beyondblue, the national depression and anxiety initiative, is an independent, not-for-profit organisation working to increase awareness and understanding of depression and anxiety in Australia and to reduce the associated stigma.

beyondblue is a bipartisan initiative of the Federal, State and Territory Governments.

Our vision
An Australian community that understands depression and anxiety, empowers people to seek help, and supports recovery, management and resilience.

Our mission
To provide national leadership to reduce the impact of depression and anxiety in the Australian community.

Our values
- We work willingly with others to collaborate and share knowledge.
- We treat others with respect and dignity, and believe diversity is important.
- We are passionate about enjoying life and work.
- We strive continually for excellence.
- We encourage innovative ideas and approaches.
- We act with honesty, integrity and transparency.
Chairman’s foreword

As I reflect on the past year, one of the most gratifying highlights for me was that mental health policy was among the main campaign issues leading up to the Federal Election in 2010.

For politicians to recognise that people’s lives are affected significantly by mental illnesses like depression and anxiety and that their constituents will vote for the party that promises them both services and hope is a giant leap forward.

While collectively, there has been a huge injection of funds at federal, state and territory levels to improve access to mental health services and to raise awareness of pathways to care, we still have a long way to go before everyone receives appropriate professional help when they need it – regardless of where they live.

For decades, mental health has been the ugly duckling within health portfolios. Since beyondblue was established 11 years ago, governments of all political persuasions have been making up for times of great neglect. And all I can say is that it’s long overdue.

On behalf of everyone who has experienced a mental illness and their family members, I thank the politicians and the policy makers – and encourage them to maintain the focus on providing more mental health services and increasing access to those services for people across Australia.

Another milestone was achieved this year when the National Health and Medical Research Council approved two sets of beyondblue Clinical Practice Guidelines for the treatment of Depression in Adolescents and Young Adults and Depression and Related Disorders in the Perinatal Period. After more than two years of research by clinical experts including community consultations, we now have the latest and best recommendations available in the world on how to treat and manage mental health conditions in young adults and women in the perinatal period. I thank our staff and all the leading experts we were able to bring together to develop these guidelines. Not only is it a fantastic achievement, but the guidelines will be of great benefit to thousands of families.

In the past year, we have extended our reach and our messages into the online space. We have developed online mental health training programs for health professionals and promoted online treatment programs for people with depression and anxiety through our e-health directory on our website.

We also launched two new websites; www.theshedonline.org.au for men who don’t have access to a community Men’s Shed and www.justspeakup.com.au for women experiencing antenatal and postnatal depression and anxiety, and their families. These websites aim to build communities, reduce isolation, raise awareness and provide information to assist people to get the help they need.

Over the summer months, my heart went out to the many hard-working Australians who were dealt a severe blow by Mother Nature. Floods, fires and cyclones destroyed communities, homes, livelihoods and lives. And still, communities are battling to get back to where they were before the disasters struck.

We know that in the aftermath, many people may be experiencing depression or anxiety, I encourage those people not to be too proud to ask for assistance and to contact beyondblue’s info line to find out where to get help.

At the beginning of 2011, beyondblue CEO Dawn O’Neill took over the reins from Leonie Young who led beyondblue from strength to strength for seven and a half years. I want to thank Leonie Young in particular for her selfless work and leadership of the team that has earned beyondblue the reputation it has today.

As well, we welcomed two more new Board Directors, The Hon. Morris Iemma (former NSW Premier) and Associate Professor Michael Baigent (former beyondblue Clinical Adviser). I thank Dawn, the Board Directors and Members immensely for their commitment, insight and guidance.

My thanks go as well to the Federal, State and Territory Governments for their vote of confidence in continuing to support beyondblue. We value this support and commit to continue to work with governments, all political parties, the health sector and the media. Also, we greatly appreciate the generosity and support of our corporate and community partners, particularly The Movember Foundation, and the hundreds of individuals, families and businesses who support the work of beyondblue through financial donations or from in-kind business support worth millions of dollars.

In developing a new strategic plan for the next five years, I look forward to beyondblue continuing to work in an innovative way to assist people with depression and anxiety, and their families, to get information and access to appropriate help.

Now at the beginning of beyondblue’s second decade, our challenge is to maintain the momentum and to work with our partners towards not only getting everyone the help they need, but to reducing further the stigma associated with mental illness.

I thank everyone – our staff, our partners, our sponsors, governments and the public – who have contributed to the outstanding success of beyondblue in the past year.

In commending this report to you, I’m sure you’ll be surprised at the number of programs which beyondblue is currently involved in or delivering.

The Hon. Jeff Kennett AC
Chairman
Chief Executive Officer’s report

It is with great pleasure that I present beyondblue’s Annual Report for 2010–11.

In 2011, with the assistance of talented and capable staff and the Board, we have planned internal organisational changes to enable beyondblue to meet its mission, goals and obligations to the Australian community more efficiently. We have sought to align systems, processes and structures to support our five-year Strategic Plan – and to create a workplace that facilitates innovation, collaboration and excellence.

We have revised our Vision and Mission Statements and established beyondblue’s Five Big Goals to replace the five Priority Areas which have provided the framework for beyondblue’s work for the past decade. The Five Big Goals will increase awareness of depression and anxiety; reduce stigma and discrimination; encourage help-seeking; reduce impact and disability and facilitate learning, collaboration, innovation and research.

Our vision is to have an Australian community that understands depression and anxiety, empowers people to seek help and supports recovery, management and resilience.

Our mission is to provide national leadership to reduce the impact of depression and anxiety in the Australian community.

In the past 12 months, beyondblue continued to play an active role in national and state-based policy consultations. We made more than a dozen submissions reflecting the needs of consumers and carers, and sharing the outcomes of beyondblue research and programs.

Also, work is well underway on targeted awareness campaigns to reach several specific population groups.

A print and radio campaign directed at older people is due to be released in October 2011. It will aim to reduce the high levels of stigma about depression and anxiety known to exist among older people and encourage them to seek help.

beyondblue has also been working collaboratively with the gay, lesbian, bisexual, transgender and intersex (GLBTI) community to address the high rates of depression and anxiety in this population. Following a GLBTI Roundtable hosted by beyondblue in 2009, we allocated $1 million for research grants this year and a further $200,000 to research a community awareness campaign due to be rolled out in early 2012. We are keen to strengthen our relationship with the GLBTI community and to promote the rights of GLBTI people by addressing issues that support access to good mental health information and timely care.

Following the 2010 Federal Election, the Gillard Government allocated additional funding to beyondblue to develop an awareness campaign to target men who are at greater risk of suicide, but least likely to seek help for mental health problems. These traditionally ‘hard to reach’ men include but are not limited to those who are unemployed, homeless, living in remote areas, whose first language is not English and those working in trades or small businesses. We know men are often reluctant to acknowledge they have any health problem, let alone a mental health problem and we know they don’t like to ask for help. This campaign will aim to reduce men’s reluctance to talk about how they’re feeling when they’re having a tough time and will promote the benefits of getting treatment for depression and anxiety.

I am also extremely pleased that beyondblue will lead, with our partners – Principals Australia and the Australian Psychological Society – the rollout of KidsMatter Primary to a quarter of all primary schools in Australia over the next four years. This schools-based initiative has been shown to reduce mental health issues and improve wellbeing and learning outcomes in primary school children. Building on KidsMatter Primary is KidsMatter Early Childhood (KMEC) which is a national mental health promotion, prevention and early intervention initiative specifically developed for early childhood services. Launched in November 2009, and currently being trialled by 100 services, we look forward to the evaluation of the pilot in June 2012.

In my time at beyondblue, I have been extremely encouraged by the generous support this organisation receives from individuals, the corporate and health sector, the media and all tiers of government. I would like to thank everyone who has helped us in our mission to reduce the impact of depression and anxiety in the Australian community – particularly The Movember Foundation for its generous support in helping us change the face of men’s health in Australia.

For their ongoing commitment and hard work, I thank the staff at beyondblue, Research Adviser Professor David Clarke and former Clinical Adviser and now Board Director, Associate Professor Michael Baigent, BlueVoices members, beyondblue Ambassadors and our many wonderful event volunteers.

beyondblue looks forward to another busy year working towards achieving an Australian community that understands depression and anxiety, empowers people to seek help and supports recovery, management and resilience.

Dawn O’Neil AM
CEO

Deputy CEO Clare Shann was appointed Acting CEO following the resignation of Dawn O’Neil on 30 September 2011.
Our strategic direction

In 2011, beyondblue undertook a strategic planning process to determine key goals and direction for the remainder of 2011 and beyond. The planning process involved consultation with beyondblue staff, as well as qualitative interviews with experts in the mental health sector and a quantitative survey of 250 external stakeholders.

From this, we developed our new vision, mission and values, as well as Five Big Goals for 2011–15:

1. We will increase awareness of depression and anxiety in the Australian community.
2. We will reduce the stigma and discrimination associated with depression and anxiety in the Australian community.
3. We will increase the proportion of people in the community with depression and anxiety who seek help.
4. We will reduce the impact and disability associated with depression and anxiety.
5. We will facilitate learning, collaboration, innovation, research and information-sharing to build the knowledge base of depression and anxiety, and increase capacity across the Australian community.

_beyondblue’s Priority Areas for 2010–11_

**01**
Community awareness and destigmatisation

**OBJECTIVE**
To increase community awareness of depression, anxiety and related disorders, and reduce the associated stigma

**02**
Consumer and carer participation

**OBJECTIVE**
To provide people living with depression, anxiety and related disorders – and their carers – with information about the illnesses and effective treatment options, and to promote their needs and experiences with policy makers and healthcare service providers

**03**
Prevention and early intervention

**OBJECTIVE**
To develop prevention and early intervention programs around depression, anxiety and related disorders

**04**
Primary care

**OBJECTIVE**
To improve training and support for GPs and other healthcare professionals around depression and anxiety

**05**
Targeted research

**OBJECTIVE**
To initiate and support depression and anxiety-related research
Our governance structure

Beyondblue is governed by the Beyondblue Board of Directors, with member representatives from the Federal, State and Territory Governments.

Outgoing Directors
We thank the following outgoing Directors for their commitment and service to the Beyondblue Board.

Ms Leonie Young
Chief Executive Officer of Beyondblue 2003–10, former Executive Manager with the Commonwealth Department of Health and Ageing, Director from 15 September 2003 to 14 December 2010.

Mr John McGrath AM, Deputy Chairman
Inaugural Chair of the Mental Health Council of Australia, former Member of the Victorian Parliament, carer of a family member with a mental illness, Chair of the Victorian Ministerial Advisory Committee on Mental Health, Director and Deputy Chairman from 19 October 2000 to 14 December 2010, Resigned: 14 December 2010.

The Honourable Caroline Hogg
Former Member of the Victorian Parliament who held a number of human service portfolios including Minister for Health, Director from 19 October 2000 to 14 December 2010, Resigned: 14 December 2010.

Mr Garry McDonald AO
Australian actor and past Patron of the former Anxiety Disorders Foundation, NSW Branch, Director from 19 October 2000 to 14 December 2010, Resigned: 14 December 2010.
Beyond Blue Limited (beyondblue) is an Australian public company, limited by guarantee. The members of beyondblue are the Commonwealth of Australia and each state and territory.

beyondblue is classified as a Health Promotion Charity under the Income Tax Assessment Act 1997 (Cth), is endorsed as a Deductible Gift Recipient and is eligible for certain tax concessions.

beyondblue also acts as the Trustee of the beyondblue Depression Research Ancillary Fund Trust (Trust). The purpose of the Trust is to commission and undertake research relating to depression, anxiety and related conditions.

The Directors of beyondblue aim to set the highest standards possible for the performance of beyondblue and the Trust. To that end, the Board has adopted a Governance Charter that sets out the policies and internal rules for the governance of beyondblue. The Charter is based, where applicable, on the ASX Corporate Governance Principles. The Charter supplements, and is subject to the beyondblue Constitution, the Trust Deed and all relevant legislation. The Charter is reviewed annually and updated as necessary.

Specific responsibilities of the Board

The Board is the guardian of the purpose for which beyondblue was established: its vision, mission, values and beliefs. The Board fulfils its primary role by:

- appointing and removing the Chief Executive Officer and monitoring performance
- overseeing the development of, and approving, beyondblue’s strategic plan
- supporting the delivery of the strategic plan by ensuring adequate management of resources to achieve agreed corporate and performance objectives
- providing input into, approving, and monitoring performance against beyondblue’s annual budget and operating plan
- monitoring, and where necessary, approving beyondblue’s compliance with legal and regulatory requirements including external financial reporting
- recommending to Members the appointment and/or removal of and monitoring the performance and ongoing independence of the auditor of beyondblue.

Management’s responsibility

The Board has formally delegated responsibility for the day-to-day operation of beyondblue to the Chief Executive Officer and executive management team.

Board oversight

The Board oversees and monitors management’s performance by:

- meeting at least six times per year
- receiving detailed financial and other reports from management at these meetings and at other times as required
- receiving additional information and input from management when necessary
- assigning authority to the Audit, Finance and Risk Committee (which operates under Terms of Reference approved by the Board) to oversee particular areas of responsibility.
Our funding

beyondblue’s key funding sources are:
- the Australian Federal, State and Territory Governments
- The Movember Foundation
- donations.

Australian Federal, State and Territory Governments
beyondblue is supported by the Australian Federal Government and every State and Territory Government in Australia. beyondblue was originally funded for five years (2000–05) by the Federal and Victorian Governments. All states and territories were supportive partners with beyondblue and several were full funding partners for Term 1. Since 2005, all governments have been full funding partners.

beyondblue is funded in five-year terms. Independent evaluation is commissioned at the end of each five-year term to assess the impact of beyondblue’s work. In 2009, an independent evaluation undertaken by The University of Melbourne’s Centre for Health Policy, Programs and Economics (Dunt et al, 2009) recommended beyondblue continue its work.

beyondblue’s current funding term is 2010–15, which includes the following commitments for 2010–11:

<table>
<thead>
<tr>
<th>Government funding</th>
<th>2010–11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Federal Government</td>
<td>$12,082,000</td>
</tr>
<tr>
<td>Australian Capital Territory Government</td>
<td>$70,000</td>
</tr>
<tr>
<td>New South Wales Government</td>
<td>$1,200,000</td>
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<tr>
<td>Northern Territory Government</td>
<td>$39,586</td>
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<td>Queensland Government</td>
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<tr>
<td>South Australian Government</td>
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<td>Tasmanian Government</td>
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<tr>
<td>Victorian Government</td>
<td>$3,500,000</td>
</tr>
<tr>
<td>Western Australian Government</td>
<td>$341,768</td>
</tr>
<tr>
<td>Commonwealth National Perinatal Depression Initiative</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>Commonwealth Drought Mental Health Initiative</td>
<td>$350,000</td>
</tr>
<tr>
<td>Victorian Government Disaster Response Initiative</td>
<td>$25,000</td>
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</tbody>
</table>

In 2010, the Federal Government committed an additional $23.2 million over four years (2010–14) as part of the Mental health: Taking action to tackle suicide initiative for men.

The Movember Foundation
beyondblue is a proud beneficiary of The Movember Foundation, which raises funds and awareness for men’s health through its annual moustache-growing awareness campaign, Movember. Funds go towards supporting a range of beyondblue programs and projects for men, including the beyondblue info line, research into men’s health, Indigenous Men’s Sheds, information materials for men, The Shed Online and beyond maturityblues workshops.

Funds raised from the 2009 Movember campaign ($9.1m) were allocated to the beyondblue info line, projects, resources and research for men for the financial year 2010–11.

Donations
In 2010–11, beyondblue received $2,533,142 in donations from individuals and businesses. For more information, see page 34.

Donations to beyondblue are allocated to the beyondblue Ancillary Trust Fund for research purposes. beyondblue does not receive funding or donations from pharmaceutical companies.

beyondblue thanks the Federal, State and Territory Governments for their ongoing support and commitment to tackling depression and anxiety in Australia.

We also thank The Movember Foundation and all the amazing Mo Bros and Mo Sistas, as well as the many generous individuals and businesses across Australia for their donations.
Our program areas

*beyondblue’s work is based on a Population Health Framework which focuses on:*

- improving the health of the whole population across the lifespan (from childhood to older age)
- a tailored approach for targeted groups, such as rural communities, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds and people who are gay, lesbian, bisexual, transgender and/or intersex (GLBTI)
- a range of settings, including educational institutions, workplaces and sporting communities.

In 2010–11, *beyondblue’s* dedicated program areas included:

- perinatal
- education and early childhood
- workplace and workforce
- consumers and carers
- youth
- older people and aged care
- men
- rural
- social inclusion (including GLBTI and CALD populations)
- Indigenous
- chronic illness
- primary care
- sports.

*beyondblue* continues to build on its extensive range of programs, projects and partnerships in each of these areas. For more information on our program areas, visit www.beyondblue.org.au

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**Improving the mental health of the population across the lifespan**

<table>
<thead>
<tr>
<th>Perinatal</th>
<th>Childhood</th>
<th>Youth / Young Adults</th>
<th>Adults</th>
<th>Older Adults</th>
</tr>
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</tbody>
</table>

With a tailored approach for targeted groups such as rural communities, Aboriginal and Torres Strait Islander, GLBTI and CALD populations

across a range of key settings

- Antenatal and maternal
- Families
- Early childhood services
- Education
- Workplace
- Health services and primary care
- Aged care and community care
- Online community

**General Community**

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*beyondblue* Annual Report 2010/11
Our websites and info line

The beyondblue websites – www.beyondblue.org.au and www.youthbeyondblue.com – and info line are important sources of information on depression, anxiety and related disorders, and where to get help.

www.beyondblue.org.au
From 30 June 2010 to 1 July 2011, there were 1,641,787 visits to the website, with nearly 67 per cent of visitors looking at the site for the first time.

The most popular sections are:

- Signs and symptoms
- What is depression?
- Depression checklist
- Treatments
- Get help
- Download beyondblue information resources
- Helping yourself
- Symptom checklists
- What puts a person at risk?

www.youthbeyondblue.com
The Youthbeyondblue website is beyondblue’s site for young people aged 12–25 and their parents. From 30 June 2010 to 1 July 2011, there were approximately 177,716 visits to the Youthbeyondblue website, with nearly 70 per cent of visitors looking at the site for the first time.

The most popular sections are:

- Our stories
- Fact sheets and info
- Depression and anxiety
- Share your story
- Get help
- Parents and carers
- Look for the signs of depression
- Fact sheet 1: Depression in young people
- Help someone else.

Youth videos and vlogs
In 2010–11, we developed a range of video clips and vlogs (video blogs) for young people that focused on seeking help for depression and anxiety.

The Getting help series of video clips highlights the range of people who can provide help for depression and anxiety, including youth workers, school counsellors, psychiatrists and doctors. In the video clips, questions include “What does ‘seeking help’ actually involve?” and “Who should you go to and how?”

The vlogs are a series of fictional video blogs inspired by real stories posted on the Youthbeyondblue online forum, Share Your Story. The vlogs feature three characters, Ryan, Laura and Kate. Each of their stories is told over a number of episodes. The vlogs were launched in August 2010, in partnership with Orygen Youth Health.

The videos and vlogs use social media channels to engage young people and deliver messages about depression and anxiety. Youthbeyondblue has designed a YouTube page to host the clips – visit www.youthbeyondblue.com or www.youtube.com/youthbeyondblue. Since its launch in May 2009, the Youthbeyondblue YouTube channel has received more than 70,000 views.

1.6m visits to the beyondblue website
18,600 fans on Facebook!

70,000 views of the Youthbeyondblue YouTube channel
**beyondblue info line 1300 22 4636**

The beyondblue information and referral line 1300 22 4636 (1300 bb info) operates 24 hours a day, seven days a week and is staffed by trained mental health professionals. For the cost of a local call from a landline, people can access information about depression, anxiety and related disorders, and find out where they can contact health practitioners and organisations for help in their local area.

From 30 June 2010 to 1 July 2011, the service provided information to more than 55,000 callers.

People across Australia call the beyondblue info line for a range of reasons:

- 42 per cent of calls were from people seeking information about their own mental health
- 28 per cent of callers were seeking information for a family member or friend
- 27 per cent of all callers were health professionals seeking information
- depression was the most common topic with 22 per cent of callers wanting specific information on depression
- 15 per cent of callers sought information for treatment for depression and/or anxiety
- more than 10,000 people called to place orders for beyondblue information materials.

While the info line is accessible to anyone within Australia, from its inception in 2006, beyondblue has specifically aimed to reach and support men across Australia. Men are less likely to access information and seek help from health services for mental health issues, particularly men who live in rural areas.

Calls from men have remained consistent, with 41 per cent of enquiries made by men calling about themselves.

**infoline@beyondblue.org.au**

From October 2010, beyondblue began promoting email as a way for people to contact the info line. The info line has since responded to around 2,500 emails.

The info line is proudly funded by The Movember Foundation.

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“I just received a call from a man named Maurice. He has been battling with Generalised Anxiety Disorder for many years and he found the resource Taking Care of Yourself and Your Family very helpful. He said beyondblue is a fantastic organisation, and that the fact that we provide this resource for free made him feel ‘very special’. He believes beyondblue has saved many people, and he wanted to call us to thank us.”

*beyondblue info line consultant*
beyondblue aims to increase community awareness of depression, anxiety and related conditions and improve understanding of the experiences of people whose lives are affected. Working in partnership with sports organisations, community groups, businesses and individuals allows beyondblue’s messages to reach people across Australia.

beyondblue continues to attract high levels of media interest. In the 2010–11 financial year, beyondblue clinicians, Board Members, staff and Ambassadors were interviewed by journalists in print, broadcast and online media. beyondblue was mentioned in over 12,000 media reports.

Community awareness and destigmatisation

**Objective**

To work with the community to increase awareness of depression, anxiety and related conditions, reduce stigma and encourage help seeking.
Working with the community

*beyondblue* works with and in Australian communities to create awareness of depression and anxiety, break down the associated stigma and encourage people to seek help.

During 2010–11, *beyondblue* provided speakers for hundreds of events, including community forums, festivals and workplace events. We thank the clinicians, blueVoices members and Ambassadors who gave their time so generously.

*beyondblue* events and forums were held in all states and territories, and thousands of people across Australia attended to learn more about depression and anxiety, available treatments and where to get help. We also thank all of our wonderful volunteers and fundraisers, see page 34.

*beyondblue* event highlights from 2010–11

- **Blues Point Blues Festival**, 10 October 2010
  Some of Australia’s most acclaimed blues and jazz musicians joined *beyondblue* Ambassador Mark Gable and members of the Blues Point Road community on World Mental Health Day 2010 to raise awareness of depression and anxiety at Blues Point Reserve, Sydney.

- **Ballarat Community Forum**, 23 November 2010
  *beyondblue* worked with The Division of General Practice and V/Line to hold a free community forum at St Patrick’s College, Ballarat, Victoria. *beyondblue* Chairman, The Hon. Jeff Kennett AC, *beyondblue* Ambassador John Bowe and Ballarat General Practitioner, Dr Lisa Cheshire spoke at the forum hosted by ABC broadcaster, Kathy Bedford.

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“Getting out to communities and speaking to people face-to-face is always a moving experience... I hope that by sharing my personal story with people from all over Australia, we can help continue to break down stigma – and create communities that are not ashamed to speak about depression and anxiety.”

Craig Hamilton, ABC broadcaster and *beyondblue* Ambassador

“Community forums are a really effective way to get the message out there that depression and anxiety are common, but more importantly, can be treated. My work as a *beyondblue* Ambassador has allowed me to speak to thousands of people throughout Australia and share my story. So many people come and speak to me at these forums and share their own story... and this is often the start of their journey to recovery.”

Nathan Thompson, *beyondblue* Ambassador
Melbourne’s Pride March and Midsumma Festival – and Sydney’s Mardi Gras, January – February 2011

Beyondblue staff and volunteers attended the annual Pride March and Midsumma Festival in Melbourne, and the Gay and Lesbian Mardi Gras in Sydney. With information stands at each event, beyondblue gave out hundreds of beyondblue bags, wristbands and information materials.

Emerald Community Forum, 29 March 2011

Rotary Clubs of Emerald and District, Monbulk and Belgrave, and St Marks Church, Emerald (VIC) partnered with beyondblue to present this free community forum. beyondblue Ambassador Roy Francis and Dr Sally Cockburn (Dr Feelgood) spoke at the forum.

120 days on – Toowoomba & District Mental Health Forum, 10 May 2011

A free beyondblue community forum was held for Toowoomba (QLD) residents to assist with their recovery following the devastating floods in early 2011. beyondblue Board Director, Associate Professor Brett McDermott, National Workplace Program facilitator, Cath Walker and local community members spoke about post-disaster emotional wellbeing, coping with change, signs and symptoms of depression and anxiety, and where to get help.

Singleton Community Forum – The importance of Good Mental Health, 5 May 2011

beyondblue Ambassador and ABC Broadcaster, Craig Hamilton spoke at the Singleton (NSW) forum about maintaining good mental health. The forum was supported by ABC Radio Newcastle.

Conferences

During 2010–11, beyondblue was an information partner at many conferences with beyondblue staff and representatives delivering keynote addresses and distributing information to delegates. beyondblue also supported clinicians and beyondblue representatives to speak about beyondblue research, programs and activities across Australia.

Conference highlights from 2010–11:

• Australian Sports Commission Our Sporting Future 2010 Conference, Gold Coast (QLD), 28–30 July 2010
• 1st International Youth Mental Health (IYMH) Conference, Melbourne (VIC), 29–30 July 2010
• PCFA International Conference, Gold Coast (QLD) 6–8 August 2010
• The Mental Health Services (The MHS) 20th Annual Conference, Sydney (NSW), 14–17 September 2010
• 11th National Rural Health Conference, Perth (WA) 3–16 March 2011
• Aboriginal Health Research Conference, Sydney (NSW) Coalition for Research to Improve Aboriginal Health (CRIAH), 5–6 May 2011

Beyondblue sporting programs and events

Beyondblue works with sports clubs and associations throughout Australia to create awareness of depression and anxiety, and to break down stigma. Local sports clubs and leagues play an important role in raising awareness about depression and anxiety – and where to get help.

Sport is important in the lives of many people across Australia. There are thousands of people employed in the sports sector as administrators, athletes, coaches and officials. There are also thousands more people of all ages, races, gender and cultural identities who play sport. Such diversity enables beyondblue to deliver messages to audiences who may not be reached through other channels traditionally used to deliver health messages.

During 2010–11, beyondblue worked with local, state and national sports organisations to increase community awareness and address the stigma of depression, anxiety and related disorders.

Highlights from 2010–11 sporting events and programs:

• AFL beyondblue Cup
  On 26 April 2011, a crowd of almost 80,000 watched the Geelong Cats defeat the Hawthorn Hawks in the sixth annual AFL beyondblue Cup at the MCG, Melbourne.
• NRL beyondblue Cup
  On 27 August 2011, the Canterbury-Bankstown Bulldogs beat the Newcastle Knights in the second annual NRL beyondblue Cup at ANZ Stadium, Sydney.
• VFL beyondblue Cup
  On 1 May 2011, the Werribee Tigers beat the Box Hill Hawks in the third annual VFL beyondblue Cup at Avalon Airport Oval, Werribee (VIC).
• Blue Bowls Day
  Beyondblue works with Bowls Associations throughout Australia (Royal New South Wales Bowls Association, New South Wales Women’s Bowls Association, Bowls Australia, Bowls NSW, Bowls Victoria and Bowls WA) to raise awareness of depression and anxiety among the bowls community. Throughout the year, clubs and associations held Blue Bowls Days, where participants “turn blue” to raise awareness of depression and anxiety. Over 1,880 free beyondblue Awareness Club Packs were sent to bowls clubs in 2010–11.
• FeBLUary
  Cricket associations and clubs in South Australia supported National FeBLUary Day by wearing beyondblue wristbands on 19 February 2011 to raise awareness of depression and anxiety.

• ANZ Championship ‘Netball Festival of the Stars Celebrity Match’, Sydney
  The ANZ Championship’s annual celebrity charity netball match was held at the Sydney Olympic Park Sports Centre on 20 March 2011. Comedians Adam Spencer and Charlie Pickering captained teams of sports and showbusiness celebrities, raising funds for beyondblue and the National Breast Cancer Foundation.

**Anxiety and Depression Awareness Month 2010**

beyondblue’s Anxiety and Depression Awareness Month in October provides an opportunity for workplaces, community groups and individuals to raise awareness of anxiety and depression, and to help reduce the associated stigma by organising activities throughout the month.

During the 2010 Awareness Month, more than 142,000 information kits were ordered, including 97,369 Individual Awareness Kits, 42,502 Youth Awareness Kits and 2,621 Organiser Kits.

Anxiety and Depression Awareness Month activities included:

- ‘blue-themed’ activities or events at work or school
- staff morning teas including the screening of the beyondblue DVD *Stories of Hope and Recovery*
- beyondblue information and poster displays at work, school and in community centres
- wearing beyondblue wristbands and using beyondblue mouse mats at work and school
- promotion of physical activities for good mental and physical health in Anxiety and Depression Awareness Month.

During Anxiety and Depression Awareness Month, beyondblue also participated in and promoted Mental Health Week (10 to 17 October 2010) and World Mental Health Day (10 October) by supporting each of the state and territory mental health week launches and activities.

**Mo’ving right along thanks to Movember**

Every Movember, the month formerly known as November, thousands of men across Australia put down their razors and grow a moustache in return for support and sponsorship from their families, colleagues and friends. By growing a mo, men aim to raise awareness of depression and prostate cancer as well as funds for beyondblue and the Prostate Cancer Foundation of Australia.

Movember is a fantastic awareness and fundraising event, made possible by the thousands of Mo Bros and Mo Sistas who take part each year, The Movember campaign is also a great way to get men and women talking about depression and anxiety, to reduce the stigma and increase recognition of the illnesses and their impact on the community.

In the 2010 campaign, around 130,000 Mo Bros and Sistas in Australia raised over $23 million for programs related to prostate cancer and depression in men.

beyondblue has been a beneficiary of The Movember Foundation since 2006.

A total of $10,370,000 was raised for beyondblue from the 2010 campaign. These funds will go towards supporting beyondblue programs and projects for men in 2011–12.

beyondblue sincerely thanks The Movember Foundation and all the Mo Bros and Mo Sistas for their ongoing support in changing the face of men’s health in Australia.

For more information about Movember visit [www.movember.com](http://www.movember.com)
Awareness partnership highlights

BeyondBlue works with a wide range of organisations to raise awareness of depression and anxiety in the community. We thank all the organisations who have supported BeyondBlue this year, including:

**Cotton On – The August Army**
In 2011, Cotton On worked with BeyondBlue to engage 4,000 Cotton On staff in a new campaign – “The August Army – We will talk about it” – to raise awareness of depression. Eighteen BeyondBlue workplace sessions were held across the organisation for store managers, regional managers, operations managers and head office staff. Retail staff gave out information postcards featuring YouthBeyondBlue messages, website and info line details to customers in hundreds of stores across Australia.

**V/Line**
The V/Line Life Training program aims to educate teenagers and their families on important health topics and give them the skills to help make good choices in life. BeyondBlue partnered with V/Line in 2011 to deliver the depression and anxiety component of the workshops in regional Victoria.

**Rural Marketing Agents**
BeyondBlue worked with Rural Marketing Agents (RMA) in 2011 to raise awareness of depression and anxiety in rural communities across Australia. The key activities included Rural Frontline training for RMA members, BeyondBlue information stations for every RMA office (100 across Australia) and a BeyondBlue presentation at the RMA annual conference.

**Barry Plant Real Estate**
Barry Plant continued the support of BeyondBlue through advertisements, Mental Health Week activity, BeyondBlue AFL Cup promotion and information dissemination.

**Hawthorn Football Club**
The Hawthorn Football Club (Hawthorn FC) worked with BeyondBlue to raise awareness among its members and networks through events such as the AFL BeyondBlue Cup, community tours in the Katherine region of Northern Territory and the Kick Around Tassie promotion, and via Hawthorn FC’s newsletter, website and social media channels.


The Shed Online is an online community that aims to replicate all the positive things men get from being in their own sheds or in a community Men’s Shed – a chance to socialise, make new friends or work on a project together.

A joint initiative of BeyondBlue and the Australian Men’s Shed Association (AMSA) – funded by The Movember Foundation – The Shed Online was launched in December 2010. In the six months up to June 2011, The Shed Online received close to 30,000 visits, and over 2,000 registrations.

The Shed Online features news, DIY tips and discussion forums for sharing ideas and thoughts on any topic as well as information on men’s health issues.

The inspiration for The Shed Online comes from the 440 Men’s Sheds which are thriving Australia-wide. In these sheds in towns across the country, men can get together to work on projects shoulder-to-shoulder and to learn new skills and if they feel comfortable, to talk about light-hearted or more serious issues. The Shed Online gives men who don’t have a local Men’s Shed the opportunity to join an online community.

Being isolated and feeling lonely may contribute to depression and untreated depression is a risk factor for suicide, especially among men. Men are often reluctant to seek help for both physical and mental health problems.

BeyondBlue has been working with the Australian Men’s Shed Association (AMSA) for several years to deliver information about depression to men.

Visit [www.theshedonline.org.au](http://www.theshedonline.org.au) to sign up and get involved!

30,000 visits to theshedonline.org.au and more than 2,000 registrations

BeyondBlue teamed up with the Hawthorn Football Club and Indigenous Hip Hop Projects to spread YouthBeyondBlue messages in Binjari, Katherine NT, in 2010.
**Just Speak Up campaign**

In November 2010 at Parliament House, Canberra, the Minister for Mental Health and Ageing, The Hon. Mark Butler launched beyondblue’s national depression and anxiety awareness campaign aimed at pregnant women, new mothers, their partners and families.

The Just Speak Up campaign is the culmination of years of research and evidence-gathering on the prevalence and the risk factors associated with antenatal and postnatal depression and anxiety – and the impact of not seeking help.

The Just Speak Up campaign is an integral part of the National Perinatal Depression Initiative, along with beyondblue’s Clinical Practice Guidelines for treating depression and related disorders in the perinatal period, which were approved by the National Health and Medical Research Council in February 2011 (see page 28).

The campaign features TV, radio and print ads in which people (not actors) talk candidly about their experiences of antenatal and postnatal depression and anxiety, and how they got help. There is also a website www.JustSpeakUp.com.au where their personal stories can be watched and people can upload their own stories. The campaign aims to encourage mums, dads and other family members to “just speak up” and get the help they need.

Research shows a lack of understanding about postnatal depression and high levels of stigma prevent women and their partners from seeking help early. Often, women feel ashamed and guilty that the reality of motherhood doesn’t live up to their expectations. Many women hope things will improve on their own and they only seek help when they can’t cope any longer.

At June 30, 2011, over 23,000 visits to the website were recorded with 185 people uploading their personal stories.

The Just Speak Up campaign has been promoted at 35 conferences and expos up to June 2011.

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More than half the population thinks it’s normal to feel depressed during pregnancy and almost a quarter think postnatal depression will go away on its own as the baby gets older.

Just 1 per cent of the population identifies antenatal and postnatal depression as a mental health issue.

Postnatal depression affects one in seven new mothers and up to one in 11 pregnant women experiences antenatal depression. Anxiety is even more common.

“A big thank you for your commercial — particularly that of Jessica Rowe, who bravely revealed her experience with postnatal depression.

I suffered in silence for almost eight months … It wasn’t until I saw Jessica … that I finally realised it wasn’t me being a bad mother, it was postnatal depression. I went to my doctor who was wonderful and put me on medication and referred me to a psychologist.

Now six months on, I am nearing my final psychologist’s appointment and can look at my daughter and smile (for the first time in a very long time)! I really do have you to thank for this … you really have saved my life.”

— Email to beyondblue
Consumer and carer participation

Participation by people with experiences of depression, anxiety and related disorders, and their carers, underpins all beyondblue activities.

Through blueVoices, beyondblue’s national consumer and carer reference group, people can be involved in a variety of ways, including:

- sharing their experiences and perspectives across the work of beyondblue and advising on national mental health policies and programs
- providing input on the development of beyondblue community awareness campaign messages and information resources
- speaking at public events and to the media about their personal and carer experiences through the Ambassador Program
- participating in depression and anxiety-related research projects
- attending and assisting at public events and forums.
blueVoices

Anyone in Australia who has personal experience of depression, anxiety, perinatal depression and anxiety or bipolar disorder can join blueVoices. The reference group also includes family members and friends who care for and support people with these illnesses.

Consultation with blueVoices members is an integral part of beyondblue’s work. The group operates via email, which allows for a large, representative and diverse membership across Australia. In 2010–11, beyondblue’s blueVoices group grew to more than 1,100 members.

blueVoices members have a broad range of experiences and backgrounds. There are specific groups for young people, older people, people from culturally and linguistically diverse backgrounds, GLBTI (gay, lesbian, bisexual, transgender and intersex) people and Aboriginal and Torres Strait Islander people.

blueVoices members are involved in a variety of activities. For example, in 2010–11 blueVoices members:

- shared their personal experiences and provided feedback on beyondblue’s Just Speak Up campaign for antenatal and postnatal depression and anxiety
- took part in research interviews as part of the beyondblue Stories of Living with Depression and Recovery (STILLED) project
- attended focus groups on the development and user testing of The Shed Online
- shared their experiences of natural disasters and the impact on their mental health to inform the beyondblue Disaster Recovery Initiative
- joined an online panel for a beyondblue research study to develop guidelines for organisations on how employees could have a successful return to work following an episode of depression and/or anxiety.

blueVoices members continued to represent consumers and carers on a number of national committees, peak bodies and working groups including:

- National Mental Health Consumer and Carer Forum (auspiced by the Mental Health Council of Australia)
- General Practice Mental Health Standards Collaboration
- beyondblue National Perinatal Depression Initiative Project Reference Group
- beyondblue Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Reference Group
- beyondblue Victorian Centre of Excellence and National Priority Driven Research Grant review panels
- beyondblue Doctors’ Mental Health Program Expert Reference Group
- Access to Allied Psychological Services (ATAPS) Expert Advisory Committee
- beyondblue Expert Advisory Committees – Perinatal and Adolescents and Young People Clinical Practice Guidelines
- Personally Controlled Electronic Health Record Project (PCEHR) Consumer Reference Group
- National Private Mental Health Consumer and Carer Network

beyondblue Cross Sectoral Fourth National Mental Health Plan Implementation Working Group
- Mental Health and Insurance Discrimination Project
- Royal Australian College of General Practitioners, GP Psych Support Service.

blueVoices members and other consumers and carers from across Australia also participated in two key projects for beyondblue in 2010–11:

1. beyondblue Consumer and Carer Focus Group Research

In November–December 2010, beyondblue engaged the Social Policy Research Centre at The University of New South Wales to undertake focus groups with people who have personal experience of depression, anxiety and related disorders and their carers, family members and friends. The four focus groups were attended by 61 people from metropolitan and regional areas across four states. Each focus group explored four key themes: community awareness, stigma, treatment and the social and economic impact of mental health issues. Key insights and findings from the focus groups will help provide direction to beyondblue’s strategic planning activities and recommendations to government and service providers.

2. beyondblue Research Grant Review Panels

In May 2011, beyondblue appointed 18 blueVoices members to our Research Grant Review Panels, giving blueVoices members a direct say in how over $5 million in research grants is allocated.

The selected blueVoices members were provided with training on research grant assessment prior to joining panels of researchers and beyondblue representatives to assess and shortlist applications for beyondblue’s two research grant programs, the beyondblue Victorian Centre of Excellence and the National Priority Driven Research Program. Shortlisted applications were then peer-reviewed before final selection.

One blueVoices carer representative commented: “I thoroughly enjoyed the experience and being involved. The outcomes (of the grant selection process) were good in terms of the decisions we made and the process really involved all participants from within and outside beyondblue.”
beyondblue Ambassador Program

beyondblue Ambassadors share their personal stories by speaking at public forums and via media interviews. The aim is to encourage people who identify with the Ambassadors’ stories to seek help as a result. Sharing personal stories is a powerful way to raise community awareness and to help reduce stigma. The Ambassador Program includes people with depression or anxiety and related disorders, and carers who are blueVoices members, high-profile beyondblue Ambassadors and health professionals.

In September 2010, the beyondblue Ambassador Program welcomed the following men with a range of personal and carer experiences:

- Jack Bulman, Mudgeeraba QLD
- Andrew Burton, Perth WA
- Pete Davies, Darwin NT
- Roy Francis, Mornington VIC
- Chris Gotham, Sydney NSW
- Ricky Hinge, Mundulla SA
- Dr John McAuliffe, Perth WA
- Kham Sirimanotham, Sydney NSW
- Eddie Sloan, Dalby QLD
- Michael Treloar, Castlemaine VIC.

Our new beyondblue Ambassadors were quickly put to work, participating in media interviews and speaking at events for Anxiety and Depression Awareness Month in October and Movember events in November, 2010.

High-profile Ambassadors

People with a high media profile who have experienced depression, anxiety and related disorders or have cared for a family member or friend with these illnesses play a crucial role in assisting beyondblue to raise awareness Australia-wide. In the past decade, beyondblue has been fortunate to have many high-profile celebrities and sports people generously donate their time to talk publicly about their experiences of depression, anxiety and related disorders.

High-profile Ambassadors in 2010–11 included:

- Greg Barns, barrister, political commentator and former political adviser
- John Bowe, former V8 Supercar driver
- Mark Gable, lead singer and guitarist of The Choirboys
- Craig Hamilton, ABC broadcaster
- John Konrads, Olympic gold medallist (swimming) and businessman
- Garry McDonald, actor and former beyondblue Board Director
- Brad McEwan, Network TEN sports commentator
- Jessica Rowe, TV presenter
- John Sudholz, ex-VFL South Melbourne footballer and retired farmer
- Nathan Thompson, AFL/VFL player, sports commentator
- Kyle Vander Kuyp, Wurundjeri man and Olympic athlete
- Ryan Campbell, Australian cricketer
- Petria Thomas, Olympic swimmer
- Paula Wreidt, former Tasmanian politician
- Debbie Spillane, ABC sports commentator.
Sharing stories through online forums

be beyondblue’s Bulletin Board, Our Stories (www.beyondblue.org.au) and Share Your Story (www.youthbeyondblue.com) are online forums where people can share their personal accounts of depression, anxiety and related disorders and give support to others. These forums are moderated by experienced clinicians to ensure a supportive and safe environment for participants.

Across the forums, main themes focus on seeking help, exploring treatment options (particularly different types of medication and the side-effects), the telling of stories of hardship, recovery and relationships with others, and seeking advice on how to help friends or family members who may have depression or anxiety.

In 2010–11, the:

- Bulletin Board posted more than 830 stories, received more than 3,000 replies and more than 100,000 visits
- Share Your Story forum for young people posted more than 880 stories, received more than 1,700 replies and more than 50,000 visits.

 beyondblue relaunched the Our Stories forum in July 2010. Our Stories invites people to submit their personal experiences of depression, anxiety, bipolar disorder or postnatal depression or anxiety in written format or as artwork, poems, songs or podcasts. New submissions are uploaded every two months. Since July 2010, Our Stories has received more than 50,000 visits.

Mental health and insurance discrimination project

This project was established following reports that people with a history of mental illness often experience difficulties obtaining or claiming against various types of insurance, in particular life and income protection insurance. Commonly, applications for insurance are either rejected or people receive unfavourable policy terms, such as significantly higher premiums or exclusions for certain illnesses.

The project’s aim is to reduce discriminatory practices against people with a history of mental illness when they apply for or claim against their insurance.

It builds on previous memoranda of understanding (MoU) established between the Financial Services Council (formerly known as the Investment and Financial Services Association), the Financial Planning Association and mental health sector stakeholders, including beyondblue and the Mental Health Council of Australia (MHCA).

In 2010, the mental health and insurance sector stakeholders released the Mental illness and life insurance – What you need to know guide for people with a history of mental illness, and their carers. The guide provides information about life insurance and the rights and responsibilities of people with a history of mental illness. The guide is available on the beyondblue website at www.beyondblue.org.au

On 2 June 2011 at the National Press Club in Canberra, results of Mental Health, Discrimination and Insurance: A survey of consumer experiences 2011 were launched at the annual MHCA, Grace Groom Memorial Oration given by beyondblue Ambassador and ABC sports presenter, Craig Hamilton.

The survey which looked at insurance and discrimination was conducted by beyondblue and the MHCA.

The first of its kind in Australia, the survey confirmed that people with mental health conditions experience significant difficulty and discrimination when applying for insurance products and making claims against their policies.

Over 35 per cent of respondents strongly agreed it was difficult for them to obtain any type of insurance due to them having experienced mental illness. This almost doubled to 67 per cent for life and income protection insurance.

Forty-five per cent of people indicated their application for income protection insurance was declined due to mental illness, while 50 per cent received their insurance products with either increased premiums or exclusions specifically for mental illness.

The results highlighted:

- the high levels of stigma surrounding mental health conditions
- the affect this stigma has on people’s ability to access a range of insurance products
- a clear lack of awareness about rights and responsibilities in relation to insurance applications, including someone’s duty of disclosure, or their right to appeal a decision.

Copies of the report can be found at www.beyondblue.org.au
In the Australian mental health sector, the word prevention refers to “interventions that occur before the initial onset of a disorder.”¹

beyondblue encourages people to learn about the signs and symptoms of depression, anxiety and related disorders so if they are ever affected they can recognise the symptoms and seek appropriate help.

To deliver our key messages about maintaining good mental health and seeking help if necessary, beyondblue works in collaboration with people in workplaces, schools, local communities, hospitals and health centres to deliver programs and trial new ways of tackling depression, anxiety and related disorders.

National Perinatal Depression Initiative

During pregnancy and the first year after the birth of a baby (known as the perinatal period) women and their partners are at greater risk of experiencing depression and related disorders. Around 9 per cent of women in Australia experience depression antenatally (before the birth) and this increases to almost 16 per cent postnatally (after the birth). Rates of anxiety are likely to be even higher.

In response to these high rates, in 2008 the Federal, State and Territory Governments committed $85 million over five years to develop and implement a National Perinatal Depression Initiative (NPDI) to:

• improve the prevention and early detection of perinatal depression
• provide better care, support and treatment for new and expectant mothers and their families.

To achieve this, beyondblue is working with governments, health professionals, community groups and people who have had experience with perinatal depression and/or related disorders.

In November 2010, during Postnatal Depression Awareness week, the Minister for Mental Health and Ageing, The Hon. Mark Butler launched beyondblue’s national depression and anxiety awareness campaign aimed at pregnant women, new mothers, their partners and families. The Just Speak Up campaign is an integral part of the NPDI, see page 16.

From January to May 2011, beyondblue conducted in-depth research with health professionals to establish the level of their ability to detect, treat and manage depression and related disorders in women in the perinatal period. Findings of the research will be published in late 2011 and will be used by beyondblue to develop new campaigns and information resources to support health professionals in their care of women during the perinatal period.

In February 2011, the National Health and Medical Research Council (NHMRC) approved the Clinical Practice Guidelines for Depression and Related Disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period. In collaboration with experts in perinatal mental health, beyondblue led the development of the Guidelines, which will inform best practice in the detection, treatment and management of depression and related disorders. The Guidelines have been widely distributed and information resources are being developed for health professionals as well as pregnant women, mothers, partners and other family members. For more on the Guidelines, see page 28.

In April 2011, Beyond babyblues was launched. It’s a free, accredited, online mental health training program for health professionals working with women in the perinatal period.

The Guidelines, the Beyond babyblues online training, the Just Speak Up website and information materials have been widely promoted within the health sector network and at conferences and expos across Australia.

‘‘Thanks for your very comprehensive and practical education activity. It occurred to me, that unlike the presentation of depression in other stages of life, there is more of a time pressure and importance to get on with getting better so that the mother can prepare herself for the arrival of her baby and be in the best condition to face the rigours of sleep deprivation and still manage to find enjoyment in the process. The concept of social support is one we often take for granted, but of course it is not always present. I have decided to be a little more proactive in talking to mothers in the antenatal period about their emotional health and support network.’’

Feedback from a health professional

Beyond babyblues

In April 2011, beyondblue launched a free, accredited, online mental health training program for health professionals working with women in the perinatal period (during pregnancy and the first year after birth). The program is based on the beyondblue Clinical Practice Guidelines and covers areas relating to screening for mental health disorders, assessment, treatment and referral pathways.

The program, Beyond babyblues: Detecting and managing perinatal mental health disorders in primary care, is the first of its kind in Australia and provides health professionals (including midwives, GPs, obstetricians and maternal, child and family healthcare workers) with extra training and skills to understand, detect, treat and manage mental health conditions.

On completion of the advanced six-hour program, GPs receive a mental health skills training qualification from the General Practice Mental Health Standards Collaboration (GPMHSC) and other health professionals receive relevant recognition from their professional bodies.

The beyondblue program was developed with the Parent-Infant Research Institute, Department of Clinical and Health Psychology, Austin Health, in collaboration with Genesis Ed (the accreditation provider), health professionals, women who have experienced depression or anxiety during the perinatal period, and their carers.

The online training aims to remind health professionals about the importance of including mental health care and screening in antenatal and postnatal assessment.

From April to June 2011, at least one module was completed by 218 people, with another 106 people completing the Advanced Learning Module (ALM). A further 976 people were in the process of completing modules and 13,855 people had logged on to view the program.

To find out more about the online training, visit www.thinkgp.com.au/beyondblue

KidsMatter Early Childhood

KidsMatter Early Childhood (KMEC) is a national mental health promotion, prevention and early intervention initiative specifically developed for early childhood services. It builds on the success of KidsMatter Primary in making a positive difference for young children’s mental health during this important developmental period. KMEC involves all the people who have a significant influence on young children’s lives including families and early childhood professionals along with a range of community and health professionals.

The KMEC initiative provides a continuous improvement framework to enable pre-school and long day care services to meet the mental health and wellbeing needs of children and their families.

KMEC was launched in November 2009 and is currently being trialled in over 100 early childhood services located in metropolitan, regional and remote areas across Australia. The pilot program will be completed in December 2011 and the evaluation, which is being conducted by Flinders University, will be completed by June 2012.

The Federal Government Department of Health and Ageing allocated $6.5 million over three years to develop KMEC and beyondblue has committed a further $3 million.

beyondblue has developed KMEC in collaboration with the Australian Psychological Society and Early Childhood Australia.
KidsMatter Primary

KidsMatter Primary is an Australian school-based initiative that has been shown to reduce mental health issues, and improve wellbeing and learning outcomes in primary school children.

Since a successful pilot program was conducted in 2006, 400 schools across the government, independent and Catholic sectors have adopted the initiative.

BeyondBlue was involved in the development of KidsMatter Primary in collaboration with Principals Australia and the Australian Psychological Society (APS) with funding from The Australian Government Department of Health and Ageing and BeyondBlue.

Results published in 2011 by Flinders University linked the successful implementation of KidsMatter to improvements in children’s academic performance on the National Assessment Program – Literacy and Numeracy (NAPLAN) results which was equivalent to six months’ extra learning. This research builds on an earlier evaluation in 2009 which showed improvements in students’ mental health and wellbeing, and an increased capacity among parents, carers and teachers to help children with emotional and social issues.

In July 2011, the Federal Government honoured an election commitment to allocate a further $18.4 million to roll out the program to an extra 1,700 schools over the next three years.

This brings the total of Federal Government funding for KidsMatter Primary to approximately $35 million and BeyondBlue funding to more than $10 million.

SenseAbility

SenseAbility is a strength-based resilience program designed to enhance and maintain emotional and psychological resilience in young people aged 12–18. It teaches students life skills such as communicating and managing emotions and helps them to develop key ‘life senses’ such as believing in one’s own self-worth, having a sense of belonging, of purpose, and hopefulness about the future, as well as a sense of humour.

In the first eight months the program was made available, over 1,600 secondary schools in Australia (about 50 per cent) had ordered a free BeyondBlue SenseAbility Kit.

To date BeyondBlue has invested $800,000 in the program and will invest further to make the program more accessible over the next four years for those working with young people.

While schools will be able download evaluation survey forms from the BeyondBlue website from September 2011, discussions are underway in Victorian and Queensland schools regarding more extensive evaluations in 2012.

“There is a developing sense of doing things for others and the students seem to be happy at school.”

Doreen Conroy, Principal, Portland Central School VIC

400+ primary schools using KidsMatter

1700 extra schools to adopt KidsMatter over the next three years

BeyondBlue Annual Report 2010/11
Communities affected by disaster

Beyondblue works with communities in disaster-affected regions to provide free Community Support Training workshops on mental health and wellbeing. The three-hour sessions are conducted by a Beyondblue-accredited trainer and are aimed at community leaders (such as sports coaches, teachers, hairdressers, publicans and bank managers) who are likely to mix with a range of people in their community and may notice if someone is having a tough time. The workshops focus on:

- raising awareness of risk factors for depression, anxiety and related disorders after a disaster
- providing support for promoting positive mental health and wellbeing within a community.

Participants also receive practical tips and strategies to increase their skills and confidence to respond to people who they’re concerned about and to support those people to seek help if needed.

Research suggests most people (80–90 per cent) affected by a disaster such as a flood, cyclone or bushfire will recover from the experience without assistance from a mental health professional. However, during the recovery phase it is important that people who are experiencing mental health problems are identified early and given support and access to help.

From May to June 2011, a total of 23 sessions were held: Queensland (2), Victoria (14), Western Australia (2) and New South Wales (5). Sixty more are scheduled for the remainder of 2011.

The Beyondblue National Workplace Program

The main aim of Beyondblue’s National Workplace Program (NWP) is to raise awareness of depression and anxiety in the workplace and to reduce the associated stigma. It is an evidence-based awareness, early intervention and prevention program that provides:

- managers and supervisors with the skills and confidence to manage staff with depression, anxiety or a related disorder
- staff with the confidence to advise a colleague about seeking help
- encouragement for employers to consider the mental health of employees in the same way they consider their physical health.

Since 2006, over 2,200 NWP workshops have been delivered to more than 56,400 participants and the number of training sessions delivered through the program has grown 20 per cent each year. In 2010–11, 493 NWP workshops were delivered across Australia.

Beyondblue and Abigroup

In 2009, Beyondblue formed a partnership with Abigroup aimed at raising awareness of depression and anxiety and reducing stigma within the construction industry, which is dominated by men.

Research shows that men are less likely than women to seek help for health problems as they like to see themselves as tough, stoic and in control of their emotions – and these characteristics may be more pronounced in male-dominated workplaces.

To address this issue, Abigroup worked with Beyondblue to deliver tailored NWP workshops to employees and to produce a DVD featuring interviews with construction workers who have experiences of depression and anxiety.

This is the first time this approach has been taken and has resulted in important messages about depression, anxiety and other related disorders reaching men and women who work in the construction industry and their families.

- The DVD, Building Strong Foundations – Tackling Depression, Anxiety and Related Disorders in the Construction Industry was completed in December 2010 and distributed to over 2,000 Abigroup staff. It has been shown in other NWP workshops, industry presentations and distributed widely to construction and related industry clients of Beyondblue. The DVD can be ordered free-of-charge from the Beyondblue website or via the info line 1300 22 4636.
- Thirty-one Beyondblue NWP workshops have been delivered to over 600 Abigroup employees.
- Abigroup Mo Bros and Mo Sistas raised more than $100,000 for the Movember campaign.

Through raising awareness, encouraging early intervention and prevention and challenging the stigma associated with depression, anxiety and related disorders across Abigroup, the partnership has contributed to the promotion of good mental health and suicide prevention.
National Workplace Program e-learning pilot

In 2010, beyondblue began working on the first eLearning program in the National Workplace Program (NWP), which is based on the ‘Organisational Awareness’ unit used in the NWP face-to-face workshops.

In March 2011, nine organisations piloted the program and 116 participants completed evaluations.

The response to the program was overwhelmingly positive, especially in relation to ease of navigation and relevance of information.

However, participants said they would like to see more variety in the video content and more workplace-specific information.

Review of the program has commenced, reflecting participants’ feedback and the new, free e-learning program will be available in 2012 to workplaces across Australia.

Working with gay, lesbian, bisexual, transgender and intersex (GLBTI) populations

beyondblue is committed to addressing discrimination in the Australian community and incorporating diversity across all of beyondblue’s programs and portfolios.

In 2010, beyondblue formed a GLBTI Reference Group, comprising representatives from beyondblue, research bodies and GLBTI organisations. The Reference Group was formed as a result of a GLBTI Roundtable hosted by beyondblue in late 2009.

Findings from Australian and international research demonstrates a link between GLBTI populations and the experience of abuse and discrimination, and increased risk of developing depression and anxiety, substance use disorders or self harm and thoughts of suicide.

In 2011, the key focus of the GLBTI Reference Group was to contribute to the development of a mental health campaign to raise awareness of depression and anxiety in the GLBTI community. Recruitment of participants for an online research study which will help shape key messages for the awareness campaign is underway.

A second phase of the campaign in 2012 will target depression, anxiety, homophobia and transphobia in the broader community.

Throughout 2011, beyondblue supported a range of community events and festivals to strengthen relationships with the GLBTI community and to raise awareness of depression and anxiety.

beyondblue staff and volunteers distributed show bags, fact sheets and wristbands at the Midsumma Festival (16 January to 6 February 2011) and the Pride March (6 February 2011) in Melbourne, and the Mardi Gras Fair Day (20 February 2011) in Sydney.

beyondblue CEO, Dawn O’Neil recognised the International Day Against Homophobia and Transphobia (17 May 2011) with a message of support on beyondblue’s website.

“beyondblue stands together with the GLBTI community in celebrating diversity and working hard to reduce the high rates of depression and anxiety within the community. It’s important to me that everyone understands beyondblue celebrates diversity and addresses social inclusion and equal opportunity in its programs, research, resources – and in the workplace.”

beyondblue CEO Dawn O’Neil

Top left: beyondblue CEO Dawn O’Neil and beyondblue Program Director, Research and Planning Suzanne Pope at Pride March Victoria in February.

Bottom right: beyondblue’s Jodie Shanks and volunteer at Sydney’s Mardi Gras Fair Day in February.
Four out of five people with depression who seek help visit a General Practitioner (GP).3 beyondblue is dedicated to supporting and developing initiatives that assist GPs and other primary care practitioners to provide improved healthcare for people with depression, anxiety and related disorders. In 2011, beyondblue launched two sets of Clinical Practice Guidelines which are available for health professionals to download or order, free of charge.

Clinical Practice Guidelines

In 2009–10, beyondblue funded and led the development of two sets of Clinical Practice Guidelines which were submitted to the National Health and Medical Research Council (NHMRC) for approval in December 2010. In February 2011, both sets of Guidelines were approved by the NHMRC.

The Guidelines provide evidence-based recommendations and the latest international standard reference for the prevention, identification, treatment and management of the symptoms of depression and related disorders in:

- adolescents and young adults
- pregnant women and new mothers.

The Guidelines are based on systematic literature reviews of the best available international and Australian research evidence. They were compiled by expert advisory groups including some of Australia’s leading mental health experts as well as people who have experienced mental health problems, and their carers.

After the Draft Guidelines were made public in March 2010, there was a 60-day public consultation period during which workshops were held across Australia and members of the public and health professionals were invited to make submissions. All submissions were considered and amendments incorporated before the final Guidelines were submitted to the NHMRC for consideration.

The Guidelines are being implemented at national, jurisdictional and local levels, including via national policies (such as The Fourth National Mental Health Plan 2009–14 and the National Agenda for Early Childhood), the beyondblue National Action Plan for Perinatal Health (2008–13), health profession training and dissemination of professional and general public resources.

The Guidelines can be downloaded from www.beyondblue.org.au/guidelines

Guidelines for the treatment of depression in adolescents and young adults

The youth Guidelines focus on depression in adolescents aged 13–18 and young adults aged 19–24. Depression affects many young Australians, seriously lowering their quality of life and that of their families, and increasing the risk of suicide. Up to one in five girls and one in nine boys reports high level symptoms of depression. There have been no Clinical Practice Guidelines for the treatment of depression and related disorders in young people living in Australia since 2004, when the Guidelines released in 1997 were rescinded by the NHMRC.

The aims of the Guidelines are to:

- assist health professionals to identify accurately and treat effectively depression among adolescents and young adults
- promote effective treatment, limit illness duration, advise on strategies for young people with a poor response to treatment and help prevent relapse for those with a diagnosis of depression.

Guidelines for the treatment of depression and related disorders in pregnant women and new mothers

The Clinical Practice Guidelines for the detection, treatment and management of depression, anxiety and related disorders in pregnant women and new mothers is an Australian first.

The Guidelines are part of the National Perinatal Depression Initiative (NPD1), which is an $85 million initiative established in 2008 by Federal, State and Territory Governments, as a commitment to improve the mental health of women in the perinatal period.

The Guidelines aim to:

- promote early detection of perinatal depression, anxiety, bipolar disorder and puerperal psychosis
- guide support, treatment and management practices for expectant and new mothers experiencing depression, anxiety, bipolar disorder and/or puerperal psychosis in the perinatal period.

The Guidelines also address perinatal depression and related mental health issues for Aboriginal and Torres Strait Islander people, as well as rural and remote service issues.

The Guidelines are available as part of the free online training program for health professionals, Beyond babyblues: Detecting and managing perinatal mental health disorders in primary care launched in April. (For information on Beyond babyblues, see page 23.)

beyondblue Doctors’ Mental Health Program

The mental and physical health of medical students and doctors in Australia is of ongoing concern within the medical profession and community. Recent research and media reports have highlighted the high rates of suicide, depression, anxiety disorders, substance use and self-medication throughout the profession.

To address these issues, beyondblue has developed a national Doctors’ Mental Health Program in consultation with key stakeholders from the mental health and medical sectors. This follows the joint Royal Australian College of General Practitioners (RACGP) and beyondblue project ‘Keeping the Doctor Alive’ and the trial of a professional peer support model to increase awareness of depression and anxiety among the medical profession.

The aim of the beyondblue Doctors’ Mental Health Program (bbDMHP) is to address the prevalence of depression and anxiety in Australian medical students and doctors by increasing awareness of the symptoms, identifying risk factors, reducing barriers to help-seeking and promoting existing services.

The bbDMHP Advisory Committee is Chaired by Dr Mukesh Haikerwal AO and the Deputy Chair is beyondblue Board Director, Dr Leanne Rowe.
The work of the Advisory Committee is complemented by an Expert Reference Group (ERG) which has broad representation across the medical and mental health sectors and provides expert stakeholder advice to beyondblue and the Advisory Committee regarding the program’s development, implementation and evaluation.

The Advisory Committee’s first activity was to oversee a systematic literature review that investigated issues associated with the mental health of medical students and doctors. Results were published in August 2010 with findings including:

- Depression and anxiety are commonly identified in medical students and doctors although there is no consistent evidence that these rates are higher than the general population.
- In Australia, doctors have a higher suicide rate when compared to the general population, with female doctors more than twice as likely to die by suicide as females in the general population.
- A significant proportion of doctors (including 34 per cent of medical students) reported they would not seek help for depression.
- Barriers to help-seeking included concerns about stigma in the profession, embarrassment, possible impact on career development and concerns about being allowed to continue to practise.

**Rural Health Education Foundation live TV panel discussion**

In November 2010, beyondblue hosted an online panel discussion in partnership with the Rural Health Education Foundation aimed at providing rural and remote doctors with practical information and strategies to promote and maintain their mental health and wellbeing. Titled *A complete check-up: Doctors’ mental health and well-being*, the discussion was chaired by Dr Norman Swan.

**Keeping Your Grass Greener**

In 2011, beyondblue, in partnership with the Australian Medical Students’ Association (AMSA) and the New Zealand Medical Students’ Association, developed *Keeping Your Grass Greener*, a wellbeing guide for medical students.

The booklet will be distributed to medical students across Australia in September 2011.

**Medical profession survey**

Work has begun on a national survey of Australian medical students and doctors to be conducted in 2012 by beyondblue and its key partners. The survey builds on the findings of the systematic literature review which found there is limited research examining issues associated with the mental health of medical students and doctors that is specific to the Australian context. There are no studies examining mental health issues relating to Indigenous or rural and remote doctors.

The survey aims to:

- better understand issues associated with the mental health of Australian medical students and doctors, and increase awareness of those issues
- inform the development of initiatives to address depression and anxiety disorders across the medical profession.

**Online Mental Health and Wellbeing program**

A Project Advisory Group has been established to provide advice to beyondblue and the bbDMHP Advisory Committee regarding the planning, development, implementation and evaluation of a survey to encourage help seeking in the medical profession.

In partnership with key stakeholders, beyondblue will develop, trial and evaluate an online mental health and wellbeing program for doctors.

The online program will be available in 2012 and will aim to increase:

- access to information and resources that promote mental health and wellbeing among medical students and doctors
- help-seeking by medical students and doctors with depression and anxiety disorders by providing a private pathway to a personalised assistance program.

“*It’s important that doctors are on the lookout for depression in the people they treat and that they realise they are at risk too – they can’t look after other people if they don’t look after themselves first.*”

Dr Mukesh Haikerwal AO, Chair of bbDMHP Advisory Committee
Conference presentations

- Dr Mukesh Haikerwal AO delivered a presentation on the bbDMHP at a Population Health and Community Development session at the 2010 Australian General Practice Network National Forum in November 2010. An executive summary of the Systematic Literature Review was also made available to attendees of the forum.
- Dr Mukesh Haikerwal AO, Chair of the bbDMHP Advisory Committee delivered a presentation on the bbDMHP in May 2011 at the RANZCP 2011 Congress at the Darwin Convention Centre, Darwin, Northern Territory.
- Dr Michael Bonning spoke at a Life in the Real World Seminar at the Australian Medical Students’ Association 2011 National Convention in Sydney on 10 July 2011. He talked about the bbDMHP and participated in a panel discussion which focused on preparing students for work as an intern and junior doctor.

beyondblue Mental Health Community Access Program (bbCAP)

In November 2010, beyondblue held a national forum in Melbourne to discuss a proposal to introduce significant changes to the way people access treatment for common mental health problems, such as depression and anxiety disorders.

Around 100 decision-makers from governments and the mental health sector gathered to debate and discuss the merits of bbCAP. A detailed model was presented with a recommendation for three-year demonstration trials in Australia.

The proposed new service would be based on the successful UK Improving Access to Psychological Therapies (IAPT) program, which has been operating since 2005 and has been shown to be effective.

Professor David Richards from the UK University of Exeter spoke at the forum about the UK IAPT program and said it had helped tens of thousands of people in the UK to get the treatment they needed. In its first year, more than 130,000 people made contact with IAPT services. He said the program could easily be adapted to Australian conditions.

A feasibility study commissioned by beyondblue found support for the trial of an Australian version of the UK program, which offers easy-to-access, affordable treatments for people with mild to moderate depression or anxiety. It uses online e-therapy, telephone support and other forms of self-help strategies guided by trained professionals, which people can access via a central phone number rather than having to see a GP first – as is currently the case.

It was envisaged that bbCAP would be very helpful for people who needed some psychological help, but who did not necessarily need more intensive therapy. It would be a completely new concept in primary mental health care in Australia that would not only complement existing services, but would relieve some of the burden on over-stretched services.

The insights from this national forum and the 2009 feasibility study will help determine the next steps in considering how bbCAP might be trialled in Australia in future.

Online directory of mental health services

beyondblue’s directory of Medical and Allied Health Practitioners (MAHP) enables people to search online for medical or mental health practitioners in their local area and provides specific information such as languages spoken, wheelchair accessibility, bulk billing and areas of special interest or expertise.

In June 2011, the directory listed 2,798 practitioners – 443 GPs, 926 clinical psychologists, 1,147 psychologists, 218 social workers in mental health, 25 occupational therapists in mental health and 39 mental health nurses.

A highly-accessed section of the beyondblue website, the directory received more than 120,000 visits from 30 June 2010 to 1 July 2011.
Over the past 11 years, *beyondblue* has invested more than $42 million in depression, anxiety and related research, awarding more than 200 grants Australia-wide.

In April 2011, *beyondblue* engaged Research Australia, the peak body for Health and Medical Research, to assist in the scientific assessment of shortlisted grant applications for the National Priority Driven Research program and the Victorian Centre of Excellence in Depression, Anxiety and Related Disorders. This has expanded significantly the range of expertise available to *beyondblue*.

In May 2011, *beyondblue* training was provided to 18 blueVoices members participating on the research grant assessment panels. The inclusion of consumers and carers on these panels gives people who have experienced depression and anxiety a direct say in the allocation of research grants.

Both steps form an important part of *beyondblue’s* overall assessment process for research grant applications.
Independent evaluation of beyondblue-funded research

beyondblue has committed to undertake an independent, comprehensive evaluation of the impact of research funded by beyondblue from 2000 to 2010. The evaluation will determine the contribution beyondblue-funded research has made to the mental health sector in Australia. The evaluation will assess the:

- extent to which research has bridged gaps in evidence
- contribution to building research capacity in mental health
- quality of research produced, leading to high-impact publications and citations
- translation of research evidence into practice.

The evaluation will ensure that future beyondblue-funded research builds on gains already made and provides a strategic framework for translating research findings into practice in a timely way. The Social Policy Research Centre at The University of NSW has commenced the independent review, which is expected to be completed in mid-2012.

National Priority Driven Research program

The National Priority Driven Research (NPDR) program is a new grant funding scheme, launched by beyondblue in March 2011. The 2011 round of NPDR will target areas where gaps in evidence have been identified by beyondblue-commissioned literature reviews. The NPDR aims to contribute to improvements to health policy by funding clinical and applied depression and anxiety research targeting:

- adolescents and young adults
- older people
- women and men in the perinatal period.

The call for applications closed on 29 April 2011. beyondblue received 155 submissions:

<table>
<thead>
<tr>
<th>Priority group</th>
<th>Total applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents and young adults</td>
<td>64</td>
</tr>
<tr>
<td>Older people</td>
<td>38</td>
</tr>
<tr>
<td>Perinatal</td>
<td>53</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>155</strong></td>
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</tbody>
</table>

Successful applicants will be announced in late 2011. The second round of applications for the NPDR – with a focus on gay, lesbian, bisexual, transgender and intersex (GLBTI) populations, Aboriginal and Torres Strait Islander people, and men aged 12-65 – is due to commence in late 2011.

beyondblue Victorian Centre of Excellence

The beyondblue Victorian Centre of Excellence (bbVCoE) in Depression, Anxiety and Related Disorders – a collaborative initiative between beyondblue and the Victorian Government – is a major annual research funding program in Victoria.

bbVCoE encourages innovative, high-quality research that aims to enhance early intervention, treatment and pathways to care for people with depression, anxiety and related disorders. The Centre is funded as part of the Victorian Government’s commitment to beyondblue, with more than $12.24 million in research grants allocated across 115 research projects since 2001.

2010 grants

The 2010 beyondblue Research Forum was held on 6 October, 2010 in Melbourne. The Hon. Lisa Neville, Victorian Minister for Mental Health, presented seven research grants to recipients.

The new projects focus primarily on:

- effective interventions for Aboriginal people experiencing depression and anxiety
- tackling depression and anxiety in same-sex attracted young people
- addressing depression in the workplace
- building on previously-funded bbVCoE research.

Over $1 million was allocated to the following projects:

- **Telephone cognitive behavioural therapy for people with chronic obstructive pulmonary disease**, Dr Colleen Doyle, National Ageing Research Institute
- **Deakin family options: A randomised controlled trial of enhanced cognitive therapy and family education for youth depression, anxiety and substance abuse**, Associate Professor Andrew Lewis, Deakin University
- **Evaluation of a tailored online same-sex attracted youth (SSAY) focused trans-diagnostic mental health and wellbeing program**, Associate Professor Britt Klein, Swinburne University
- **Guidelines for organisations on how to reduce the risk of relapse and facilitate a successful return to work for employees following an episode of depression, anxiety or related disorder**, Dr Nicola Reavley, Orygen Youth Health Research Centre
- **Improving the wellbeing of Melbourne-based Aboriginal people with chronic disease and experiencing depression, anxiety or a related mental health disorder: A Wurundjeri community-driven initiative**, Dr Barbara Murphy, The University of Melbourne
- **Managing depression and anxiety risk in those with cardiovascular disease: A nurse-led intervention**, Professor Linda Worrall-Carter, Australian Catholic University
- **Stepping up... when arthritis or pain are getting you down: A randomised controlled trial of a web-based intervention for people with depression or anxiety and co-morbid musculoskeletal conditions**, Professor Richard Osborne, Deakin University.
In 2010–11, beyondblue focused on depression, anxiety and related disorders. The facility of successful return to work for people following an episode of depression, anxiety and/or a related disorder including effective strategies for: creating a supportive workplace culture fostering attitude change and acceptance within the workplace managing and supporting return to work strategies building on previously-funded bbVCoE research.

The 2011 grant round closed on 17 June 2011. beyondblue received 38 submissions and successful applicants will be announced in late 2011.

Other beyondblue Research Grants awarded in 2010–11

beyondblue strategic research funding supports targeted research which is relevant to the activities and priorities of beyondblue. The primary goal is to provide matched funding and support for the highest quality research in the areas of depression, anxiety and related disorders.

In 2010–11, beyondblue funded 13 research projects totalling $1.045 million:

- An Online Psychological Support Program for Men with Prostate Cancer, Dr Addie Wootten, Melbourne Health
- Chinese-Australian Version of the Sadness Program, Dr Nikolai Titov, Clinical Research Unit for Anxiety and Depression
- Common mental disorders in Koori men, Dr Anton Isaacs, Monash University
- Deakin Family Options: engaging youth with high prevalence mental health problems using family-based interventions, Associate Professor Andrew J Lewis, Deakin University
- Healthy Body, Healthy Mind; an exercise intervention for the treatment of youth depression, Professor Robin Callister, Hunter Medical Research Institute
- How effective over time are Youth Health Services in NSW in assisting young people with or at risk of mental illness: Pilot Study, Ms Emma Marshall, NSW Association for Youth Health
- Integrated depression management: A trial of a new model of care in low vision, Dr Gwyn Rees, The University of Melbourne
- MindWise: Victoria University Mental Health Literacy Project, Dr Nicola Reavley, Orygen Youth Health Research Centre
- Parenting to prevent adolescent depression and anxiety, Dr Marie Yap, Orygen Youth Health Research Centre
- Pilot study on postnatal depression in refugee communities, Dr Renata Kokanovic, Monash University
- Revision of the Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder, Professor Mark Creamer, Australian Centre for Posttraumatic Mental Health, The University of Melbourne
- Simple Interventions Trial (psychological and exercise treatments), Dr Alexandra Parker, Orygen Youth Health Research Centre
- Study of Environment on Aboriginal Resilience and Child Health (SEARCH), Dr Sonia Wutzke, Sax Institute.

beyondblue policy and advocacy

beyondblue plays an active role in national and state-based policy consultations to reflect the needs of consumers and carers and the outcomes of beyondblue research and programs. During 2010-11, beyondblue participated in the following inquiries:

- Caring for older Australians – Australian Government, Productivity Commission, July 2010 and April 2011
- Development of a ‘blueprint’ for support to people with a disability – Social Australian Social Inclusion Board, September 2010
- Medicare Locals – Australian Government, Department of Health and Ageing, November 2010
- Patient-Centred Care: Improving Quality and Safety by focusing Care on Patients and Consumers – Australian Commission on Safety and Quality in Health Care, December 2010
- Flexible care packages for people with severe mental illness – Australian Government, Department of Health and Ageing, February 2011
- Scoping study for a national not-for-profit regulator – Australian Government, The Treasury, February 2011
- Exposure draft mental health bill 2010 – Victorian Government, Department of Health, February 2011
- Protecting Victoria’s vulnerable children – Victorian Government, April 2011
- Mental health and workforce participation – Australian Government, House of Representatives Standing Committee on Education and Employment, April 2011
- Disability care and support – Australian Government, Productivity Commission, April 2011
- Draft concept of operations: relating to the introduction of a personally controlled electronic health record (PCEHR) – Australian Government, Department of Health and Ageing, May 2011

Published research

beyondblue promotes research findings through the media and medical press. In 2010–11, beyondblue-funded researchers published 44 peer-reviewed papers.

beyondblue also continued its MJA Supplement series with Anxiety, Depression and Cancer (September 2010) and Depression, Anxiety and Substance Use Disorders (August 2011).
Volunteers, fundraisers and donors

Volunteers
Thank you to the wonderful people who volunteer their time and energy to hand out beyondblue merchandise and information material at events, expos and conferences across Australia.

In 2010–11, our volunteers were out in force at:

- major sporting events, including the AFL beyondblue Cup in Melbourne (26 April 2011), the NRL beyondblue Cup in Sydney (27 August 2011) and the Netball Test Series across Australia (8, 15 and 29 August 2010)
- Pregnancy, Babies and Children’s Expos in Adelaide, Brisbane, Melbourne, Perth and Sydney
- the inaugural Motorclassica Motor Show at the Royal Exhibition Buildings, Melbourne (22–24 October 2010).

beyondblue staff also give their time to volunteer at beyondblue events and conferences outside normal working hours.

Fundraisers and donors
In 2010–11, more than 200 people registered fundraising events with beyondblue to raise money for research into depression and anxiety.

We also received donations via a number of major events including $34,699 from City to Surf (8 August 2010) and $41,877 from Run Melbourne (18 July 2010).

Thanks also to Matt Tilley from Fox FM Melbourne who raised $138,522 when he cycled non-stop for 24 hours in November 2011.

In total, beyondblue received $2,533,142 in donations from a range of sources including:

- fundraising events – $626,000
- workplace giving, payroll giving and matched giving programs – $258,000
- bequests and memorials – $25,000.

Thank you to our 533 volunteers across Australia!
Thank you to each individual and organisation for giving their time and donations so generously.

Workplace Giving
beyondblue would like to acknowledge the support of our workplace giving partners:


"I would like to thank you for letting me participate in the event on Tuesday. And yes it was a success! I felt privileged to represent beyondblue and what an awesome organisation it is, and to promote the awareness of mental health issues. I definitely got a lot of positive responses from the public! Thank you."

Kim, beyondblue volunteer (AFL beyondblue Cup)
“Alan and I would like to thank you for putting on a terrific day, it was an amazing experience for us both and we are extremely proud to have had the opportunity to help out. It’s not every day that you get to be a part of a very important organisation and we will be there next year for sure.”

Christina and Alan, beyondblue volunteers (AFL beyondblue Cup)
# The beyondblue Team

Congratulations to Deputy CEO Nicole Highet – winner of the 2010 Telstra Business Women’s Award – White Pages Community and Government Award, Victoria!

<table>
<thead>
<tr>
<th>Front row (left to right)</th>
<th>Second row (left to right)</th>
<th>Third row (left to right)</th>
<th>Fourth row (left to right)</th>
<th>Back row (left to right)</th>
<th>Staff not photographed</th>
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<tbody>
<tr>
<td>Cheryl Geels</td>
<td>Eve Guzowska</td>
<td>Bonnie Vincent</td>
<td>Sarah Dewey</td>
<td>Faith Gritten</td>
<td>Athena Vass</td>
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<td>Dawn O’Neil</td>
<td>Lyn Chaplin</td>
<td>Judy Flinn</td>
<td>Odette Corrins</td>
<td>Ted Wilson</td>
<td>Bella Brussels</td>
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<td>Penny Chan</td>
<td>Emma Cockroft</td>
<td>Katie Griffin</td>
<td>Sally Creates</td>
<td>Josie Shanks</td>
<td>Brian Graetz</td>
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<td>Maria Tsang</td>
<td>Clare Shann</td>
<td>Clara Delbrincat</td>
<td>Megan Hansford</td>
<td>Kimberly Nichols</td>
<td>Keith Mortimer</td>
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<td>Helen Hutchinson</td>
<td>Ruth Kerr</td>
<td>Lynall Angus</td>
<td>Nick Anwanta</td>
<td>Infrastructure Manager</td>
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<td>Suzanne Pope</td>
<td>Carolyn Nikoloski</td>
<td>Sue Gherdovich</td>
<td>Rachel Koman</td>
<td>Legal Advisor</td>
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<td>Theresia Fitzpatrick</td>
<td>Gail Coon</td>
<td>Shelley Blake</td>
<td>Priscilla Hinds</td>
<td>Program Manager, Secondary Schools</td>
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<td>Nadine Bartholomew-Raymond</td>
<td>Tracee Manning</td>
<td>Carol Purcell</td>
<td>Research Coordinator, Research, Nursing</td>
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<td></td>
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<td>Julie Foster</td>
<td>Roula Papaetanotou</td>
<td>James Byrne</td>
<td>Program Director, Education and Early Childhood</td>
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<td>Danielle Webb</td>
<td>Sam Walker</td>
<td>Martin Gonzalez</td>
<td>Infrastructure Manager</td>
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<td>Nadiaa Weller</td>
<td>Elizabeth Galinec</td>
<td>Legal Advisor</td>
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<td>Tiffany Fox</td>
<td>Sridhar Ramesh</td>
<td>Program Manager, Secondary Schools</td>
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<td>Emily Tata</td>
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<td>Research Coordinator, Research, Nursing</td>
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|                           |                              |                            |                          |                          | Program Manager, Aged Care and Nursing |
|                           |                              |                            |                          |                          | Administration Officer |
|                           |                              |                            |                          |                          | Business Manager, National Workplace & Social Enterprise |
|                           |                              |                            |                          |                          | Program Manager, Youth |
|                           |                              |                            |                          |                          | Manager, Research & Policy |
The Directors present their report together with the financial report of Beyond Blue Limited (“the Company”) for the financial year ended 30 June 2011 and the auditor’s report thereon.

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

The Honourable Jeff Kennett AC, Board Chair
Hon.DBus
Twenty-three years as a Member of the Victorian Parliament (1976-1999), including Premier of Victoria (1992-1999). Chairman of Open Windows Australia Pty Ltd and CT Management Group Pty Ltd. Chairman of the Board of Management for PFD Food Services Pty Ltd. Director of both Equity Trustees Limited and Jumbuck Entertainment Limited. President of the Hawthorn Football Club. Patron of a number of public organisations. Director since 19 October 2000, due for reappointment October 2011.

Ms Kate Carnell AO, Deputy Board Chair
BPharm, FAIPM, FAIM, AFACHSE
CEO of the Australian Food and Grocery Council, former CEO of the Australian General Practice Network and former Member of the ACT Parliament including ACT Chief Minister. Director since 19 August 2008, due for reappointment October 2011.

Mr Tim Marney, Deputy Board Chair and Chair of the Audit, Finance and Risk Committee
BEc(Hons), CPA
Under Treasurer of Western Australia and beyondblue Ambassador. Director since 19 August 2008, due for reappointment October 2011.

Associate Professor Brett McDermott
B.MedSci, MBBS, FRANZCP, CertChildPsych, MD
Child and Youth Psychiatrist and Executive Director of the Mater Child and Youth Mental Health Service, Mater Hospital, Brisbane and Professorial Fellow Mater Medical Research Institute. Director since 26 October 2006, due for reappointment October 2012.

Dr Michael Bonning
B.App.Sc(Hons), MBBS
Resident Medical Officer at the Royal Brisbane and Women’s Hospital, Chair of the Australian Medical Association Council of Doctors in Training (CDT) and Past President Australian Medical Students’ Association (2008). Director since 19 August 2008, due for reappointment October 2011.

Ms Natasha Stott Despoja AM
BA

Dr Leanne Rowe AM
MD, MBBS, FRACGP, FAICD
Deputy Chancellor Monash University and General Practitioner, Past Chairperson of the Royal Australian College of General Practitioners and rural medical practitioner for 26 years. Director since 19 August 2008, due for reappointment October 2011.

Professor Steven Larkin
B.Soc.Wk, M.Soc.Sc
A Kungarakan man who has extensive leadership experience in Indigenous organisations, Pro Vice-Chancellor – Indigenous Leadership at Charles Darwin University in Darwin NT. Director since 17 February 2009, due for reappointment October 2012.

The Honourable Morris Iemma
BEcon, LLB
Former Member of the New South Wales Parliament including Health Minister and Premier of NSW. Director since 17 August 2010, due for reappointment October 2013.

Ms Dawn O’Neil AM
MBA, FAICD, FAIM

Associate Professor Michael Baigent
MBBS, FRANZCP, FACHAM (RACP)
Clinical academic psychiatrist and addiction specialist, Clinical Adviser to beyondblue since 2006. Director since 21 June 2011, due for reappointment October 2011.

Ms Leonie Young

Mr John McGrath AM
Inaugural Chair of the Mental Health Council of Australia, former Member of the Victorian Parliament, carer of a family member with a mental illness and Chair of the Victorian Ministerial Advisory Committee on Mental Health. Director and Deputy Chairman from 19 October 2000 to 14 December 2010. Resigned: 14 December 2010.

The Honourable Caroline Hogg

Mr Garry McDonald AO
Company secretary
Mr Ian L Jenkins FCA, Dip. Bus (Acctg) was appointed Company Secretary in October 2005. Registered company auditor, tax agent and partner in an accounting practice.

Directors’ Meetings
The number of Directors’ meetings (including meetings of committees of Directors) 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>Board Meetings</th>
<th>Audit, Finance and Risk Committee Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>The Hon. Jeff Kennett AC</td>
<td>6</td>
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</tr>
<tr>
<td>Ms Kate Carnell AO</td>
<td>5</td>
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<tr>
<td>Mr Tim Marney</td>
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<tr>
<td>Assoc. Professor Brett McDermott</td>
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<td>Dr Michael Bonning</td>
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<tr>
<td>Ms Natasha Stott Despoja AM</td>
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<tr>
<td>Dr Leanne Rowe AM</td>
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<tr>
<td>Professor Steven Larkin</td>
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<tr>
<td>The Hon. Morris Iemma</td>
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<tr>
<td>Ms Dawn O’Neil AM</td>
<td>3</td>
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<tr>
<td>Assoc. Professor Michael Baigent</td>
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<tr>
<td>Ms Leonie Young</td>
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<tr>
<td>Mr John McGrath AM</td>
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<tr>
<td>The Hon. Caroline Hogg</td>
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<td>3</td>
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<tr>
<td>Mr Garry McDonald AO</td>
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<td>3</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 were the organisation, planning and implementation of projects designed to raise awareness of depression, anxiety, and reduce the prevalence, risks and the impact of depressive disorders, and increase the capacity of the Australian community to respond effectively to depression and anxiety.

During the financial year ended 30 June 2011, the Board has continued to implement programs which are aimed at achieving the following objectives:

- Increasing community awareness of depression, anxiety and related substance use disorders and addressing associated stigma;
- Initiating and supporting depression related research;
- Providing people living with depression and their carers with information on the illness and effective treatment options, promoting their needs and experiences with policy makers and healthcare service providers;
- Developing depression prevention and early intervention programs including workplace training; and
- Improving training and support for GPs and other healthcare professionals on depression and anxiety.

The Company is funding its programs out of its retained surplus and financial commitments from Commonwealth, State and Territory Governments, corporations and public donations.

There were no significant changes in the nature of the activities of the Company during the year.

Review and result of operations
The surplus from ordinary activities for financial year 2011 amounted to $5,356,541 (2010: deficit of $1,258,758). The Company has been granted exemption from income tax under Section 50-5 of the Income Tax Assessment Act (1997). Beyond Blue Limited was initially funded for a five-year term from 2000-2005. Commonwealth, State and Territory Government funding has since been extended to 2015.

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

Dividends
The Company is limited by guarantee and is prohibited by its Memorandum of Association from paying a dividend to its members.
Events subsequent to reporting date
On 16 September 2011, Ms Dawn O’Neil AM, Chief Executive Officer tendered her resignation. On 30 September 2011, Ms O’Neil resigned as a Director and ceased employment with the Company. Ms Clare Shann will fill the position until a replacement Chief Executive Officer is appointed.

In the interval between the end of the financial year and the date of this report, no other item, transaction or event of a material and unusual nature likely, in the opinion of the Directors of the Company, has arisen 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 and anxiety.

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 2011. 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.

Non-audit services
Non-audit services of $1,900 were provided in the year ended 30 June 2011 (2010: $1,800).

Lead auditor’s independence declaration
The Lead auditor’s independence declaration is set out on page 59 and forms part of the Directors’ report for the financial year ended 30 June 2011.

This report is made with a resolution of the Directors:

The Honourable Jeffrey Kennett AC
Director

Mr Tim Marney
Director

Dated at Melbourne this 18th day of October 2011.
## Statement of comprehensive income

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>For the year ended 30 June 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>6</td>
<td>32,160,463</td>
</tr>
<tr>
<td>Project expenses</td>
<td>(19,460,649)</td>
<td>(23,944,871)</td>
</tr>
<tr>
<td>Travel and accommodation expenses</td>
<td>(616,032)</td>
<td>(363,865)</td>
</tr>
<tr>
<td>Personnel expenses</td>
<td>7</td>
<td>(6,619,392)</td>
</tr>
<tr>
<td>Occupancy expenses</td>
<td></td>
<td>(396,771)</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td>(214,161)</td>
</tr>
<tr>
<td>Amortisation</td>
<td></td>
<td>(168,454)</td>
</tr>
<tr>
<td>Impairment of software</td>
<td></td>
<td>(303,768)</td>
</tr>
<tr>
<td>Website expenses</td>
<td></td>
<td>(350,390)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(1,323,464)</td>
<td>(1,242,227)</td>
</tr>
<tr>
<td>Results from operating activities</td>
<td></td>
<td>2,707,382</td>
</tr>
<tr>
<td>Finance income</td>
<td>9</td>
<td>2,649,159</td>
</tr>
<tr>
<td>Finance expense</td>
<td>9</td>
<td>–</td>
</tr>
<tr>
<td>Net finance income</td>
<td>9</td>
<td>2,649,159</td>
</tr>
<tr>
<td>Surplus/(deficit) before tax</td>
<td></td>
<td>5,356,541</td>
</tr>
<tr>
<td>Income tax expense</td>
<td></td>
<td>–</td>
</tr>
<tr>
<td>Surplus/(deficit) after tax</td>
<td></td>
<td>5,356,541</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td>–</td>
</tr>
<tr>
<td>Other comprehensive income for the period, net of income tax</td>
<td></td>
<td>–</td>
</tr>
<tr>
<td>Total comprehensive income for the period</td>
<td></td>
<td>5,356,541</td>
</tr>
</tbody>
</table>

The notes on pages 45 to 58 are an integral part of these financial statements.
# Statement of financial position

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>As at 30 June 2011</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>10 20,309,126</td>
<td>31,701,911</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>11 1,184,760</td>
<td>1,139,640</td>
</tr>
<tr>
<td>Investments</td>
<td>12 25,975,363</td>
<td>11,241,746</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>47,469,249</td>
<td>44,083,297</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>13 608,238</td>
<td>527,211</td>
</tr>
<tr>
<td>Intangibles</td>
<td>14 57,562</td>
<td>491,287</td>
</tr>
<tr>
<td>Investments</td>
<td>12 4,338,233</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>5,004,033</td>
<td>1,018,498</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>52,473,282</td>
<td>45,101,795</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>15 2,259,737</td>
<td>290,495</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>17 325,322</td>
<td>245,945</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>2,585,059</td>
<td>536,440</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>17 42,640</td>
<td>76,313</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>42,640</td>
<td>76,313</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>2,627,699</td>
<td>612,753</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>49,845,583</td>
<td>44,489,042</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus</td>
<td>49,845,583</td>
<td>44,489,042</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td>49,845,583</td>
<td>44,489,042</td>
</tr>
</tbody>
</table>

The notes on pages 45 to 58 are an integral part of these financial statements.
## Statement of changes in equity

<table>
<thead>
<tr>
<th>For the year ended 30 June 2011</th>
<th>Retained earnings $</th>
<th>Total equity $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2009</td>
<td>45,747,800</td>
<td>45,747,800</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the period</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus or (deficit)</td>
<td>(1,258,758)</td>
<td>(1,258,758)</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the period</strong></td>
<td>(1,258,758)</td>
<td>(1,258,758)</td>
</tr>
<tr>
<td>Transactions with owners, recorded directly in equity</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2010</strong></td>
<td>44,489,042</td>
<td>44,489,042</td>
</tr>
</tbody>
</table>

| Balance at 1 July 2010        | 44,489,042          | 44,489,042     |
| **Total comprehensive income for the period** |                       |                |
| Surplus or (deficit)          | 5,356,541           | 5,356,541      |
| Other comprehensive income    | –                   | –              |
| **Total comprehensive income for the period** | 5,356,541           | 5,356,541      |
| Transactions with owners, recorded directly in equity | –                   | –              |
| **Balance at 30 June 2011**   | 49,845,583          | 49,845,583     |

The notes on pages 45 to 58 are an integral part of these financial statements.
## Statement of cash flows

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>For the year ended 30 June 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash receipts from operations</td>
<td>35,848,007</td>
<td>31,196,948</td>
</tr>
<tr>
<td>Cash paid to program suppliers, other suppliers and employees</td>
<td>(29,952,250)</td>
<td>(35,390,297)</td>
</tr>
<tr>
<td>Interest received</td>
<td>2,111,821</td>
<td>1,346,289</td>
</tr>
<tr>
<td>Net cash (used in)/from operating activities</td>
<td>8,007,578</td>
<td>(2,847,060)</td>
</tr>
<tr>
<td>Cash flows from investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Acquisition)/proceeds from investments</td>
<td>(19,053,011)</td>
<td>9,022,095</td>
</tr>
<tr>
<td>Acquisition of plant and equipment</td>
<td>(308,849)</td>
<td>(526,749)</td>
</tr>
<tr>
<td>Acquisition of intangibles</td>
<td>(38,503)</td>
<td>(310,831)</td>
</tr>
<tr>
<td>Net cash from investing activities</td>
<td>(19,400,363)</td>
<td>8,184,515</td>
</tr>
<tr>
<td>Net increase in cash and cash equivalents</td>
<td>(11,392,785)</td>
<td>5,337,455</td>
</tr>
<tr>
<td>Cash and cash equivalents at 1 July</td>
<td>31,701,911</td>
<td>26,364,456</td>
</tr>
<tr>
<td>Cash and cash equivalents at 30 June</td>
<td>20,309,126</td>
<td>31,701,911</td>
</tr>
</tbody>
</table>

The notes on pages 45 to 58 are an integral part of these financial statements.
Notes to the financial statements
For the year ended 30 June 2011

1. Reporting entity
Beyond Blue Limited (the “Company”) is a company domiciled in Australia. The address of the Company’s registered office is 40 Burwood Road, Hawthorn, VIC 3122. The Company is primarily involved in the business of raising awareness of depression and its related illnesses to the Australian community.

2. Basis of preparation
(a) Statement of compliance
The financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards (AASBs) (including Australian Accounting Interpretations) adopted by the Australian Accounting Standards Board (AASB) and the Corporations Act 2001. The financial statements were approved by the Board of Directors on 18 October 2011.

(b) Basis of measurement
The financial statements have been prepared on the historical cost basis except for the following item in the statement of financial position: financial instruments at fair value through profit or loss that are measured at fair value.

(c) Functional and presentation currency
These financial statements are presented in Australian dollars, which is the Company’s functional currency.

(d) Use of estimates and judgements
The preparation of financial statements in conformity with AASBs requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in any future periods affected.

3. Significant accounting policies
The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

(a) Financial Instruments
(i) Non-derivative financial assets
The Company initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets (including assets designated at fair value through profit or loss) are recognised initially on the trade date at which the Company becomes a party to the contractual provisions of the instrument.

The Company derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets that is created or retained by the Company is recognised as a separate asset or liability.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Company has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Company has the following non-derivative financial assets: financial assets at fair value through profit or loss, held-to-maturity financial assets, and trade and other receivables.

Financial assets at fair value through profit or loss
A financial asset is classified as at fair value through profit or loss if it is classified as held for trading or is designated as such upon initial recognition. Upon initial recognition attributable transaction costs are recognised in profit or loss when incurred. Financial assets at fair value through profit or loss are measured at fair value, and changes therein are recognised in profit or loss. Financial assets designated at fair value through profit or loss comprise equity securities that would otherwise have been classified as available-for-sale.

Held-to-maturity financial assets
If the Company has the positive intent and ability to hold term deposits to maturity, then such financial assets are classified as held-to-maturity. Held-to-maturity financial assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition held-to-maturity financial assets are measured at amortised cost using the effective interest method, less any impairment losses. Any sale or reclassification of a more than insignificant amount of held-to-maturity investments not close to their maturity would result in the reclassification of all held-to-maturity investments as available-for-sale, and prevent the Company from classifying investment securities as held-to-maturity for the current and the following two financial years. Held to maturity financial assets comprise term deposits.

Trade and other receivables
Trade and other receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition trade and other receivables are measured at amortised cost using the effective interest method, less any impairment losses.
Trade and other receivables comprise trade receivables and other receivables and prepayments.

Cash and cash equivalent
Cash and cash equivalents comprise cash balances and call deposits with original maturities of three months or less.

(ii) Non-derivative financial liabilities
All financial liabilities are recognised initially on the trade date at which the Company becomes a party to the contractual provisions of the instrument. The Company derecognises a financial liability when its contractual obligations are discharged, or cancelled or expired. Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Company has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Company classified non-derivative financial liabilities into the other financial liabilities category. Such financial liabilities are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition these financial liabilities are measured at amortised cost using the effective interest method. Other financial liabilities comprise trade and other payables.

(b) Plant and equipment
(i) Recognition and measurement
Items of plant and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset.

When parts of an item of plant and equipment have different useful lives, they are accounted for as separate items of plant and equipment.

Gains and losses on disposal of an item of plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of plant and equipment and are recognised net within other income or expense in surplus or deficit.

(ii) Subsequent costs
The cost of replacing a part of an item of plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied in the part will flow to the Company and its cost can be measured reliably. The carrying amount of the replaced part is derecognised.

The costs of the day-to-day servicing of plant and equipment are recognised in surplus or deficit as incurred.

(iii) Depreciation
Depreciation is calculated over the depreciable amount, which is the cost of an asset, or other amount substituted for cost, less its residual value. Significant components of individual assets are assessed and if a component has a useful life that is different from the remainder of that asset, that component is depreciated separately.

Depreciation is recognised in surplus or deficit on a straight-line basis over the estimated useful lives of each component of an item of plant and equipment. Leased assets are depreciated over the shorter of the lease term and their useful lives unless it is reasonably certain that the Company will obtain ownership by the end of the lease term.

The estimated useful lives in the current and comparative periods are as follows:

- Furniture and fittings 2-5 years
- Computer equipment 2-5 years
- Office equipment 2-5 years
- Leasehold improvements 3-5 years

Depreciation methods, useful lives and residual values are re-assessed at the reporting date.

(c) Intangibles
Other intangible assets that are acquired by the Company and have finite useful lives are measured at cost less accumulated amortisation and accumulated impairment losses.

(i) Subsequent expenditure
Subsequent expenditure is capitalised only when it increases the future economic benefits embodied in the specific asset to which it relates. All other expenditure is recognised in surplus or deficit as incurred.

(ii) Amortisation
Amortisation is calculated over the cost of the asset, or another amount substituted for cost, less its residual value.

Amortisation is recognised in the surplus and deficit on a straight line basis over the estimated useful lives of intangible assets, from the date that they are available for use. The estimated useful life for the current and comparative periods are as follows:

- Computer software 3 years

Amortisation methods, useful lives and residual values are reviewed at each financial year-end and adjusted if appropriate.
(d) Leased Assets
Leases in terms of which the Company assumes substantially all the risks and rewards of ownership are classified as finance leases. Upon initial recognition the leased asset is measured at an amount equal to the lower of its fair value and the present value of the minimum lease payments. Subsequent to initial recognition, the asset is accounted for in accordance with the accounting policy applicable to that asset.

Other leases are operating leases and are not recognised in the Company’s statement of financial position.

(e) Impairment

(i) Non-derivative financial assets
A financial asset not carried at fair value through profit or loss is assessed at each reporting date to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event had a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

Objective evidence that financial assets (including equity securities) are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Company on terms that the Company would not consider otherwise, indications that a debtor or issuer will enter bankruptcy, the disappearance of an active market for a security. In addition, for an investment in an equity security, a significant or prolonged decline in its fair value below its cost is objective evidence of impairment.

The Company considers evidence of impairment for receivables and held-to-maturity investment securities at both a specific asset and collective level. All individually significant receivables and held-to-maturity investment securities are assessed for specific impairment.

All individually significant receivables and held-to-maturity investment securities found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified. Receivables and held-to-maturity investment securities that are not individually significant are collectively assessed for impairment by grouping together receivables and held-to-maturity investment securities with similar risk characteristics.

In assessing collective impairment the Company uses historical trends of the probability of default, timing of recoveries and the amount of loss incurred, adjusted for management’s judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset’s original effective interest rate. Losses are recognised in surplus or deficit and reflected in an allowance account against receivables or held-to-maturity investments. Interest on the impaired asset continues to be recognised through the unwinding of the discount. When a subsequent event (e.g. repayment by a debtor) causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through surplus or deficit.

(ii) Non-financial assets
The carrying amounts of the Company’s non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists then the asset’s recoverable amount is estimated.

An impairment loss is recognised if the carrying amount of an asset exceeds its recoverable amount. Impairment losses are recognised in surplus or deficit.

The recoverable amount of an asset is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset’s carrying amount does not exceed the carrying amount that would have been determined net of depreciation or amortisation, if no impairment loss had been recognised.

(f) Employee benefits

(i) Defined contribution superannuation funds
A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an employee benefit expense in surplus or deficit in the periods during which services are rendered by employees.

Prepaid contributions are recognised as an asset to the extent that a cash refund or a reduction in future payments is available. Contributions to a defined contribution plan that are due more than 12 months after the end of the period in which the employees render the service are discounted to their present value.
Notes to the financial statements (continued)
For the year ended 30 June 2011

(ii) Other long-term employee benefits
The Company’s net obligation in respect of long-term employee benefits other than defined benefit plans is the amount of future benefit that employees have earned in return for their service in the current and prior periods plus related on-costs; that benefit is discounted to determine its present value, and the fair value of any related assets is deducted. The discount rate is the yield at the reporting date on AA credit-rated or government bonds that have maturity dates approximating the terms of the Company’s obligations and that are denominated in the same currency in which the benefits are expected to be paid.

(iii) Short-term employee benefits
Short term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. Liabilities for employee benefits for wages, salaries and annual leave represent present obligations resulting from employees’ services provided to reporting date and are 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, such as workers compensation insurance and payroll tax.

(g) Revenue
(i) Government funding
Funding comprises the amounts received from the Commonwealth, State and Territory Governments. Revenue from Government funding is recognised in surplus or deficit on receipt.

(ii) Donations
Donations are recognised as revenue upon receipt.

(h) Lease payments
Payments made under operating leases are recognised in surplus or deficit on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

Determining whether an arrangement contains a lease
At inception of an arrangement, the Company determines whether such an arrangement is or contains a lease. A specific asset is the subject of a lease if fulfilment of the arrangement is dependent on the use of that specified asset. An arrangement conveys the right to use the asset if the arrangement conveys to the Company the right to control the use of the underlying asset. At inception or upon reassessment of the arrangement, the Company separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Company concludes for a finance lease that it is impracticable to separate the payments reliably, an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and imputed finance charge on the liability is recognised using the Company’s incremental borrowing rate.

(i) Finance income and expenses
Finance income comprises interest income on funds invested and fair value gains on financial assets at fair value through profit or loss. Interest income is recognised as it accrues, using the effective interest method. Finance expense comprises changes in the fair value of financial assets at fair value through profit and loss.

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

(k) Goods and services tax
Revenue, 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 taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part 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 Australian Tax Office (ATO) is included as a current asset or liability in the balance sheet.

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.

(l) New standards and interpretations not yet adopted
A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 July 2011, and have not been applied in preparing these financial statements. None of these is expected to have a significant effect on the financial statements of the Company, except for AASB 9 Financial Instruments, which becomes mandatory for the Company’s 2014 financial statements and could change the classification and measurement of financial assets. The Company does not plan to adopt this standard early and the extent of the impact has not been determined.
4. Determination of fair values
A number of the Company’s accounting policies and disclosures require the determination of fair value, for both financial and non-financial assets and liabilities. Fair values have been determined for measurement and/or disclosure purpose based on the following methods.

When applicable, further information about the assumptions made in determining fair value is disclosed in the notes specific to the asset or liability.

(i) Investments in equity securities
The fair value of financial assets at fair value through profit or loss is determined with reference to the quoted closing bid price at the reporting date.

5. Financial risk management
(a) Overview
The Company has exposure to the following risks from its use of financial instruments:

- credit risk
- liquidity risk
- market risk.

This note presents information about the Company’s exposure to each of the above risks, its objectives and policies and processes for measuring and managing risk. Further quantitative disclosures are included throughout this financial report.

(b) Risk Management framework
The Board of Directors has overall responsibility for the establishment and oversight of the risk management framework.

Risk management policies are established to identify and analyse the risks faced by the Company, to set appropriate risk limits and controls, and to monitor risks and adherence to limits. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the Company’s activities. The Company, through its training and management standards and procedures, aims to develop a disciplined and constructive control environment in which all employees understand their roles and obligations.

(c) Credit risk
Credit risk is the risk of financial loss to the Company if a counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Company’s receivables from operating activities and investments.

Trade and other receivables
The Company’s exposure to credit risk is influenced mainly by the individual characteristics of each customer. Geographically there is no concentration of credit risk.

Investments
The Company limits its exposure to credit risk by only investing in liquid securities and only with counterparties that have a credit rating equal to or better than the Company.

(d) Liquidity risk
Liquidity risk is the risk that the Company will not be able to meet its financial obligations as they fall due. The Company’s approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Company’s reputation.

(e) Market risk
Market risk is the risk that changes in market prices, such as interest rates and equity prices, will affect the Company’s income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return.

All investment transactions are carried out within the guidelines of the Company’s Investment Policy.
### 6. Revenue

<table>
<thead>
<tr>
<th>Government funding</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth Government</td>
<td>12,082,000</td>
<td>8,833,000</td>
</tr>
<tr>
<td>Australian Capital Territory Government</td>
<td>70,000</td>
<td>70,000</td>
</tr>
<tr>
<td>New South Wales Government</td>
<td>1,200,000</td>
<td>1,183,777</td>
</tr>
<tr>
<td>Northern Territory Government</td>
<td>39,586</td>
<td>48,451</td>
</tr>
<tr>
<td>Queensland Government</td>
<td>645,086</td>
<td>645,086</td>
</tr>
<tr>
<td>South Australian Government</td>
<td>278,000</td>
<td>278,000</td>
</tr>
<tr>
<td>Tasmanian Government</td>
<td>88,102</td>
<td>88,102</td>
</tr>
<tr>
<td>Victorian Government</td>
<td>3,500,000</td>
<td>3,500,000</td>
</tr>
<tr>
<td>Western Australian Government</td>
<td>341,768</td>
<td>341,768</td>
</tr>
<tr>
<td>Commonwealth National Perinatal Depression Initiative</td>
<td>1,500,000</td>
<td>1,700,000</td>
</tr>
<tr>
<td>Commonwealth Drought Mental Health Initiative</td>
<td>350,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Disaster Response Initiative</td>
<td>25,000</td>
<td>–</td>
</tr>
<tr>
<td>Victoria Bushfire Project</td>
<td>–</td>
<td>494,945</td>
</tr>
<tr>
<td><strong>Total Government funding</strong></td>
<td><strong>20,119,542</strong></td>
<td><strong>17,683,129</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other revenue</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>11,371,714</td>
<td>10,455,589</td>
</tr>
<tr>
<td>Other</td>
<td>669,207</td>
<td>639,872</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>12,040,921</strong></td>
<td><strong>11,095,461</strong></td>
</tr>
</tbody>
</table>

### 7. Personnel expenses

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salaries</td>
<td>6,573,687</td>
<td>5,381,525</td>
</tr>
<tr>
<td>Increase in liability for long service leave</td>
<td>57,286</td>
<td>16,928</td>
</tr>
<tr>
<td>(Decrease) / increase in liability for annual leave</td>
<td>(11,581)</td>
<td>16,711</td>
</tr>
<tr>
<td><strong>Total personnel expenses</strong></td>
<td><strong>6,619,392</strong></td>
<td><strong>5,415,164</strong></td>
</tr>
</tbody>
</table>
8. Auditors’ remuneration

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audit services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditors of the Company  <em>KPMG Australia</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit and review of financial reports</td>
<td>18,400</td>
<td>17,500</td>
</tr>
<tr>
<td><strong>Other services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditors of the Company  <em>KPMG Australia</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WA Charitable Collections Act acquittal audit</td>
<td>1,900</td>
<td>1,800</td>
</tr>
<tr>
<td></td>
<td>20,300</td>
<td>19,300</td>
</tr>
</tbody>
</table>

9. Net finance income

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest income from bank, term deposits and cheque accounts</td>
<td>2,630,322</td>
<td>1,630,042</td>
</tr>
<tr>
<td>Gain on revaluation of investments in listed shares</td>
<td>18,837</td>
<td>–</td>
</tr>
<tr>
<td><strong>Finance income</strong></td>
<td>2,649,159</td>
<td>1,630,042</td>
</tr>
<tr>
<td>Loss on revaluation of investment in listed shares</td>
<td>–</td>
<td>(17,152)</td>
</tr>
<tr>
<td><strong>Finance expense</strong></td>
<td>–</td>
<td>(17,152)</td>
</tr>
<tr>
<td><strong>Net finance income</strong></td>
<td>2,649,159</td>
<td>1,612,890</td>
</tr>
</tbody>
</table>

10. Cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank balances</td>
<td>1,580,625</td>
<td>4,789,362</td>
</tr>
<tr>
<td>Short term deposit maturing within 3 months</td>
<td>10,536,604</td>
<td>22,974,849</td>
</tr>
<tr>
<td>Funds held in trust</td>
<td>8,190,897</td>
<td>3,937,700</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>1,000</td>
<td>–</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents in the statement of cash flows</strong></td>
<td>20,309,126</td>
<td>31,701,911</td>
</tr>
</tbody>
</table>

11. Trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>162,924</td>
<td>138,796</td>
</tr>
<tr>
<td>Other receivables and prepayments</td>
<td>1,021,836</td>
<td>1,000,844</td>
</tr>
<tr>
<td></td>
<td>1,184,760</td>
<td>1,139,640</td>
</tr>
</tbody>
</table>
## 12. Investments

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term deposits</td>
<td>22,604,250</td>
<td>6,025,151</td>
</tr>
<tr>
<td>Investments held in trust</td>
<td>3,137,719</td>
<td>5,002,038</td>
</tr>
<tr>
<td>Investment in listed shares</td>
<td>233,394</td>
<td>214,557</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25,975,363</td>
<td>11,241,746</td>
</tr>
<tr>
<td><strong>Non-current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term deposits</td>
<td>4,338,233</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total investments</strong></td>
<td>30,313,596</td>
<td>11,241,746</td>
</tr>
</tbody>
</table>

## 13. Plant and equipment

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Capital work in progress</strong></td>
<td>43,842</td>
<td>–</td>
</tr>
<tr>
<td>Furniture and Fittings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>76,076</td>
<td>71,749</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(42,156)</td>
<td>(29,799)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>33,920</td>
<td>41,950</td>
</tr>
<tr>
<td>Computer equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>326,725</td>
<td>425,460</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(211,084)</td>
<td>(246,058)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>115,641</td>
<td>179,402</td>
</tr>
<tr>
<td>Office equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>125,536</td>
<td>67,841</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(41,300)</td>
<td>(32,193)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84,236</td>
<td>35,648</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>449,020</td>
<td>311,068</td>
</tr>
<tr>
<td>Accumulated amortisation</td>
<td>(118,421)</td>
<td>(40,857)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>330,599</td>
<td>270,211</td>
</tr>
<tr>
<td><strong>Total plant and equipment net book value</strong></td>
<td>608,238</td>
<td>527,211</td>
</tr>
</tbody>
</table>
Reconciliations

Reconciliations of the carrying amounts for each class of plant and equipment are set out below:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Furniture and Fittings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July</td>
<td>41,950</td>
<td>34,780</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>9,907</td>
<td>14,868</td>
</tr>
<tr>
<td>Disposals</td>
<td>(1,973)</td>
<td>–</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(15,964)</td>
<td>(7,698)</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>33,920</td>
<td>41,950</td>
</tr>
<tr>
<td><strong>Computer equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July</td>
<td>179,402</td>
<td>86,114</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>44,590</td>
<td>146,320</td>
</tr>
<tr>
<td>Disposals</td>
<td>(10,045)</td>
<td>–</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(98,306)</td>
<td>(53,032)</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>115,641</td>
<td>179,402</td>
</tr>
<tr>
<td><strong>Office equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July</td>
<td>35,648</td>
<td>27,154</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>72,558</td>
<td>15,829</td>
</tr>
<tr>
<td>Disposals</td>
<td>(1,643)</td>
<td>–</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(22,327)</td>
<td>(7,335)</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>84,236</td>
<td>35,648</td>
</tr>
<tr>
<td><strong>Leasehold Improvements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July</td>
<td>270,211</td>
<td>168,376</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>137,952</td>
<td>148,822</td>
</tr>
<tr>
<td>Disposals</td>
<td>–</td>
<td>(15,008)</td>
</tr>
<tr>
<td>Amortisation</td>
<td>(77,564)</td>
<td>(31,979)</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>330,599</td>
<td>270,211</td>
</tr>
</tbody>
</table>

14. Intangibles

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Software</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>593,797</td>
<td>613,227</td>
</tr>
<tr>
<td>Accumulated amortisation</td>
<td>(232,467)</td>
<td>(121,940)</td>
</tr>
<tr>
<td>Impairment</td>
<td>(303,768)</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>57,562</td>
<td>491,287</td>
</tr>
</tbody>
</table>
14. **Intangibles (continued)**

Reconciliations

Reconciliations of the carrying amounts for each class of plant and equipment are set out below:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Software</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July</td>
<td>491,287</td>
<td>12,071</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>38,503</td>
<td>526,749</td>
</tr>
<tr>
<td>Disposal</td>
<td>(6)</td>
<td>–</td>
</tr>
<tr>
<td>Amortisation</td>
<td>(168,454)</td>
<td>(47,533)</td>
</tr>
<tr>
<td>Impairment</td>
<td>(303,768)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Balance at 30 June</strong></td>
<td><strong>57,562</strong></td>
<td><strong>491,287</strong></td>
</tr>
</tbody>
</table>

15. **Trade and other payables**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trade payables</strong></td>
<td>1,698,922</td>
<td>112,069</td>
</tr>
<tr>
<td>Non-trade payables and accrued expenses</td>
<td>220,198</td>
<td>210,221</td>
</tr>
<tr>
<td>Unearned income</td>
<td>25,000</td>
<td>–</td>
</tr>
<tr>
<td>GST payable</td>
<td>315,617</td>
<td>(31,795)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,259,737</strong></td>
<td><strong>290,495</strong></td>
</tr>
</tbody>
</table>

Unearned income in 2011 relates to income received in advance from the Department of Health and Ageing of $25,000 (2010: $Nil)

16. **Financial Instruments**

(a) **Credit risk**

Exposure to credit risk

The carrying amount of the Company’s financial assets represents the maximum credit exposure. The Company’s maximum exposure to credit risk at the reporting date was:

<table>
<thead>
<tr>
<th></th>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash and cash equivalents</strong></td>
<td>10</td>
<td>20,309,126</td>
<td>31,701,911</td>
</tr>
<tr>
<td><strong>Trade and other receivables</strong></td>
<td>11</td>
<td>1,184,760</td>
<td>1,139,640</td>
</tr>
<tr>
<td><strong>Investments</strong></td>
<td>12</td>
<td>30,313,596</td>
<td>11,241,746</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>51,807,482</strong></td>
<td><strong>44,083,297</strong></td>
</tr>
</tbody>
</table>

Trade and other receivables

The Company’s geographical exposure to credit risk for cash and cash equivalents, trade and other receivables and investments at the reporting date resides within Australian.
Impairment Losses
The ageing of the Company's trade and other receivables at the reporting date was:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2011</th>
<th>2010</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gross</td>
<td>Impairment</td>
<td>Gross</td>
<td>Impairment</td>
</tr>
<tr>
<td>Not past due</td>
<td>1,021,836</td>
<td>–</td>
<td>1,031,344</td>
<td>–</td>
</tr>
<tr>
<td>Past due 0-30 days</td>
<td>88,676</td>
<td>–</td>
<td>59,024</td>
<td>–</td>
</tr>
<tr>
<td>Past due 31-60 days</td>
<td>9,600</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>More than 61 days</td>
<td>64,648</td>
<td>–</td>
<td>49,272</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>1,184,760</td>
<td>–</td>
<td>1,139,640</td>
<td>–</td>
</tr>
</tbody>
</table>

Based on historic default rates, the Company believes that no impairment allowance is necessary, in the current or prior year, in respect of trade and other receivables; because these customers have a good credit history with the Company.

(b) Liquidity risk
The contractual maturities of trade and other payables are all within 6 months and equal the carrying amount. Refer note 15.

(c) Interest rate risk
At the reporting date the interest rate profile of the Company's interest bearing financial instruments was:

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed rate instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short term deposits</td>
<td>10 10,536,604</td>
<td>22,974,849</td>
</tr>
<tr>
<td>Funds held in trust</td>
<td>10 8,190,897</td>
<td>3,937,700</td>
</tr>
<tr>
<td>Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term deposits</td>
<td>12 26,942,483</td>
<td>6,025,151</td>
</tr>
<tr>
<td>Funds held in trust</td>
<td>12 3,137,719</td>
<td>5,002,038</td>
</tr>
<tr>
<td>Variable rate instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash – bank balances and funds held in trust</td>
<td>10 1,580,625</td>
<td>4,789,362</td>
</tr>
</tbody>
</table>

Fair value sensitivity analysis for fixed rate instruments
The Company does not account for any fixed rate financial assets and liabilities at fair value through surplus or deficit. Therefore a change in interest rates at the reporting date would not affect surplus or deficit.

Cash flow sensitivity analysis for variable rate instruments
A change of 100 basis points in interest rates at the reporting date would have increased (decreased) surplus or deficit by the amounts shown below. This analysis assumes that all other variables remain constant. The analysis is performed on the same basis for 2010.

<table>
<thead>
<tr>
<th></th>
<th>Surplus or Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100bp Increase $</td>
</tr>
<tr>
<td>30 June 2011</td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>15,806</td>
</tr>
<tr>
<td>30 June 2010</td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>47,894</td>
</tr>
</tbody>
</table>
16. Financial Instruments (continued)
(d) Fair values
The investments in listed shares have been recognised in the statement of financial position at fair value.
The carrying amounts of all other financial instruments approximate fair value.

Fair value hierarchy
The table below analyses financial instruments carried at fair value, by valuation method. The different levels have been defined as follows:

• Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities;
• Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices);
• Level 3: inputs for the asset or liability that are not based on observable market data (unobservable input).

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 June 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment in listed securities</td>
<td>233,394</td>
<td>–</td>
<td>–</td>
<td>233,394</td>
</tr>
<tr>
<td>30 June 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment in listed securities</td>
<td>214,557</td>
<td>–</td>
<td>–</td>
<td>214,557</td>
</tr>
</tbody>
</table>

17. Employee benefits

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liability for annual leave</td>
<td>270,941</td>
<td>213,655</td>
</tr>
<tr>
<td>Liability for long service leave</td>
<td>54,381</td>
<td>32,290</td>
</tr>
<tr>
<td></td>
<td>325,322</td>
<td>245,945</td>
</tr>
<tr>
<td>Non-current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liability for long service leave</td>
<td>42,640</td>
<td>76,313</td>
</tr>
<tr>
<td></td>
<td>42,640</td>
<td>76,313</td>
</tr>
<tr>
<td></td>
<td>367,962</td>
<td>322,258</td>
</tr>
</tbody>
</table>

18. Operating leases
Leases as lessee
Non-cancellable operating lease rentals are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>–</td>
<td>169,752</td>
</tr>
<tr>
<td>Between one and five years</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>–</td>
<td>169,752</td>
</tr>
</tbody>
</table>

The Company’s property lease for its current office building expired on 7 January 2011. The company currently leases its office building on a monthly renewal basis.

19. 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.
20. Reconciliation of cash flows from operating activities

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus/(deficit) for the year</td>
<td>5,356,541</td>
<td>(1,258,758)</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss on sales of non-current assets</td>
<td>13,665</td>
<td>–</td>
</tr>
<tr>
<td>(Gain)/loss on revaluation of investment in listed shares</td>
<td>(18,837)</td>
<td>17,152</td>
</tr>
<tr>
<td>Non-cash donations</td>
<td>–</td>
<td>(231,709)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>214,161</td>
<td>100,044</td>
</tr>
<tr>
<td>Amortisation</td>
<td>168,454</td>
<td>47,533</td>
</tr>
<tr>
<td>Impairment of software</td>
<td>303,768</td>
<td>–</td>
</tr>
<tr>
<td>Operating (deficit)/surplus before changes in working capital</td>
<td>6,037,752</td>
<td>(1,325,738)</td>
</tr>
<tr>
<td>(Increase) in trade and other receivables</td>
<td>(45,120)</td>
<td>(488,373)</td>
</tr>
<tr>
<td>Increase/(decrease) in trade and other payables</td>
<td>1,969,242</td>
<td>(1,068,898)</td>
</tr>
<tr>
<td>Increase in employee benefits</td>
<td>45,704</td>
<td>35,949</td>
</tr>
<tr>
<td>Net cash from operating activities</td>
<td>8,007,578</td>
<td>(2,847,060)</td>
</tr>
</tbody>
</table>

21. Related parties

Transactions with key management personnel

Apart from the details disclosed in this note, no key management personnel has entered into a material contract with the Company and there were no material contracts involving key management personnel’s interests existing at year end. Key management personnel include the directors of the Company. There were no key management personnel other than the directors.

Key management personnel compensation

The key management personnel compensation, comprising of directors’ remuneration, included in ‘personnel expenses’ (see note 7) are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term employee benefits</td>
<td>491,484</td>
<td>404,193</td>
</tr>
</tbody>
</table>

The number of key management personnel of the Company whose income from the Company falls within the following bands:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 – $9,999</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>$10,000 – $19,999</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>$20,000 – $29,999</td>
<td>–</td>
<td>1</td>
</tr>
<tr>
<td>$30,000 – $39,999</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>$40,000 – $49,999</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>$140,000 – $149,999</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>$160,000 – $169,999</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>$240,000 – $249,999</td>
<td>–</td>
<td>1</td>
</tr>
</tbody>
</table>
21. Related parties continued
Other related parties

Key management personnel related parties

A number of key management personnel hold positions in other entities that result in them having control or significant influence over
the financial or operating policies of these entities.

A number of these entities transacted with the Company in the reporting period. The terms and conditions of the transactions with
these entities were no more favourable than those available, or which might reasonably be expected to be available, on similar
transactions to non-key management personnel related entities on an arms length basis.

The aggregate amounts recognised during the year relating to other related parties were as follows:

<table>
<thead>
<tr>
<th>Director</th>
<th>Transaction</th>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms K Carnell</td>
<td>Australian Red Cross – Project expense</td>
<td>(1)</td>
<td>480,000</td>
<td>–</td>
</tr>
<tr>
<td>Mr J Kennett</td>
<td>Hawthorn Football Club Limited – Support funds for Indigenous Collaboration Project</td>
<td>(2)</td>
<td>45,000</td>
<td>–</td>
</tr>
<tr>
<td>Dr L Rowe</td>
<td>Research project expense</td>
<td>(3)</td>
<td>245,642</td>
<td>288,464</td>
</tr>
</tbody>
</table>

(1) A director of the Company, Ms. K Carnell, is also a Director of Australian Red Cross. The Company provides funds for an on-going project managed by Australian Red Cross. All dealings with the firm are in the ordinary course of business and are on normal commercial terms and conditions.

(2) The chairman of the Company, Mr. J Kennett is the President of Hawthorn Football Club Limited. The Company provides funds for a project managed by Hawthorn Football Club. All dealings with the firm are in the ordinary course of business and are on normal commercial terms and conditions.

(3) A director of the Company, Dr. L Rowe is the Deputy Chancellor of Monash University. Monash University manages a number of research projects on behalf of the Company. The related project expenses are funded by the Company. All dealings with the firm are in the ordinary course of business and are on normal commercial terms and conditions.

22. Economic dependency

The Company is largely dependent upon the Commonwealth, State and Territory Governments for ongoing funding.

23. Members’ guarantees

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

24. Subsequent events

On 16 September 2011, Ms Dawn O’Neil AM, Chief Executive Officer tendered her resignation. On 30 September 2011, Ms O’Neil resigned as a Director and ceased employment with the Company. Ms Clare Shann will fill the position until a replacement Chief Executive Officer is appointed.

In the interval between the end of the financial year and the date of this report, no other item, transaction or event of a material and unusual nature likely, in the opinion of the Directors of the Company, has arisen 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.
Directors’ declaration
In the opinion of the directors of Beyond Blue Limited (“the Company”):

(a) the financial statements and notes, set out on pages 41 to 58, are in accordance with the Corporations Act 2001, including:
(i) giving a true and fair view of the Company’s financial position as at 30 June 2011 and of its performance, for the financial year ended on that date; and
(ii) complying with Australian Accounting Standards and the Corporations Regulations 2001; and

(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.

Signed in accordance with a resolution of the Directors:

Dated at Melbourne this 18th day of October 2011.

The Honourable Jeffrey Kennett AC
Director

Mr Tim Marney
Director

Lead auditor’s independence declaration under Section 307C of the Corporations 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 2011 there have been:

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

• no contraventions of any applicable code of professional conduct in relation to the audit.

KPMG
Ralph M Ferguson
Partner

Place: Melbourne
Date: 18 October 2011
Independent auditor’s report

to the members of Beyond Blue Limited

We have audited the accompanying financial report of Beyond Blue Limited (the Company), which comprises the statement of financial position as at 30 June 2011, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes 1 to 24 comprising a description of significant accounting policies and other explanatory information and the directors’ declaration.

Directors’ responsibility for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal controls as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor’s responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We performed the procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Corporations Act 2001 and Australian Accounting Standards, a true and fair view which is consistent with our understanding of the Company’s financial position and of its performance.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor’s opinion

In our opinion:

(a) the financial report of Beyond Blue Limited is in accordance with the Corporations Act 2001, including:
   (i) giving a true and fair view of the Company’s financial position as at 30 June 2011 and of its performance for the year ended on that date; and
   (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001.

KPMG

Ralph M Ferguson
Partner
Place: Melbourne
Date: 18 October 2011
beyondblue’s 10 year celebration

In October 2010, beyondblue celebrated its 10th anniversary.

beyondblue was established in October 2000 as a national five-year initiative to create a community response to depression. The aim was to move the focus of depression away from being a mental health service issue to one which is acknowledged and addressed by the wider community.

beyondblue commenced with nine staff. In 2001, 22 per cent of Australians were aware of beyondblue.

beyondblue now has almost 60 staff members and 87 per cent of Australians are aware of beyondblue.

“I never would have dreamed we would have achieved so much in a decade. I dare to hope that together in the next five years we can get everyone the help they need, whenever they need it.”

The Hon. Jeff Kennett AM, Chairman