explained what services and treatments are available in the area.

“*beyondblue* and Rotary make a great team. This is an exciting way to reach people in communities across Australia. The Health Safari will raise awareness of depression and anxiety, and help to reduce the stigma associated with the illness.” 

Leonie Young, *beyondblue* CEO

*beyondblue* has also produced a DVD about depression to coincide with the Rotary Health Safari. It features information about the signs and symptoms of depression, personal experiences and where to get help. Hosted by The Hon. Jeff Kennett and including interviews with CEO Leonie Young, Garry McDonald and blueVoices Chair Ingrid Ozols (see page 26) the 20-minute DVD is available free of charge to Rotary clubs and community groups.

*beyondblue*/Rotary Public Meetings

*beyondblue*, in conjunction with local Rotary clubs, continues to support the Australian Rotary Health Research Fund in hosting Public Meetings on mental health, depression and anxiety. The forums bring together people with experience of depression and their carers, local health service providers, local business leaders and members of the public. Since 2001 more than 44,500 people have attended 381 Rotary/*beyondblue* forums in all States and Territories. Sixty have been held in the 12 months from 1 July 2004:

- New South Wales – 17
- Queensland – 15
- South Australia – 10
- Tasmania – 2
- Victoria – 8
- Western Australia – 8.
beyondblue: the Official Charity of the 2005 Grand Prix

beyondblue was selected as the Official Charity of the 2005 Foster’s Australian Grand Prix (3-6 March), providing the organisation with an excellent platform to raise awareness of depression – the signs, symptoms and where to get help. The event was attended by 400,000 people.

“There’s a worrying level of ignorance and stigma surrounding depression and having a presence at major events such as the Grand Prix gives us an opportunity to change some of those attitudes. The Grand Prix was a fantastic event for us to be involved with as the majority of the race-goers were men – a key audience for beyondblue, given that men are less likely than women to ask for help if they’re not travelling well.”

Leonie Young, beyondblue CEO

beyondblue and Woolworths: tackling depression together

Shoppers at more than 700 Woolworths and Safeway supermarkets Australia-wide received information about the signs and symptoms of depression and where to obtain help during a promotion to support the work of beyondblue. As part of a special Depression Week held at the end of November 2005, half a million information leaflets were distributed to customers and beyondblue community service announcements were played over the stores’ public address systems. More than 200,000 rubber wrist bands – carrying information about depression and beyondblue’s website address – were sold for $1 each to raise awareness and funds for beyondblue.

National Gallery of Victoria: Edvard Munch partnership

beyondblue supported the National Gallery of Victoria’s Edvard Munch: The Frieze of Life exhibition, which ran from October 2004 to January 2005. Famous for his painting “The Scream”, Munch experienced depression but was able to continue his highly successful career as an artist, with the ‘tone’ of his later works reflecting his recovery from mental illness. In total, 73,000 people attended the exhibition. As well as providing information about beyondblue’s work in all promotional materials for the exhibition, beyondblue worked with NGV’s education department to provide information on depression to the 2,000 school children and teachers who visited the exhibition.

Anticlockwise: Winners of the beyondblue ‘Meet the Drivers’ competition with Formula One drivers Mark Webber, David Coulthard and Jarno Trulli; the Grand Prix competition entry form; the beyondblue depression information leaflet which was distributed to the public through every Woolworths/Safeway supermarket in Australia.
World Mental Health Day 2005

ABC Radio Rugby League Commentator Craig Hamilton helped mark World Mental Health Day by recounting his personal experience of depression at a beyondblue Public Meeting held in Adelaide on 10 October.

Designated by the World Health Organisation, World Mental Health Day marks the start of Mental Health Week in Australia, providing an opportunity to educate and engage people around mental health issues through events across Australia. This year’s theme was ‘Mental and Physical Health across the Lifespan’, which aimed to emphasise the importance of good mental and physical health at every stage of life.

More than 300 people attended the beyondblue event, hosted by Network Ten sports presenter Mark Aiston. ABC Radio sports broadcaster Craig Hamilton described his breakdown on the eve of achieving his life’s dream of covering the Sydney Olympic Games, his diagnosis with bipolar disorder, his recovery and return to work. His inspiring journey is documented in the book, Broken Open, published by Random House Australia.

beyondblue also supported Australian Mental Health Week events by providing depression information materials and posters for organisations – from scout groups and major law firms to Departments of Health.

Youth Week

Youth Week 2005 saw the launch of StreeTalk, a solutions-driven program of workshops supported by beyondblue that focused on issues affecting marginalised young people in New South Wales. beyondblue also provided more than 50,000 Ybblue postcards and posters to student union welfare departments at universities across Australia to distribute at campuses throughout the week.

Croc Festival

beyondblue joined forces with the 2005 Croc Festival to raise awareness of depression among young people, particularly in Indigenous communities.

An annual series of three-day events celebrating youth culture, Croc Festivals are held in rural and remote locations throughout Australia. Thousands of young people from all cultural backgrounds travel hundreds of kilometres to attend the events, which present issues such as positive mental health, drug and alcohol education and employment in a fun, engaging way.

Youth tap dance company Raw Metal worked with beyondblue to deliver its Ybblue youth campaign messages – “Look, Listen, Talk and seek help together” – through performances and dance workshops for hundreds of young people throughout the Croc Festival tour. beyondblue and Ybblue information materials were also distributed to young people and their teachers at the events.

2005 Croc Festival locations

Queensland: Thursday Island (July)
South Australia: Port Augusta (August)
Western Australia: Halls Creek and Geraldton (August)
New South Wales: Kempsey and Moree (September)
Victoria: Swan Hill (October)
Northern Territory: Alice Springs (October)

From top: Craig Hamilton speaking at the World Mental Health Day beyondblue Public Meeting in Adelaide; Jim Goodin from the Mental Health Foundation of Victoria and beyondblue Deputy CEO Dr Nicole Highet at the Victorian launch of Mental Health Week 2005; beyondblue Chairman The Hon. Jeff Kennett with young people at the Swan Hill Croc Fest; Young people show off their Ybblue wristbands at the Croc Festival in Halls Creek, Western Australia (Photo: Indigenous Festivals of Australia/Wayne Qulliam).
Array of Light

A new compilation CD created to raise awareness of depression in young people brought together 25 of Melbourne’s best bands, including the Art of Fighting, Sodastream and Red Raku (pictured), to support the work of beyondblue. beyondblue Chairman The Hon. Jeff Kennett launched the “Array of Light” CD at the Corner Club Hotel in Richmond on 14 January 2005. The CD is available at selected music stores including Gaslight and Polyester.

Music festival partnerships

beyondblue worked with several major music festivals in 2005 to raise awareness of depression among young people. These included the St Kilda Festival in January – attended by more than 300,000 people to make it the largest music event of its kind in the Southern Hemisphere – and the Push Over festival at Melbourne’s Luna Park in March. beyondblue information materials were available at both events. beyondblue will also undertake a major awareness partnership with Sydney’s Homebake music festival in December 2005.

MAP photography exhibition

Melbourne Ascending Photographers (MAP), representing photographers starting out in the industry, held a blue photography exhibition in Melbourne’s Telstra building foyer during February to raise awareness of depression. Age newspaper photographer Simon O’Dwyer (pictured with beyondblue CEO Leonie Young and Deputy CEO Dr Nicole Highet) auctioned one of his photographs to raise money for beyondblue at the exhibition launch. The exhibition raised $1,775 through the sale of Simon’s photo and gold coin donations at the opening night.

Walk to Work Day

beyondblue joined forces with the Pedestrian Council of Australia for Walk to Work Day on 7 October 2005, to promote the benefits of regular physical activity in combating depression.
South Australia and Australian Capital Territory (ACT) Partners’ Briefings

beyondblue Board Members hosted lunchtime briefings in Adelaide and Canberra in 2005 for South Australian and ACT-based academics, clinicians, researchers, people living with depression and beyondblue partners. The meetings discussed how beyondblue could further support and develop depression awareness, prevention, early intervention and research partnerships in the represented regions.

Speakers at the Adelaide event included the South Australian Premier The Hon. Mike Rann, Chair of beyondblue’s Schools Research Initiative, Professor Michael Sawyer and Senior Investigator of beyondblue’s National Postnatal Depression Program, Professor John Condon.

ACT Health CEO, Tony Sherbon spoke at the Canberra event, joined by Australian Divisions of General Practice CEO, Kate Carnell, the Director of Suicide Prevention and Mental Health Promotion Branch at the Department of Health and Ageing, Nathan Smyth and Director, Australian National University’s Centre for Mental Health Research, Professor Helen Christensen.

Globall

beyondblue was selected as a charity of choice for the inaugural Young Professionals for Charity Globall event in October 2005 at the Melbourne Aquarium. beyondblue information materials were distributed among the 1,500 young people attending the event.

Ybblue underwear

More than 200 entries were received for the Y-front underwear competition initiated by beyondblue’s youth reference group, the Ybblue Crew, and supported by jeans west. The winning underwear was sold at 60 jeans west stores around the country and became one of the company’s most successful charity fundraising campaigns. One thousand five hundred pairs were sold within three months, raising more than $4,000 for beyondblue’s youth programs.

2005 Melbourne Fringe Festival

beyondblue partnered the 2005 Melbourne Fringe Festival’s Human Momentum program to increase awareness of the value of physical exercise for good mental health, as well as promoting the importance of positive body image in young people. A 10-metre high construction made of bamboo, Human Momentum pumped water from one end of the structure to the other and was powered entirely by human energy. beyondblue information materials were made available to the 11,000 visitors to the event, which ran in Melbourne’s Federation Square from 22 September to 4 October.

LifeForce partnership

beyondblue is supporting the delivery of information on depression and suicide to rural communities across the country through a partnership with LifeForce. beyondblue assists in the publication of individual guides on local community services which are provided to rural communities with which LifeForce works.
Raising awareness of depression in rural Australia

Beaut Blokes

Three years ago in Harrow, a town in Victoria’s Wimmera district, local publican Ange Newton developed the Beaut Blokes program to help address social isolation faced by young men in country areas. Beaut Blokes is a weekend event promoting country people and their lifestyle to the wider community.

*beyondblue* is supporting the Beaut Blokes program in recognition of the mental health benefits it brings to the communities involved. The program also helps reduce social isolation, which is a key risk factor for depression.

Together with VicHealth, *beyondblue* is supporting the Wimmera Primary Care Partnership to develop a Beaut Blokes manual that can be used by other towns across Australia to introduce the program to their local areas.

Drought Summit

*beyondblue*, in partnership with the New South Wales Farmers’ Association, supported the NSW Drought Summit. Chairman of *beyondblue*, The Hon. Jeff Kennett travelled to Parkes and spoke to more than 2,000 farmers about stress and depression, with depression information materials made available to everyone at the event. Mr Kennett spoke about how *beyondblue* is working in rural areas to raise awareness of depression and its impact on farming communities.

The NSW Farmers’ Association organised the Parkes event in response to concerns over the growing numbers of farmers suffering hardship because of the drought. The Summit brought together farmers, their families, rural business owners, Federal and State politicians, rural health workers, drought support workers and representatives from Government agencies.

Elmore Field Days

*beyondblue* teamed up with the 2005 Elmore and District Machinery Field Days to raise awareness of depression among the 50,000 farmers and rural families who attended.

Field days are an important part of rural life, acting as a major source of information for people especially those living in remote rural areas. *beyondblue* hosted a depression information stand throughout the three days of the event in October 2005.

Schools TV project

A new *beyondblue* educational DVD on depression is now available free of charge to schools, health organisations and community groups.

The program features *beyondblue* Board Member and actor Garry McDonald and Network Ten News Presenter Jessica Rowe as they focus on depression and talk candidly about their personal experiences with the illness. There are also interviews with depression experts about the scope of the illness, how to look for warning signs, the effective treatments available and where to seek help.

Originally televised via satellite to 2,000 secondary and primary schools in Victoria, the program is aimed at adults in the school community including teachers, parents and counsellors.

The DVD also includes two new programs for young people, featuring interviews with Orygen Youth Health Executive Director, Professor Pat McGorry, ex-AFL footballer Glenn Bowyer, actor Krista Vendy and members of the Ybblue Crew (see page 26), who talk about their experiences with depression.
New beyondblue information materials

Getting the right information and understanding more about the illness is the first step in the recovery from depression or anxiety.

Over the past year, beyondblue has continued to expand and update its range of depression-related information materials, which we provide free of charge to members of the public, schools, researchers, conferences and journalists. The list of beyondblue information resources now includes more than 40 fact sheets on topics that include caring for someone with depression, the types of help available, depression in older people and keeping active to help beat depression.

Beyondblue also distributes information materials on depression directly through GP surgeries, schools, pharmacies and public libraries, aiming to provide as many people as possible with information about the illness, the effective treatments available and, in particular, where to get help.

In the 12 months from 1 July 2004, beyondblue distributed over 700,000 items of depression information to members of the Australian community.

All beyondblue’s information resources are available through our online order form at www.beyondblue.org.au, or by phoning 03 9810 6100. beyondblue fact sheets and other information materials are also available by calling Lifeline’s Just Ask information line on 1300 13 11 14.
New fact sheets: preventing depression through improved physical health

People with chronic illness such as heart disease, diabetes or respiratory disease are at high risk of developing depression. This fact highlights the link between physical and mental health.

At the same time, maintaining good mental health aids in the management of chronic physical illness by reducing the risk of serious complications and helping improve patient outcomes.

Beyondblue has developed partnerships with The National Heart Foundation, Diabetes Australia, The National Cancer Control Initiative and The Asthma Foundation to develop fact sheets for people who have these chronic diseases. The aim of these collaborations is to raise awareness of the risks, signs and symptoms and treatments of depression associated with the illnesses through information disseminated in hard copy and online.

Known as comorbidity, the relationship between chronic physical illness and depression will be a high priority for beyondblue over the next five years as it develops and expands partnerships with a range of relevant organisations.

Just Ask partnership

Beyondblue is working with Lifeline’s Just Ask information line to ensure beyondblue materials may be ordered by telephone. This important partnership will assist the 50 per cent of Australians who do not have access to the internet.
Objective

To provide people living with depression and their carers with information about the illness and effective treatment options, and to promote their needs and experiences with policy makers and health care service providers.

Genuine participation by people with personal experience of depression underpins all beyondblue’s programs. The organisation’s blueVoices consumer and carer reference group played a major role this year in the development of Australia’s first online list of GPs who are specially trained to treat mental health problems (see page 27).
blueVoices

blueVoices was established in 2002 as the consumer and carer arm of beyondblue and acts as an important reference group by providing beyondblue with input from people living with depression across all programs.

Many of the people involved in blueVoices are actively engaged in sharing their personal experiences and stories in public forums throughout the country. This makes a huge contribution to increasing public awareness and breaking down the stigma still associated with depression and mental illness.

blueVoices is led by an executive group which will expand in 2006 to include greater representation across States and Territories. In addition, there are four reference groups with specific focus in the areas of postnatal depression, young people, the elderly and bipolar disorder.

In the past 12 months, blueVoices has contributed to the development of various educational resources on different types of diagnostic sub-groups of depression. Fact sheets were prepared on bipolar disorder and depression in the elderly. These fact sheets are available on beyondblue’s website.

The blueVoices Network is an email database which enables beyondblue to disseminate information to members throughout Australia and the world via the internet. Over 9,000 blueVoices Network members regularly receive information, with many using the service to communicate directly with the organisation. Subscribers have used the blueVoices Network to raise issues of advocacy, including discrimination, which blueVoices has taken up and negotiated a successful resolution.

Achievements of blueVoices in the past year include:

- contributing to the development of the Consenting Practitioners list (see page 27).
- blueVoices Chair, Ingrid Ozols, presenting a paper about the group’s role with Australia’s mental health landscape at the World Psychiatric Association Annual Meeting in Florence, Italy, November 2004
- participating in national mental health committees including the Executive Committee of the Mental Health Council of Australia, the National Consumer and Carer Forum and the Better Outcomes in Mental Health Care Initiative
- making submissions to Government relating to the Senate Inquiries into mental health services and the disability support, welfare reform process.

blueVoices will continue to work as an integral part of beyondblue, providing consumer and carer input into all areas of beyondblue’s work.
blueVoices’ Consenting Practitioners List

Feedback from people living with depression has long highlighted the need for a centralised contact list of health professionals with knowledge and skills in the management of depression and related disorders.

In response to this, beyondblue’s consumer and carer reference group, blueVoices, facilitated the establishment of a national online directory of health practitioners known as the Consenting Practitioners List.

Practitioners listed on the resource have either been recommended as having interest and expertise in the treatment of depression, anxiety and related substance-use disorders, or have self-referred, indicating their interest. All have given formal consent to be included.

While not intended as a complete directory, the list is a means of sharing information and aims to improve access to treatment and contribute to continuing mental health service reform across Australia.

The initial stage of development includes details of medical practitioners who have completed level one or two of the Better Outcomes in Mental Health Care Initiative (BOiMCHI) training (see page 38), or appropriate postgraduate mental health training.

More than 350 GPs are currently registered on the directory with numbers growing. beyondblue is looking to extend the list to include other suitably qualified primary health practitioners with expertise in the treatment and management of depression and related disorders, such as clinical psychologists and psychiatrists.

Practitioner details can be submitted via www.beyondblue.org.au. All practitioners are contacted to gain formal signed consent and are sent an information package about beyondblue.

To access the directory, log on to www.beyondblue.org.au and follow the home page links to the Consenting Practitioners List.
Improving Life Insurance Practices project

The Improving Life Insurance Practices project continued to make progress in the way applications and claims by people with depression are assessed. The project – a partnership between the Mental Health Sector Stakeholders (MHSS) and life insurance industry peak body the Investment and Financial Services Association (IFSA) – also worked to educate the Australian community on the improvements made within the insurance industry.

Key achievements of the project during 2004/05 included:

- improving data collection
- developing best practice communication and complaints guidelines
- education activities such as a presentation by the MHCA Project Officer of MHSS views and attitudes to the ongoing reform process to Senior Underwriters and Claims Managers at an industry dinner in May 2005
- analysing and resolving case studies of disputed cases involving underwriting and claims management decisions.

The MHSS comprises beyondblue, the Mental Health Council of Australia, Australian Divisions of General Practice, the Australian Medical Association, the Australian Psychological Society, the Royal Australian and New Zealand College of Psychiatrists and the Royal Australian College of General Practitioners.

The reform focus will next shift to the industry coal face, targeting insurance brokers, financial planners and company sales representatives with key activities planned including:

- establishing an Education Sub-group to examine opportunities for the development of an Australian underwriting course with mental health content
- establishing a Medical Sub-group to examine communication between clinicians, insurers and consumers
- completing Underwriting and Claims Complaints Guidelines for Mental Health Conditions guidance note and a mental illness fact sheet
- completing a survey of open claims to provide demographic data on mental health related claims
- engaging the Financial Planners Association and Insurance Council of Australia at the Memorandum of Understanding Steering Committee to incorporate the general insurance and financial planning sectors.
Priority Area Three
Prevention and Early Intervention

Objective

To develop depression prevention and early intervention programs.

Seeking help and getting the right treatment early for depression is vital in making a quick recovery. beyondblue is encouraging people to educate themselves about the signs and symptoms of the illness. It’s also delivering the important message that depression is common and effective treatments are available.

beyondblue’s programs in schools, hospitals/health centres and workplaces are not only educating people about depression and encouraging them to seek help quickly, but are trialling new ways of tackling the illness.
The beyondblue Schools Research Initiative

The beyondblue Schools Research Initiative (bbSRI) is a three-year project designed to test the effectiveness of a multi-level intervention aimed at reducing depression experienced by secondary school students. Fifty schools from Victoria, South Australia and Queensland agreed to participate in the study in 2003. All schools remained actively involved in 2005 with 25 schools receiving the intervention and 25 forming a comparison group.

The intervention included “whole-of-school” programs, community forums, a pathways component and a classroom curriculum program. The theme of the classroom component for 2004 was “Getting to know others; getting along with others”. It focused on forming and maintaining relationships, communicating in relationships, social problem-solving, and effective help-seeking behaviours.

The second survey of participants was undertaken in October of 2004 with 5,086 students and 3,338 staff completing questionnaires. Results from the survey revealed that ten per cent of students had mild depression, 13 per cent had moderate depression and 12 per cent had severe depression. The prevalence of severe depression was significantly greater among females than males, with 16 per cent of female students classified as severely depressed compared to seven per cent of male students. Despite a substantial proportion of students (37 per cent) recognising that they had emotional and behavioural problems, only one third reported receiving help for these problems. Students reported that key sources of help were friends, family and school counsellors (see figure above).

Members of the bbSRI Project Management Group have actively disseminated preliminary research results from the project in Australia and overseas. Findings were presented at the Annual Meeting of the American Academy of Child and Adolescent Psychiatry in Toronto, Canada, and the Annual Congress of the European Association of Behavioural and Cognitive Therapy in Thessaloniki, Greece.

Possible resources from whom students would seek help and suggest their friends seek help for depression.

The beyondblue National Postnatal Depression Program

The beyondblue National Postnatal Depression Program is an Australian public health initiative focused on bringing about change in health care for women with depression associated with childbirth. The program aims to improve outcomes for women and their families, in order to reduce the potentially devastating consequences of the condition on current and future generations. Developed and implemented over four years, the program’s scope makes it unique on a worldwide level.

Multidisciplinary teams in seven States and Territories worked with primary
health care providers across 43 different health services/regions. This involved distributing educational resource materials to more than 200,000 women and families and screening more than 40,000 pregnant women for depression.

Key preliminary findings included:

- in Australia, rates of depression (as recorded on a validated screening tool – the Edinburgh Postnatal Depression Scale or EPDS) are high in the general postnatal population (15.7 per cent), similar to rates in other Westernised countries
- antenatal rates of depression appear lower than postnatal rates (5.4 per cent to 8.9 per cent depending on the cut-off score used) and, when trimester screening is considered, similar to other Westernised countries
- the importance of psychosocial risk factors is confirmed for the first time in the general Australian perinatal population. In particular, past history of abuse, prior history of depression, anxiety, lack of support, lower socio-economic status and a stressful pregnancy are all key factors
- Indigenous Australian women are at heightened risk of depression, and psychosocial factors are of particular importance in generating this elevated rate.

These high rates of depression and identification of key psychosocial risk factors highlight the importance of screening for depression before and after childbirth. Provision of information and the education of health professionals in depression identification and early intervention strategies are also needed.

While the concept of universal depression screening is controversial, this program demonstrated that:

- 17 in 20 women found screening easy and experienced no discomfort when the program was delivered as part of routine care through their health provider
- the standard screening tool used (the EPDS) was appropriate and superior to alternatives
- a version of the EPDS has also been developed and validated for Indigenous women
- when combined with information – particularly an information booklet given during pregnancy – screening significantly increased awareness of depression
- help sought by women in the program who were not, or were mildly, depressed, decreased. This suggested increased awareness of emotional health issues resulting from this program lessened womens’ need for extra help, and should be a core part of routine screening so as to make best use of community resources.

Although depressed women were more likely than non-depressed women to seek help, a significant proportion did not seek help at all, even after screening. Ways of overcoming barriers to seeking help suggested by the findings included:

- linking women to GPs who had been trained to routinely ask about depression
- providing information about the treatment of depression to decrease the reluctance of women to consider antidepressant medication during the postnatal period
- GP training to help broaden the practitioner’s range of treatment options.

The beyondblue National Postnatal Depression Program has become an identified source locally, nationally and internationally for cutting-edge information resources and provision of education in the area of perinatal mental health. The program has developed a range of promotional, educational and resource materials that are available on its website, [www.beyondblue.org.au/postnataldepression](http://www.beyondblue.org.au/postnataldepression). The site includes information in 20 languages, as well as information specific to Indigenous women and multiple-birth mothers. It also provides depression management and EPDS guides for health professionals.
The *beyondblue* National Depression in the Workplace Program

*beyondblue*’s workplace training program is designed to educate employers and staff about depression and provide ways to help work colleagues who may be experiencing mental health problems.

Through the program, qualified trainers present professional development sessions to raise awareness of the symptoms of depression, effective treatments and how to approach and assist people with the illness.

In the past year, *beyondblue*’s Depression in the Workplace Program experienced enormous growth with over 4,500 people receiving training. The program now has four accredited trainers in Melbourne and eight interstate. By the end of 2005 the program will have 18 trainers nationally.

Keynote presentations at major health and safety conferences, together with positive participant feedback and referrals, have led to increased demand for and expansion of the training program – across local, State and Federal Government agencies and the corporate sector. Key industry sectors undertaking the training include:

- manufacturing
- transport and storage
- finance
- health and welfare
- emergency services
- media
- research and technology.

In addition to its own Workplace Program, *beyondblue* supported an international study that aims to help employers recognise the economic benefits that come from early identification and treatment of depression among staff (see page 45 – WORC program).

Children of a Parent with Mental Illness project (COPMI)

The Children of Parents with Mental Illness (COPMI) project is supported through a partnership between *beyondblue*, VicHealth and the Mental Health Branch of the Victorian Department of Human Services. Its aims include increasing the evidence-base about effective interventions for children and young people whose parents are mentally ill and contributing to national and state policy development in this area.

The program’s two main projects are Paying Attention to Self (PATS) and VicChamps.

**PATS**

PATS is a peer-support program for young Victorians 13 to 18 years who have a parent with mental illness. Coordinated by the Centre for Adolescent Health, the program works to:

- increase participants’ knowledge of mental health and illness
- improve their help-seeking behaviour and coping strategies
- enhance their sense of connection to peers, family and community.

In this way PATS aims to prevent the development of mental health difficulties in the young people themselves.
Pictured: The PATS program ran a number of events in 2005 to build self-confidence and encourage help-seeking behaviour in young people who have a parent with mental illness. Activities included surfing lessons at Ocean Grove and a leadership training camp at Kinglake, Victoria.

From 2002 to 2005 the program gained funding to pilot and evaluate the program at five sites: the Centre for Adolescent Health, Parkville; Inner South Melbourne Community Health Service; Shire of Yarra Ranges Youth Services; Wimmera Uniting Care, Horsham and the Goulburn Valley Child and Adolescent Mental Health Service, Shepparton.

Pre-program data showed young people attending the program rated high for indicators of depression, risk of homelessness and perceived stigma. Post-program and follow-up data revealed significant decreases in these three areas. Information gathered will help identify the best settings and elements to ensure the program is successful and sustainable.

**VicChamps**

The VicChamps program is designed to improve outcomes for children of parents with a mental illness. Now entering its final year, the program brings together mental health and community agencies to connect children with after-school and holiday programs that use a fun environment to help them understand the issues faced by themselves and their parents.

VicChamps is a partnership between metropolitan mental health service Eastern Health, Supporting Kids-Upper Murray Family Care and Charles Sturt University.

Evaluations so far have suggested children of parents with a mental illness have more difficulties, including emotional problems, fewer social connections and friends available to help solve problems. Group interventions appear to be assisting the children reduce the number of overall difficulties they are experiencing. However, there also appears to be a group of severely-affected children requiring more individualised assistance than the group approaches can provide.

Training programs have been developed to help workers identify and assist the children of their adult clients. These appear to be increasing both knowledge of children’s needs and the regularity with which a client’s needs as a parent are discussed.

Charles Sturt University is conducting the evaluation, which is expected to be completed by late 2006.

**National Youth Depression and Alcohol Review Action Plan**

In February 2005, the Commonwealth Department of Health and Ageing commissioned beyondblue to develop the National Youth Depression and Alcohol Review Action Plan. beyondblue managed the nine-month project, working in partnership with the Youth Substance Abuse Service (YSAS) to develop a National Framework and Action Plan.

The project aimed to identify practical solutions that addressed the needs of young people with high levels of alcohol consumption and who were at risk of depression.

beyondblue reviewed existing Government and community initiatives for young people with issues of alcohol and depression.

The resulting National Youth Depression and Alcohol Review Action Plan – presented to the Department of Health and Ageing in November 2005 – primarily focused on prevention and early intervention within a broader health promotion framework, supported by current research.
Strategies to enhance service provision and treatment responses were also recommended to complement current mental health, drug and alcohol policies. These strategies placed greater emphasis on holistic, integrated, cross-sector approaches within the context of six settings including:

- whole of community
- education
- primary health care
- youth services
- alcohol and drug and mental health services
- workplace.

In 2005, the Commonwealth Government committed $69 million to June 2009 for the establishment of a National Youth Mental Health Foundation, which will be a Centre of Excellence to promote evidence-based practice in youth mental health. It will foster community awareness of youth mental health issues, administer a grants program, and develop and disseminate education, training and resources to GPs and other service providers working with young people with mental health problems.

The National Youth Mental Health Foundation will carry the recommendations of the National Youth Depression and Alcohol Review Action Plan forward.

Evaluation of the Every Family Initiative

The Every Family Initiative is a program aimed at providing parents with specialised support during the time of their child’s transition from pre-school to primary school. The initiative applies the Triple P-Positive Parenting Program to give parents the knowledge, skills and confidence to reduce the prevalence of behavioural and emotional problems in children.

Every Family is unique in that it represents the first trial of the full system of Triple P interventions in a single study. Such a model has enabled programs of differing intensity and format (individual, group, telephone-assisted, and self-directed options) to be made widely available in the community. These flexible delivery options also enable the adoption and dissemination of Triple P programs by different community agencies.

An important component underpinning the project has been a coordinated media campaign involving radio, print and TV to decrease the stigma of accessing parenting information. Community support has been enhanced through the provision of training to GPs, school personnel and other primary care providers who work with families and children.

A practitioner-support network provides peer supervision and online consultative resources through [www.triplep.org](http://www.triplep.org) and [www.pfsc.uq.edu.au/everyfamily](http://www.pfsc.uq.edu.au/everyfamily).

The evaluation of the Every Family Initiative, funded by beyondblue, showed that Every Family contributed to community well-being by increasing parents’ access to high-quality parenting programs, including Triple P seminars, groups, individual support, telephone counselling and self-directed programs.

In addition, Every Family has assisted and enhanced links and pathways between the different community agencies who come into contact with children and families. By working to improve communication and referral processes between these organisations, this initiative enhances the community’s ability to effectively support families.

While the Initiative’s short-term goals have been met, the longer-term goal of decreasing the prevalence of children’s behavioural and emotional problems will be evaluated via computer-assisted telephone interviews with 4,500 parents in 2006.
Role Models for the Future

Athlete Development Australia (ADA), The Bounce Back Foundation and beyondblue have continued their work on the Role Models for the Future project. The program measures the effectiveness of using elite athletes as role models to communicate healthy lifestyle messages to young people.

ADA partnered with beyondblue to support the role of a Chief Investigator and a Research and Evaluation Officer for the 15-month project. The organisations have started researching how athletes can play a role in engaging young people who are not easily reached through traditional health promotion approaches.

Role Models for the Future ended on 30 June 2005 with more than eight programs evaluated and three papers developed for publication.

Among the successful programs was the Online Dreaming Program involving Indigenous young people in three rural and remote South Australian communities. The program involved well-known Indigenous athletes working with young people during a three-day training camp to explore leadership, goal setting and life skills. Following the camp, the athletes liaised with participants via internet and telephone.

Online Dreaming was evaluated through the PhotoVoice method, which put cameras in the hands of young people to give them the opportunity to express their opinions and feelings through photography. This is a particularly relevant method considering young people in the program may have limited literacy skills, making traditional pen and paper evaluations less effective.

Project Rainbow and the Sony Foundation

The Sony Foundation and Harvey Norman raised funds for beyondblue through Project Rainbow, a fundraiser that ran in Harvey Norman, Domayne and Joyce Mayne stores nationally for four weeks in September/October 2005. Funds were raised through the sale of products donated by the Sony Foundation and through gold coin donation boxes in stores.

beyondblue will use the money to develop an interactive web or DVD-based early intervention program assisting young people to seek appropriate help early for depression.

beyondblue Chairman The Hon. Jeff Kennett and Ybblue Crew member Kristin Scholes attended the Sony Foundation’s True Colours Ball in Sydney to accept the donation on 8 October. (See photo).
Beyond Ageing Research Project

The Beyond Ageing Project is the first community-based intervention study in Australia to examine effective ways of preventing depression in older people.

*beyondblue*, together with researchers at the Australian National University’s Centre for Mental Health Research, the University of Sydney’s Brain and Mind Research Institute, CSIRO and the Department of Health and Ageing have begun a two-year trial of 2,000 people aged 65 to 74 currently experiencing depressive symptoms.

The study will incorporate three interventions known to be useful in the treatment of depression: folate and B12, physical activity and information about depression.

Participants will be randomly assigned one of the interventions, a combination of interventions or a placebo.

Baptist Community Care partnership

*beyondblue* and Baptist Community Care (BCC) Community Aged Care Programs Victoria formed a partnership in July 2005 to address the issue of depression and older people through a training program for BCC’s professional aged care staff.

The Victorian project aims to develop and pilot the training program, maturityBlueprint, for the recognition of depression and its risk factors. It also intends to provide a train-the-trainer program for Baptist Community Care staff, which is one of the largest distributors of aged care packages in the State.

With the consultation stage now complete, the program’s next phase is to develop the training that incorporates a variety of training tools.
Priority Area Four
Primary Care

Objective

To improve training and support for GPs and other health care professionals around depression. beyondblue continues to support and put in place initiatives aimed at better equipping GPs and other primary care practitioners to provide mental health care for people with depression and related disorders.
GPs are often on the front line of diagnosing and treating depression. (Photo: ADGP)

Better Outcomes in Mental Health Care Initiative: 2001 to 2005

Of the one in five people who experience depression at some point in their lifetime, the majority of those seeking help are seen in the first instance by a general practitioner (GP).

The Better Outcomes in Mental Health Care (BOiMHC) Initiative, funded by the Federal Government, aims to support general practitioners in improving the quality of care given to people in Australia. The Initiative provides GPs with access to mental health training to increase their skills around mental health service delivery. The Initiative also allows trained GPs to access financial incentives to plan and manage people with depression within the community. An important component of the Initiative allows GPs to refer patients to psychologists, so that people with depression have better access to psychotherapies including Cognitive Behaviour Therapy.

In association with the mental health sector, community and professional partners, beyondblue has remained at the forefront of advocacy for these changes since 2000.

Changes recently introduced under the BOiMHC streamlined the processes for GPs, which led to an increase in the number of GPs taking part in the scheme. As of 9 November 2005, 4,258 Australian GPs have completed additional mental health training, with a further 889 completing an even higher level of training.

These GPs are also registered to deliver the new services. For people with a mental illness and their carers, this means better access to specially-trained GPs.
Aboriginal Mental Health Worker Program

*beyondblue*, in partnership with the Alcohol Education and Rehabilitation Foundation, continues to support the Aboriginal Mental Health Worker (AMHW) program in the Top End of the Northern Territory. The program trains members of remote Aboriginal communities to work with GPs and primary mental health programs to provide cultural liaison for remote service providers.

The AMHW program involves Indigenous community members who are nominated to be employed by their community. The AMHWs are trained by Charles Darwin University.

The AMHWs provide a number of services in their communities including:

- crisis support to community members including assistance with evacuation
- mental health promotion (eg. establishing sporting teams, encouraging ceremony, taking people on fishing trips)
- assisting GPs and health workers in their clinical consultations
- counselling for Indigenous people with mental health issues.

Review of Prescribing of Antidepressants for Young People

Effective treatments for adults do not always suit children and adolescents who have depression. The *beyondblue* National Selective Serotonin Re-uptake Inhibitors (SSRI) Working Group has developed a series of fact sheets focusing on “Antidepressants for the treatment of depression in children and adolescents”.

Developed for GPs, parents/carers and young people, the aim of the fact sheets is to provide current, factual information about prescribing antidepressants to children and young people. The fact sheets also address the need for appropriate management plans by GPs for young people and their families.

The GP fact sheets will be distributed through the Australian Divisions of General Practice to practices around the country and through the Royal Australian College of General Practitioners. The youth and family fact sheets will be distributed to child and adolescent mental health services, pharmacies, youth health services and community health centres. They are all available to download from the *beyondblue* and *Ybblue* websites.

The SSRI Working Group received input from the Royal Australian College of General Practitioners, the Therapeutic Goods Administration, the Department of Health and Ageing Pharmaceutical Benefits Branch, the Australian Medical Association, Australian Divisions of General Practice, the Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society, Monash University Schools of Psychology, Psychiatry and Psychological Medicine, Mental Health Council of Australia, Pharmaceutical Health, Rational Use of Medicines and young people.
Primary Care Forum

GPs have a vital role to play in recognising, diagnosing and treating depression and it was this message that beyondblue aimed to convey by partnering with the Australian Divisions of General Practice to deliver a Primary Mental Health Forum in Perth, ‘Reaping the Benefits’.

beyondblue Chairman The Hon. Jeff Kennett delivered the opening address at the November 2005 forum.

Mr Kennett spoke about the front line role of GPs, as well as his own vision of an increased priority for Australia’s mental health services. Senior Program Manager for beyondblue’s Youth Agenda, Craig Hodges spoke about youth primary mental health care. Representatives of blueVoices and the Yblue Crew – Ingrid Ozols and Alana Pekar – gave delegates a consumer perspective of depression and the importance of early recognition by GPs.

There were also presentations from beyondblue-funded primary care projects:

- A focus of prevention and early intervention for families by Professor Matthew Sanders, University of Queensland
- Primary care partnerships and partnerships to care by Dr Grant Blashki, Department of General Practice, Monash University
- Diagnosis, management and outcomes of depression in primary care (DIAMOND) – an interdisciplinary approach by Professor Jane Gunn, University of Melbourne.

The MAP Program: Mental health Aptitudes into Practice

Based at Monash University’s Southern Synergy centre, the Mental health Aptitudes into Practice (MAP) Program is a State-wide training initiative to educate non-medical primary care staff about depression and anxiety.

The training is provided by experienced mental health trainers and delivered through a collaboration between beyondblue, 31 primary care partnerships and most of Victoria’s Primary Mental Health and Early Intervention Teams. To August 2005, more than 200 days of training had been delivered with more than 2,500 training attendances.

Educational evaluation of more than 300 participants has demonstrated substantial and significant positive changes in mental health care knowledge, skills and confidence. It has also shown positive changes in mental health literacy including correct identification of depression, reduction in social stigma and positive identification of evidence-based treatments.

While direct funding support for MAP concluded in October 2005, training materials, manuals, some support and further evaluation will remain available from the MAP team for at least another year, enabling local groups to make use of the project’s resources.

RACGP/beyondblue Medical Workforce Project

Depression is a common illness among medical professionals. In addition, suicide rates among doctors are consistently high, particularly in male doctors (twice the rate in the rest of the population).

The Royal Australian College of General Practice has worked with other medical practitioner organisations to develop strategies to prevent depression among medical professionals. In 2004, a review of the literature resulted in a publication, The Conspiracy of Silence – Emotional Health Amongst Medical Practitioners, which was launched by beyondblue Chairman The Hon. Jeff Kennett. A self-care book was also developed and distributed to medical professionals. beyondblue and the Royal Australian College of General Practice are working together on a project to examine ways of further supporting medical practitioners to prevent and address depression in this group.

Professor Graham Meadows from Monash University (pictured centre), Director of the MAP Program.
Priority Area Five
Targeted Research

Objective

To initiate and support depression-related research

Conducting quality research to address gaps in knowledge about depression is a high priority for beyondblue, particularly in relation to the evidence base for community education, prevention and treatment of depression.

Key beyondblue strategic research projects include the beyondblue Schools Research Initiative (see page 30), the beyondblue National Postnatal Depression Program (see page 30), the Every Family Initiative (see page 34) and the Beyond Ageing Research Project (see page 36), as well as the beyondblue Victorian Centre of Excellence (see following).
**beyondblue Victorian Centre of Excellence**

The beyondblue Victorian Centre of Excellence in Depression and Related Disorders was established as part of Victoria’s financial commitment to beyondblue.

The Centre brings together expertise and skills to enable the development and delivery of high quality, best practice responses to depression and related disorders to the Victorian community. The Centre encourages a focus on innovative responses to service delivery in depression and related disorders.

The Centre is funded with approximately $1.5 million per annum of the Victorian Government’s $3.5 million annual contribution to beyondblue.

**2005 Grant Recipients**

Victorian Health Minister The Hon. Bronwyn Pike announced this year’s 19 successful depression research grants, totalling $1.8 million, at the 2005 beyondblue Victorian Centre of Excellence Research Forum at the Royal Melbourne Hospital in August.

Research areas covered in the successful grants included:

- depression in children and young people
- postnatal and antenatal depression
- depression in rural areas
- depression and alcohol/drugs
- depression and diabetes
- depression in multicultural communities
- depression and disability.

**MAJOR RESEARCH GRANTS 2005 – 2008**

**Depression in People with Intellectual Disability**

Contact: Dr Jane McGillivray and Dr Teresa Iacono, Centre for Developmental Disability Health Victoria, Monash University and School of Psychology, Deakin University

**Multicultural Information on Depression online (MIDonline): Development of an IT Resource to Improve Depression Literacy and Assist in Pathways to Mental Health Care for People of Culturally and Linguistically Diverse Background**

Contact: Dr Litza Kiropoulos, Department of General Practice, School of Primary Health Care, Monash University

**Toward Parenthood: An Antenatal Self-Help Intervention for Depression, Anxiety and Parenting Difficulties**

Contact: Professor Jeannette Milgrom

Department of Psychology, The University of Melbourne; PIRI, Department Clinical & Health Psychology, Austin Health

**Effective Management of School Refusal and Childhood Anxiety as a Community-Based Early Intervention to Prevent Subsequent Depression: A Randomised Comparative Treatment Study**

Contact: Investigator: Professor Bruce Tonge, Monash University, Centre for Developmental Psychiatry and Psychology, Monash Medical Centre

**RESEARCH GRANTS 2005 – 2006**

**A Preliminary Investigation into the Validity of Techniques Aimed at the Therapeutic Amelioration of Post-Stroke Depression**

Contact: Associate Professor David Andrews, Department of Psychology, The University of Melbourne

**Optimising Emotional Health During Pregnancy and Early Parenthood: Improving Access to Help for Women with Perinatal Depression**

Contact: Associate Professor Anne Buist, Department Psychiatry, The University of Melbourne, Heidelberg Repatriation Hospital, Austin Health
A Pragmatic Trial of a “Stepped Care” Intervention for People with Depression and Cardiac Failure
Contact: Associate Professor David Clarke, Department of Psychological Medicine, Monash University

Rural Carers Online: A Feasibility Study
Contact: Dr Briony Dow, Preventive and Public Health Division, National Ageing Research Institute

Consumer Evaluation of Intervention Guidelines for Intimate Partner Abuse and Depression in General Practice
Contact: Associate Professor Kelsey Hegarty, Department of General Practice, The University of Melbourne

Treatment for Depression: A Qualitative Exploration of the Experiences of Alcohol and Drug Users
Contact: Ms Tracey Talko and Ms Penny Buykx, Turning Point Alcohol and Drug Centre

Extending the Emotional and Lifestyle Impact of Type Two Diabetes Pilot Project: Exploring the Association Between Diabetes and Depression in Rural Italians, Asians and Anglo-Australians
Contact: Professor Lenore Manderson, School of Population Health, The University of Melbourne

A Training Program for Professional Carers in Recognising Late-Life Depression
Contact: Professor Marita McCabe, School of Psychology, Deakin University

A Randomised Controlled Trial of a Letter Intervention in Primary Care Patients to Improve Depression and Anxiety Disorders
Contact: Mr Michael McGartland, Department of Psychiatry, Alfred Hospital

Automated Longitudinal Monitoring to Predict and Counter Relapse in Bipolar Disorder: A Pilot Investigation of Effectiveness
Contact: Dr Greg Murray, Swinburne University of Technology, Centre for Rural Mental Health

An Inter-Professional Intervention to Reduce Depression Among Drug-Dependant, Pregnant Women: A Pilot Study
Contact: Dr Susan Nicolson, Department of General Practice, University of Melbourne

Novel Ways of Capturing Adolescent Depression: Development of an Innovative Youth-Friendly Monitoring Tool
Contact: Dr Sophie Reid, Centre for Adolescent Health, Murdoch Children’s Research Institute, Royal Children’s Hospital

Re-Orientating General Practice Towards Preventative Mental Health Care for Adolescents, Utilising the Practice Nurse: A Pilot Study
Contact: Dr Lena Sanci, Department of General Practice, The University of Melbourne

Regenerate: A Strength-Training Program to Enhance the Physical and Mental Health of Chronic Post-Stroke Patients with Depression
Contact: Dr Jane Sims, Department of General Practice, The University of Melbourne

A 3-8 Year Follow-Up of Adolescents Treated for Depression and their Families: Predictors of Treatment Outcome
Contact: Professor Bruce Tonge, Monash University, Centre for Developmental Psychiatry & Psychology, Monash Medical Centre
2004 Project Updates

beyondblue VCoE research teams reported on the following projects in August 2004:

Effects of Training in SPHERE Cognitive Behavioural Therapy on GP Competence, Performance, Clinical Outcome and Consumer/Carer Experience of Care – A Randomised Controlled Trial
PEP/DIAMOND Consortium
Contacts: Dr Grant Blashki, Department of General Practice, Monash University and Associate Professor Jane Gunn, Department of General Practice, The University of Melbourne

A Collaborative Therapy Treatment Package for People with Bipolar Affective Disorder
Contact: Professor David Castle, Mental Health Research Institute, The University of Melbourne

Evidence-Based Best Practice Model Clinical Pathways for People with Comorbid Depression and Diabetes
Contact: Dr Prasuna Reddy, The University of Melbourne

Depression as a Predictor of Long-Term Mortality and Morbidity after Heart Attack
Contact: Dr Alan Goble, Heart Research Centre

Health Problems Among Patients with a Dual Diagnosis: To What Extent Do These Patients Slip Through the Net?
Contact: Dr Petra Staiger, School of Psychology, Deakin University

The Prevention of Depressive Relapse in Young People Using Mindfulness-Based Cognitive Therapy
Contact: Associate Professor Nicholas Allen, Orygen Research Centre

Screening for Comorbid Affective Disorder and Substance Abuse Disorder by General Practitioners
Contact: Sandra Davidson, Department of General Practice, Monash University

Depression and Musculoskeletal Pain in Primary Care: An Examination of Practitioner, Patient and Socio-Economic Influences on Detection and Management
Contact: Dr John Furler, Department of General Practice, The University of Melbourne

The Integration of CBT for Obsessive Compulsive Disorder into the Primary Care Context: An Evaluation of Three Models
Contact: Associate Professor Michael Kyrios, Swinburne University of Technology

Pathways of Care for Socially Marginalised People With or at Risk of Depression and Related Disorders
Contact: Associate Professor Joe Graffam, School of Health Sciences, Deakin University

Caring for the Depressed Elderly in the Emergency Department: Establishing Linkages Between Sub-Acute, Primary and Community Care
Contact: Dr Lynette Joubert, School of Social Work, The University of Melbourne

The Emotional and Lifestyle Impact of Type Two Diabetes: Exploring the Association Between Diabetes and Depression
Contact: Professor Lenore Manderson, Key Centre for Women’s Health in Society, The University of Melbourne

A Training Program for Professional Carers in Recognising Late-Life Depression: Impact on the Delivery of Health Care Services for Depression Among Older People
Contact: Professor Marita McCabe, School of Psychology, Deakin University

Models of Care: Evaluating a Best Practice Model for Treating Postnatal Depression, Year Two
Contact: Professor Jeannette Milgrom, The University of Melbourne

Depression in People Living with HIV/AIDS: Outcomes, Risks and Opportunities for Intervention
Contact: Associate Professor Anne Mijch, Department of Infectious Diseases, The Alfred Hospital

The Development and Evaluation of an Intervention Aimed at Improving the Mental Health of a Group of Refugee Women Presenting to the Royal Women’s Hospital for Obstetric Care
Contact: Dr Rosemary Schwartz, Royal Women’s Hospital

For information on the beyondblue Victorian Centre of Excellence or any of the projects listed above visit: www.beyondblue.org.au/vcoe
E-Mental Health

Australians living in rural and remote areas are often disadvantaged when it comes to accessing mental health services. In response to this need, beyondblue has made E-Mental Health – or internet-based mental health treatment – a priority for its second term.

This area of work aims to address the difficulties that some Australians may have in accessing information and therapies to treat their depression. beyondblue has funded The Centre for Mental Health Research at the Australian National University to develop a new website to provide targeted therapies for people with depression. Known as E-Couch, the website will be tested during the early part of 2006 and available to the public later that year.

Work Outcomes Research Cost-Benefit (WORC) Project

A new jointly-funded program aims to identify employees with symptoms of undiagnosed depression and encourage them to seek help.

Originating from Harvard University, USA, and modified for the Australian workplace, the Work Outcomes Research Cost-Benefit (WORC) Project will also help employers recognise the economic benefits that come from early identification and treatment of depression among staff.

The Australian component of the international WORC Project is being conducted through the University of Queensland with funding from beyondblue, the Federal Department of Health and Ageing’s Mental Health Strategy Branch, Queensland Health and the Australian Rotary Health Research Foundation.

The project aims to test the theory that the cost of proactive screening and treatment of depression in the workforce improves symptoms, which in turn increases employee productivity and results in a net benefit to employers and society.

In its first phase, the project recruited 58 large companies who consented to psychologists speaking confidentially with their staff. Employees filled in a general health and emotional well-being questionnaire covering 28 physical health conditions and the Kessler 6 which is designed to screen employees for depressive symptoms. Those who showed depressive symptoms received follow-up telephone calls at home in which a psychologist asked a series of clinical questions, explained their answers, advised the worker of their confidentiality and ethical rights, gave a single counselling session and encouraged them to visit a local mental health professional. This was followed up with a referral letter for the worker to present to a clinician.

The project then divided the symptomatic workers into two groups: one receiving only the initial telephone contact and the second provided with ongoing case management and encouraged to seek help and adhere to prescribed therapies for 12 months. Both groups were followed up after six weeks, then at three, six, 12 and 18 months to track the clinical changes in depression symptoms and the employees’ performance at work.

A key aspect of the study is to use treatment options currently available in the employee’s community. This naturalistic approach is economically practical and lends itself to ease of future implementation.
While still in its early stages, the study is already producing data that demonstrates the economic cost of screening and treatment of depression in the workforce will be more than offset by increases in employee productivity, yielding a net gain for companies and society.

WORC project data indicates 6.7 per cent of the employed adult population currently have depression symptoms, with a lifetime prevalence of 23 per cent. It is also estimated that 68 per cent of full-time employees with current depressive symptoms have not sought medical advice in the previous year. This means there are more than 303,000 employees who are struggling with a crippling illness who are not receiving effective treatment.

Early economic data from WORC indicates absenteeism among employees with depressive symptoms, who are not in treatment, is costing Australian companies at least $1.5 billion in staff-related expenses. Moreover, these employees have a reduced ability to function at their usual capacity when at work, representing a suggested $2.8 billion in lost productivity each year.

This means undiagnosed depression is costing employers a total of $4.3 billion annually. When averaged across the nation’s workforce, the annual cost per person with depression symptoms is $9,665.

Insight into how certain occupations affect the health of workers not only identifies those in need, it also provides employers with the information needed for good risk management in human resources. For example, a high prevalence of depression in certain job types can prompt an inquiry into whether additional training, screening or prevention strategies are necessary within that population. The WORC Project has yet to secure funding to allow such analyses to commence.

beyondblue will continue to work in collaboration with the WORC project, linking it with the beyondblue Depression in the Workplace Program.
In response to increased activities and programs nationally, beyondblue has expanded over the last 12 months. We now have a dedicated staff of 22 working on programs across the lifespan and among communities across the country to raise awareness of depression and help reduce the stigma associated with the illness.

In addition to their formal work commitments, our staff regularly give willingly of their free time to participate in beyondblue activities and other community events.
Publications authored or supported by beyondblue in 2005 include:


beyondblue’s partners and supporters include:

**Priority Area 1: Community Awareness and Destigmatisation**
- Asthma Foundation
- Ausienet
- Australian Divisions of General Practice
- **Australian Doctor**
- Australian Grand Prix Corporation
- Australian Indigenous Doctors’ Association
- Australian Legal Practice Management Association
- Austereo Radio Network
- Australian Rotary Health Research Fund
- Beut Blokes Program/Wimmera
- Primary Care Partnership
- Bicycle Federation of Australia
- Bicycle Victoria
- Croc Festival
- Diabetes Australia
- Elmore Field Days
- Greg Wilson Galleries
- Harvey Norman
- Homebake Festival
- jeans west
- Lifeline Australia
- Lifeline’s Just Ask
- LifeForce, Wesley Mission
- Location TV
- Melbourne Ascending Photographers
- Melbourne Fringe Festival
- Men’s Help Line
- Mental Health Foundation of Victoria
- Mission Australia
- Mitchell & Partners
- National Cancer Control Initiative
- National Gallery of Victoria
- National Heart Foundation of Australia
- National Media & Mental Health Group
- National Rural Women’s Coalition
- Network Ten
- Nine Network
- NSW Association of Adolescent Health (NAAH)
- NSW Farmers’ Association
- Pedestrian Council of Australia
- Pratt Foundation
- Primary Mental Health Care Australian Resource Centre (PARC)
- Push Over Festival
- Raw Metal
- Rural Doctors’ Association of Australia
- SANE Australia
- SBS-TV
- Seven Network and Seven Affiliates
- Southern Cross Broadcasting
- St Kilda Festival
- Streetwise Communications
- South Australian Farmers Federation
- The Sony Foundation
- Victorian Department of Education Schools’ Television
- Victorian Farmers Federation
- Woolworths Limited
- Young Professionals for Charity
- Youth Affairs Council of Victoria
- Australian Psychological Society
- Carers Network Victoria
- Eating Disorders Foundation of Victoria
- Investment and Financial Services Association Limited
- Mental Health Council of Australia
- National Consumer and Carer Forum of the Mental Health Council of Australia

**Priority Area 2: Consumer and Carer Participation**
- Anxiety Recovery Centre Victoria
- Australian Medical Association
- Australian Psychosocial Society
- Victorian Department of Education Schools’ Television
- Victorian Farmers Federation
- Woolworths Limited
- Young Professionals for Charity
- Youth Affairs Council of Victoria

**Priority Area 3: Prevention and Early Intervention**
- Alzheimer’s Australia
- Athlete Development Australia
- Australian Cancer Society
- Australian Council of Trade Unions
- Centre for Mental Health Research, Australian National University
- Australian Principals’ Association
- Professional Development Council
- Baptist Community Care
- Bounce Back Foundation
- Catholic, Government and independent schooling systems in all States and Territories
- Centre for Adolescent Health
- Comcare
- Inspire Foundation (Reach Out!)
- International Diabetes Institute
- Kids Help Line
- Medical Benefits Fund of Australia Limited
- Mental Health Research Institute of Victoria
- Multicultural Mental Health Australia
- Murdoch Childrens Research Institute
- National Rural Health Network
- Orygen Youth Health
Parenting and Family Support Centre
Pharmaceutical Society of Australia (Victorian Branch)
Population Health Division (Commonwealth Department of Health and Ageing)
Queensland Divisions of General Practice
Self Insurers of South Australia
State Departments of Mental Health
State Departments of Health
South Australian Department of Education and Children’s Services
South Australian Department of Human Services
The Australian Research Alliance for Children and Youth
The Salvation Army
The University of Adelaide
The University of Queensland
Triple P International
Victorian Public Health Research and Education Council
Victorian Department of Human Services
Victorian Health Promotion Foundation (VicHealth)
WorkCover Corporation of South Australia
Youth Substance Abuse Service

Priority Area 4: Primary Care
Alcohol Education and Rehabilitation Foundation Limited
Australian Divisions of General Practice
Australian Medical Association
Australian Psychological Society
Batchelor Institute of Indigenous Tertiary Education
Better Outcomes Implementation Advisory Group
Commonwealth Department of Health and Ageing
Department of Health and Ageing Pharmaceutical Benefits Branch
Evaluation Working Group (Better Outcomes in Mental Health Care Initiative)
Mental Health Council of Australia
Monash University Schools of Psychology, Psychiatry and Psychological Medicine
Pharmaceutical Health and Rational Use of Medicines
Primary Mental Health Care Australian Resource Centre
Royal Australian and New Zealand College of Psychiatrists
Royal Australia College of General Practice
Rural Health Education Foundation
National Rural Health Alliance
Therapeutic Goods Administration
Top End Division of General Practice
Top End Mental Health Services (Northern Territory Government)
Victorian Divisions of General Practice
Charles Darwin University
Clinical Research Unit for Anxiety and Depression (The University of New South Wales)
Deakin University
Epworth Hospital (Melbourne Health)
Greater Green Triangle University Department of Rural Health
Heart Research Centre
Indigenous Health Infonet, Edith Cowan University
La Trobe University
Mental Health Research Institute
Medical Journal of Australia
Monash University
National Ageing Research Institute (The University of Melbourne)
Orygen Youth Health Research Matters
School of Population Health (The University of Melbourne)
St Vincent's Hospital
Swinburne University of Technology
The University of Melbourne
Turning Point Alcohol and Drug Centre

Priority Area 5: Targeted Research
Alfred Hospital (Bayside Health)
Austin Health
Australian National University
Brain and Mind Research Institute (The University of Sydney)
Centre for Adolescent Health (Royal Children's Hospital Melbourne)
Centre for International Mental Health (The University of Melbourne)
Centre for Mental Health Research (The Australian National University)
Centre for Rural Mental Health (Bendigo Healthcare Group)

Many more organisations have worked with us or supported our efforts throughout 2004/05. This listing is not intended to be conclusive, but an example of beyondblue’s broad range of partners.
Beyond Blue Limited
ABN 87 093 865 840
ACN 093 865 840

Annual Financial Report
for the year ended 30 June 2005

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Directors’ Report

The directors present their report together with the financial report of Beyond Blue Limited (“the Company”) for the year ended 30 June 2005 and the auditor’s report thereon.

Directors

The directors at any time during or since the end of the financial year are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Experience/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Hon. Jeffrey Kennett AC</td>
<td>23 years’ experience in Victorian Parliament, including Premier of Victoria.</td>
</tr>
<tr>
<td>23 years’ experience in Victorian Parliament, including Premier of Victoria. Director since 19 October 2000.</td>
<td></td>
</tr>
<tr>
<td>The Hon. Caroline Hogg</td>
<td>Former member of Victorian Parliament holding a number of Human Services’ portfolios including Minister for Health. Director since 19 October 2000.</td>
</tr>
<tr>
<td>Dr Paul Hemming</td>
<td>Former President of the Royal Australian College of General Practitioners. General practitioner in Ballarat, Victoria. Director since 19 October 2000.</td>
</tr>
<tr>
<td>Professor Harvey Whiteford</td>
<td>Inaugural Mental Health Advisor to the World Bank and Mental Health Advisor to the World Health Organisation. Kratzmann Professor of Psychiatry at the University of Queensland. Director since 19 October 2000.</td>
</tr>
<tr>
<td>Mr Garry McDonald AO</td>
<td>Australian actor. Past Patron of the Anxiety Disorders Foundation, New South Wales Branch. Director since 19 October 2000.</td>
</tr>
<tr>
<td>Ms Jenny Pickworth</td>
<td>Legal advisor to the Western Australian Health Reform Implementation Taskforce and the WA Department of Health, Chair of the Professional Review Group. Director since 19 October 2000.</td>
</tr>
<tr>
<td>Mr John McGrath</td>
<td>Inaugural Chairman of the Mental Health Council of Australia. Former member of the Victorian Government, carer of a family member with a mental illness and Chairman of the Victorian Ministerial Advisory Committee on Mental Health. Director since 19 October 2000.</td>
</tr>
<tr>
<td>Ms Gwen Wilcox</td>
<td>Chief Executive Officer of Australian Drug Management and Education. Director since 19 October 2000.</td>
</tr>
<tr>
<td>Professor Veronica Arbon</td>
<td>Director of the Bachelor Institute of Indigenous Tertiary Education. Director since 13 August 2002. Resigned 1 November 2004</td>
</tr>
<tr>
<td>Professor Kenneth Kirkby</td>
<td>Professor of Psychiatry, University of Tasmania. Member of the Royal Australian and New Zealand College of Psychiatrists. Director since 18 March 2003.</td>
</tr>
<tr>
<td>Monsignor David Cappo VG</td>
<td>Vicar General of the Archdiocese of Adelaide and Administrator of the Cathedral, South Australia. Director since 15 September 2003.</td>
</tr>
<tr>
<td>Ms Leonie Young</td>
<td>Former Executive Manager with the Federal Department of Health. Director since 15 September 2003.</td>
</tr>
</tbody>
</table>
Directors’ meetings

The number of directors’ meetings and number of meetings attended by each of the directors of the Company during the financial year are:

<table>
<thead>
<tr>
<th>DIRECTOR</th>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Hon. Jeffrey Kennett AC</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>The Hon. Caroline Hogg</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Dr Paul Hemming</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Professor Harvey Whiteford</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Mr Garry McDonald AO</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Ms Jenny Pickworth</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Mr John McGrath</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Ms Gwen Wilcox</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Professor Veronica Arbon</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Professor Kenneth Kirkby</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Ms Leonie Young</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Monsignor David Cappo VG</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

A – Number of meetings attended. B – Number of meetings held during the time the director held office during the year.

Members’ guarantee

The Company is limited by guarantee. The liability of the members is limited to a maximum of $50 each.

Principal activities

The principal activities of the Company during the course of the financial year was the organisation, planning and implementation of projects designed to raise awareness of depression and reduce the prevalence, risks and the impact of depressive disorders, and increase the capacity of the Australian community to respond effectively to depression.

Review and result of operations


Since incorporation up until February 2001, the Company was primarily engaged in the organisation and planning aspects of establishing the Company. During February 2001 the Company began assessing and implementing projects. In the 2002 financial year further programs were approved by the Board and implemented. At the end of the 2003 financial year the Board had approved a number of new programs, which has resulted in all remaining government funding being allocated to programs which are aimed at achieving the following objectives:

- Destigmatise depression by increasing community awareness
- Promote prevention of depression
- Promote a community-wide response to the needs of consumers and carers
- Assist primary care professionals to increase their public health and treatment roles
- Support depression-related research.

During the 2005 financial year the Company continued with its programs. The Company is on target to meet its program funding out of its retained surplus and financial commitments from Federal and State Governments.
Dividends

The Company is limited by guarantee and is prohibited by its Memorandum of Association from paying a dividend to its members.

State of affairs

There were no significant changes in the state of affairs of the Company that occurred during the financial year under review.

Environmental regulation

The Company’s operations are not subject to any significant environmental regulations under either Commonwealth or State Legislation.

Events subsequent to balance date

For reporting periods starting on or after 1 July 2005, the Company must comply with International Financial Reporting Standards (IFRS) as issued by the Australian Accounting Standards Board.

Other than matters discussed above, there has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material or unusual nature likely, in the opinion of the directors of the Company, to affect significantly the operations of the Company, the results of those operations, or the state of affairs of the Company, in future financial years.

Likely developments

It is not foreseen that the Company will undertake any change in its general direction during the coming financial year. The Company will continue to pursue its objective of raising awareness and reducing the prevalence, risks for and the impact of depressive disorders, and increasing the capacity of the Australian community to respond effectively to depression.

Company particulars

The Company is incorporated in Australia. The address of the registered office is:
50 Burwood Road, Hawthorn VICTORIA 3122

Company secretary

Mr Geoffrey Wood was pointed to the position of company secretary in March 2003. Mr Geoffrey Wood has over 30 years experience in the accounting profession, is a registered company auditor and tax agent and has a partnership in an accounting practice.

Indemnification and insurance of officers and auditors

Indemnification

The company has not indemnified or made a relevant agreement for indemnifying against a liability any person who is or has been an officer or auditor of the company.

Insurance premiums

During the financial year the Company has paid premiums in respect of directors’ and officers’ liability and legal expenses insurance contracts for the year ended 30 June 2005. Such insurance contracts insure against certain liability (subject to specific exclusions) persons who are or have been directors or executive officers of the company.

The directors have not included details of the nature of the liabilities covered or the amount of the premium paid in respect of the directors’ and officers’ liability and legal expenses’ insurance contracts, as such disclosure is prohibited under the terms of the contract.
Lead Auditor’s Independence Declaration under Section 307C of the Corporations Act 2001

The lead auditor’s independence declaration is set out on page 55 and forms part of the directors’ report for the year ended 30 June 2005.

Signed in accordance with a resolution of the directors:

Dated at Richmond (Victoria) this 26th day of October 2005.

The Hon. Jeffrey Kennett 
Director

Ms Leonie Young 
Director

Lead Auditor’s Independence Declaration under Section 307C of the Corporation Act 2001
to the directors of Beyond Blue Limited

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2005 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

KPMG

Ralph M Ferguson 
Partner

Melbourne 
26 October 2005
### Statement of Financial Performance for the year ended 30 June 2005

<table>
<thead>
<tr>
<th>Note</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue from government funding</td>
<td>2</td>
<td>8,433,103</td>
</tr>
<tr>
<td>Other revenues from ordinary activities</td>
<td>2</td>
<td>959,803</td>
</tr>
<tr>
<td>Total revenue</td>
<td>2</td>
<td>9,392,906</td>
</tr>
<tr>
<td>Project expenses</td>
<td></td>
<td>7,096,646</td>
</tr>
<tr>
<td>Travel and accommodation expenses</td>
<td></td>
<td>130,847</td>
</tr>
<tr>
<td>Employment expenses</td>
<td></td>
<td>1,221,481</td>
</tr>
<tr>
<td>Occupancy expenses</td>
<td></td>
<td>120,331</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td>3</td>
<td>105,459</td>
</tr>
<tr>
<td>Website expenses</td>
<td></td>
<td>19,773</td>
</tr>
<tr>
<td>Other expenses from ordinary activities</td>
<td></td>
<td>568,477</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9,263,014</td>
</tr>
</tbody>
</table>

**Surplus/(deficit) from ordinary activities before related income tax expense**

| | 2005   | 2004   |
| | $      | $      |
| Income tax expense relating to ordinary activities | 1(e) | - | - |
| Net surplus/(deficit) | 12 | 129,892 | (550,114) |

**Total changes in equity from non-owner related transactions attributable to the members of the parent entity**

| | 2005   | 2004   |
| | $      | $      |
| | 129,892 | (550,114) |

The statement of financial performance are to be read in conjunction with the notes to the financial statements set out on pages 59 to 70.
## Statement of Financial Position as at 30 June 2005

<table>
<thead>
<tr>
<th>Note</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash assets</td>
<td>5</td>
<td>12,740,986</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>31,647</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>12,772,633</td>
<td>4,599,480</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>7</td>
<td>141,724</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>141,724</td>
<td>155,490</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>12,914,357</td>
<td>4,754,970</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>8</td>
<td>8,292,015</td>
</tr>
<tr>
<td>Provisions</td>
<td>9</td>
<td>54,919</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>8,346,934</td>
<td>317,439</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>8,346,934</td>
<td>317,439</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>4,567,423</td>
<td>4,437,531</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus</td>
<td>12</td>
<td>4,567,423</td>
</tr>
<tr>
<td><strong>Total members funds</strong></td>
<td>4,567,423</td>
<td>4,437,531</td>
</tr>
</tbody>
</table>

The statement of financial position are to be read in conjunction with the notes to the financial statements set out on pages 59 to 70.
## Statement of Cash Flows for the year ended 30 June 2005

<table>
<thead>
<tr>
<th>Note</th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash receipts in the course of operations</td>
<td>17,776,376</td>
<td>8,970,854</td>
</tr>
<tr>
<td>Cash payments in the course of operations</td>
<td>(9,716,964)</td>
<td>(9,580,930)</td>
</tr>
<tr>
<td>Interest received</td>
<td>197,099</td>
<td>198,519</td>
</tr>
<tr>
<td><strong>Net cash provided by/(used in) operating activities</strong></td>
<td>8,256,511</td>
<td>(411,557)</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for plant and equipment</td>
<td>(91,693)</td>
<td>(46,472)</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities</strong></td>
<td>(91,693)</td>
<td>(46,472)</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash held</strong></td>
<td>8,164,818</td>
<td>(458,029)</td>
</tr>
<tr>
<td><strong>Cash at the beginning of the financial year</strong></td>
<td>4,576,168</td>
<td>5,034,197</td>
</tr>
<tr>
<td><strong>Cash at the end of the financial year</strong></td>
<td>12,740,986</td>
<td>4,576,168</td>
</tr>
</tbody>
</table>

The statement of cash flows are to be read in conjunction with the notes to the financial statements set out on pages 59 to 70.
1 Statement of significant accounting policies

The significant policies which have been adopted in the preparation of this financial report are:

(a) Basis of preparation

The financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views, other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

It has been prepared on the basis of historical costs and except where stated, does not take into account changing money values or fair values of non-current assets.

The Company has consistently applied these accounting policies.

(b) Revenue Recognition

Revenues are recognised at fair value of the consideration received net of the amount of goods and services tax (GST). Exchange of goods or services of the same nature and value without any cash consideration are not recognised as revenues.

Funding

Funding comprises the amounts received from the Commonwealth, Victorian, Queensland, Tasmanian, Northern Territory, Australian Capital Territory, South Australian and Western Australian Governments. These amounts are provided to the Company based on the achievement and progress of specific objectives as detailed in the funding agreements. Funding is recognised at the time it is received into the Company’s bank account.

Any funding received for services which have not been performed is recorded as deferred income in the statement of financial position.

Interest revenue

Interest revenue is recognised as it accrues, taking into account the effective yield on the financial asset.

Sale of non-current assets

The gross proceeds of non-current asset sales are included as revenue at the date control of the asset passes to the buyer, usually when an unconditional contract of sale is signed.

The gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of disposal and the net proceeds on disposal.

Donations

Donations are receipted by the Beyond Blue Depression Research Ancillary Fund Trust (“the Trust”) and comprise amounts received from individuals or commercial institutions. Donations are banked into a separate bank account managed by the Company on behalf of the Trust.

(c) Borrowing costs

Borrowing costs include interest. Borrowing costs are expensed as incurred.

(d) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO). 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 are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

(e) Taxation

The Company has an exemption from income tax under Section 50-5 of the Income Tax Assessment Act (1997).

(f) Acquisitions of assets

All assets acquired including plant and equipment are initially recorded at their cost of acquisition at the date of acquisition, being the fair value of the consideration provided plus incidental costs directly attributable to the acquisition.

Expenditure is only recognised as an asset when the entity controls future economic benefits as a result of the costs incurred, it is probable that those future economic benefits will eventuate, and the costs can be measured reliably.

Costs attributable to feasibility and alternative approach assessments are expensed as incurred.
Notes to and forming part of the Financial Statements for the year ended 30 June 2005

**Subsequent additional costs**

Costs incurred on assets subsequent to initial acquisition are capitalised when it is probable that future economic benefits in excess of the originally assessed performance of the asset will flow to the company in future years.

Costs that do not meet the criteria for capitalisation are expensed as incurred.

**(g) Depreciation and amortisation**

**Useful lives**

All non-current assets have limited useful lives and all non-current assets have been depreciated using the straight-line method over their estimated useful lives.

Assets are depreciated from the date of acquisition or, in respect of internally constructed assets, from the time an asset is completed and held ready for use.

Depreciation rates and methods are reviewed annually for appropriateness. When changes are made, adjustments are reflected prospectively in current and future periods only.

The depreciation rates used for each class of asset are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer equipment</td>
<td>5 years</td>
<td>5 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>4-5 years</td>
<td>4-5 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>5 years</td>
<td>5 years</td>
</tr>
<tr>
<td>Software</td>
<td>2.5 years</td>
<td>2.5 years</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>4-5 years</td>
<td>-</td>
</tr>
</tbody>
</table>

**(h) Cash assets and bank overdrafts**

Cash assets and bank overdrafts are carried at face value of the amounts deposited or drawn. The carrying amounts of cash assets and bank overdrafts approximate net fair value.

**(i) Leased assets**

Leases under which the Company assume substantially all the risks and benefits of ownership are classified as finance leases. Other leases are classified as operating leases.

**Operating leases**

Payments made under operating leases are expensed on a straight line basis over the term of the lease, except where an alternative basis is more representative of the pattern of benefits to be derived from the leased property.

**(j) Recoverable amount of non-current assets valued on cost basis**

The carrying amounts of non-current assets valued on the cost basis are reviewed to determine whether they are in excess of their recoverable amount at balance date. If the carrying amount of a non-current asset exceeds its recoverable amount, the asset is written down to the lower amount. The write-down is recognised as an expense in the net profit or loss in the reporting period in which it occurs.

In assessing recoverable amounts of non-current assets the relevant cash flows have not been discounted to their present value, except where specifically stated.

**(k) Payables**

Liabilities are recognised for amounts to be paid in the future for goods or services received. Trade accounts payable are normally settled within 30 days. The carrying amount of accounts payable approximates net fair value.

**(l) Employee entitlements**

**Wages, salaries and annual leave**

Liabilities for employee benefits for wages, salaries and annual leave expected to be settled within 12 months of the year-end represent present obligations resulting from employees’ services provided to reporting date, calculated at undiscounted amounts based on remuneration wage and salary rates that the company expects to pay as at reporting date including related on-costs.

**Superannuation plan**

The company contributes to several defined contribution superannuation plans. Contributions are charged against income as they are made.

**(m) Provisions**

A provision is recognised when there is a legal, equitable or constructive obligation as a result of a past event and it is probable that a future sacrifice of economic benefits will be required to settle the obligation, the timing or amount of which is uncertain.

**(n) Comparatives**

Where practical, comparatives have been changed to achieve consistency in disclosure.
Notes to and forming part of the Financial Statements for the year ended 30 June 2005

<table>
<thead>
<tr>
<th>2 Revenue from ordinary activities</th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth Government funding</td>
<td>3,500,000</td>
<td>3,791,667</td>
</tr>
<tr>
<td>Victorian Government funding</td>
<td>3,500,000</td>
<td>3,470,830</td>
</tr>
<tr>
<td>South Australian Government funding</td>
<td>556,000</td>
<td>278,000</td>
</tr>
<tr>
<td>Australian Capital Territory Government funding</td>
<td>70,000</td>
<td>70,000</td>
</tr>
<tr>
<td>Tasmanian Government funding</td>
<td>88,102</td>
<td>88,102</td>
</tr>
<tr>
<td>Northern Territory Government funding</td>
<td>35,465</td>
<td>35,465</td>
</tr>
<tr>
<td>Western Australian Government funding</td>
<td>683,536</td>
<td>-</td>
</tr>
<tr>
<td>Revenue from Government funding</td>
<td>8,433,103</td>
<td>7,734,064</td>
</tr>
</tbody>
</table>

Other revenues:

From operating activities

<table>
<thead>
<tr>
<th></th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>552,376</td>
<td>400,150</td>
</tr>
<tr>
<td>Interest:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other parties</td>
<td>197,099</td>
<td>198,519</td>
</tr>
<tr>
<td>Other</td>
<td>210,328</td>
<td>55,643</td>
</tr>
<tr>
<td></td>
<td>959,803</td>
<td>654,312</td>
</tr>
</tbody>
</table>

Total revenue from ordinary activities | 9,392,906 | 8,388,376 |

3 Surplus/(deficit) from ordinary activities

Surplus/(deficit) from ordinary activities has been arrived at after charging the following items:

<table>
<thead>
<tr>
<th></th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net movement in provisions</td>
<td>16,147</td>
<td>(100,097)</td>
</tr>
<tr>
<td>Depreciation of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>plant and equipment</td>
<td>103,555</td>
<td>89,845</td>
</tr>
<tr>
<td>Amortisation of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>leasehold improvements</td>
<td>1,904</td>
<td>-</td>
</tr>
<tr>
<td>Total depreciation and amortisation</td>
<td>105,459</td>
<td>89,845</td>
</tr>
<tr>
<td>Operating lease rental expense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum lease payments</td>
<td>127,616</td>
<td>110,868</td>
</tr>
</tbody>
</table>
### 4 Auditors’ remuneration

Audit services:

<table>
<thead>
<tr>
<th>Company</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPMG</td>
<td>12,000</td>
<td>10,500</td>
</tr>
</tbody>
</table>

### 5 Cash assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>1,748,353</td>
<td>2,894,298</td>
</tr>
<tr>
<td>Funds held in trust</td>
<td>109,958</td>
<td>228,656</td>
</tr>
<tr>
<td>Short term deposit maturing within 30 days</td>
<td>10,882,175</td>
<td>1,452,877</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>500</td>
<td>337</td>
</tr>
<tr>
<td>Total</td>
<td>12,740,986</td>
<td>4,576,168</td>
</tr>
</tbody>
</table>

Funds held in trust represent donations received by the Company for the Beyond Blue Depression Research Ancillary Fund Trust. Included in short-term deposits is $550,000 (2004:$nil) representing donations in respect of the Research Ancillary Fund Trust.

The weighted average interest rate is 5.27% (2004: 4.13%).

### 6 Other assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued interest</td>
<td>17,344</td>
<td>1,867</td>
</tr>
<tr>
<td>Other debtors</td>
<td>14,199</td>
<td>-</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>104</td>
<td>21,445</td>
</tr>
<tr>
<td>Total</td>
<td>31,647</td>
<td>23,312</td>
</tr>
</tbody>
</table>

Other debtors relate to amounts receivable from the Australian Taxation Office.
## 7 Plant and equipment

<table>
<thead>
<tr>
<th></th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Furniture and Fittings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>216,558</td>
<td>208,895</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(192,434)</td>
<td>(149,263)</td>
</tr>
<tr>
<td></td>
<td>24,124</td>
<td>59,632</td>
</tr>
<tr>
<td><strong>Computer equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>134,269</td>
<td>113,971</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(103,385)</td>
<td>(74,729)</td>
</tr>
<tr>
<td></td>
<td>30,884</td>
<td>39,242</td>
</tr>
<tr>
<td><strong>Software</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>77,426</td>
<td>77,426</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(59,323)</td>
<td>(34,015)</td>
</tr>
<tr>
<td></td>
<td>18,103</td>
<td>43,411</td>
</tr>
<tr>
<td><strong>Office equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>26,714</td>
<td>24,442</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(17,657)</td>
<td>(11,237)</td>
</tr>
<tr>
<td></td>
<td>9,057</td>
<td>13,205</td>
</tr>
<tr>
<td><strong>Leasehold improvements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>61,460</td>
<td>-</td>
</tr>
<tr>
<td>Accumulated amortisation</td>
<td>(1,904)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>59,556</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total plant and equipment net book value</strong></td>
<td>141,724</td>
<td>155,490</td>
</tr>
</tbody>
</table>
Reconciliations of the carrying amounts for each class of plant and equipment are set out below:

### Furniture and Fittings

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of year</td>
<td>59,632</td>
<td>101,410</td>
</tr>
<tr>
<td>Additions</td>
<td>7,663</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(43,171)</td>
<td>(41,778)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>24,124</td>
<td>59,632</td>
</tr>
</tbody>
</table>

### Computer equipment

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of year</td>
<td>39,242</td>
<td>64,696</td>
</tr>
<tr>
<td>Additions</td>
<td>20,298</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(28,656)</td>
<td>(25,454)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>30,884</td>
<td>39,242</td>
</tr>
</tbody>
</table>

### Software

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of year</td>
<td>43,411</td>
<td>21,382</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>39,965</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(25,308)</td>
<td>(17,936)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>18,103</td>
<td>43,411</td>
</tr>
</tbody>
</table>

### Office equipment

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of year</td>
<td>13,205</td>
<td>11,375</td>
</tr>
<tr>
<td>Additions</td>
<td>2,272</td>
<td>6,507</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(6,420)</td>
<td>(4,677)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>9,057</td>
<td>13,205</td>
</tr>
</tbody>
</table>

### Leasehold Improvements

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Additions</td>
<td>61,460</td>
<td>-</td>
</tr>
<tr>
<td>Amortisation</td>
<td>(1,904)</td>
<td>-</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>59,556</td>
<td>-</td>
</tr>
</tbody>
</table>
Notes to and forming part of the Financial Statements for the year ended 30 June 2005

### 8 Payables

<table>
<thead>
<tr>
<th>Note</th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade creditors</td>
<td>150,875</td>
<td>78,516</td>
</tr>
<tr>
<td>Other creditors and accruals</td>
<td>265,341</td>
<td>56,326</td>
</tr>
<tr>
<td>Unearned income</td>
<td>7,000,000</td>
<td>35,465</td>
</tr>
<tr>
<td>GST payable</td>
<td>875,799</td>
<td>108,360</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,292,015</td>
<td>278,667</td>
</tr>
</tbody>
</table>

Unearned income relates to income received in advance from the Commonwealth Government of $6,000,000 (2004:$nil) and South Australian Government of $1,000,000 (2004:$nil).

Unearned income in 2004 relates to income received in advance from the Northern Territory Government.

### 9 Provisions

<table>
<thead>
<tr>
<th>Note</th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits</td>
<td>54,919</td>
<td>38,772</td>
</tr>
</tbody>
</table>

### 10 Employee benefits

Aggregate liability for employee entitlements, including on-costs

<table>
<thead>
<tr>
<th>Note</th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits provision</td>
<td>54,919</td>
<td>38,772</td>
</tr>
</tbody>
</table>

### Number of employees

<table>
<thead>
<tr>
<th>Note</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of employees at year end</td>
<td>15</td>
<td>12</td>
</tr>
</tbody>
</table>

### 11 Segment Reporting

The Company operates in Australia and is involved in the reduction of the prevalence, risks for and the impact of depressive disorders and increasing the capacity of the Australian community to deal effectively with depression.
Notes to and forming part of the Financial Statements for the year ended 30 June 2005

<table>
<thead>
<tr>
<th>12 Retained surplus</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained surplus at beginning of year</td>
<td>4,437,531</td>
<td>4,987,645</td>
</tr>
<tr>
<td>Surplus/(deficit) for the year</td>
<td>129,892</td>
<td>(550,114)</td>
</tr>
<tr>
<td>Retained surplus at the end of the year</td>
<td>4,567,423</td>
<td>4,437,531</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13 Commitments</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-cancellable operating lease expense commitments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Future operating lease commitments not provided for in the financial statements and payable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within one year</td>
<td>150,436</td>
<td>107,521</td>
</tr>
<tr>
<td>One year or later and no later than five years</td>
<td>52,653</td>
<td>36,557</td>
</tr>
<tr>
<td></td>
<td>203,089</td>
<td>144,078</td>
</tr>
</tbody>
</table>

The company leases property under non-cancellable operating leases expiring within two years. Leases generally provide the company with a right of renewal at which time all terms are renegotiated. Contingent rentals are based on either movements in the Consumer Price Index or other operating criteria.

<table>
<thead>
<tr>
<th>14 Other creditors and accruals</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit fees</td>
<td>12,500</td>
<td>12,000</td>
</tr>
<tr>
<td>Accruals</td>
<td>218,122</td>
<td></td>
</tr>
<tr>
<td>Payroll liability</td>
<td>7,327</td>
<td>14,797</td>
</tr>
<tr>
<td>PAYG liability</td>
<td>27,392</td>
<td>29,529</td>
</tr>
<tr>
<td>Total</td>
<td>265,341</td>
<td>56,326</td>
</tr>
</tbody>
</table>
## 15 Additional financial instruments disclosure

### (a) Interest rate risk

#### Interest rate risk exposures

The Company’s exposure to interest rate risk and the effective weighted average interest rate for classes of financial assets and financial liabilities is set out below:

<table>
<thead>
<tr>
<th>Note</th>
<th>Weighted average interest rate</th>
<th>Floating interest rate</th>
<th>Fixed interest maturing in 1 year or less</th>
<th>Fixed interest maturing in 1-5 years</th>
<th>Non-interest bearing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Note</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Financial Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>5</td>
<td>4.01%</td>
<td>1,858,311</td>
<td>-</td>
<td>-</td>
<td>1,858,311</td>
</tr>
<tr>
<td>Term deposits</td>
<td>5</td>
<td>5.59%</td>
<td>10,882,175</td>
<td>-</td>
<td>-</td>
<td>10,882,175</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>12,740,486</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>500</strong></td>
<td><strong>12,740,986</strong></td>
</tr>
<tr>
<td><strong>Financial Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8,292,015</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>9,10</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>54,919</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>8,346,934</strong></td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Financial Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>5</td>
<td>3.73%</td>
<td>3,122,954</td>
<td>-</td>
<td>-</td>
<td>3,122,954</td>
</tr>
<tr>
<td>Term deposits</td>
<td>5</td>
<td>5.2%</td>
<td>1,452,877</td>
<td>-</td>
<td>-</td>
<td>1,452,877</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>337</td>
<td>337</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>4,575,831</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>337</strong></td>
<td><strong>4,576,168</strong></td>
</tr>
<tr>
<td><strong>Financial Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>278,667</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>9,10</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>38,772</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>317,439</strong></td>
</tr>
</tbody>
</table>
15 Additional financial instruments disclosure (continued)

(b) Net fair values of financial assets and liabilities

Valuation approach

Recognised financial instruments

Monetary financial assets and financial liabilities not readily traded in an organised market are determined by valuing them at the present value of contractual future cash flows on amounts due from funding parties or due to suppliers. The carrying amounts of bank accounts, bank term deposits and accounts payable approximate net fair value.

Net fair values

Recognised financial instruments

The carrying amounts of financial assets and liabilities as at the reporting date approximate their fair values.

<table>
<thead>
<tr>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16 Directors’ remuneration

Directors’ income

The number of directors of the Company whose income from the Company or any related party falls within the following bands:

| $0 - $9,999 | 10 | 10 |
| $10,000 - $19,999 | 1 | 1 |
| $20,000 - $29,999 | - | 1 |
| $130,000 - $139,999 | - | 1 |
| $140,000 - $209,999 | 1 | - |

Total income paid or payable, or otherwise made available, to all directors of the Company from the Company or any related party  

<table>
<thead>
<tr>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17 Related parties

Directors

The names of each person holding the position of Director of the Company during the financial year are:

Jeffrey Kennett  
Garry McDonald  
Kenneth Kirkby  
Caroline Hogg  
Jenny Pickworth  
Leonie Young  
Paul Hemming  
John McGrath  
David Cappo  
Harvey Whiteford  
Gwen Wilcox  
Veronica Arbon (resigned Nov 2004)

Details of directors’ remuneration are set out in Note 16.

Apart from the details disclosed in this note, no director has entered into a material contract with the Company and there were no material contracts involving directors’ interests subsisting at year end.
18 Notes to the statement of cash flows

(i) Reconciliation of cash
For the purposes of the statement of cash flows, cash includes cash on hand and at bank and short term deposits at call, net of outstanding bank overdrafts. Cash as at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

<table>
<thead>
<tr>
<th>Cash assets</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>12,740,986</td>
</tr>
</tbody>
</table>

(ii) Reconciliation of surplus/(deficit) from ordinary activities to net cash provided by operating activities

| Surplus/(deficit) from ordinary activities | 129,892 | (550,114) |
| Add/(less) non-cash items: | | |
| Depreciation | 105,459 | 89,845 |
| Net cash provided by (used in) operating activities before change in assets and liabilities | 235,351 | (460,269) |
| Change in assets and liabilities during the financial year: | | |
| (Increase)/decrease in other assets | (8,335) | 87,450 |
| Increase/(decrease) in provisions | 16,147 | (100,097) |
| Increase/(decrease) in trade creditors and accruals | 1,048,813 | 95,894 |
| Increase/(decrease) in unearned income | 6,964,535 | (34,535) |
| Net cash provided by (used in) operating activities | 8,256,511 | (411,557) |

19 Members’ guarantees

The Company is limited by guarantee and the liability of members is limited to a maximum of $50.

20 Economic dependency

The Company is dependant upon the Federal Government and various State Governments for on-going funding.
21 Impact of adopting Australian equivalents to International Financial Reporting Standards

For reporting periods beginning on or after 1 July 2005, the company must comply with Australian equivalents to International Financial Reporting Standards (AIFRS) as issued by the Australian Accounting Standards Board.

This financial report has been prepared in accordance with Australian accounting standards and other financial reporting requirements (Australian GAAP) applicable for reporting periods ended 30 June 2005.

The differences between Australian GAAP and AIFRS identified to date as potentially having a significant effect on the company’s financial performance and financial position are summarised below. The summary should not be taken as an exhaustive list of all the differences between Australian GAAP and AIFRS. No attempt has been made to identify all disclosure, presentation or classification differences that would affect the manner in which transactions or events are presented.

The company has not quantified the effects of the differences discussed below. Accordingly, there can be no assurances that the financial performance and financial position as disclosed in this financial report would not be significantly different if determined in accordance with AIFRS.

The key potential implications of the conversion to AIFRS on the company are as follows:

- Impairments of assets will be determined on a discounted basis, with strict tests for determining whether goodwill and cash-generating operations have been impaired;
- Changes in accounting policies will be recognised by restating comparatives rather than making current year adjustments with note disclosure of prior year effects.

The expected impact of adopting AIFRS summarised above is currently being determined by the Company. In addition, certain choices of accounting policies and elections under AIFRS are still being analysed to determine the most appropriate policy for the Company. It is expected that the impact of the AIFRS adjustments will be completed by 31 December 2005.

22 Events subsequent to balance date

International Financial Reporting Standards

For reporting periods beginning on or after 1 July 2005 the company must comply with Australian equivalents to International Financial Reporting Standards (AIFRS) as issued by the Australian Accounting Standards board.
Directors’ Declaration

In the opinion of the directors of Beyond Blue Limited:

(a) The financial statements and notes, set out on pages 51 to 70, are in accordance with the Corporations Act 2001, including:

   (i) Giving a true and fair view of the financial position of the Company as at 30 June 2005 and of its performance, as represented by the results of its operations and its cash flows for the year ended on that date

   (ii) Complying with Accounting Standards in Australia and the Corporations Regulations 2001

(b) There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Dated at Richmond (Victoria) this 26th day of October 2005.

Signed in accordance with a resolution of the directors:

The Hon. Jeffrey Kennett
Director

Ms Leonie Young
Director
Independent Audit Report to the Members of Beyond Blue Limited

Scope

The financial report and directors’ responsibility


The directors of the Company are responsible for the preparation and true and fair presentation of the financial report in accordance with the Corporations Act 2001. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach

We conducted an independent audit in order to express an opinion to the members of the Company. Our audit was conducted in accordance with Australian Auditing Standards in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Corporations Act 2001, Australian Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the Company’s financial position, and of its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- Assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

While we considered the effectiveness of management’s internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the Corporations Act 2001.

Audit opinion

In our opinion, the financial report of Beyond Blue Limited is in accordance with:

a) The Corporations Act 2001, including:

i. Giving a true and fair view of the Company’s financial position as at 30 June 2005 and of its performance for the financial year ended on that date

ii. Complying with Accounting Standards in Australia and the Corporations Regulations 2001

b) Other mandatory financial reporting requirements in Australia.

KPMG

Ralph M Ferguson
Partner
Melbourne
26 October 2005
**Vision**

A society that understands and responds to the personal and social impact of depression and works actively to prevent depression and improve the quality of life of everyone affected by it.

**Mission**

Provide national focus and leadership that increases the capacity of the broader community to prevent depression and respond effectively to it.

**Principles for action**

- Respect for human rights and dignity
- Strong community involvement, understanding and support
- A population health approach
- Recognition of diversity and special needs
- A coordinated and collaborative approach
- An evidence-based approach
- Sustainable action