Capital Health Network

Annual Report 2024/25

phn ACT
An Australian Government Initiative

Capital Health Network
Partnering for better health

Contents

Capital Health Network acknowledges the Traditional Custodians of the country on which we work and live, and recognises their continuing connect to land, waters and community. We pay our respects to them and their cultures, and to Elders both past and present.

CHN at a glance 2024/25

Allocated over **$34 million** to local commissioned service providers

47 commissioned service providers

90 contracts

17 new procurements

52 grants

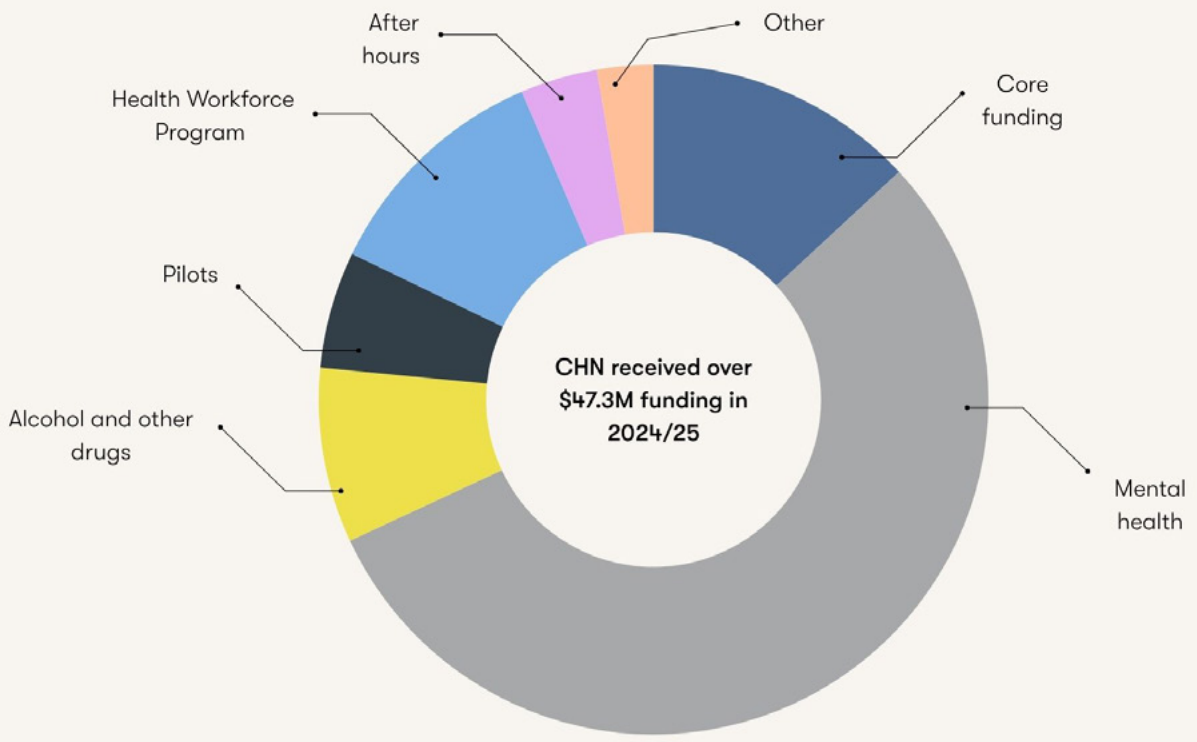
42 formal partnerships

5 innovative trials

4,800 primary health care practice engagements and education attendance

5 Advisory Council meetings

59 staff



1. From the Chair and CEO

Julie Blackburn & Stacy Leavens

As we celebrate our 10 year anniversary as a PHN, we've taken time to reflect on the remarkable growth and impact of our organisation over the past decade. We invite you to celebrate this milestone with us by watching our short (2 minute) video, celebrating our journey and achievements.

Firstly, we extend gratitude to everyone who has contributed to making primary health care more accessible and effective for Canberrans. Our dedicated primary health care professionals are the backbone of the health system, and we are proud to continue supporting them through multidisciplinary education, continuous quality improvement initiatives, and programs such as MyMedicare.

We're also proud of our growing capacity to support local organisations working with people at-risk of poor health outcomes. In 2024/25 we commissioned over $34 million to 47 service providers, through the Australian Government's PHN Program. This is significant growth, being nearly 9 times that of the funding we provided in our first year as a PHN ($3.8M).

Our work continues to be shaped by the 2024–2027 Needs Assessment, complemented by targeted assessments in after-hours care and multicultural health. Strategic oversight is provided by our Board, whose members hold formal governance responsibilities and ensure accountability across all aspects of our operations. We sincerely thank each Board member for their leadership, stewardship, and commitment to our mission. We acknowledge Dr Niral Shah for his five years of dedicated service on the Board, where he brought a vital general practice perspective prior to his resignation in December 2024.

We benefit from the expertise and diverse perspectives of our advisory bodies—the General Practice Advisory Council, Community Advisory Council, and ACT Clinical Council. These councils play a vital role in informing our planning and service delivery, and we are grateful for the valuable insights and contributions of all council members.

Finally, we extend our sincere appreciation to the CHN staff for their unwavering dedication and tenacity. Their commitment to our organisational goals ensures we are able to continue to make meaningful strides in improving primary health care across the ACT.

With a deep and nuanced understanding of local health issues, CHN remains committed to engaging with our community to co-design solutions that address current and emerging health challenges. We acknowledge the support of our partners and funders, particularly the Australian Government and ACT Government, who enable us to make primary health care more accessible and effective. We invite you to explore the impact of our work in this 2024/25 Annual Report, and celebrate a decade of progress with us.

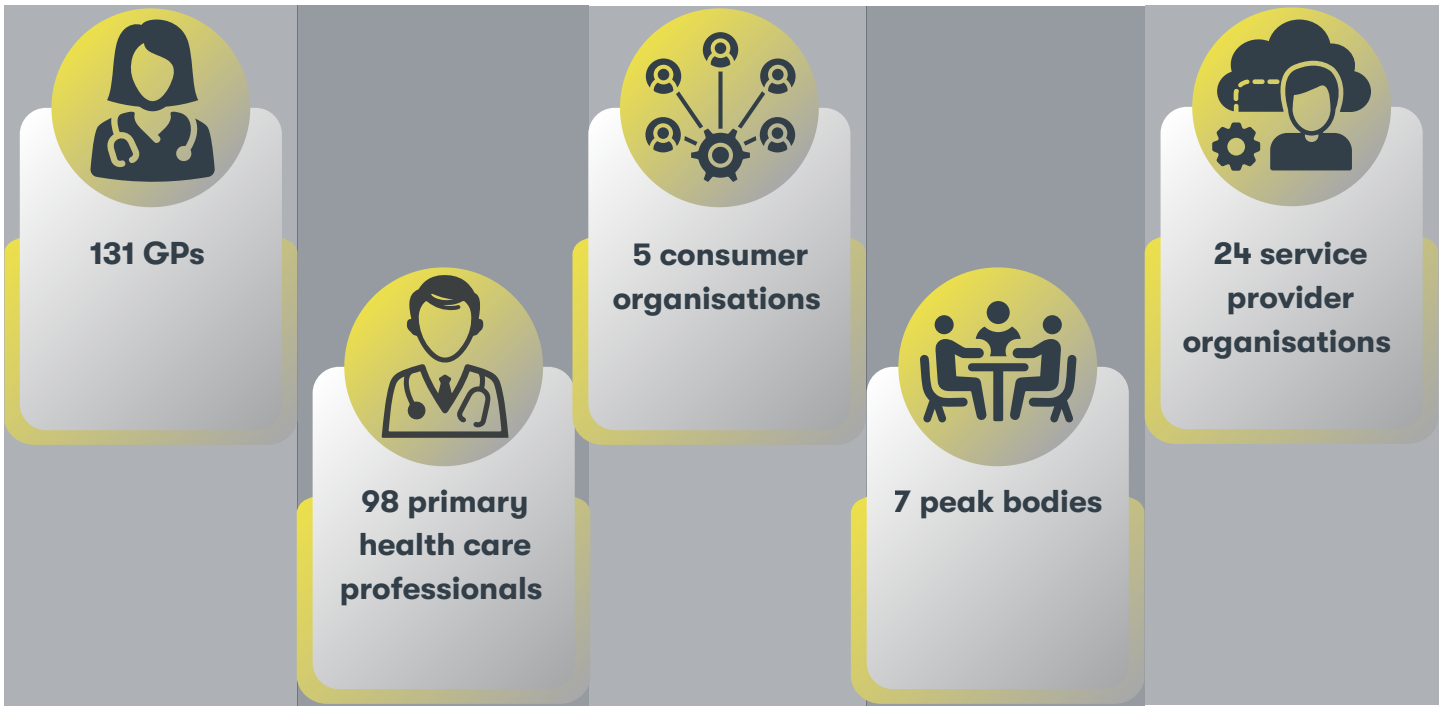
Kind regards
Julie Blackburn, CHN Chair
Stacy Leavens, CHN CEO

Julie Blackburn

Stacy Leavens

l-r: Anais le Gall, General Manager – Health System Improvement; Stacy Leavens, CEO; Julie Blackburn, Chair and Artur Durbanov, Chief Operating Officer at the opening of CHN's Belconnen Office.

CHN had 265 members as at 30 June 2025, consisting of:



2. Strategic Plan

Overview

Capital Health Network was established in 2015 as the ACT's Primary Health Network. Under the Department of Health and Aged Care's PHN Program, PHNs assess the needs of their community and use government funding to commission health services so that people in their region can get coordinated health care where and when they need it. PHNs have the 2 key goals of:

- improving the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes
- improving the coordination of health services, and increasing access and quality support for people.

CHN addresses community needs by collaborating with consumers, GPs, clinicians and sector stakeholders to improve health outcomes. We are unique in our ability to support primary health care professionals and design services that fill gaps. CHN delivers our work through 3 core functions—commissioning, capacity building and coordination. These 3 functions align with health care reform initiatives and the Department of Health and Aged Care's "PHN Strategy 2023-24". They summarise the roles outlined for Primary Health Networks through "Australia's Primary Health Care 10 Year Plan 2022-2032" and "Strengthening Medicare Taskforce Report".

Commissioning

An ongoing cycle of developing and implementing services through needs assessments, planning, collaboration, funding, monitoring and evaluation.

Capacity building

Strengthening the skills, knowledge, processes and resources that our workforce, communities and our primary care system need to survive, adapt and thrive in the future.

Coordination

Organising people, information and partners through the delivery of projects and programs that address identified priorities and outcomes.

CHN defines primary care as health care people access in their community, such as GPs, pharmacies, allied health professionals, and community-sector health services.

Our Vision and Mission

Capital Health Network's vision is for a connected health system that supports the health and wellbeing of people in the ACT. Our vision is a health system that delivers:

- improved health outcomes, especially for people at increased risk of poor health
- a stable, satisfied and sustainable primary health care workforce
- a positive experience of care for consumers and improved access for people experiencing barriers to care
- value for money.

Our mission is to use local knowledge to make primary health care more accessible and effective, to enhance health for everyone in the ACT.

Our Values

Respect

We engage respectfully, listen and respond.

Inclusion

We embrace diversity of thought and bring together a range of voices to inform our work.

Collaboration

We build and invest in strong and enduring relationships, focused on shared goals.

Accountability

We act with integrity, are transparent, encourage feedback, and report back to our community.

Adaptability

We are adaptive and flexible in the way we respond to community health needs. We empower our staff, service providers and partners to innovate and adapt to deliver outcomes.

Our Priorities

Commissioning for outcomes

- Understand the health needs of the ACT's communities
- Commission services for people at-risk of poor health outcomes and/or exclusion from health services
- Commission innovative, evidence-informed primary care services
- Measure and evaluate for outcomes

Performance monitoring

- People accessing CHN commissioned services experience improved health
- CHN commissioned services are reaching target populations and are accessible to those at highest risk of poor health outcomes

Building capacity across the health system

- Champion the role of primary care within the ACT health system
- Promote and share best practice, evidence-informed and innovative models of care
- Facilitate education and training for health care professionals working in primary care
- Utilise and promote the use of local data to drive high-quality, future-focused, sustainable primary care

Performance monitoring

- Primary care providers and commissioned services using data to drive high quality care
- A supported and engaged primary care workforce

Coordinating and integrating care

- Advocate for and deliver solutions that improve access and experience across the health system, especially for people at-risk of poor health outcomes and/or exclusion from health services in the ACT
- Partner to design and deliver models of integrated care that address identified, local needs
- Deliver programs, projects and solutions that improve communication and coordination of care across the health system
- Build networks across the health and social sectors in the ACT.

Performance monitoring

- Improved patient experience for those accessing CHN's commissioned services
- CHN projects improve integration across the health system

Organisational excellence

- Maintain strong corporate governance and implement systems to identify, assess and mitigate risks to achieve strategic objectives in place
- Support a strong staff culture and invest in our people
- Invest in systems and processes that promote efficiency, improve business processes and deliver value
- Embed a culture of continuous quality improvement and clear and effective communication with all stakeholders

Performance monitoring

- A stable and capable team that delivers value for the community
- Risks are identified, mitigated and monitored

3. CHN Board

Capital Health Network Board members (as at 30 June 2025)

Ms Julie Blackburn – Chair

RM, RN, GAICD

Chair, as elected by the Board November 2020
Primary Health Care Clinician Director, re-elected 2022 AGM
Julie Blackburn is a respected leader in health care, education, and governance. A Registered Nurse and Midwife, she lectures in the School of Nursing and Midwifery at the University of Canberra. With over 15 years of experience as a non-executive director, Julie has contributed to boards across private health insurance, veteran and family health research, and drug and alcohol programs. Her multidisciplinary background informs strategic decision-making and values-driven leadership. Julie is passionate about creating environments and opportunities that promote health and wellbeing for people of all ages, and is widely recognised for her integrity, collaborative approach, and ability to foster meaningful engagement across sectors.

Mr Peter Quiggin PSM KC

LLB, BSC, Grad Dip Prof Accounting, FAICD

Appointed Board Director, March 2022
Peter is a highly experienced former Australian Government agency head and is a Commonwealth King's Counsel. He led the highly respected Australian Office of Parliamentary Counsel for 17 years. As a former First Parliamentary Counsel, Peter has an outstanding understanding of legislation and legislative schemes and the operations of government.

Peter has been on a number of Boards including the Board of Taxation and not-for-profit Boards. He was President of an international association – the Commonwealth Association of Legislative Counsel – for a record three terms. He has also been on a range of Finance and Audit Committees in both the public and not-for-profit sectors. He is a Fellow of the Australian Institute of Company Directors, was awarded a Public Service Medal for services to legislative drafting and recently awarded a Chief Minister's Canberra Gold Award.

Capital Health Network Board members (as at 30 June 2025)

Ms Darlene Cox

BA Dip Ed, Grad Dip AppEc, B Ed

Appointed Board Director 2023 AGM.

Darlene is an experienced advocate, executive, and board director. She has been active in the health consumer movement and community sector since the late 1990s and been the Executive Director of Health Care Consumers' Association since 2008. Darlene has extensive skills and experience in consumer engagement, health literacy, clinical and corporate governance, policy and research, and regulation of the health workforce. She has a long-standing interest in improving the quality and safety of heath care and the delivery of person-centred care, and has contributed to the work of the Australian Medical Council, Australian Commission for the Safety and Quality of Health Care, Ahpra, NPS and the Australian Pharmacy Council.

Mr Steven Baker

BComm (Acctg), ICAA, MIIA, GAICD

Appointed Board Director, March 2021.

Steven has served on numerous Boards, Committees, Audit and Finance Committees as a member and/or Chairperson, in addition to participating in many as an observer as either the internal or external audit provider. Steven has over 30 years in professional services delivery in Australia and has worked for Ernst & Young, WalterTurnbull Pty Ltd, PricewaterhouseCoopers, Protiviti and currently for global business RPS Consulting. Steven has many years' experience providing professional consulting services, as well as board and committee experience within the health and education sectors specialising in finance, governance, risk and assurance.

Dr Vik Fraser

Consumer Director, elected 2023 AGM.

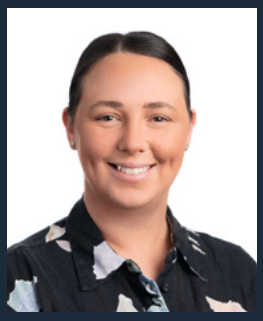
Dr Vik Fraser has been an advocate for LGBTIQ+ rights since they were 17 years old. They are passionate about the social determinants of health, and the role that human rights has in building good health care. The intersections they experience in their own life, including as a queer person with a hidden disability, drive Vik's understanding of some of the complexities of health access and health needs across the community. Vik is also the Executive Director of A Gender Agenda, and has had a working life that has spanned education, research and government sectors.

Dr Jessica Tidemann

General Practice Director, elected 2023 AGM.

Dr Jessica Tidemann is a specialist GP working in roles across clinical practice, medical education and government. She is a lifelong Canberran and completed her medical training in the ACT and surrounding regions. She has also worked in several roles for the Australian Government Department of Health, Disability and Ageing over a period spanning 20 years.

Jessica is an active member of the general practice community, committed to the provision of quality and effective primary health care in the ACT. Jessica was an invited member of the CHN GP Advisory Council prior to becoming a member of the Board and has held several other professional positions, including Board Director, GP Registrars Australia and multiple roles with the RACGP.



Ms Rachel Fishlock

Appointed Board Director, February 2024

Rachel is a proud descendant of the Yuin Nation and is the CEO of Gayaa Dhuwi (Proud Spirit) Australia. Rachel has over a decade of experience in the health sector including the optometry industry and community-controlled sector at the National Aboriginal Community Controlled Health Organisation (NACCHO). Rachel was recognised by Lifeline Canberra as the 2022 Rising Woman of Spirit for her outstanding community spirit and resilience in the face of adversity, through continuing to advocate for reforms to ensure other children do not experience systemic neglect.

Resigned Capital Health Network Board members

Dr Niral Shah

MBBS, MS(Orthopaedic), MHSM, DCH, FRACGP

Elected Director, re-elected 2022 AGM, resigned December 2024

Dr Niral Shah is an overseas-trained doctor, obtaining his primary medical degree and specialist qualifications in Orthopedic Surgery from India. After 6 years of hospital experience in Australia, he joined general practice training in 2012. He completed his GP training in 2016 by working in rural as well urban general practice and an extended skills academic position at the ANU.

Niral is working part-time as a GP in a group practice in Gungahlin. He also is a senior medical educator and has been actively involved in GP registrar training. He is also an ACT representative on the RACGP Faculty Board representing the ACT's voice, advocating for local issues at the Federal and State level and developing various quality improvement and continuing professional development programs.

4. CHN Advisory Councils

a) ACT Clinical Council

The ACT Clinical Council provides a forum for a multidisciplinary group of clinicians to share their collective knowledge and expertise. The Council also provides advice on strategic clinical and wider health system issues and local strategies to improve the operation of the ACT primary health care system for consumers, facilitating effective primary health care provision to improve health outcomes.

Members as at 30 June 2025

- Stacy Leavens, CHN CEO (Chair)
- Jackie Lockley, Pharmacist in Charge, Terry White Chemmart, Belconnen
- Adnan Asger Ali, Physiotherapist at Accelerate Physiotherapy
- Dr Vishal Arya GP, Rutledge Family Medical Centre, Queanbeyan
- Dr Melanie Dorrington, Chief GP and Primary Care Advisor, Office of GP and Primary Care and Office of Professional Leadership and Education, ACT Health Directorate
- Mark Leighton, Managing Partner and Proprietor, Life Pharmacy Group
- Diane Bowden, Nurse Practitioner at Next Practice
- Jason McCrae, Clinical Psychologist, Think Mental Health Pty Ltd and Think Psychology Solutions
- Suman Devkota, Centre Manager, Mountain View Aged Care Centre
- Kamla Brisbane, Carers ACT Representative
- Jo Morris, Executive Director, Division of Rehabilitation, Recovery and Research, University of Canberra and Allied Health Director, Canberra Hospital
- Kate Gorman, Deputy Director, Health Care Consumers' Association of the ACT

b) Community Advisory Council

The Community Advisory Council provides advice and recommendations to the Board to ensure that strategies and initiatives are consumer focused, cost effective, locally relevant and aligned to improving local health care experiences and expectations.

Members as at 30 June 2025

- Stacy Leavens, CHN CEO (Chair)
- Stephen Dunkerley, Mental Health Community Coalition ACT (MHCC)
- Chin Wong, Secretary, Canberra Multicultural Community Forum (CMCF)
- Devin Bowles, CEO, ACTCOSS
- Jenny Mobbs, CEO, Council of the Ageing (COTA) ACT
- Dea Delaney-Thiele, CEO, Yerrabi Yurwang
- Av De Vries, Consumer Representatives Coordinator, HCCA
- Pat McCabe, President, ACT's Totally and Permanently Incapacitated Ex-Servicemen's and Women's Association

C) General Practice Advisory Council

The General Practice Advisory Council provides advice and recommendations to the Board on its communications with GPs, strategies to strengthen and promote GP engagement and participation, and on priority areas and issues requiring GP participation.

General Practice Advisory Council as at 30 June 2025

- Dr Jessica Tidemann, CHN Board representative (Chair)
- Dr Niral Shah, GP at MyGP Gungahlin
- Dr Dorothy Monk, GP at Hawker Medical Practice
- Dr Felicity Donaghy, Practice Principal and Owner, Garema Place Surgery.
- Dr Shona Schadel, GP at Ochre Medical Centre, University of Canberra
- Dr James Manley, GP Policy Advisor, Office of General Practice and Primary Care, ACT Health
- Dr Julie Carr, GP Advisor, North Canberra Hospital
- Dr Emma Cunningham, GP and Practice Owner, Wakefield Gardens Surgery
- Dr Anne-Marie Svoboda, Medical Director, GP Liaison Unit, Canberra Health Services

5. Commissioning

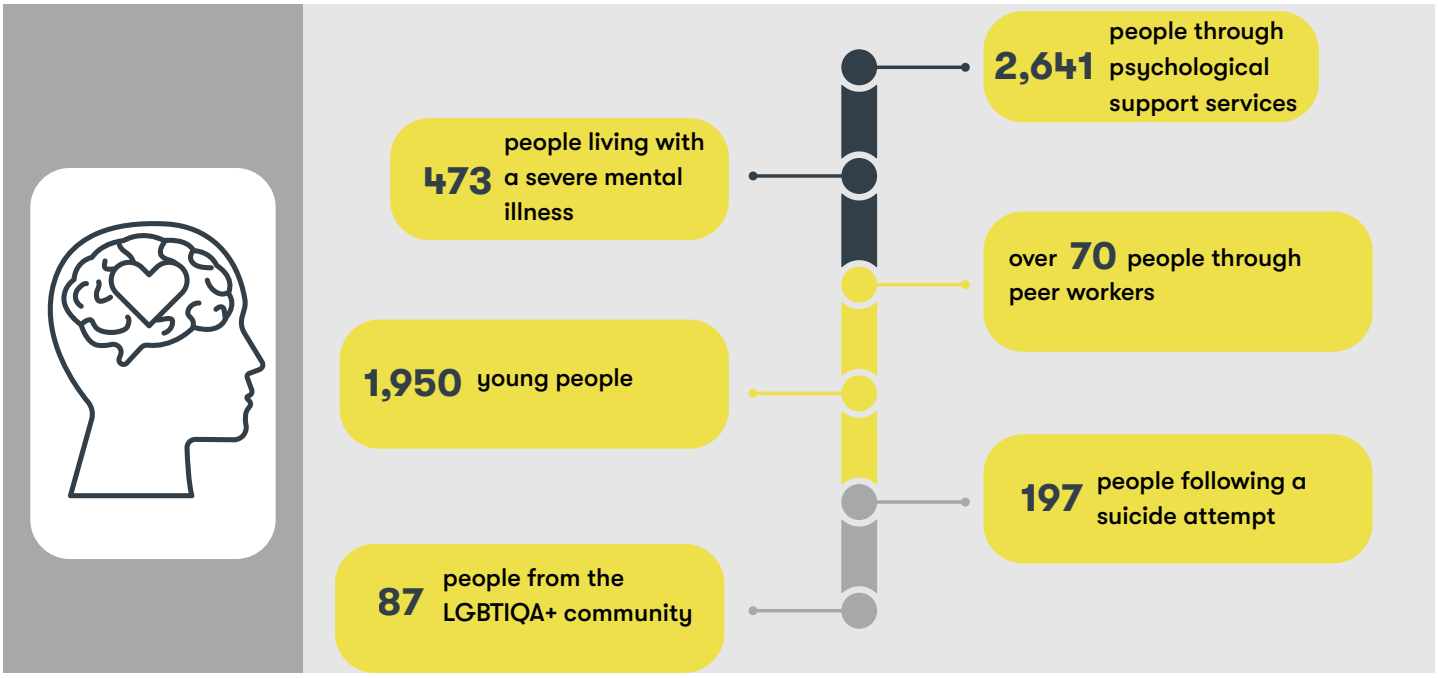
CHN commissions for outcomes by:

- understanding the health needs of the ACT's communities
- commissioning services for people at-risk of poor health outcomes and/or exclusion from health services
- commissioning innovative, evidence-informed primary care services
- measuring and evaluating for outcomes.

We're proud to have commissioned 47 local service providers to support people at-risk of poor health outcomes, in the areas of mental health, alcohol and other drugs, chronic disease management, aged care and Aboriginal and Torres Strait Islander health. You can see below the positive impact the commissioning (over $34 million) has had on local Canberrans.

5.1 Mental health

CHN's commissioned mental health services provided support for:



a) Adult mental health centre: Canberra Medicare Mental Health Centre

We commissioned Think Mental Health to deliver the Canberra Medicare Mental Health Centre (CMMHC) to provide free access, immediate and professional mental health support, without needing an appointment, referral or Medicare card. The service offers a team of professionals, including Psychologists, Mental Health Assistants, Nurses, Occupational Therapists and Social Workers, along with psychiatry input as required.

Over 1,540 clients were supported by over 4,200 clinical and wellbeing services. This included over 2,800 individual clinical services, such as psychological treatment, care coordination and Dialectical Behavior Therapy (DBT). Due to the high demand for DBT, it was expanded and delivered 679 sessions.

The expansion of Wellbeing Services has been a key area of focus this year, marked by the recruitment of a second Peer Worker and targeted promotional activities, leading to a 113% increase in wellbeing-related contacts. Overall client satisfaction was positive across all the services, with more than 80% of participants rating their experience as 'good' or 'excellent'.

Testimonial

"They stopped me from going backwards!! Extremely knowledgeable, supportive, understanding and considerate. The duration is absolutely amazing!! I wasn't cut off after 6 weeks, like other services. I was actually known and treated as a person, not a number. This has made such a positive difference to my life."

l-r: Assistant Minister for Mental Health and Suicide Prevention, Emma McBride and Assistant Minister for Health and Aged Care, Ged Kearney at the Canberra Medicare Mental Health Centre.

b) Mental health services for young people: headspace

The ACT has 2 headspace centres that work to build the resilience of young people by delivering effective youth mental health services, in partnership with young people, their families and their local communities. We commissioned Grand Pacific Health to run the centres in the city and Tuggeranong. The centres delivered a total of 6,755 occasions of direct service to 1,950 young people.

The following headspace services are available in the ACT for young people between 12 to 25 years of age:

- Mental health counselling - delivered by qualified mental health practitioners.
- Online and phone support
- GP support - support to address physical and sexual health issues as well as mental health consultations by a GP skilled in working with young people.
- AOD support - delivered on-site by Directions Health.
- Individual placement and support program - one-on-one support for work and study goals.
- Peer support – access to a trained Peer Worker, who uses their own experiences of a mental health issue to provide support and role modelling.
- Care coordination - assistance to link with the services and supports in the community. Family supports - individual and group interventions that can support families and friends.
- Volunteering - opportunity for young people to join the Youth Reference Groups and work with other young people to inform service delivery in the centres and deliver community activities.
- Community engagement - a range of community development and education programs delivered in partnership with other agencies across the Canberra region.

i) headspace Canberra

Group programs remain a vital part of the headspace Canberra's service model. Led by a Peer Worker, the Peerspace group offers a supportive environment for young people who may be socially isolated. The group focuses on building skills and confidence in social connection and relationships. In parallel, the Centre continues to offer the Tuning into Teens Group each school term, a 6-week program for parents that helps improve communication with their adolescents using emotion coaching strategies. Together, these efforts reflect a strong period of progress, focused on service access, workforce development and meaningful engagement with young people and families.

Testimonials

Below are responses collected from participants in the headspace Canberra Family and Friends survey:

"Very easy and everyone was so kind and accommodating. It's nice that this service is available to be able to help my child."

"headspace Canberra has been outstanding in supporting my son and I during a serious crisis, and now the start of some ongoing treatment. I can't recommend this fabulous team more highly!!! Very engaging at all levels."

"headspace has been a really helpful service at a very difficult time for our family. I am very grateful for the service they provide and the support they have provided my child."

ii) headspace Tuggeranong

The centre continued to strengthen engagement with priority groups and deepen partnerships with local organisations to provide holistic, youth-friendly mental health support across the ACT. The team continued to prioritise and improve engagement with young people from key demographics, including males, Aboriginal and Torres Strait Islander youth, and those from multicultural backgrounds. Engagement grew with each demographic group.

c) headspace Early Psychosis Canberra

headspace Early Psychosis (hEP) Canberra is a newly established service providing integrated, comprehensive and expert support for young people who are experiencing a first episode of psychosis or who are at risk of developing psychosis. We commissioned Uniting NSW.ACT as the provider of the hEP Canberra service, which opened for referrals in late 2024. hEP delivers services according to the Early Psychosis Prevention and Intervention Centre (EPPIC) model. It includes several teams and both clinical and non-clinical staff, such as Doctors, Psychologists, Occupational Therapists, Registered Nurses, Social Workers, Peer Coaches, and Vocation and Education Coordinators to effectively implement the model.

The service continued to develop partnerships important for the long-term sustainability of hEP Canberra as a locally embedded and relevant service, including furthering links with Child & Adolescent Mental Health Services, Capital Pathology, Canberra Neurology, and Canberra Imaging Group. Relationships with headspace Canberra and Tuggeranong have been strengthened.

The hEP Canberra team continued to work closely with Grand Pacific Health (GPH) to ensure collaborative and considered service integration with headspace Canberra. CHN supported Uniting and GPH as they commenced a significant site relocation project that will support the co-location of both headspace Early Psychosis Canberra and headspace Canberra in a newly refurbished site.

Client story

l-r: Assistant Minister for Mental Health and Suicide Prevention, Emma McBride; Federal Member for Canberra, Alicia Payne; CHN Chair, Julie Blackburn; and Head of Uniting NSW.ACT Recovery, Chantal Nagib at the announcement of the new headspace Early Psychosis Service.

Lachlan* (not their real name), with a diagnosis of first episode psychosis, became socially withdrawn and was unable to attend university following his acute illness. He continuously engaged with hEP Canberra staff in a collaborative way during his journey towards recovery. Lachlan consistently attended his clinician and psychiatric appointments, with the support of his family. He has become an active member of a community youth group and began attending student events at his university.

Over the past 6 months, Lachlan experienced a relapse of his symptoms. He required an inpatient admission and his ongoing engagement with hEP supported his symptoms stabilising and his discharge from hospital. Lachlan has resumed his regular meetings with the treating team and with their support was enrolled into the headspace work/study program and is currently re-enrolled in university. He is also looking to start investing in his hobbies, such as enrolling in martial arts classes to help him be active and to meet new people.

d) Initial Assessment and Referral Program

The Initial Assessment and Referral (IAR) Program aims to support the primary care and mental health workforce to provide and improve access to tailored mental health care, in line with the stepped care approach to service delivery. CHN continued to support the delivery of local training in use of the IAR Decision Support Tool (IAR-DST), an evidence-informed tool that can support mental health referrals in conjunction with clinical judgement.

Testimonial

"At last there is a standardised assessment tool for rapid assessment of mental health cases [with] clear pathways to follow." – GP participant

Over the past year, CHN:

- trained 72 health professionals, including 45 GPs.
- held an event at the Canberra Medicare Mental Health Centre, with South Eastern NSW PHN (COORDINARE), to deliver training to 8 GPs.
- developed a resource outlining all of CHN's Mental Health, Alcohol & Other Drugs, and Psychosocial Commissioned Services.

I-r: Paul Lillyman, Team Leader - Primary Care Development, COORDINARE and Julie Hanson, Service Manager, Canberra Medicare Mental Health Centre with Stephanie Lentern, Manager - Mental Health and Suicide Prevention, CHN at the IAR-DST Training and Medicare Mental Health Centre GP Open Night.

e) Suicide prevention activities

We commissioned 3 local impactful initiatives through the Targeted Regional Initiatives for Suicide Prevention (TRISP) funding. These projects aimed to deliver early intervention and support to individuals who are not currently engaged with mental health services but are experiencing, or at risk of, suicidal distress.

i) Multicultural Hub Canberra

Multicultural communities often experience barriers to accessing mental health supports, particularly those provided by mainstream services. Many multicultural community members often report feelings of shame and concern about community perception around topics such as suicide and mental health. Multicultural community leaders play a vital role in connecting people with supports and distributing information among their communities.

We commissioned Multicultural Hub Canberra (MHub) to deliver a series of suicide prevention activities that are targeted to Canberra's multicultural communities, as part of CHN's Targeted Regional Initiatives for Suicide Prevention (TRISP) program.

The MHub suicide prevention activities included:

- 188 community leaders across over 20 cultural groups attending Mental Health First Aid training, with an MHub staff member also becoming a trainer
- 71 participants attending 4 SafeTALK training
- 2 support services resources being translated into 30 languages
- 3 videos hearing from multicultural community members with lived experience of suicide and animated voiceover videos, featuring local community leaders in 17 languages.
- A fortnightly support group for people bereaved by suicide, informed by a Model of Care to ensure the group created a culturally safe space for multicultural community members.

ii) Shine On

We commissioned Mental Illness Education ACT (MIEACT) to deliver the Shine On program. Shine On included a series of mental health awareness sessions tailored for multicultural communities in the ACT, led by volunteers from multicultural communities with lived experience of mental ill-health or suicidality.

Shine On resulted in:

- 14 sessions for participants from over 15 cultural backgrounds
- 83% of participants strongly agreeing that sessions respected and acknowledged cultural values relevant to their work and lives
- 94% of participants reporting increased confidence in knowing where and how to access mental health support, for themselves or others
- 6 multicultural community members being newly trained to continue sharing their lived experience stories beyond the life of the program.

Testimonial

"One religious leader indicated that in the 40+ years he had lived in Canberra, he did not hear of one suicide in his community and had not thought this was a relevant topic. Since doing the training, he has become aware of how hidden it is in his community and that many leaders are more harmful in their approach than supportive."
- SafeTALK training participant

SafeTALK training participants.

Testimonial

"I attended the Shine On session and found it really eye-opening. The 'do no harm approach' was a strong reminder to be thoughtful about how we talk about mental health, making sure we're supporting clients without causing any extra harm. It made me rethink how I listen and respond, so I can create a safer and more respectful space for the people I work with."
– Shine On participant

iii) The Men's Table

Access to mental health care can be particularly difficult for men, who are less likely to report mental health symptoms and may experience and manage their wellbeing in different ways. These challenges can be exacerbated by stigma, loneliness and a lack of connection to the community. We commissioned The Men's Table to establish 4 'tables' in the ACT to provide safe places for men to have quality and intentional conversations about their lives and wellbeing.

Over the last year:

- 4 Tables were successfully established and have maintained momentum, with a number of men becoming local 'hosts'
- 88% of attendees reported their Men's Table supports their mental health
- over 60% reported that they are better able to manage anxiety, stress and depression.

Testimonial

"Being part of the table has meant learning that if you give a little more, you often get a little more - and that building connections is not about keeping up walls and making out like everything is fine, but about being brave enough to bring some of those walls down and share what is difficult for you. Being part of the table has shown that being able to provide space for each other to do that, to sit with our discomfort, and to be, is a gift we give each other. Giving it requires a bit of work - a willingness to show up, a willingness to listen, even when it's hard. So thank you not just for listening to my stories over the last almost 2 years, and letting me listen to yours, but more importantly for showing courage in being willing to share, to listen and to hold that space to create this."
- Canberra Men's Table Attendee

The Men's Table at the Canberra Multicultural Festival Community Day.

f) Mental health support: Next Step

The ACT experienced increased demand for health care service delivery for people experiencing mild to severe mental illness and complex mental health issues. We commissioned Marymead CatholicCare to deliver Next Step, a mental health stepped care program which provides free and confidential low and high intensity psychological support services for people of all age groups. The Next Step program is based on the UK's Improving Access to Psychological Therapies (IAPT) model, where clients presenting with symptoms are assessed and then 'stepped' into a low or high intensity mental health service that best suits their needs. Next Step services are offered by trained clinical and non-clinical workforces who provide Cognitive Behavioural Therapy (CBT) to help participants work through difficult times in their life that impact the way they function day-to-day.

Next Step continued to provide high-quality, evidence-based mental health coaching and psychological services to the ACT community by offering free low intensity coaching, high intensity interventions and the Cool Kids anxiety group program for children under 12 years of age. Next Step remains focused on improving access to psychological support for people experiencing anxiety and/or depression with services that are tailored to meet varying client needs.

Over the last year:

- 1,030 new clients were seen
- there were 6,700 occasions of service delivered (over 2,140 low intensity and 4,560 high intensity occasions of service)
- Next Step provided youth services co-located with other youth services.

Testimonial

"My clinician is the most engaging person. He has a tone to his voice that is welcoming, empathetic and sincere. Only I can make the changes in my life, but I needed the clinician to be my independent listener and guide to get there. Family and friends can only go so far, I am not sure what I would have done without my clinician and I'm grateful for him listening to me and guiding me back to being myself. I still have a long way to go, but I can see the way in front of me now because of the Next Step Program. I will miss my discussions with my clinician, but also thank him for his support, guidance and genuine understanding of my situation. I am overwhelmingly happy with my outcome, and I have the Next Step Program and my clinician to be thankful for that." – Next Step client

g) Mental health services for the LGBTIQA+ community: Inclusive Pathways

We commissioned Meridian to run the Inclusive Pathways program to provide high-quality and trauma-informed evidence-based psychological strategies to the LGBTIQA+ community that live, work and study in the ACT.

Inclusive Pathways champions resilience and mental wellbeing within the LGBTIQA+ community, continuing to set benchmarks in the provision of mental health services that are both inclusive and accessible. The recent recruitment of a Wellbeing Peer Worker marks a significant milestone in strengthening support for the LGBTIQA+ community in the ACT. By integrating specialised care with inclusive practices, the program helps clients navigate mental health challenges and explore their identities in a supportive environment.

Over the past year:

- 87 clients were supported by Inclusive Pathways.
- 94% of clients reported improved mental health and wellbeing, with all respondents confirming they felt comfortable to discuss their gender and or sexuality.
- 100% of clients felt their unique experiences and needs were understood, in some instances for the first time ever.
- 26 clients were supported in accessing a GP Mental Health Treatment Plan.
- Meridian provided 3 gender-affirming care support letters to individuals seeking medical gender affirmation.

Meaningful engagement with peer-informed and lived-experience clinicians within an LGBTIQA+ affirming practice has consistently led towards a dramatic reduction in psychological distress. Services delivered across a broad spectrum of client needs, reflecting the program's ongoing capacity to respond effectively to varied psychological, emotional and social challenges.

h) Support following a suicide attempt: The Way Back Support Service

Suicide is the leading cause of death for Australians aged 15 to 49 years and, therefore, represents a major preventable loss of life. Suicide leaves a devastating and lasting impact on families, friends and communities for years. For every suicide, there are many more who have attempted. A previous attempt is the single largest risk factor for suicide.

We commissioned Woden Community Service (WCS) to deliver The Way Back Support Service (TWBSS) to support people who have recently experienced a suicide attempt or crisis. TWBSS is committed to providing person-centred, recovery-focused support to individuals following a suicide attempt or crisis event, while continuing to adapt in response to community needs and sector developments. The program offers up to 12 weeks of outreach to help participants in their recovery and ongoing mental health wellbeing.

The Way Back Support Service had 197 clients participate in their service. Clients showed a significant reduction in symptoms of depression and anxiety, and a significant improvement in psychological wellbeing.

Another key success was the integration of community-based referral pathways alongside the Digital Health Record (DHR) referral pathway, increasing access to support for individuals referred by GPs, headspace, Psychologists, primary care providers and universities. The introduction of the open referral pathway made it easier for people to access support, especially for individuals who may avoid acute care settings due to stigma and safety concerns.

Client story

Wei* (not their real name) was referred to TWBSS following a suicide attempt linked to severe depression and overwhelming hopelessness. After his discharge from hospital, Wei was connected with a Support Coordinator to assist with his recovery and reintegration into daily life. Together they developed a comprehensive and individualised care plan, and also a safety plan. This gave Wei reassurance and practical tools during moments of distress.

Wei's Support Coordinator supported him to access ongoing clinicalcare, linking him with a therapist and Psychiatrist for regular psychological support and medication management. She also encouraged peer connection by referring him to a support group for individuals with similar lived experiences.

With his Support Worker's consistent and compassionate support, Wei experienced improvements in emotional stability and confidence. He began recognising early warning signs of crisis and reaching out for help before they escalated. As his depression symptoms lessened, he rediscovered enjoyment in reading, walking and re-engaged with his loved ones.

Wei moved from crisis to stability, gaining hope, connection and a renewed sense of purpose

i) Psychosocial support for people with severe mental illness

There are people in the ACT who live with severe mental illness and associated psychosocial functional impairment, who are not more appropriately supported through the National Disability Insurance Scheme (NDIS). This lack of support led to a need for more intense and acute health services and potentially higher than necessary unplanned and/or crisis driven uses of the health system.

Through the Commonwealth Psychosocial Support Program, we funded 3 services in the ACT to provide recovery-focused, early intervention psychosocial supports to people with severe mental health illness and issues:

- Directions Health – Alongside Program
- Flourish Australia – Bloom Healthy Living Program
- Woden Community Service – New Path Program

Overall, they provided services to 473 participants, over 5,900 occasions of service and 170 peer group sessions.

Client story

Matt* (not their real name) experienced a challenging childhood, including unrecognised learning difficulties and physical abuse, contributing to long-term mental health challenges. As a young adult, Matt faced multiple traumas and setbacks, leading to repeated hospitalisations, suicide attempts and engagement with various mental health and substance use services.

Through consistent and trauma-informed engagement, Directions Health's Alongside Program was able to build trust with Matt and advocate effectively across multiple systems. Key outcomes included securing stable housing through ACT Housing's Priority list, obtaining the Disability Support Pension, facilitating access to detox and rehabilitation services, and leveraging Directions AOD services for ongoing support.

Matt has recently concluded his period of engagement with Alongside, as all goals have now been achieved. He reported that the changes he has made would never have happened without Alongside.

j) Safe Haven

We partnered and collaborated with ACT Health on the funding and commissioning of the ACT Safe Haven service, operated by Stride Mental Health. Safe Have Belconnen is a free, walk-in, non-clinical, safe place for people experiencing emotional distress or mental health concerns. The Safe Haven team is diverse in experience and background, including their peer experience, to make the space feel as safe and welcoming to as many people as possible.

Between July-December 2024, 71 unique guests accessed the service with 906 occasions of service being delivered, 503 of which were face-to-face sessions. From 1 January 2025, Safe Haven direct funding and management was taken over by ACT Health.

Congratulations to Safe Haven Service Leader, Nova Marmion who received the Community Connection Through Recovery Award for Mental Health Month.

5.2 Alcohol and other drugs

CHN's commissioned alcohol and other drug services provided support for:

- **323** people through outreach counselling or case management
- **156** people linked with the criminal justice system
- **219** people through peer worker case management and advocacy
- over **2,100** people through primary and secondary health care services
- **99** women through a health program
- **69** people to reduce substance use in their home
- **40** people through a withdrawal day program

Individuals who have a dependence on alcohol, tobacco and other drugs (AOD) in the ACT face social exclusion and harm associated with the criminalisation of drug dependence. The harm minimisation strategy in Australia recognises the association between drug use and social, health, and economic determinants, and the impacts that evidence-based care has in reducing the effects of drug misuse and promoting safer and sustainable recovery outcomes. Ultimately, having models of care that are holistic and foster inclusion, dignity, and long-term wellbeing benefits people the most.

a) Multidisciplinary AOD Support: Althea Wellness Centre

The Althea Wellness Centre, commissioned by CHN and ACT Health, operates as a primary and secondary health care service that provides integrated multidisciplinary care for clients with current or past alcohol and drug dependency, complex health and social needs, in collaboration with other programs and services. Althea is comprised of a GP, nursing, psychiatry, psychology, non-dispensing pharmacist, and AOD health professionals. Althea's services are provided at Directions Health Services and other valuable outreach services are provided at several locations across the ACT, providing immediate support to vulnerable people who cannot easily access health services.

The Althea Wellness Centre provides an innovative mobile outreach service through 'Chat to PAT' (Pathways to Assistance and Treatment) and 'mini-PAT', which often accompanies the Chat to PAT van to help manage the surges in capacity. The service provided primary health care, mental health support, AOD services and case management to 928 clients.

The Althea Wellness Centre supported 1,210 clients, with over 8,000 occasions of service. There was a 96% satisfaction rate across both the Althea Wellness Centre and Chat to PAT. Through Chat to PAT alone, the mobile outreach service supported 3,125 client presentations. Directions Health Services also continued its participation in the ACT Primary Care Pilot. Their participation led to improved outcomes for many clients with complex needs.

Congratulations to Dr Andrew Palfreman for being recognised as a Medicare Champion at the Stronger Medicare Awards. We nominated Dr Palfreman in recognition of his commitment to providing holistic care, addressing the medical, psychological and social aspects of health. His dedication extended to his work at Chat to PAT where he helped make quality health care more accessible for at-risk groups, who may otherwise feel isolated or hesitant to seek medical advice.

Dr Andrew Palfreman was recognised as a Medicare Champion at the Stronger Medicare Awards.

Client story

Theo* (not their real name) is a young man diagnosed with schizophrenia, who has substance use disorder and challenges with gambling and obesity. Althea Wellness Centre provided comprehensive support to Theo, including:

- **Primary health care:** Regular appointments with a GP and Practice Nurse for general health assessments, as well as medication prescriptions and administration.
- **Psychiatry:** Diagnostic review and treatment recommendations.
- **Mental Clinical Coordinator:** Continuous monitoring and support for mental health and substance use, including engagement with Theo's carer.

Theo has reported 10 months of sobriety after years of regular substance use. He resides in safe accommodation and maintains meaningful relationships with friends and family. He volunteers his time with Alcoholics Anonymous (AA) to share his story and support others. He has also enrolled in study. Both Theo and his parent have expressed significant appreciation for the continuity of care and access to support provided by Directions

b) Withdrawal, Day and Residential AOD programs: Arcadia House

Arcadia House is operated by Directions Health Services and is a 10-bed facility, providing withdrawal, day and residential rehabilitation programs. The program incorporates cognitive behavioural therapy (CBT), psychoeducational groups and peer support into the therapeutic community approach to provide comprehensive, evidence-based treatment that aligns with harm minimisation principles. We fund the Day Program, while ACT Health funds the Withdrawal and Residential programs. The Day program is a 12-week program designed for individuals unable to access residential treatment due to external or caring responsibilities, as well as those not requiring the intensity of a residential program but needing more support than traditional community-based treatment options.

Each client works in partnership with a Case Manager to develop a personalised treatment plan aligned with their own goals. Case Managers play a key role in coordinating access to a wide range of services that address their complex and ever-changing needs, including mental and physical health services, legal, employment, housing and child protection. This holistic approach ensures that clients receive wraparound support depending on their situation.

Achievements

- 40 clients were supported through 1,280 occasions of service.
- 93% of clients positively endorsed the service and felt satisfied with the support they received.
- Arcadia staff work collaboratively with primary and mental health services, as well as other community providers, to ensure wraparound support is in place.
- Based upon feedback, additional support was initiated over last year's Christmas and New Year period, with 100% of clients choosing to access this.

Client story

Christos* (not their real name) self-referred to Arcadia House, stating he was currently facing significant challenges with substance use, legal issues and strained relationships. Through case management, along with therapeutic and educational groups, he gained valuable insights into his behaviour, triggers and coping mechanisms.

In addition to mending relationships, Christos has taken significant steps toward regaining financial independence by using his skills as a tradesman to re-enter the workforce to support his family and contribute positively to the community.

Christos' recovery journey also included addressing long-standing physical and mental health issues. He committed to physiotherapy and sought medical attention for other health concerns, ensuring long-term management and improved quality of life. He reported significant improvements in managing anxiety and depression. Through therapy and self-reflection, he gained tools to maintain emotional wellbeing and remain focused on his goals.

Christos' journey is one of resilience, accountability and transformation. With support from Arcadia, he not only turned his life around but also became a role model for others facing similar challenges. He said "This program gave me the tools to rebuild my life. I have learned to take responsibility, focus on what matters, and never give up on myself or my family."

c) Non-Residential Withdrawal Support Service: Karralika

We commissioned Karralika Program to deliver the Non-Residential Withdrawal Support Service (NRWSS), which supports young people and adults with anticipated mild to moderate withdrawal symptoms to safely cease or reduce AOD use, in the comfort of their own home.

The NRWSS provides an effective and evidence-based service that is an alternative to residential withdrawal services. The nurses from the NRWSS also provide education and information session across the community at many organisations.

Early independent evaluation results indicate that the service is a highly valued and essential program that provides flexible, community-based withdrawal management for people in the ACT and regional NSW.

Achievements

- 100% of clients reported they would recommend the service to friends and family.
- 69 clients were support through over 1,200 occasions of service, where all clients reported reducing their primary substance of concern by half.
- Daily support from the withdrawal Nurse and the overarching collaboration between health professionals in coordinating service users' care helped to restore health and wellbeing in their lives.

Client story

Grace* (not their real name) was referred to the NRW program by her counsellor for cannabis withdrawal support. While finishing school and working part-time, Grace started cannabis 6 months ago partly to alleviate boredom and partly due to peer pressure at school.

As part of the treatment planning with Grace, the NRW Nurse put in place a gradual reduction plan and worked with Grace and her GP to ensure there was access to symptomatic relief medication during the withdrawal process. The NRW nurses also supported Grace with emotional regulation strategies and a personalised safety plan. Her counsellor continued working with her on communication skills and assertiveness to express her choices confidently among peers.

Grace successfully reduced her use and detoxed in week 3. Periods of symptoms were well managed by the medications provided by her GP and support from her counsellor. A few months later, Grace contacted the NRW program herself to seek support, reporting irregular cannabis use. The NRW team and GP worked together with her on a supported withdrawal plan and management of symptoms. Maintaining abstinence for 13 days, Grace completed the program and sought a referral to an AOD counsellor to focus on relapse prevention strategies and to continue his recovery journey.

d) Community-based AOD Counselling: Karralika Justice Services

Individuals released from correctional facilities with a history of alcohol and other drugs (AOD) addiction face an increased risk of overdose due to reduced tolerance. Without specialist, patient-centered care the risk of mortality and reoffending is concerning. Strong collaboration between the AOD sector and ACT Corrections is important to ensure individuals, who often face issues with stigma and social disadvantage, receive the support they need to reintegrate into the community.

We commissioned Karralika's Justice Services Counselling Program to employ a counsellor to deliver this service. The counsellor is dedicated to delivering evidence-based outcomes where clients receive ongoing, person-centred support to address the impacts of alcohol and other drug use on their health, wellbeing and offending behaviour. Adoption of a flexible service delivery model allows support to be more accessible, convenient and tailored to individual needs and circumstances, with options of telehealth, face-to-face and online support.

Achievements

- 156 clients associated with the criminal justice system were supported by Karralika to access AOD counselling services.
- 100% of those surveyed positively endorsed the service.
- Partnerships with ACT Corrective Services, both in the community and the Alexander Maconochie Centre, mean individuals receive consistent support through the justice process.

Client story

Brett* (not their real name) engaged with Karralika Justice Services (KJS) counselling after successfully completing a voluntary treatment program (Solaris Program) at the Alexander Maconochie Centre (AMC). Having spent 13 months in detention, including time at the Transitional Release Centre (TRC) where he began full-time work, Brett commenced counselling shortly after release. Familiarity with the KJS counsellor, from previous brief interactions during the Solaris Program, helped ease the transition into ongoing support.

Short-term goals for Brett included abstinence from drugs and gambling, maintaining employment, engaging with support providers and complying with parole. Long-term goals focused on sustained abstinence, reconnecting with family, mental health review, further study and purchasing a car.

Initial counselling sessions reviewed Brett's relapse prevention plan and focused on risk management, goal setting and building protective behaviours. Flexible service delivery allowed for phone sessions after work. The trauma-informed approach incorporated psychoeducation, CBT, somatic awareness, relaxation techniques and mindful self-compassion.

Brett completed 12 sessions and 3 assessments, showing improved physical and psychological health. He maintained abstinence, was promoted at work, secured housing, bought a car, resumed a sport and reconnected with family. He completed parole and was referred to long-term counselling. Brett credited early sessions with providing a safe, structured space that fostered hope and built on trust established during his time in AMC. The strength of the KJS service lies in its continuity across justice settings and collaboration with the client's broader support network.

e) AOD counselling: Reaching Out and Support Connections

i) Reaching Out

Individuals that use alcohol and other drugs (AOD) often face significant challenges when seeking treatment or harm reduction strategies, including stigma and discrimination. Many people also require services for many co-occurring issues e.g. trauma, housing instability, mental and physical health issues.

Testimonials

"Reaching Out provided the most effective AOD counselling I have ever received. We need more counsellors like mine."

"Counselling was instrumental in helping me successfully achieve my treatment goals."

We commissioned Marymead CatholicCare to run the Reaching Out Program to provide confidential counselling, through an assertive outreach model that meets with clients in environments where they feel most comfortable. They made use of a diverse range of evidence-based counselling techniques, including motivational interviewing, strengths-based practice, and integrated case management. The demand for this service continues to grow, with 248 new referrals being made in the last year, a 23% increase compared to the previous year. 100% of survey respondents endorsed the service.

ii) Support Connections

Outreach services can improve access to health services for people unable to access services due to personal circumstances and/or risk of being identified in service settings. We commissioned Marymead CatholicCare to provide AOD Support Connections, an outreach-based case management program to assist people (over the age of 16) to reduce or cease their use of alcohol and other drugs.

Testimonials

"The service has changed my life."

"My life has taken a positive turn thanks to the support I received."

"There needs to be more multidisciplined workers like my AOD Supporting Connections Case Manager."

The AOD Support Connections Case Manager provided comprehensive, client-centred support to 75 people. They offered both case management and assertive outreach services to minimise the harms from AOD use. They provided holistic support by connecting with physical and mental health services, addressing legal, financial or housing problems, safety planning around domestic and family violence, and informal support networks. 100% of those surveyed positively endorsed the service.

f) Peer Treatment Support Services: CAHMA

i) Reaching Out

Peer-based health promotion and treatment is a public health approach that is rooted in the community, where peer workers have lived experience of AOD use and therefore act as mentors and advocates for service users. Their lived experience fosters trust and engagement and contributes to reducing stigma.

We commissioned the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) to deliver the Peer Treatment Support Service (PTSS), a central pillar of CAHMA's alcohol and other drug service provision. The PTSS provides trauma-informed, peer-based case management and support referral pathways across the health care system. Alongside this, they offer advocacy, treatment support and education.

CAHMA provided case management services to 219 individuals, with 959 occasions of service. As a large proportion of CAHMA's PTSS clients identified as homeless or as having no fixed address, CAHMA supports their immediate needs by providing clothing, sleeping bags and heated meals. CAHMA is committed to addressing the social determinants of health, not only through housing advocacy and health literacy education, but also by supporting individuals to reduce the harms of drug use while escaping domestic violence and coercive control.

Client story

Jack* (not their real name) was referred to CAHMA by a Social Worker at the Adult Mental Health Rehabilitation Unit (AMHRU) at the University of Canberra Hospital for support with co-occurring mental health and AOD issues. He has been diagnosed with schizophrenia and has a history of cannabis, alcohol, tobacco and cocaine use.

Jack expressed a desire to stop using substances to improve his mental health. Weekly peer-led case management sessions were scheduled at AMHRU, focusing on relapse prevention strategies. These sessions were conversational and therapeutic, helping Jack explore his cravings, intrusive thoughts and emotional triggers. He responded well to techniques like breathing exercises to manage anxiety and appreciated the peer connection, often saying he looked forward to the sessions.

Since his discharge from AMHRU, Jack has remained engaged with CAHMA and reports maintaining abstinence. He continues to attend regular meetings, has a casual job and is planning to pursue further education. Jack's journey reflects his resilience, openness to receiving support and strong family connections. Despite challenges with medication side effects and cravings, he remains committed to recovery and personal growth.

g) AOD Day Program: Toora Women

Women in the ACT who are experiencing a problematic dependence on drugs and alcohol present with a unique set of consequences, challenges and barriers. Therefore, specialist, gender-specific care is paramount to their journey. We commissioned the Toora Women AOD Service (and Day Program) to provide support for women, non-binary and feminine-identifying individuals to address problematic drug use in the ACT.

Toora provides an 8-week Day Program, where women develop the skills to live a full and meaningful life free from substance misuse, covering topics such as relapse prevention, stress management and relationship skills. Each client is assigned a Case Coordinator to create an individualised treatment plan and make sure that they receive full wrap-around care. Up to 12 sessions of free, specialist AOD counselling are available to women so that they can begin to explore and address the underlying causes or challenges related to trauma, mental health and domestic abuse.

Achievements

- Toora supported 99 women with their service, who received a total of 144 episodes of care.
- 100% of surveyed participants agreed that the Day Program met their needs and indicated they would recommend it to others
- Toora launched the Bullandyimma Yurwangdyimma Program, employing a First Nations Counsellor to support women facing substance dependency, homelessness, domestic violence, mental health challenges and institutional trauma.

Testimonials

"My counsellor was supportive and engaged during our sessions. We worked on my AOD goals, as well as focusing on parenting strategies and restoring my relationship with my daughter. She helped me to see the positive things I was doing, and the progress I was making to create a safe environment for myself and my child."

"My counsellor supported me to understand my AOD use and how it was impacting my mental health, relationships and wellbeing. We discussed how to implement healthy coping strategies to manage stress, and I also started attending a SMART Recovery group. I have been drug-free for nearly 6 months."

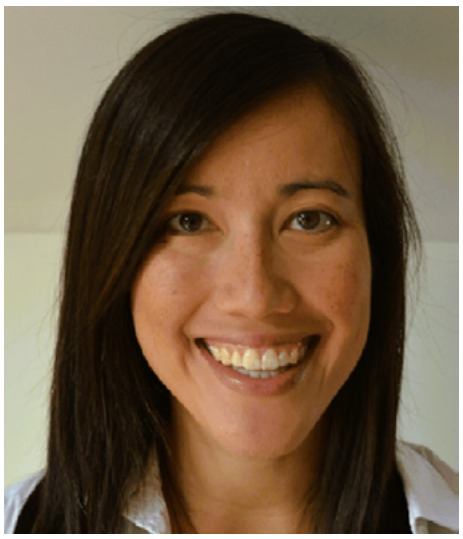
5.3 Chronic disease management

a) Endometriosis and Pelvic Pain Clinic

We commissioned Sexual Health and Family Planning ACT (SHFPACT) to deliver the Endometriosis and Pelvic Pain GP Clinic. The clinic adopts a multidisciplinary approach aimed at improving quality of life outcomes for patients. Key components of the delivery model include individualised interventions and treatment plans, strengthening clinical expertise for GPs and Allied Health Professionals through training and capacity building, as well as enhanced sector collaboration through ACT Pelvic Pain Network, fostering improved interconnection, support and continuity of care.

Over the past year:

- 210 patients have been supported in receiving tailored assessments and treatment through the clinic's patient centred model of care,
- 170 hours of nurse-led care
- 155 doctor-led sessions
- 94% of surveyed patients said they're likely to recommend the service.



Dr Tara Frommer, GP at SHFPACT and Clinical Lead of the ACT Pelvic Pain and Endometriosis Clinic

Testimonials

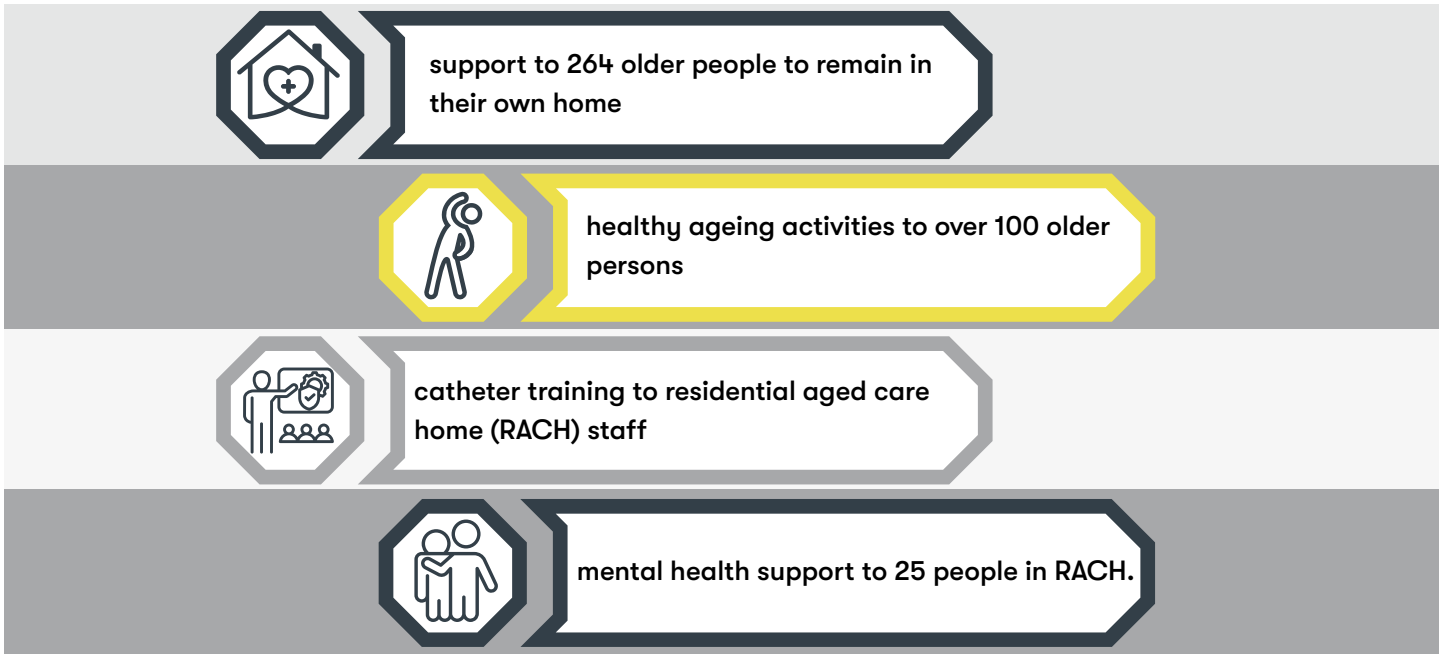
"I had a great experience because I received specific expert women's health advice. I was very apprehensive and disillusioned by the support I had received around endometriosis and pelvic pain that I felt quite down and defeated. The clinic helped me understand what was happening and made me feel cared for."

"I have recommended every single female friend to this clinic. I am so grateful for a clinic that listens and is proactive in helping me. Each nurse I have seen has been amazing, very helpful and take the time to listen to each of my concerns, I have never felt more heard and advocated for. Lastly, having somewhere to go that is not private and that I can afford is incredible because I have ignored chronic pain for so long because of how expensive the price of health care can be. This clinic has done amazing things for me and I'm really grateful for it."

"I know personally my patients have been very thankful for the more personalised referrals and recommendations for providers that I have been able to provide since the ACT Pelvic Pain Network has been established."- Dr Tara Frommer, GP at SHFPACT and Clinical Lead of the ACT Pelvic Pain and Endometriosis Clinic.

5.4 Aged care

CHN commissioned aged care services to provide:



a) Support for older people to access help: care finder

While many older Australians wish to remain in their own homes as they age, some require additional assistance to access the support services that enable this. Several barriers may impede their ability to engage with available resources including isolation, communication or cognitive difficulties.

Care finders provide specialised and intensive face-to-face assistance to vulnerable older people to enhance their understanding of and access to my aged care and community services.

We commissioned 5 care finder providers within the ACT to deliver these services:

- ACT Disability, Aged and Carer Advocacy Service
- Community Services # 1
- Meridian
- North Community Services
- Woden Community Services.

In the last year there were 264 new cases, 455 case closures and 1,384 high level check ins and follow ups successfully conducted after service commencement. Care finders have been instrumental in providing tailored support to vulnerable populations, who would be left to fall through the gaps in the aged care system without this assistance.

We hosted a joint Community of Practice with COORDINARE (South Eastern NSW PHN), Murrumbidgee PHN and Western NSW PHN to create a supportive network to enhance care delivery across the regions. Attended by 34 care finders, the event created a platform for care finders to openly discuss the challenges they face in their roles, whilst also offering an opportunity to learn from each other's experiences and solutions in their region.

Client story

Keith* (not their real name) was caring for his wife Betty* (not their real name) who lives with advanced dementia. Betty had begun wandering from their home, requiring police intervention to return her safely. Keith was struggling under the weight of his caregiving responsibilities, while dealing with his own declining mobility and health.

Keith was finding it difficult to accept he could no longer meet his wife's growing needs. The couple's adult children live interstate and have a strained relationship with their parents. Keith felt overwhelmed and alone.

The Care Finder assisted with successfully securing a provider to activate Betty's Home Care Package, also exploring services for Keith. This process proceeded quickly with the assistance of Keith's GP requesting a Home Care Package assessment. Once approved for the package, Keith was supported to exercise his dignity of informed choice to select an appropriate provider, choosing to engage the same provider as Betty, ensuring continuity and coordination of care.

b) Support for older people in the community: Healthy ageing

Without adequate support to keep well and maintain independence, some older Australians are entering aged care facilities earlier than when they may need to. The Australian Government's Healthy Ageing, Early Intervention Program provides funding to community care providers to help older Australians live at home longer. We commissioned 3 providers to deliver the following services.

i) HAPPIER Program

We commissioned Fisher Family Practice to enhance participants' functional capacity and physical ability through a combination of positive interventions and targeted exercise rehabilitation. 306 patients were referred to the program, resulting in over 1,900 service encounters, including personal training, physiotherapy and Practice Nurse reviews.

ii) Balance and Spin Exercise (BASE) Program

We commissioned Uniting NSW.ACT to deliver the BASE Program. The 10-week fall prevention program is designed to improve strength, coordination and balance. Allied health professionals provided 182 exercise and education sessions to 35 clients. 100% of clients reported that they anticipated fewer falls due to improved understanding and increased confidence in their movements.

iii) Healthy Ageing Program

We commissioned Grand Pacific Health to deliver culturally responsive activities to focus on healthy ageing, early intervention, social wellbeing and improving access to services. Overall, 64 culturally responsive activities, including 35 face-to-face workshops, engaged 66 First Nations participants alongside members of multicultural communities.

Client story

"My daughter has been experiencing domestic violence. I knew her and my grandchild needed to come and live with me to get away from that situation, but I was worried about how to keep us all safe. I started ringing around, trying to get help with security, things like better locks. But no one could help, I kept being told that I didn't fit the criteria. It left me feeling really stuck.

The lovely Healthy Ageing Program Officer from Grand Pacific Health didn't just listen, she did something about it. She got in touch with domestic violence services and explained what was happening. She checked in on me regularly, she let me know when DV services would be calling me and then followed up afterwards with me. Because of her support, I'm now in the process of getting those safety things I'd been asking for to make the house more secure. I feel like I can finally breathe again.

I truly believe this wouldn't have happened without the Program Officer. She cared. She stuck with me. She made me feel like me and my family mattered. Because of her, we feel hopeful and safe again." - Participant, Grand Pacific Health's Healthy Ageing Program.

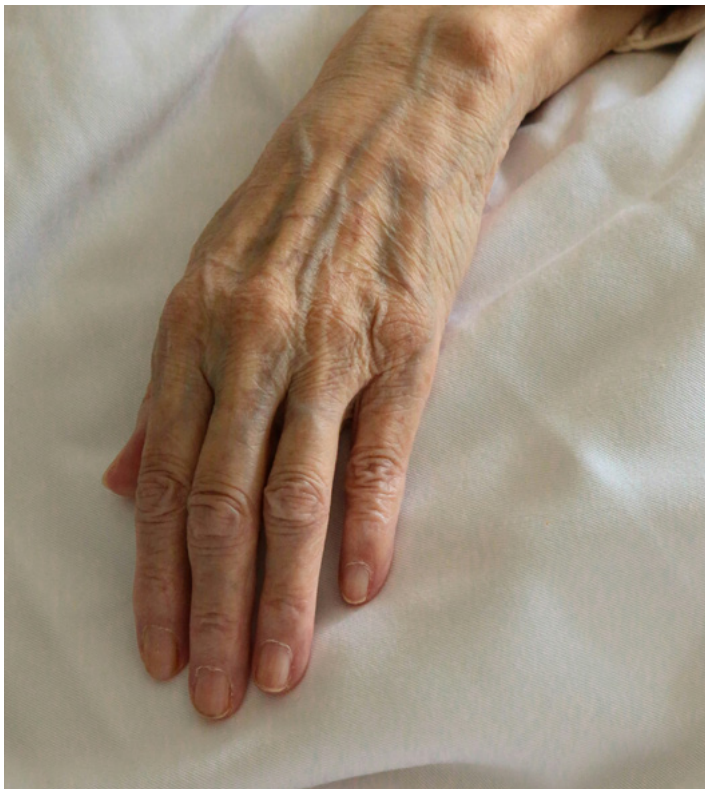
c) Enhanced out of hours support for residential aged care homes

ACT residential aged care homes (RACH) identified a need for increasing the skills and capability of nursing staff in the clinical care of catheters. Residents with catheters in RACH are often supported by the Canberra Health Service's (CHS) Geriatric Rapid Acute Care Evaluation service (GRACE) team or require care at the hospital, particularly after hours. We commissioned the Australian College of Nursing to provide catheter care training to RACHs clinical staff, with:

- 78% of ACT RACHs participating in the training.
- 111 Registered Nurses and Enrolled Nurses completed the face-to-face training.
- increased confidence and knowledge.

Testimonial

"We worked with the GRACE Team to support continued learning beyond the training with GRACE service offering targeted follow-up support to all training participants as required. The GRACE service handed back 31 catheter change cases to RACHs, with a representative reporting "The team has noticed the decrease in routine catheter change visits and has noticed staff are more confident in their management of catheter."



d) Psychological services in Residential Aged Care Homes: Think WISE

Residents living in Residential Aged Care Homes (RACHs) experience disproportionately higher rates of mental health conditions such as depression and anxiety, compared to those living in the community. These may present more with this cohort as they're no longer in their homes and may have lost their independence. Despite psychological therapies being the recommended as the first-line of treatment for mild to moderate mental ill-health, services and uptake have been limited in the aged care setting. This created a significant gap in care, leaving many residents with limited support for their mental wellbeing.

We commissioned Think Mental Health to deliver the Think WISE (Wellbeing Independence Support and Empathy) Program to offer psychological services for residents of ACT RACHs. The program includes 2 key components: a rostered, in-facility approach that delivers short-term care through individual and group sessions; and capacity-building for RACH staff to help them identify and respond to residents' mild to moderate mental health needs. The Think WISE team has been actively engaging with RACHs to establish service agreements (MOUs) and is currently delivering care in 7 facilities across the ACT. Think WISE is working towards expanding its services to all RACHs across the ACT, ensuring equitable access to psychological care for every resident.

Since its launch in May 2025, Think WISE has received 25 referrals. Numerous RACH staff have received one-on-one guidance on referral processes and eligibility criteria. Feedback from staff has been very positive, with many expressing gratitude for having a dedicated service to support residents' mental health. These early outcomes the program is bridging a critical service gap and promoting mental health care and wellbeing in residential aged care settings.

Client story

Jeanette Bruce, Mental Health Clinician in the Think WISE Program.

Staff observed Maria* (not their real name) spending significant time in her room, socially withdrawn and not participating in group activities. Concerned for her wellbeing, staff offered her the opportunity to engage with the Think WISE Program. Maria expressed initial hesitation longstanding concerns shaped by stories she had heard throughout her life about mental health and institutionalisation. During the initial session, the Think WISE clinician provided psychoeducation on the nature of contemporary psychotherapy, with a particular emphasis on person-centred care and confidentiality. This approach helped alleviate Maria's anxieties and fostered a sense of trust and safety within the therapeutic relationship.

As rapport developed, Maria began to share her personal history, including traumatic experiences from her early life in Europe during the Great Depression, the Spanish Civil War and the World Wars. She recounted enduring severe hardship, including childhood abuse, periods of starvation and threats to her life. Maria described persistent feelings of worthlessness and not being safe, which she had carried silently for decades. She noted this was the first time she had spoken openly about many of these events and their psychological impact.

The clinician utilised evidence-based therapy to support Maria in identifying and understanding the connection between her thoughts, emotions and behaviours. Specific focus was placed on addressing deeply held negative core beliefs, particularly around self-worth, and on developing emotional regulation strategies tailored to her current context. Maria reported finding the sessions "helpful" and "healing," and likened the therapeutic experience to "talking to friends". She described a noticeable sense of emotional relief, stating it felt as though "a heavy bag" had been lifted. After nearly 2 months of regular engagement, Maria expressed that she no longer felt the need for ongoing therapy and was discharged from the program with her consent

e) Increasing the availability and use of telehealth for aged care residents

Residential Aged Care Homes (RACHs) in the ACT expressed an interest to improve telehealth infrastructure to improve access to care, through our competitive grants process. We commissioned an expert telehealth service provider to deliver a capacity building program, including delivering training, coaching, resources and implementation support. The first stage included a Telehealth Capability Workshop for key contacts, with Telehealth Champions attending from each RACH.

Key achievements

- 81% of RACHs participated in the program.
- 22 RACHs attended the workshop.
- 10 organisations participated in the one-on-one coaching sessions and developed policies and procedures.
- 83% of respondents demonstrated increased confidence using video telehealth.
- Improved digital capability and increased telehealth confidence.
- Development of site-specific induction checklists, procedure and policy templates.

5.5 Aboriginal and Torres Strait Islander health

a) Support for local First nations people with chronic disease: Integrated Team Care Program

To support local First Nations people with chronic disease, CHN partners with local organisations to provide care coordination and supplementary services and funding to First Nation's people living with chronic illness.

The Integrated Team Care (ITC) Program assists their clients to navigate the health care system, improving integration of care among the multidisciplinary professionals who provide services to their clients by liaising directly with these practitioners. The program also offers transport assistance, health literacy support, care planning and financial assistance for some of the appointments and medical equipment that these clients require.

We commissioned:

- Grand Pacific Health to provide the ITC Program to clients who have been referred to them through mainstream GPs
- Winnunga Nimmityjah Aboriginal Health and Community Services to provide the ITC Program to their internally referred clients.

A total of 17,854 occasions of services were provided through the ITC Program. This represents an overall increase of 78% of collective services that is represented as through the following supports:

- 3,921 occasions of care coordination services
- 968 supplementary services
- 9,156 clinical services
- 3,809 services such as telephone encounters with chronic disease clients, mental health, aged care and palliative care, NDIS support, transport, cultural heritage and art groups.

The key allied health and specialist service areas that were provided across the ITC Program included:

- podiatry
- physiotherapy and exercise physiology
- dietetics
- cardiology
- optometry/ ophthalmology
- psychology and psychiatry
- rheumatology
- endocrinology.

The most common medical aids supplied through the supplementary supports included assisted breathing equipment, medical footwear, mobility aids and spectacles.

Testimonial

The ITC Program at Winnunga has achieved positive outcomes by improving access to care, strengthening patient engagement, and supporting better management of chronic conditions. Client's report feeling more empowered to take control of their health through increased understanding of their conditions, improved medication adherence, and confidence in recognising early signs of deterioration. Regular follow-ups and personalised care plans have led to higher attendance at GP and specialist appointments, resulting in more timely interventions and reduced hospital admissions.

6. Building capacity across the health system

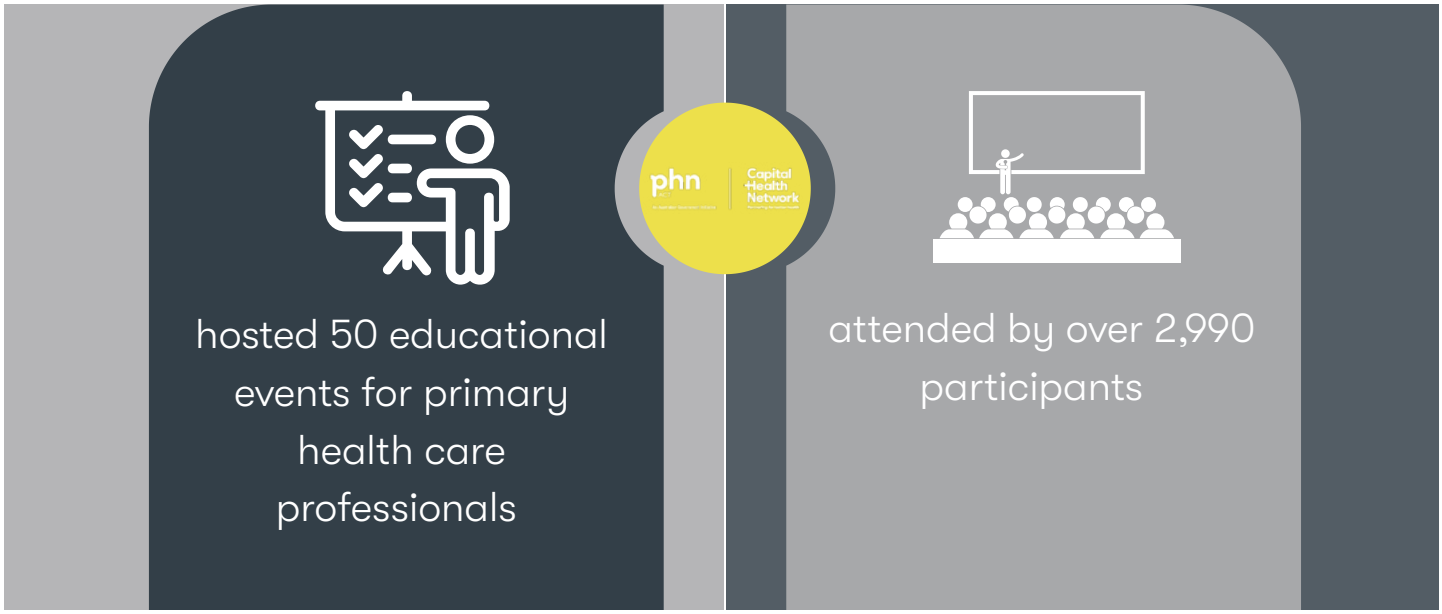
CHN builds capacity across the health system by:

- championing the role of primary care within the ACT health system
- promoting and sharing best practice, evidence-informed and innovative models of care
- facilitating education and training for health care professionals working in primary care
- utilising and promoting the use of local data to drive high-quality, future-focused, sustainable primary care

We've supported the valuable local primary health care workforce through education and training, continuous quality improvement and tailored support. We ran pilots to increase the capacity of general practice to support people with complex multimorbidity and frequent hospital use and, in another pilot, those who experience family, domestic or sexual violence. We supported residential aged care homes to have enhanced access to GPs and Pharmacists. To increase the usage of digital health tools, we collaborated with primary health care professionals. You can see below how we continued to build capacity across the health system.

6.1 Workforce

CHN's Education Program:



a) Delivering education to primary health care professionals

Primary health care professionals face rapidly evolving clinical guidelines, increasing demand for integrated care, and time constraints that make it difficult to stay current. We provide accessible and multidisciplinary education to GPs, Practice Nurses, Practice Managers and allied health professionals to support them to deliver consistent, high-quality care across diverse patient populations.

Our Education Program delivered 50 educational events (21 GP-focused, 18 multidisciplinary, 5 Practice Nurse/Manager-focused, and 6 allied health-focused) and 11 briefing sessions and outreach activities to 2,991 participants:

- 1,206 GPs
- 406 allied health professionals
- 351 Practice Nurses
- 97 Practice Managers
- 931 other health professionals.

Events were planned using feedback from post-event surveys and aligned with our key priority areas. The program combined face-to-face and online sessions, ensured convenient scheduling, and provided recorded webinars for flexible learning. We collected post-event surveys after every session to analyse responses and align future activities with clinicians' needs and strategic priorities.

Testimonials

Participants consistently highlighted the practical impact of our events:

"The deprescribing session provided actionable steps and case examples that I'm already using with my patients, it balanced clinical evidence with practical guidance well."

"I loved the multidisciplinary diabetes care workshop. Hearing from podiatrists, dietitians and GPs in one session helped me see the bigger picture and strengthen referral pathways."

"The serious illness care forum was eye-opening. It made me rethink how I initiate conversations about goals of care, and the roleplaying exercises were very useful."

Young Onset Dementia Recognition and Diagnosis in Primary Care.

b) Workforce Planning and Prioritisation (WPP) Program

The NSW and ACT GP Workforce Planning and Prioritisation (WPP) Consortium continues to provide independent, evidence-based advice to the GP training colleges on Australian General Practice Training (AGPT) program trainee placement locations in NSW and ACT regions. Led by CHN, the Consortium of 11 PHNs submitted the GP Training Pathways Interim Report and WPP Report 4 to the Department of Health, Disability and Ageing. The Consortium also conducted projects aligned with WPP grant guidelines and possible impact on improving GP training in NSW and ACT, including PHN health workforce planning training and a GP Training Improvement Feasibility Assessment Project.

To better understand local workforce need and training capacity, we engaged over 100 stakeholders across the ACT including GPs, GP registrars, Practice Managers, junior doctors and medical students over the last year. our new community engagement platform, MySay was also used to gather community feedback. Stakeholders raised ongoing concerns about GP shortages, long wait times and recruitment challenges, particularly in bulk-billing practices. Factors such as rapid population growth, increasing complexity of care needs and shifts towards GP portfolio careers were found as possible contributors to local GP workforce shortages. Some opportunities to enhance the workforce could include more general practice exposure during junior doctor training such as GP rotations, GP careers events and addressing barriers for International Medical Graduates to become GPs in the ACT.

Testimonials

"Explore GP was useful and provided information and insights regarding GP training. I felt very connected and found this event helpful for my future career planning." – Dr Nandar, Junior Doctor

"One thing I worried about was not having a good work-life balance, so after hearing at Explore GP how much GPs value a work-life balance, I feel much more inclined towards general practice." – Mikayla, ANU Medical Student

l-r: Dr Kerrie Aust, GP and AMA ACT President; Dr Yew Choy Cheong, GP and Specialist in Skin Cancer Surgery; Dr Emily Rushton, GP; Dr Melanie Dorrington, Chief GP and Primary Care Advisor at ACT Health Directorate; Dr Duncan MacKinnon, Rural GP and Visiting Medical Officer (VMO) GP Anaesthetist at Explore GP.

We hosted RACGP registrars at the biannual 'Registrar Connect' networking events to provide GP registrars the opportunity to connect with peers and their supervisors, learn more about our role and access resources for their careers. We held our first Explore GP careers event which brought together inspirational GP guest speakers, the GP colleges, and over 50 medical students and junior doctors. The event had a positive impact on participants' interest in pursuing a career in general practice, with 93% indicating a stronger intention to become GPs and 89% reporting improved knowledge of GP career pathways.

RACGP registrars at CHN's biannual 'Registrar Connect' networking event, with GP registrars connecting with peers and their supervisors.

c) Continuous quality improvement

We support primary health care with Continuous Quality Improvement (CQI) through our Quality Improvement Kit (QuIK) resources and engagement, providing support on programs and initiatives, facilitating quality improvement activities, and delivering educational events focused on integration, skill development and knowledge sharing.

Our QuIK resources and engagement include:

- QuIK Visits - identifying the needs of general practices and co-designing QuIK Cycles
- QuIK Cycles - structured CQI activities with primary care professionals able to earn Continuing Professional Development (CPD) hours
- QuIK Skills - enhancing the quality improvement skillset in the use of POLAR.
- QuIK Reviews - individualised practice data with a quality improvement focus and practical format for use by general practices.
- QuIK Library - repository of resources developed to inform and support primary care in CQI (QuIK Tips and QuIK Steps).

We delivered:

- 93 QuIK Skills and QuIK visits to general practices (including 61 Practice Health Checks).
- over 1,700 information request engagements (email or phone).
- assistance to examine practice data to initiate and continue quality improvement activities to enhance patient and practice outcomes.
- support for programs and incentives, including MyMedicare, GPACI, Chronic Conditions Management changes, Practice Incentive and Workforce Incentive Programs and data sharing.
- support to general practices to transition data extraction tools from PenCS to Outcome Health's POLAR (POpulation Level Analysis and Reporting). POLAR better supports practices to understand their patient cohort, providing meaningful analysis to identify gaps in patient care, track patient outcomes, build on areas of quality improvement and identify opportunities to improve practice revenue.

Testimonial

Together with Conder Surgery, we developed a QuIK Cycle on 'Improving access to coordinated diabetes management in primary care', resulting in reduced financial barriers for patients and holistic goal setting for health management.

Conder Surgery's Dr Saiful Ansary with Practice Nurses Dot Whitehead and Lorraine Erikson.

d) General practice support

As the general practice landscape continues to evolve with new initiatives and programs aimed at improving health outcomes for the ACT community, we continued to provide tailored support to meet the needs of busy Practice Managers and health practitioners.

Achievements

- 61 Practice Health Checks were delivered to gain a better understanding of practice needs and share information and updates in areas including accreditation, MyMedicare, digital health and Government incentives.
- 31 Practice Managers attended our Practice Manager Development Day, delivered in collaboration with South Eastern NSW's PHN, COORDINARE
- 19 reception and administration staff attended our Receptionist Development Day, presented by Train IT Medical
- 4 medical students were supported with a 3-year GP Scholarship, in partnership with ANU Medical School, to connect with a GP mentor and attend a GP conference in their first 2 years as a junior doctor.

Testimonial

"CHN programs we're participating in have helped us to recognise vulnerabilities in patients that we hadn't necessarily focussed on before, and many initiatives have come from these." – Practice Manager re. Practice Health Check

COORDINARE and CHN teams during the Receptionist Development Day.

l-r: Third year ANU medical student Luka; AMA ACT President Dr Kerrie Aust; Douggie (patient); CHN Board Director Dr Jessica Tidemann; CHN CEO Stacy Leavens on World Family Doctor Day.

e) Practice nurse support

A skilled, capable and sustainable workforce is essential to delivering safe, high-quality health care in the ACT. We implemented a series of workforce initiatives to enhance the role of Practice Nurses across the ACT. These initiatives aimed to improve recruitment pathways, provide targeted professional development opportunities and strengthen ongoing support networks.

Achievements

- Awarded 11 Nurse Immuniser Scholarships through SA Health's Understanding Vaccines and the National Immunisation Program, with 2 completions.
- Supported 6 nurses to complete the Transition to Practice Program in partnership with the Australian Primary Health Care Nurses Association (APNA).
- Delivered educational events tailored for Practice Nurses, covering dementia, immunisation and triage best practice.
- Provided training in clinical audit tools to support quality improvement activities.
- Advertised 8 Practice Nurse positions through our website to assist practices in filling workforce gaps.

Registered Nurse Sarabjit Kaur (centre) receiving the Rising Star Recognition Award at the ACT Nurses and Midwives Excellence Awards from ACT Chief Nursing and Midwifery Officer, Marina Buchanan-Grey (left) and Catherine McGrory Senior Nursing Advisor, ACT Health (right). Ms Kaur participated in CHN-funded places in both TPP and the Nurse Immuniser Program.
Photo: ACT Health.

Testimonials

"Receiving a CHN scholarship to the Nurse Immuniser Scholarship Program allowed me to complete a course to become a nurse immuniser. The course itself has not only strengthened my skills in immunisation, but I can now independently order immunisations and provide up-to-date, best practice immunisation care."

"My TPP mentor was helpful to discuss things with. Particularly when I made a mistake, she helped me reflect on what had happened and learn how I could change my practice. She was non-judgemental."

"I enjoy mentoring and I am happy to continue participating in the TPP Program as I find that mentees who participate fully will benefit in the long run."

f) Primary Care COVID-19 Grants

The COVID-19 pandemic placed immense pressure on Australia's primary care system. Providers faced challenges in prevention, treatment and recovery, particularly in supporting patients with prolonged symptoms. This highlighted the need for stronger support, improved infrastructure and enhanced workforce capacity and wellbeing to maintain continuity of care during and beyond the pandemic.

Testimonials

"I feel like my long COVID no longer stops me from doing what I want to do." - Patient

"I feel empowered to manage my condition and have been set up with the tools to do so." - Patient

Through the Primary Care COVID-19 Grant Program, we awarded funding to 38 primary care providers including general practices, pharmacies and allied health services which delivered

Achievements

- physiotherapy and tailored exercise programs for post-COVID recovery
- telehealth technology upgrades to improve accessibility
- community outreach to support vulnerable populations
- infrastructure and infection control improvements
- professional development and upskilling
- staff mental health and wellbeing initiatives.

g) Allied health engagement

We recognise gaps in the utilisation of the allied health workforce, there we have regular stakeholder engagement with allied health professionals in primary care, community, public health, academia and other relevant sectors to identify opportunities and address community needs for allied health services and multidisciplinary models of care.

Achievements include:

- our first stakeholder forum, supported by the ACT Chief Allied Health Office (OCAHO) and sector representatives, provided a platform for shared priorities and networking opportunities.
- an informal community of practice being established with peak bodies including Australian Podiatry Association, Australian Physiotherapy Association, Australian Association of Social Work, and Dietitians Australia, fostering dialogue and knowledge exchange. Collaboration has led to the development of allied health-led webinars and podcasts for clinical education.
- peak body representatives, the ACT Chair for Exercise and Sports Science Association and the National Musculoskeletal Chair for the Australian Physiotherapy Association, are working together as providers of our MADC Program. This integrated engagement process has strengthened sector relationships and ensures the program design is both collaborative and responsive.

CHN ACT SNSW HealthPathways Manager, Gill O'Donnell; Allied Health Professions Australia CEO, Bronwyn Morris-Donovan; ACT Chief Allied Health Officer, Dr Sue Fitzpatrick; CHN Allied Health Engagement Officer, Sheila Brito at the ACT Allied Health Professions Forum 2025.

6.2 Aged care

a) General Practice in Aged Care Incentive

The General Practice in Aged Care Incentive (GPACI) was introduced in response to Royal Commission into Aged Care Quality and Safety and the Strengthening Medicare Taskforce. The incentive focuses on enhancing accessibility, quality and continuity of primary care for Australians living in Residential Aged Care Homes (RACHs), providing proactive, planned regular visits, care planning and health assessments by GPs.

Residents often face difficulties securing a GP upon entering a RACH. Often delays in securing continuity of care can lead to delayed hospital discharges and extended wait times for residents discharged to RACHs. Challenges including resource intensive, administrative burden and complexity of care were identified in collaboration with key stakeholders.

We've led a coordinated effort to implement GPACI across the ACT. This included structured mapping of general practices and RACHs to identify which GPs are working in which RACHs, enabling more targeted interventions and improved coordination of care. We've conducted extensive surveys and consultations with both general practices and RACHs to understand access barriers, support needs and enablers for participation. Tailored assistance has been provided to support practices in registering for GPACI, and a dedicated GP register is being established to connect RACHs with GPs willing to accept new patients and work with new RACHs.

As of June 2025:

- 33 general practices in the ACT are registered for GPACI
- 1,057 patients enrolled under the incentive
- 29,304 patients registered with MyMedicare.

Continued in-depth consultations will be held involving general practices and nursing staff. Early results from general practices confirm the incentive is fostering more coordinated care, strengthening relationships with RACH staff and encouraging a proactive approach to aged care. These insights highlight the potential of GPACI to drive meaningful improvements in aged care delivery across the ACT.

b) Aged Care On-site Pharmacist

The Australian Government's Aged Care On-site Pharmacist (ACOP) measure aims to enhance the quality and safety of medication practices in aged care settings, directly addressing recommendations from the Royal Commission into Aged Care Quality and Safety. The Aged Care On-site Pharmacist (ACOP) Project aims to enhance medication safety and quality of care for older persons living in Residential Aged Care Homes (RACH) across the ACT, by increasing the uptake of aged care on-site Pharmacists. We're supporting RACHs to access and integrate Pharmacists into their care teams by providing tailored information and connecting RACHs with eligible pharmacists.

Aged Care On-site Pharmacist, Andrew Kelly - Jindalee Aged Care Residence

Testimonials

RACHs highlighted that an Aged Care On-site Pharmacist has been incredibly valuable by supporting them with medication reviews, dispensary audits and resident queries, while strengthening collaborative care across the team.

"Having an Aged Care On-site Pharmacist (ACOP) in the village allows our consumers to have quality use of medications as they are reviewed regularly by the Pharmacist, in collaboration with the GP. Regular auditing of the dispensary and ongoing education to staff, as well as answering queries from consumers around their medications, has proved to be advantageous." - Faye Saunders, General Manager, RFBI Holt Masonic Village.

"I believe it's important to have an on-site Pharmacist in aged care as problems can be addressed timely and on an individual basis. I get to know both the residents and their families and have continuous conversations with the aged care staff," said Pharmacist Andrew Kelly, Jindalee Aged Care Residence.

6.3 Digital Health

Digital health remains a key priority area for CHN. Collaboration with general practice, pharmacies, private specialists, allied health professionals and residential aged care homes has ensured increased and ongoing usage of digital health tools across the region. Our continued relationships with Canberra Health Services (CHS), ACT Health, Australian Digital Health Agency and fellow PHN digital health staff has facilitated ongoing education, resource development and problem-solving for digital health tools in primary care.

a) Electronic Prescribing

We collaborated with ACT Health and Karalika Drug and Alcohol Service to deliver a face-to-face education event for GPs and community pharmacists about Prescription Medication Safety and Canberra Script. Over 1,500 doctors across the ACT were utilising electronic prescribing, with data from our Practice Health Checks showing GPs continue to support patient-centred care by offering prescriptions in their preferred format.

b) Electronic Referrals

CHS introduced mandatory eReferrals to specialists at Canberra Hospital, resulting in over 65,000 eReferrals generated from ACT GPs. We supported electronic information sharing and the use of eReferrals in partnership with CHS and SR Specialists and Referrals delivering a webinar to GPs ahead of CHS' transition to mandatory electronic referrals.

c) My Health Record

- Over 34,000 Shared Health Summaries were uploaded to My Health Record (MHR) by GPs in the ACT.
- We delivered a webinar for aged care providers on the use of MHR to support vaccination of vulnerable populations in aged care facilities.
- We delivered a targeted webinar series to aged care providers on the use of MHR in aged care, In collaboration with other PHNs.
- 3 webinars delivered in collaboration with some of the major residential aged care clinical software systems. Leecare, Healthmetrics and Telstra Health demonstrated how their conformant software interacts with MHR to enhance resident care.

d) Telehealth

We delivered a webinar to GPs about the use of video telehealth in general practice, in partnership with Healthdirect. With ongoing funding for Healthdirect video telehealth access for GPs and allied health professionals, over 5,000 telehealth consultations were made with health care providers through Healthdirect in the ACT.

We're working closely with Enkindle to support RACHs in the use of My Health Record, Electronic National Residential Medication Charts (eNRMC) and Telehealth. In addition to providing training, Enkindle was commissioned to provide one-on-one business process support to ensure that digital health use is embedded in RACH's business operations and daily workflows.

e) Provider Connect Australia

We supported the ongoing uptake of the Provider Connect Australia platform through targeted communications and resources through our webpage. Registrations have continued to increase among general practices and allied health providers, including pharmacy, psychology and speech therapy.

6.4 People at-risk of poor health outcomes

CHN supported people at-risk of poor health outcomes through:

a) ACT Primary Care Pilot

The ACT Primary Care Pilot aims to reduce pressure on ED by enhancing the integration of primary care, community-based care and the public health system to improve health outcomes for patients with complex multimorbidity and frequent hospital use. It is a federally-funded collaboration between ACT Health, Canberra Health Services (CHS) and CHN.

Funding is provided to participating general practices, GPs and Nurse Practitioners (NP) to support time spent on patient review, selection and care coordination activities. Participating in the pilot are:

- 15 general practices
- 563 patients, with free general practice appointments.

GPs and NPs have been working closely with CHS Liaison and Navigation Service (LaNS) and their pilot patients to develop a comprehensive care plan to assist the person to stay well in the community. GPs and NPs can access advice from select non-GP medical specialists within CHS about how to best manage their patient within the primary care setting. Patients are also able to get timely access to allied health, in particular physiotherapy. The interim evaluation is showing the pilot may be driving a reduction in unnecessary ED presentations and hospital admissions for pilot patients.

- "Patients who have completed the pilot are more aware of services available and are more confident navigating health systems. Patients still have relationships with services which were accessed during Pilot." Dot Whitehead, Practice Nurse at Conder Surgery

Conder Surgery's Practice Nurse, Dot Whitehead.

b) Family Safety Pilot

Family, domestic and sexual violence, including child sexual abuse (FDSV) are serious public health issues that can cause significant physical, emotional, psychological and financial harm. More than 1 in 3 girls and almost 1 in 5 boys experience Child Sexual Abuse (CSA). In the ACT, 42% of women had experienced violence since the age of 15. Among women aged 18 to 44 years, violence is the single biggest risk factor contributing to disease burden; more than smoking, drinking or obesity.

A full-time GP is likely to see up to 5 women per week who have experienced some form of intimate partner abuse in the last 12 months. People who have experienced child sexual abuse are 2.4 times more likely to have 6 or more visits to a GP in the last 12 months. Therefore, primary health care professionals, such as GPs, are often the first point of health professional contact for victim-survivors of FDSV, due to the physical injuries and/or mental health problems resulting from abuse and violence. GPs have an important role to play in prevention, early identification and responding to disclosures appropriately.

We commissioned specialist local FDSV organisations, Domestic Violence Crisis Service (DVCS) and Canberra Rape Crisis Centre (CRCC), to co-develop and co-deliver a pilot program in the ACT, along with CHN. It aims to support primary health care professionals recognise and respond to early signs of FDSV through:

- a range of free, RACGP-accredited, tailored and trauma-informed training and resources for the 'whole-of-practice' (non-clinical and clinical staff, including allied health staff within general practices and Aboriginal Community Controlled Health Services in the ACT).

- Link Workers embedded within DVCS and CRCC, providing a one-stop referral and advice point for practice staff, facilitating coordination of referrals from general practices to relevant support services, improving integration between primary health care and the FDSV sector, and enhancing service navigation for victim-survivors.

Overall:

- 12 general practices are in the program, receiving advice and referral support from 4 specialist FDSV Link Workers
- 139 general practice staff have engaged with the FDSV Link Workers e.g. training, relationship building and whole-of-practice capacity building.
- tailored training and resources have been co-developed by Link Workers and CHN, with expert advice from CHN's GP Advisor.
- 92 staff from 10 general practices have been trained to enhance their ability to recognise and respond confidently to disclosures of family and domestic violence
- 46 practice staff from 4 general practices have been trained in trauma-informed responses to child sexual abuse.

Testimonials

"If I come across someone who had gone through domestic or any violence, I know now where to refer and how to carefully communicate without triggering their trauma or fear. We can use the materials supplied and access the Link Workers for advice regarding patients."
– General Practice Staff

"Thank you very much for all your incredible help. It honestly gives so much hope to someone who truly thought there was no way out and help to change lives." – DFV Victim-survivor

"This training has broadened our thinking and strengthened our ability to identify indicators of child sexual abuse, without making assumptions. I now feel more confident in where and how to refer someone who may be disclosing."
- General Practice Staff

l-r: Emma Davidson MLA, Former ACT Minister for Mental Health; Kiki Korpinen, Canberra Rape Crisis Centre Former Acting CEO; Julie Blackburn, CHN Chair; Dr Anita Hutchison, CHN Family Safety GP Advisor; Justine Elliot MP, Former Federal Assistant Minister for Prevention of Family Violence; Yvette Berry MLA, ACT Deputy Chief Minister; Alicia Payne MP, Federal Member for Canberra; Stacy Leavens, CHN CEO; Sue Webeck, DVCS CEO at the launch of CHN's Family Domestic Sexual Violence Pilot.

CHN Family Safety Team at the National PHN FDSV Pilot Workshop.

c) Vulnerable Populations COVID-19 Vaccination Program

In response to the low vaccination numbers in vulnerable populations, the Department of Health, Disability and Ageing funded the Vulnerable Populations COVID-19 Vaccination Program to support activities at a local level to remove barriers to vaccination.

We commissioned the following providers to deliver these services:

- Women's Centre for Health Matters
- Meridian Incorporated
- Gungahlin Square Priceline Pharmacy
- Amcal+ Pharmacy Belconnen
- Next Practice Deakin
- Directions Health Services.

These providers delivered 380 COVID-19 vaccines to vulnerable people, including those who were homebound, frail or disabled.

7. Coordinating and integrating care

CHN coordinates and integrates care by:

- advocating for and delivering solutions that improve access and experience across the health system, especially for people at-risk of poor health outcomes and/or exclusion from health services in the ACT
- partnering to design and deliver models of integrated care that address identified, local needs
- delivering programs, projects and solutions that improve communication and coordination of care across the health system
- building networks across the health and social sectors in the ACT.

To deliver new solutions we proudly ran the Social Workers in General Practice pilot and the ACT Breathlessness Intervention Service pilot, both showing positive results for new models of care. In the area of mental health, we've partnered with the ACT Health and Community Services Directorate (ACT HCSD) to develop the 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan. To strengthen culturally safe care, we've provided education sessions to primary health care professionals, commissioned service providers and CHN staff. You can see below how we continue to coordinate and integrate care.

7.1 Care across the continuum

a) Social Workers in General Practice

The CHN's Needs Assessment 2021-2024 showed that social determinants of health were a major barrier to health care access in the ACT. The inadequacy of support for those with complex social and health needs is especially clear when accessing and transitioning between health services.

As a first in Australia to address some of these challenges, Capital Health Network, ACT's Primary Health Network funded 4 general practices in the ACT to trial embedding Social Workers into multidisciplinary primary health care teams.

The Social Workers in General Practice (SWiGP) pilot addressed complex health and social barriers, such as housing, finances, mental health and access to services, which affect over 50% of ACT adults with chronic conditions. Funded positions ranged from 0.4 to 1.0 FTE, with services offered free of charge to patients.

The SWiGP Evaluation Report was published in 2024 by University of Canberra, with outcomes formally reported to the MBS Division of the Department of Health, Disability and Ageing to inform policy and service planning. In its first evaluation year (April 2023–March 2024), 533 referrals were received, with 96% accepted. Most referrals related to service navigation (My Aged Care, NDIS, housing) and psychosocial support, leading to high patient satisfaction, expanded care capacity and stronger community links. The pilot demonstrated significant value but requires sustainable funding and targeted service design for long-term viability. Donna Bainbridge, SWiGP Social Worker at Fisher Family Practice won the 2024 ACT Allied Health Excellence award for her role.

Over the last year, the program supported 405 patients in total across all 4 practices and contributed to 165 care plans. SWiGP continues until June 2026.

Testimonials

"The support from social work was amazing to be able to overcome some of the barriers for help."

"I'm staying away from alcohol and drugs. With your support, I have a new home from ACT housing. I finished training and found a fulfilling job where I can make a difference. I am rebuilding my relationships. You've helped me and my family so much with your help and understanding."

"My eldest child was in distress. He began using your services which helped him become a responsible young adult – through mental, emotional and practical supports. He has been able to complete Year 12 and has been accepted for training in his chosen career."

b) ACT Breathlessness Intervention Service

One in 10 Australians has chronic breathlessness. Acute-on chronic 'episodes' cause ED presentations that are not clinically necessary. Breathlessness intervention services (BIS) 'coach' people to self-manage using non-pharmacological strategies, targeting breathing, thinking and functioning domains of breathlessness. People with breathlessness and health professionals lack awareness of non-pharmacological strategies to manage breathlessness. There are no BIS in the ACT.

We commissioned the University of Technology Sydney to co-design the ACT Breathless Intervention Service (ABIS) and Southside Physio to deliver ABIS. ABIS was the first BIS worldwide delivered by a private allied health provider and co-designed through a partnership between people with lived experience, carers, clinicians and researchers.

ABIS supported 140 patients through one to 6 (median 4) home visits from a Physiotherapist. All patients showed improvement on activities of daily living, breathlessness mastery and/or severity. Benefits were usually maintained at 3- and 6-month telephone follow-ups. ABIS reached people with high needs: elderly, less mobile and/or unable to access rehabilitation services and/or approaching end of life. 21% of patients reported avoiding calling an ambulance on 46 occasions by using ABIS-learned strategies. 79% of carers reported improved confidence in supporting breathlessness episodes.

Testimonials

I live in a complex of about 50 units, and our letterbox is right up at the top of the entrance. I used to go up on my scooter, but now I found out I'm walking up to the letterbox and then I'm walking around the block to get home!" – Elderly woman with heart disease

The Physio actually got me up walking and she even took me outside. I haven't been out there for about a year." – Elderly woman with lung disease

"As a Carer, I really felt supported and was encouraged to be part of it. The Physio helped me build it into our routine. It helped Dad recover more quickly and feel more confident. So, it just made things easier for the both of us." - Daughter

ABIS participant learning ABIS techniques from a Physio.

c) Greater Choice for At Home Palliative Care Program

i) Palliative Care in General Practice Quality Improvement Activity

Chronic illness is the leading cause of death in Australia and will continue to increase. GPs care for patients with chronic disease over their lifetime and often until their death. GPs are doing more palliative care than previously thought, however, infrequent explicit inclusion of palliative care in service integration can prevent End of Life (EOL) goal setting, symptom monitoring and timely referrals, as needed. Patients with chronic illness are difficult to recognise as approaching end of life and are underrepresented in referral to specialist palliative care services. 61.7% of patients admitted to Specialists Palliative Care (SPC) having a malignant diagnosis, despite most people in Australia dying of chronic illness.

The Palliative Care in General Practice Quality Improvement (QI) Activity aimed to foster general practice learning and continuous QI for palliative care by reflecting on the last 12 months of life of patients with end stage chronic disease/s. The activity involved review of patients that the GP had cared for over the last 2 years by reflecting on how their care and referrals would be different if the GP had considered the patient as 'palliative' and generate change ideas in recognising and supporting palliative patients. The QI activity also provided an opportunity to the practices' accreditation for QI and CPD goals and requirements.

General practices implemented substantial changes to better serve their patients and families with advanced chronic illness, these included:

- increasing Advance Care Planning (ACP) completion rate for 75+ Health Assessments.
- improving documentation of ACP for within practice software for ease of access and review, including using the documentation for enhancing staff training.
- all palliative patients completed ACPs and had Home Medicines Review.
- increasing use of existing MBS items for patients in last 12 months of life.
- improved timely referral to specialist palliative care.
- appointing a Palliative Care Liaison Nurse to facilitate communication between GP and SPC, provide resources, education, emotional support and advocacy to patients and carers, establish goals of care and support families to navigate the complex journey of palliative care.
- introducing a policy to bulk bill all consultations for all palliative patient to alleviate financial burden and focus on quality time and care.
- sourcing professional development and wellbeing support programs to support practice staff to provide the highest quality palliative care.
- continuing to explore financial options available to introduce home visits for all palliative patients with the aim of providing exemplary palliative care.

Testimonials

One general practice made many important changes to provide exemplary palliative care, including:

appointing a Palliative Care Liaison Nurse, dedicated to offering patients, family members, and carers a consistent and compassionate point of contact.

a policy to bulk bill all consultations for palliative care patients.

the consideration of financial options to introduce home visits to palliative care patients.

ii) Education and Training

Serious Illness Goals of Care GP Forum.

- **Breathlessness Workshop** - 30 health care professionals attended the one-day Breathlessness Workshop which focussed on the prevalence, pathophysiology, assessment, management of breathlessness, pulmonary rehabilitation and current models of care. "The knowledge gained will influence my practice, particularly the nonpharmacological interventions for breathlessness. Learning these will allow me to educate client's to hopefully improve their overall care." - Participant

- **Serious Illness Care Goals Forum** - 14 health care professionals attended the forum, focussed on recognising the triggers for goals of care conversations with patients with serious illnesses, how to use patient centre communication for these conversations and the ACT Advance Care Planning documentation and recording. "This will likely change my practice to bring up the conversation about end-of-life goals early, to allow patients time to consider their wishes." – Participant

- **Deep Dive into Grief and Loss** – We held 2 workshops which explored the role of attachment in grief, loss as threat, landscape of loss and grief, anticipatory mourning, liminality, ingredients for healthy bereavement, acute grief, role of acceptance and meaning making. 51 health care professionals attended one of the one-day workshops. "Understanding the grief process has made me already be more present and understanding of patients and families during physiotherapy treatments." – Participant

- **ACT End-of-Life Care and Planning Forum** - 72 health care professionals attended the half-day forum, held in collaboration with Ageing Australia and the Department of Health, Disability and Ageing. This included presentations on palliative care, Advance Care Planning, palliative resources for aged care, local key players in end-of life care and Voluntary Assisted Dying. "I found most valuable learning about services I wasn't aware of that will benefit the team." – Participant

d) ACT & SNSW HealthPathways Program

The ACT and SNSW HealthPathways Program is a free online tool for health professionals that provides condition-based assessment, management and referral information. The program is a unique cross-border partnership involving CHN, ACT Health, COORDINARE (South-Eastern NSW PHN) and the Southern NSW Local Health District. This year ACT/SNSW HealthPathways celebrated its 10-year anniversary.

Achievements

- 5,539 users with 194,778 pageviews.
- 680 localised pathways, with 88 pathways were reviewed and 28 pathways localised.
- Over 1,000 health professionals accessed the site via a personalised login, 50% were GPs or GP registrars.
- Personalised logins for HealthPathways users were launched to help us to better understand our users and improve user experience, with over 1,000 health professionals using a personalised login.

Responding to changes within the health system

The ACT & SNSW HealthPathways team has focussed on our capacity to respond effectively to changes within the local health systems of the ACT and SNSW regions, as well as the implementation of national initiatives. In such a crowded health environment and with the daily challenges faced by primary care health professionals, easy access to information is key.

ACT/SNSW HealthPathways focussed on:

- transition to eReferrals at tertiary care services
- changes to chronic condition management MBS items
- launch of National Lung Cancer Screening program
- national changes to bowel cancer screening
- ongoing changes to clinical guidelines
- changes to screening, testing and immunisation during pregnancy
- the implementation of the 2024/25 influenza immunisation programs
- changes to access for abortion care/termination of pregnancy services
- updated referral arrangements and criteria for public palliative care services
- updated information on infectious and notifiable diseases and medication shortages in line with health alerts
- updated information on conditions based on clustered cases in our regions.

Partnerships in pathway development

We have also focussed on internal and external partnerships, resulting in high-quality pathways. Alongside this, we have also effectively engaged with the non-GP specialists/or subject matter experts (SMEs) who review our clinical pathways to ensure they reflect the nuances of the local health environment. In addition, we have liaised with the GP Liaison Units at both tertiary hospitals who are pivotal in connecting the HealthPathways team with our SMEs.

Continued focus on Older Adult's Health and Dementia

HealthPathways has continued to focus on older adults' health and dementia, localising the following clinical pathways:

- End-stage Dementia
- Frailty in Older Adults
- Before Entering a Residential Aged Care Home
- Delirium.

As part of the Commonwealth-funded Dementia Pathway Project, the ACT & SNSW HealthPathways team helped facilitate a face-face educational event "Young Onset Dementia – Recognition and Diagnosis in Primary Care" for health professionals. The event featured presentations from local medical specialists, as well as a presentation from someone with lived experience.

Testimonials

Here's a few examples of why different professions access HealthPathways.

'To refer my patients for better care in the right way and promptly get them to see a specialist as needed.' GP

'To be able to find suitable referral pathways for patients.' Nurse

'To find out information/resources to enhance my clinical practice.' Allied health

Celebrating 10 years of HealthPathways

e) Multidisciplinary Approach to Diabetes Care (MADC) Program

The ACT has the highest rate of people living with diabetes in Australia (age-standardised proportion), with over 17,000 people living with diabetes. We've introduced a free, multidisciplinary diabetes management service at both Conder Surgery and Gungahlin Medical and Surgical Centre. Eligible patients can be referred by their GP to receive integrated support from a team including a Diabetes Educator, Dietitian, Exercise Physiologist, Physiotherapist and Podiatrist. The program focuses on empowering patients to improve metabolic control, mobility, fitness, strength and wellbeing, with the aim of reducing barriers such as cost, long wait times and fragmented care. We commissioned Accelerate Physiotherapy, Canberra Allied Health, Diabetes Australia, EQUIPD Allied Health and The Walking Clinic to deliver this initiative, with flexible options for in-practice or Telehealth. Referrals into the program commence in July 2025.

l-r: MADC allied health providers: Melanie Stichnau and Dr Emily Lewis, Canberra Allied Health; Kat King, Diabetes Australia; Dylan Grubb, EQUIPD Allied Health; and Adnan Asgar Ali, Accelerate Physiotherapy.

7.2 Mental health

a) 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan

CHN partnered with the ACT Health and Community Services Directorate (ACT HCSD) to develop the 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan. The Regional Plan aims to improve mental health and suicide prevention in the ACT and region by identifying specific areas of community need. It takes a strategic, whole-of-system and whole-of-community approach to change, acknowledging that all parts of mental health and suicide prevention influence each other, and that achieving better outcomes for everyone requires coordinated, comprehensive, and effective responses.

CHN and the ACT HCSD worked closely together to continue developing the new Regional Plan. This included conducting a broad analysis of literature, relevant policy drivers and previous consultation results to understand key trends and demands, and reviewing the 2019-2024 ACT Plan. This work and its wider governance was supported through regular meetings with the Regional Plan's Development and Implementation Committee, as well as its Lived Experience Reference Group, a peer-led group of mental health consumers and carers. Key themes and priorities in mental health and suicide prevention that have emerged from this work include promotion and prevention activities, the inclusion of community and lived experience voices, and the need for clear and actionable pathways for meeting local needs.

CHN and the ACT HCSD continue to progress the Regional Plan, with its first part, the Regional Plan Framework, expected to be publicly released in the second half of 2025. This will be followed by the development of an Action, Implementation and Monitoring (AIM) Plan, which will prioritise activities to meet community needs and guide change in the local region.

b) CHN Mental Health and Suicide Prevention Outcomes Framework

CHN partnered with the ACT Health and Community Services Directorate to develop the 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan. The Regional Plan aims to improve mental health and suicide prevention in the ACT and region by identifying specific areas of community need. To ensure that the Regional Plan builds on past successes, challenges and learnings, its development process involved a review of the previous ACT Joint Regional Mental Health and Suicide Prevention Plan 2019-2024. This review identified a limitation of the previous Plan was limited measurable outcomes, and that future monitoring and evaluation efforts would benefit from utilising a clear structured outcome measurement process.

To meet community needs and support our ongoing work in this landscape, CHN engaged an independent consultant to assist in developing a CHN Mental Health and Suicide Prevention Outcomes Framework. This work occurred in parallel to the ongoing development of the Regional Plan, enabling mutual use of relevant data and information and the alignment of key concepts.

The Outcomes Framework will be used to inform CHN's commissioning in mental health and suicide prevention, as well as the implementation of the Regional Plan, to guide change throughout the region over the next 5 years. It was developed through consultation with key local stakeholders and drew on service data, national and local needs assessments.

c) ACT & Region Suicide Prevention Community Collaborative

The causes of suicide are multifactorial, strongly linked to social determinants of health and wellbeing, and are unique for each region and each community. While effective mental health care is key to suicide prevention, addressing suicide solely from an individual mental health perspective is often insufficient and does not cover the complex interplay of factors that contribute to suicide and suicidality. As a result, there is a need for suicide prevention strategies that are adapted to engage local communities and that bring together community, government, services and lived experience experts.

The ACT & Region Suicide Prevention Community Collaborative was formed to address the need for broader suicide prevention efforts in the ACT, focusing on social, contextual and individual factors influencing suicidality. The Collaborative adopts a systems-based approach to suicide prevention and capacity building, harnessing and strengthening community-wide expertise. Membership of the Collaborative includes people with lived and living experience of suicide or mental ill-health, as well as representatives across community, government, academia, service delivery, and various other sectors that have a role to play in suicide prevention.

The Collaborative met for quarterly half-day workshops, allowing members to work as a coordinated team to prioritise suicide prevention activities that require collective regional action and that could not be achieved by one organisation or individual alone. It supported a project led by the National Capital Authority to address a high-risk location in the ACT, helped inform the development of a regional suicide postvention protocol, and contributed to capacity building, education and training.

d) TheMHS Annual Conference 2024: Finding Common Ground

CHN co-hosted the 2024 TheMHS Conference, alongside the ACT Office for Mental Health and Wellbeing, Canberra Health Services, and the Mental Health Community Coalition ACT. The Mental Health Services (TheMHS) Learning Network is an international learning network for improving mental health services in Australia and New Zealand.

CHN team members at TheMHS Conference 2024.

CHN partnered with Woden Community Service to design a Featured Symposium, titled “Empowering Mental Health and Wellbeing Beyond Traditional Programs”. This Featured Symposium explored how mental health and wellbeing can be empowered through different aspects of day-to-day life by hearing from 7 individuals and programs that are supporting positive mental health outcomes in different ways, including CHN’s Social Workers in General Practice Program.

CHN also proudly presented alongside the Youth Coalition of the ACT and the Office for Mental Health and Wellbeing on the ACT Child and Youth Mental Health Alliance, as part of a session on involvement of children and young people in policy, services and research.

e) ACT Child & Youth Mental Health Sector Alliance

CHN, the Office for Mental Health and Wellbeing, and the Youth Coalition of the ACT established the Child and Youth Mental Health Sector Alliance in 2023. The Alliance provides a structured, formal mechanism for multiple stakeholder groups to connect and work collaboratively across a fragmented system, towards a common goal of improving service system responses for children and young people. The Alliance aims to be responsive at a range of levels- from high-level strategic planning through to supporting frontline workers to connect and improve practice.

The Alliance:

- held 2 large forums, supported by several Community of Practice (CoP) events throughout the year, offering system updates, service presentations and training opportunities.
- conducted literature reviews on collecting and using feedback from young people and preferences for information-sharing, privacy and consent, informed by consultation with community and young people.
- Youth Reference Group (YRG), young people aged 16-25 with lived experience of mental health challenges, published the 'Our Say' Youth Lived Experience FAQs resource, which provides comprehensive responses to common consultation topics raised with young people with lived experience.

7.3 Aboriginal and Torres Strait Islander health

a) Cultural Safety Education Events and Cultural Learning Journeys

In the ACT, over 60% of the local Aboriginal and Torres Strait Islander populations seek primary and community health care through mainstream services. To work toward the goals in the National Agreement on Closing the Gap, it is vital that the providers who serve our First Nations peoples can do so in culturally safe and responsive ways.

We provided 6 cultural safety education sessions in the ACT, with 2 sessions provided to each cohort (commissioned service providers, primary care professionals and our staff). The sessions were presented for the first time by CHN's Indigenous Health Team and contracted education providers from Curijo. 93 health professionals in the ACT attended the sessions, including Social Workers, GPs and Paediatricians.

Testimonials

"Thank you for your honesty and sharing so much of your cultures with us. It was an enjoyable and special training session." - Paediatrician

"Some of my biggest take aways from the session were understanding other's perspectives and reasons people may not accept what you say, understanding cultural perspectives, and understanding the history of where people come from. Very well presented." - Physiotherapist

"The way the session was delivered was unique to previous training and gave me a different viewpoint and a deeper understanding that resonated with me. Honestly nothing I would change, best training I've had on this subject." - Community Service Navigator

b) Organisational Cultural Competency

As an organisation that serves many culturally diverse communities in and around the ACT, we continued to strive to improve both internal and external cultural safety and competency, especially as it relates to the work we do with local First Nations communities.

We began redeveloping our own Cultural Competency Framework to update the framework aims to envelop everything that we do and include all levels of our organisation in a new set of goals and standards. We also continue to provide our own staff with cultural safety training, cultural immersion activities and build up the cultural safety and responsiveness of our staff and commissioned service providers.

The new Cultural Responsiveness Framework is being developed. The new framework will continue the growth and development of CHN's cultural safety standards, as we continue partnering with First Nations peoples, communities and organisations. Cultural learning and immersion activities continued through formal training sessions, informal internal education opportunities, and art and education sessions.

c) HealthPathways - Aboriginal and Torres Strait Islander Health Suite

We recognise a need among mainstream primary health care providers for culturally appropriate information and guidance around providing safe, effective and high-quality care for First Nations patients.

ACT and SNSW HealthPathways are the national lead region for Aboriginal and Torres Strait Islander Health pathways. We reviewed each of the 9 pathways in the suite to ensure they continue to provide the most up-to-date, relevant and useful information for primary health care practitioners providing care to First Nations patients in the ACT and surrounding regions e.g. major update to the PBS Co-payments Measure (CTG scripts) and the PIP-IHI incentive programs.

We also expanded the Aboriginal and Torres Strait Islander Health Services Directory, our most frequently accessed pathway, to include new health services available for First Nations Peoples in the ACT.

8. Organisational Excellence

Our vision in our Strategic Plan 2025-2027 is for a connected health system that supports the health and wellbeing of people in the ACT. Our vision is a health system that delivers:

- improved health outcomes, especially for people at increased risk of poor health outcomes
- a stable, satisfied and sustainable primary health care workforce
- a positive experience of care for consumers and improved access for people experiencing barriers to care
- value for money.

By working with our key stakeholders through commissioning, capacity building and coordination, our mission is to use local knowledge to make primary health care more accessible and effective, to enhance health for everyone in the ACT.

At CHN, we continue to build a workplace culture that reflects the diversity of the communities we serve. Our focus on inclusion is not just aspirational, it is embedded in our daily operations and supported by policies and initiatives that prioritise cultural safety, respectful engagement and a strong commitment to staff wellbeing. Through ongoing initiatives, training and leadership support, CHN fosters a culture where diverse perspectives are valued, conversations are grounded in mutual respect, and every team member is empowered to contribute meaningfully. This approach strengthens our internal cohesion and enhances our ability to deliver responsive, community-centred health outcomes.

Our commitment to organisational excellence is reflected in our ongoing implementation and integration of ISO 9001 and ISO 27001 certification standards. These internationally recognised frameworks support our dedication to quality management and information security across all levels of the organisation. ISO 9001 has enabled CHN to strengthen our internal processes, enhance service delivery and embed a culture of continuous quality improvement. In parallel, ISO 27001 has reinforced our approach to data governance, risk management and the protection of sensitive information. Together, these certifications underpin our strategic priorities and ensure that our systems, policies and practices align with global best practice. The application of these standards has not only improved operational efficiency but has also deepened trust with our stakeholders and partners, contributing to better health outcomes for the communities we serve.

We delivered 5 innovative trials to determine new models of care to improve health outcomes. We provided thought leadership to share these innovative models of care to provide insight and advice. For example, we have shared the pilot of our ACT Breathlessness Intervention Service at the Palliative Care Nurses Association Biannual National Conference, NSW Palliative Care Biannual State Conference, ACT Palliative Care Governance Committee and Palliative Care Operations Management Committee.

CHN Financial Statements

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

DIRECTORS REPORT

The Directors present their report on Capital Health Network Limited, referred to as 'the Company' and 'CHN' for the financial year ended 30 June 2025.

Directors

The following persons were Directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Mr. Steven Baker
Ms. Julie Blackburn, Chair (inactive until 1 Sep 2024 whilst Acting CEO)
Ms. Darlene Cox
Ms. Rachel Fishlock
Dr. Vik Fraser
Mr. Peter Quiggin PSM KC (Acting Chair until 1 Sep 2024)
Dr. Niral Shah (resigned on 31 January 2025)
Dr. Jess Tidemann

Operating Results

The result from ordinary activities amounted to a surplus of $1,540,181 (2024: surplus of $70,388).

The accounting treatment of fit out expenditure under AASB15 and AASB1058 requires CHN to recognise income equal to the total overall expenditure on the project. However, the matching expenditure cannot be recognised in full in the same year and will be attributes over the life of the lease (8 years), resulting in large surplus in the current financial year. This surplus will be matched by a deficit spread over the next 7 financial years.

Membership in the Company

The Entity is a Company limited by guarantee. If the Entity was wound up, the Constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstanding obligations of the Company. At 30 June 2025 the number of members was 265 (2024: 619). Membership is cyclical, requiring renewals every three years.

Significant Changes in State of Affairs

No significant changes in the state of affairs of the company occurred during the financial year.

Principal Activity

The principal activities of the Company involved the administration of government and non-government funded programs during the financial year. These involved:

- Population health and service planning for the ACT region;
- Development of commissioning systems and capacity;
- The provision of training and other support services to general practitioners and primary health care clinicians in the ACT;
- Supporting better coordination of primary health care services across the ACT; and
- The provision of primary health care services to the ACT community.

The Company's activities during the year resulted in the implementation of national and regionally based programs and initiatives that focused on delivering relevant primary health care solutions to meet community needs. These have included improved access to services for people at risk of poor health outcomes and those with poor access to primary health care, support to general and allied health practices, and improved integration between general practice, primary health care, hospital, social and aged care systems. The Company continually embraced a culture of quality improvement, engagement and good governance practices in the ACT and surrounding region.

CAPITAL HEALTH NETWORK LIMITED

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Objectives and Strategies

Goals and Objectives	Long Term or Short Term Objective	Strategies to meet objectives
Commissioning for outcomes	Short and long term	• Understand the health needs of the ACT's communities • Commission services for people at-risk of poor health outcomes and/or exclusion from health services • Commission innovative, evidence-informed primary care services • Measure and evaluate for outcomes
Building capacity across the health system	Short and long term	• Champion the role of primary care within the ACT health system • Promote and share best practice, evidence-informed and innovative models of care • Facilitate education and training for health care professionals working in primary care • Utilise and promote the use of local data to drive high-quality, future-focused, sustainable primary care
Coordinating and integrating care	Short and long term	• Advocate for and deliver solutions that improve access and experience across the health system, especially for people at-risk of poor health outcomes and/or exclusion from health services in the ACT • Partner to design and deliver models of integrated care that address identified, local needs • Deliver programs, projects and solutions that improve communication and coordination of care across the health system • Build networks across the health and social sectors in the ACT.
Organisational excellence	Short and long term	• Maintain strong corporate governance and implement systems to identify, assess and mitigate risks to achieve strategic objectives in place • Support a strong staff culture and invest in our people • Invest in systems and processes that promote efficiency, improve business processes and deliver value • Embed a culture of continuous quality improvement and clear and effective communication with all stakeholders

CAPITAL HEALTH NETWORK LIMITED

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Measurement of Performance

The Company's performance is continually measured by the following means:

- Financial budgets for the Company and the underlying programs are compiled by the Chief Operations Officer, informed by the Executive team and reviewed by the Chief Executive Officer. The Company's Audit and Risk Committee recommend the budget to the Board of Directors who then approve the Budget. Actual results on a monthly basis are measured against the budget on a Company and program level to ensure performance is in line with milestone deliverables, objectives and stakeholder expectations;

- Program and organisational operational and financial performance are reported to funders every twelve months (or as otherwise requested). Staff performance reviews are conducted during the year to measure the staff's actual performance against program deliverables and Company objectives and expectations, identify potential areas of improvement and monitor staff morale and capabilities;

- On an ongoing basis the Audit, Finance and Risk Committee, with the approval of the Board, assess, develop, implement, monitor and update the Company's risk management framework to ensure any existing identified and prospective risks are managed, mitigated or prevented to ensure the Company operates in line with performance expectations; and

- On a continual basis the Audit, Finance and Risk Committee, with the approval of the Board, assess the effectiveness of the corporate governance framework and strive to implement and maintain good corporate governance practices in order to maintain and strengthen stakeholder relationships and to ensure that the processes, policies and procedures are appropriate in the achievement of the Company's objectives.

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

Information on Board Members

Mr. Steven Baker

Appointment to office	Appointed for a 1st term on 5 March 2021. Reappointed for 2nd term on 24 October 2024
Qualifications	BComm (Acctg), ICAA, MIIA, GAICD
Experience	Steven has served on numerous Boards, Committees, Audit and Finance Committees as a member and/or Chairperson, in addition to participating in many as an observer as either the internal or external audit provider. Steven has over 30 years in professional services delivery in Australia and has worked for Ernst & Young, WalterTurnbull Pty Ltd, PricewaterhouseCoopers, Protiviti and currently for global business RPS Consulting. Steven has many years' experience providing professional consulting services, as well as board and committee experience within the health and education sectors specialising in finance, governance, risk and assurance.
Special Responsibilities	Member Audit & Risk Committee

Ms. Julie Blackburn

Appointment to office	First elected 31 October 2019; Elected for a 2nd term at the 2022 AGM on 27 October 2022.
Qualifications	RN, RM, GAICD
Experience	Julie has a variety of experiences as a registered nurse, midwife, and company Director. Julie currently works as a Lecturer of Nursing at the University of Canberra and has been Board Chair for CHN since 2020. Her previous Board experiences include Deputy Chair/public officer for Karralika programs and Defence Health Ltd. Over the past decade, she has worked with government through a variety of ministerial appointments, providing advice and advocacy on matters relating to military families, women and family health, primary health care, and drug and alcohol policy.
Special Responsibilities	Chair of the Board of Directors, appointed October 2020 AGM (inactive until 1 September whilst Acting CEO).

CAPITAL HEALTH NETWORK LIMITED

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Ms. Darlene Cox

Appointment to office	First elected 13 December 2017; Elected for a 3rd term at the 2020 AGM on 26 November 2020. Term concluded on 26 October 2023. Appointed to an appointed director position on 26 October 2023 for the 1st term.
Qualifications	BADipEd GradDipAppEc BEd
Experience	Darlene is an experienced advocate, Executive, and Board Director. She has been active in the health consumer movement and community sector since the late 1990s and been the Executive Director of Health Care Consumers' Association since 2008. Ms Cox has extensive skills and experience in consumer engagement, health literacy, clinical and corporate governance, policy and research, and regulation of the health workforce. She has a long-standing interest in improving the quality and safety of heath care and the delivery of person-centred care, and has contributed to the work of the Australian Medical Council, Australian Commission for the Safety and Quality of Health Care, AHPRA, NPS and the Australian Pharmacy Council.
Special Responsibilities	Chair Audit and Risk Committee

Ms Rachel Fishlock

Appointment to office	Appointed for a 1st term on 1 February 2024
Qualifications	BComm (Acctg), ICAA, MIIA, GAICD
Experience	Rachel is a proud descendant of the Yuin Nation and is the CEO of Gayaa Dhuwi (Proud Spirit) Australia. Rachel has over a decade of experience in the health sector including the optometry industry and community-controlled sector at the National Aboriginal Community Controlled Health Organisation (NACCHO). Rachel was recognised by Lifeline Canberra as the 2022 Rising Woman of Spirit for her outstanding community spirit and resilience in the face of adversity, through continuing to advocate for reforms to ensure other children do not experience systemic neglect.
Special Responsibilities	

Dr. Vik Fraser

Appointment to office	Elected for a 1st term for Director position E3 at the 2023 AGM on 26 October 2023
Qualifications	PhD, MTeach (Secondary), GradCertEd (Gifted & Talented Education), BA (Hons),BA (Comms), DipGov
Experience	Dr Vik Fraser has been an advocate for LGBTIQ+ rights since they were 17 years old. They are passionate about the social determinants of health, and the role that human rights has in building good health care. The intersections they experience in their own life, including as a queer person with a hidden disability, drive Vik's understanding of some of the complexities of health access and health needs across the community. Vik is also the Executive Director of A Gender Agenda, and has had a working life that has spanned education, research and government sectors.

CAPITAL HEALTH NETWORK LIMITED

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Special Responsibilities	Member Audit and Risk Committee

Mr Peter Quiggin KC

Appointment to office	Appointed for a 1st Term on 17 March 2022. Reappointed 24 October 2024.(Acting Chair until 1 September 2024)
Qualifications	PSM, KC, BSc, LLB, GradDipProfAcc, FAICD
Experience	Peter is a highly experienced former Australian Government agency head and is a Commonwealth King's Counsel. He led the highly respected Australian Office of Parliamentary Counsel for 17 years. As a former First Parliamentary Counsel, Peter has an outstanding understanding of legislation and legislative schemes and the operations of government. Peter has been on a number of Boards including the Board of Taxation and not-for-profit Boards. He was President of an international association – the Commonwealth Association of Legislative Counsel – for a record three terms. He has also been on a range of Finance and Audit Committees in both the public and not-for-profit sectors. He is a Fellow of the Australian Institute of Company Directors, was awarded a Public Service medal for services to legislative drafting and recently awarded a Chief Minister's Canberra Gold Award.
Special Responsibilities	Acting Chair of the Board until 1 September 2025

Dr. Niral Shah

Appointment to office	Elected for a 2nd term at the 2022 AGM on 27 October 2022. Resigned on 31 January 2025.
Qualifications	MBBS, MS (Orthopaedics), MHSM, DCH, FRACGP
Experience	Niral is a GP medical educator. He graduated in medicine from India and relocated to his new home Canberra in 2008. He is passionate about improving access to affordable quality health care for everyone especially disadvantaged and under privileged part of the community. He enjoys all areas of general practice with a specific interest in musculoskeletal health, sports injury and mental health. He is actively involved in GP training as a GP supervisor and medical educator. Niral has also been involved in broader advocacy role as a RACGP faculty board member for the ACT. He has previous governance experience as a medical administrator and board member on Coast City country GP training board.
Special Responsibilities	

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

Dr. Jessica Tidemann

Appointment to office	Elected for a 1st term for Director position E1 at the 2023 AGM on 26 October 2023
Qualifications	BA MBBS, FRACGP
Experience	Dr Jessica Tidemann is a specialist GP working in roles across clinical practice, medical education and government. She is a lifelong Canberran and completed her medical training in the ACT and surrounding regions. She has also worked in several roles for the Australian Government Department of Health, Disability and Ageing over a period spanning 20 years. Jess is an active member of the general practice community, committed to the provision of quality, effective primary health care in the ACT. She is an invited member of the CHN GP Advisory Council and has held several other professional positions, including Board Director, GP Registrars Australia and multiple roles with the RACGP.
Special Responsibilities	Chair of General Practice Advisory Council

Meetings of Directors

The number of meetings of the company's Board of Directors (the Board) held during the year ending 30 June 2025, and the number of meetings attended by each Director were:

REGISTER OF DIRECTORS' ATTENDANCE FINANCIAL YEAR 2024 – 2025							
DIRECTOR	**15/8/24**	**12/9/24**	**24/10/24**	**5/12/24**	**27/2/25**	**6/5/25**	
Darlene Cox	Leave	✓	✓	✓	Apology	✓	4/5
Peter Quiggin PSM KC	Apology	Apology	Apology	✓	Apology	✓	2/6
Niral Shah	Apology	Apology	Apology	✓	Resigned	Resigned	1/4
Julie Blackburn	Leave	✓	✓	✓	✓	✓	5/5
Steven Baker	✓	Apology	Apology	✓	✓	✓	4/6
Jessica Tidemann	✓	✓	✓	✓	✓	✓	6/6
Vik Fraser	✓	✓	✓	✓	✓	Apology	5/6
Rachel Fishlock	Apology	✓	Apology	✓	✓	✓	4/6

Chief Executive Officer Ms Stacy Leavens was on leave until 1 September 2024. Ms Julie Blackburn was on approved leave from the Board to assume the Acting CEO role during Ms Leavens's absence until 1 September 2024. Mr. Peter Quiggin PSM KC was elected as Acting Chair during that period.

Dividends Paid or Recommended

The company is a company limited by guarantee and is prohibited by its objects from distributing to its members.

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

Indemnification of Officer or Auditor

During or since the end of the financial year, the company has given indemnity or entered an agreement to indemnify or pay or agreed to pay insurance premiums to insure each of the directors and officers against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity as director. Other than conduct involving wilful breach of duty in relation to the company.

Proceeds on behalf of the company

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

The company was not a party to any such proceedings during the year.

Auditor's Independence Declaration

A copy of the auditor's independence declaration is set out immediately after this directors' report.

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

Julie Blackburn
CHAIR OF THE BOARD

Darlene Cox
DIRECTOR

Dated this 18th day of September 2025

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AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 OF THE *AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012* TO THE DIRECTORS OF CAPITAL HEALTH NETWORK LIMITED

As lead auditor for the audit of the financial report of Capital Health Network for the year ended 30 June 2025, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2025 there have been no contraventions of:

iii. the auditor independence requirements as set out in the *Australian Charities and Not-For-Profits Commission Act 2012* in relation to the audit; and

iv. any applicable code of professional conduct in relation to the audit.

BellchambersBarrett

Sart Spinks, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 18th day of September 2025

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 $	2024 $
Revenue	2	45,381,224	40,018,082
Audit, legal and consultancy expense		(38,372)	(37,264)
Communications		(219,988)	(213,177)
Consultants and contractors		(579,605)	(745,138)
Depreciation and amortisation expense		(243,705)	(203,013)
Right-of-use asset depreciation		(170,084)	(274,231)
Employee benefits expense		(7,155,120)	(6,246,568)
Administrative expenses		(327,080)	(174,732)
Occupancy		(206,794)	(65,184)
Professional development		(181,332)	(218,948)
Service provision		(34,247,103)	(30,267,244)
Other expenses		(471,860)	(1,502,245)
Total expenses		(43,841,043)	(39,947,744)
Current year surplus before income tax		1,540,181	70,338
Income tax expense		-	-
Net current year surplus		1,540,181	70,338
Other comprehensive income		-	-
Total comprehensive income for the year		1,540,181	70,338

The accompanying notes form part of these financial statements.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2025

	Note	2025	2024
ASSETS		$	$
CURRENT ASSETS			
Cash and cash equivalents	3	23,360,289	17,033,842
Trade and other receivables	4	19,092	744,337
Other assets	5	2,028,439	2,777,782
TOTAL CURRENT ASSETS		25,407,820	20,555,961
NON-CURRENT ASSETS			
Plant and equipment	6	1,810,765	274,283
Right of use assets	7	1,761,238	27,307
TOTAL NON-CURRENT ASSETS		3,572,003	301,590
TOTAL ASSETS		28,979,823	20,857,551
LIABILITIES			
CURRENT LIABILITIES			
Lease liabilities	8	239,345	34,950
Trade and other payables	9	623,735	539,266
Contract liabilities	10	22,187,234	17,918,743
Provisions	11	564,084	449,144
TOTAL CURRENT LIABILITIES		23,614,398	18,942,103
NON-CURRENT LIABILITIES			
Lease liabilities	8	1,949,409	-
Provisions	11	128,183	167,796
TOTAL NON-CURRENT LIABILITIES		2,077,592	167,796
TOTAL LIABILITIES		25,691,990	19,109,899
NET ASSETS		3,287,833	1,747,652
EQUITY			
Retained earnings		3,287,833	1,747,652
TOTAL EQUITY		3,287,833	1,747,652

The accompanying notes form part of these financial statements.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2025

	Retained Surplus $	Total $
Balance at 1 July 2024	1,747,652	1,747,652
Surplus for the year	70,338	70,338
Balance at 30 June 2024	1,747,652	1,747,652
Surplus for the year	1,540,181	1,540,181
Balance at 30 June 2025	3,287,833	3,287,833

The accompanying notes form part of these financial statements.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025	2024
		$	$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt from customers, government and others		54,738,101	48,483,716
Payments to suppliers and employees		(46,539,146)	(43,872,965)
Interest received		275,068	175,020
Net cash generated from operating activities		8,474,023	4,785,771
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds on sale of plant and equipment		1,657	-
Payment for plant and equipment		(1,881,171)	(29,536)
Net cash used in investing activities		(1,879,514)	(29,536)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(268,062)	(361,780)
Net cash used in financing activities		(268,062)	(361,780)
Net increase in cash held		6,326,447	4,394,455
Cash and cash equivalents at beginning of financial year		17,033,842	12,639,387
Cash and cash equivalents at end of financial year	3	23,360,289	17,033,842

The accompanying notes form part of these financial statements.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

The financial statements cover Capital Health Network (CHN) Limited as an individual entity, incorporated and domiciled in Australia. CHN is a company limited by guarantee.

The financial statements were authorised for issue on 18 September 2025 by the directors of CHN.

Note 1: Summary of Material Accounting Policies

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. The entity is a not-for-profit entity for financial reporting purposes under the Australian accounting Standards.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

a. **Revenue**

Revenue recognition

Operating Grants
When the company receives operating grant revenue it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15. When both these conditions are satisfied, the company:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the company:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the company recognises income in profit or loss when or as it satisfies its obligations under the contract.

Sponsorship & event registration
Revenue from the rendering of a service is recognised upon the delivery of the service to the customer. Revenues recognised in respect to registration are utilised to offset the associated expense incurred with the administration of registration.

Non-government funding sources
Funds received from non-government funding sources are recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the terms of agreement between the non-government funding entity and CHN. Any non-government funds received prior to year-end but unexpended as at that date are recognised as a contract liability.

Interest Income
Interest income is recognised using the effective interest method.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Summary of Material Accounting Policies (continued)

b. **Plant and Equipment**

Each class of plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(i) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.
The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Plant and equipment	3-10 years
Motor vehicles	4 years
Office equipment	6 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. Gains are not classified as revenue. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

c. **Leases**
The company as a lessee

At inception of a contract, the company assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the company where the company is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

The lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Statement of Material Accounting Policies (continued)

c. **Leases (continued)**

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives
- variable lease payments rate, initially measured using the index or rate at the commencement date
- the amount expected to be payable by the lessee under residual value guarantees
- the exercise price of purchase options, if lessee is reasonably certain to exercise the options
- lease payments under extension options if lessee is reasonably certain to exercise the options
- payments for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the company anticipates exercising a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

d. **Financial Instruments**

Initial recognition and measurement

Financial instruments are initially measured at fair value, when contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Fair value represents the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Classification and subsequent measurement

The classification of financial assets at initial recognition depends on the financial asset's contractual cash flow characteristics and the Association's business model for managing them. All of the Association's other financial instruments are classified and subsequently measured at amortised cost. The Association applies a simplified approach to calculating expected credit losses (ECL's) for financial assets held at amortised cost by recognising a loss allowance based on lifetime ECL's at each reporting date.

Amortised cost is calculated as:

(i) the amount at which the financial asset or financial liability is measured at initial recognition

(ii) less principal repayments

(iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method

(iv) less any reduction for impairment.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Statement of Material Accounting Policies (continued)

d. **Financial Instruments (continued)**

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Association no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed is recognised in profit or loss.

e. **Impairment of Assets**

At the end of each reporting period, the company reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

f. **Employee Benefits**

Short-term employee benefits

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The company does not have an unconditional right to defer settlement of annual leave obligations and are presented as current liabilities.

The company's obligations for short-term employee benefits such as wage and salaries are recognised as part of current trade and other payables in the statement of financial position.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Statement of Material Accounting Policies (continued)

f. **Employee Benefits (continued)**

Other long-term employee benefits
The company classifies employees' long service leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the company's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.
The company's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

g. **Income Tax**

No provision for income tax has been raised as the company is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

h. **Provisions**

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result, and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

i. **Economic Dependence**

Capital Health Network Limited is dependent on the Department of Health, Disability and Ageing for the majority of its revenue used to operate the business. At the date of this report, the Board of Directors have no reason to believe the Department will not continue to support Capital Health Network Limited.

j. **Critical Accounting Estimates and Judgements**

The Directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Company.
Key estimates

(i) *Estimation of useful lives of assets*
The company determines the estimated useful lives and related depreciation and amortisation charges for its plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 1: Statement of Material Accounting Policies (continued)

j. **Critical Accounting Estimates and Judgements (continued)**

Key estimates (continued)

(ii) *Employee benefits provision*
The liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Key judgements

(i) *Performance obligations under AASB 15*
To identify a performance obligation under AASB 15, the agreement must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the agreement is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/ type, cost/ value, quantity and the period of transfer related to the goods or services agreed.

(ii) *Employee benefits*
For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the company expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows, the Directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

k. **New or Amended Accounting Standards Adopted by the Entity**

AASB 2021-2: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates

The Company adopted AASB 2021-2 which amends AASB 7, AASB 101, AASB 108 and AASB 134 to require disclosure of "material accounting policy information" rather than significant accounting policies in an entity's financial statements. It also updates AASB Practice Statement 2 to provide guidance on the application of the concept of materiality to accounting policy disclosures. The adoption of the amendment did not have a material impact on the financial statements.

AASB 2021-6 Amendment to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards

AASB 2021-6 amends AASB 1049 and AASB 1060- to require disclosure of "material accounting policy information" rather than significant accounting policies in an entity's financial statements. It also amends AASB 1054 to reflect the updated terminology used in AASB 101 as a result of AASB 2021-2. The adoption of the amendment did not have a material impact on the financial statements.

l. **Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 2. Revenue	**Note**	**2025**	**2024**
		$	**$**
Grants received	(a)	45,054,513	39,810,927
Non-government funding sources		51,643	32,135
Interest income		275,068	175,020
		45,381,224	40,018,082

Grants Received

Most of the Company's funding is in the form of government grants. The Company has assessed that most of its grant agreements are enforceable and contain sufficiently specific performance obligations. The Company therefore recognises funding received under such agreement as Revenue under AASB 15: *Revenue from Contracts with Customers*. Revenue is recognised as the Company delivers the required services.

Note (a)

On 8 July 2024, the Department of Health, Disability and Ageing granted CHN approval to use unspent grant funds for fitting out CHN's new office (Cameron Avenue Belconnen). The lease 8-year lease commenced in December 2024.

In accordance with AASB 15 Revenue from Contracts with Customers and AASB 1058 Income for Not-for-Profit Entities on completion of construction of the fit-out and commencement of the lease, the performance obligations of the contract were satisfied and the grant revenue was recognised in full.

This has contributed to the CHN's considerable surplus for the year ending 30 June 2025 and has resulted in a mismatch in the timing of revenue recognition and the straight-line depreciation expense that will be incurred over the 8-year lease term.

Note 3. Cash and Cash Equivalents	**Note**	**2025**	**2024**
		$	**$**
CURRENT			
Cash on hand		384	488
Cash at bank		23,359,905	17,033,354
		23,360,289	17,033,842

Note 4. Trade and Other Receivables			
CURRENT			
Trade debtors		-	25,636
Other receivables		19,092	39,039
Net GST receivables		-	679,662
		19,092	744,337

a. **Financial assets at amortised cost classified as trade and other receivables**			
Total trade and other receivables		19,092	744,337
Less net GST receivables		-	(679,662)
Financial assets as trade and other receivables	12	19,092	64,675

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 5. Other Assets	**2025**	**2024**
CURRENT	**$**	**$**
Deposits paid	10,712	5,223
Prepayments	417,883	370,727
Prepaid service delivery	1,463,887	2,304,269
Term Deposits – greater than 3 months	135,957	97,563
	2,028,439	2,777,782

Note 6. Plant and Equipment		
Plant and equipment - at cost	2,597,595	1,072,460
Less: Accumulated depreciation	(786,830)	(813,268)
	1,810,765	259,192
Leasehold improvements - at cost	1,953,676	487,342
Less: Accumulated depreciation	(192,438)	(472,251)
	1,761,238	15,091
Total plant and equipment	3,572,003	274,283

Movements in carrying amounts

Movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Plant and equipment	**Leasehold improvements**	**Total**
	$	**$**	**$**
Balance at 1 July 2024	259,192	15,091	274,283
Additions	146,649	1,734,522	1,881,171
Disposals	(94,375)	(6,609)	(100,984)
Depreciation expense	(110,980)	(132,725)	(243,705)
Balance at 30 June 2025	200,486	1,610,279	1,810,765

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 7. Right of Use Assets

CHN's lease portfolio comprises an office lease and two motor vehicles.
The Geils Court Deakin office lease agreement expired in July 2024 and continue on a month-to-month arrangement. A new 8 year office lease agreement (Cameron Avenue Belconnen) commenced in December 2024.

i. AASB 16 related amounts recognised in the balance sheet

Right of use assets	**2025**	**2024**
	$	**$**
Leased premises and motor vehicle	1,953,676	1,393,154
Less accumulated amortisation	(192,438)	(1,365,847)
Total right of use asset	1,761,238	27,307

ii. AASB 16 related amounts recognised in the statement of profit or loss

Amortisation expense	(170,084)	(274,231)
Finance costs	(103,772)	(15,821)
	(273,856)	(290,052)

Note 8. Lease Liabilities

Current	239,345	34,950
Non-current	1,949,409	-
12	2,188,754	34,950

Note 9. Trade and other payables

CURRENT		
Net GST payable	68,475	-
Creditors and accrued expenses	555,260	539,266
Financial liabilities as trade and other payables 12	623,735	539,266

Note 10. Contract Liabilities

CURRENT		
Unearned government grant income	22,187,234	17,918,743

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 11. Provisions	**2025**	**2024**
	$	**$**
CURRENT		
Provision for annual leave entitlements	462,886	349,416
Provision for long service leave	101,198	99,728
	564,084	449,144
NON-CURRENT		
Provision for long service leave	128,183	167,796
Total employee provisions	692,267	616,940

Note 12: Financial Risk Management

The Company's financial instruments consist mainly of deposits with banks, short-term and long-term investments, accounts receivable and payable and lease liabilities.

The totals for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

Financial assets	**Note**	**2025**	**2024**
Held at amortised cost		**$**	**$**
Cash and cash equivalents	3	23,360,289	17,033,842
Trade receivables	4a	19,092	64,675
Total financial assets		23,379,381	17,098,517
Financial liabilities			
Lease liabilities	8	2,188,754	34,950
Trade payables	9	623,735	539,266
Total financial liabilities		2,812,489	574,216

Note 13. Key Management Personnel Compensation

a. Key management personnel compensation	913,885	842,540

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Company, directly or indirectly, including any director (whether executive or otherwise) of the Company, is considered key management personnel.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 14. Other Related Parties

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members. Several Directors are Executives or Directors of other entities which CHN transacts with.

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated. The Company had the following Related Party transactions during the period:

Name of Related Party	Nature of Transaction	Amount $
Health Care Consumers Association	Provision of consumer representation on CHN committees, support and advice on consumer matters & advice in relation to the Health Pathways Program.	37,620
Meridian Incorporated	Psychological Therapies Targeting Priority Populations	277,989
Meridian Incorporated	Psychological Therapies Targeting Priority Populations	92,663
Meridian Incorporated	Psychological Therapies Targeting Priority Populations	92,663
Meridian Incorporated	Delivery of COVID-19 Vaccination Support Program to At-Risk Populations	34,095
Meridian Incorporated	Care Finder Program	37,340
Meridian Incorporated	Care Finder Program	37,340
Meridian Incorporated	Care Finder Program	24,893
Meridian Incorporated	Care Finder Program	24,893

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

Note 15. Contingent Liabilities

The Company has provided bank guarantees of $135,957 (2024: $74,877) to the National Australia Bank for its obligations under its office lease.

Note 16. Events After the Reporting Period

No other matter or circumstance has arisen since 30 June 2025 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years

Note 17: Members' Guarantee

CHN is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstanding obligations of the Company. At 30 June 2025, the number of members was 265 (2024: 619). Membership is cyclical, requiring renewals every three years.

Note 18. Company Details

The registered office and principal place of business of the Company is:

Capital Health Network Limited
Level 2, Suite 2.2,
40 Cameron Avenue,
Belconnen ACT 2617

Note 19. Auditors Remuneration	**2025**	**2024**
	$	**$**
Auditing or reviewing the financial statements	17,200	16,700
Audit of grant acquittals	16,200	18,480
Other	4,800	4,700
	38,200	39,880

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

DIRECTORS' DECLARATION

In accordance with a resolution of the Directors of Capital Health Network Limited, the Directors of the Registered Entity declare that, in the Directors' opinion:

1. The financial statements and notes, as set out on pages 14-29, satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:
    a. comply with Australian Accounting Standards applicable to the Registered Entity; and
    b. give a true and fair view of the financial position of the registered entity as at 30 June 2024 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the Registered Entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Julie Blackburn
CHAIR OF THE BOARD

Darlene Cox
DIRECTOR

Dated this 18th day of September 2025

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INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF CAPITAL HEALTH NETWORK LIMITED

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Capital Health Network Limited (the company), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements, including a summary of material accounting policy information, and the directors' declaration.

In our opinion, the accompanying financial report of the company is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the ACNC Act), including:

i. giving a true and fair view of the registered entity's financial position as at 30 June 2025 and of its financial performance for the year then ended; and

ii. complying with Australian Accounting Standards – AASB 1060: *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of *Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the registered entity in accordance with the ACNC Act and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 30 June 2025 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – AASB 1060 *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and the ACNC Act and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error. The directors are also responsible for overseeing the registered entity's financial reporting process.

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INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF CAPITAL HEALTH NETWORK LIMITED

In preparing the financial report, the directors are responsible for assessing the ability of the registered entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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Sart Spinks, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 18th day of September 2025


CHN