Setting the standard through the pursuit of excellence in mental health nursing.

The Australian College of Mental Health Nurses is the pre-eminent and authoritative voice of the mental health nursing profession in Australia.

It provides leadership to, and advocacy for, mental health issues across the mental health sector and nursing, and sets national standards of practice in mental health nursing.

www.acmhn.org
ANNUAL REPORT 2014-2015

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Board of Directors’ Report

BY WENDY CROSS, PRESIDENT

It gives me great pleasure to present to you this annual report as President and Chair of the Board of Directors of the College outlining our achievements. As usual it has been another year of considerable change and political ambiguity but looking back I can see that we have accomplished a great deal.

The ACMHN Strategic Plan 2013-2015 has almost run its course and the 2016-2019 strategy is in development. It will be endorsed by the Board at its next meeting and will guide College business, growth and development over the coming triennium with outcome focused objectives. The Board maintains monthly teleconference meetings with three face-to-face meetings across the year. Over the year, the amount of business requiring vigorous discussion and decisions has continued to grow. The role of Board members and the performance of the Board have also undertaken a regular formal review to augment and develop its function. The Board continues to review the performance of the Chief Executive Officer against KPIs reflecting the Strategic Plan and has been pleased with the achievements against its strategic goals over the last year. Feedback from a range of external stakeholders has confirmed the high regard of the College and its CEO and the productive working relationship between the Board, the CEO and College staff.

The College continues to run a very successful International Conference and last year’s 40th anniversary conference outdid them all. What a wonderful time reflecting on our history, meeting many of the originating members and celebrating all things wonderful about mental health nursing. At that conference Ms Lisa Fawcett was presented with the award as Mental Health Nurse of the Year and the recipient of the Mental Health Nurse Achievement Award was Toby Raeburn.

Branches and special interest groups continue to stage activities and events that showcase the excellent work that mental health nurses are undertaking across the country. Such activities are a testament to the commitment and effort of members at local levels and they all generate important opportunities for members to share and contribute to their own and other’s professional development.

The CEO and I represented the College at the Conference of Te Au Maramatanga, the New Zealand College of Mental Health Nurses in July 2015 where we consolidated professional networks. Three of the keynote speakers were eminent Australian mental Health Nurses: Professors Brenda Happell, Eimear Muir-Cochrane and Nicholas Proctor.

The College continues to receive invitations to participate in discussions and decision making around issues related to mental health from a number of key bodies and statutory committees. We have also taken the challenge of being pro-active in leading the political debate on issues of importance to mental health. Notably, the CEO and I attended the National Suicide Prevention Summit in Canberra on August 10 2015 where renowned national and international speakers urged governments to implement a national suicide strategy, similar to that elsewhere in the world. Health Minister Susan Ley and Minister for Trade and Investment, Andrew Robb addressed the audience. The Mental Health Nurse Incentive Program was endorsed as a core strategy for implementing the strategy.

In addition the College has co-signed a number of letter and petitions. For example: the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. The Board is proud to support and promote these campaigns.

This year the college has undertaken three important pieces of work, all funded through the Queensland Nursing and Midwifery Office. They are: the continuation of the Queensland mental health nurse credentialing project; the Credential for Nurses (C4N) project and the Development of the Framework for Post-graduate Mental Health Nursing programs of study. I am particularly delighted about the development of the accreditation framework, led by Professor Mike Hazelton. As we know, the standards of these programs are variable and the College has had no way of identifying best practice. Within my term as President, I was wholly committed to establishing minimum standards for these courses and to develop an implementation plan for universities to apply to have their courses accredited. I feel that as President I will leave a lasting contribution to the college and its members.

All are outstanding examples of the work of the college and its members, and thank you to all involved. We will continue to commission new research projects into the future and to update members regularly.

Another important change occurred this year with the appointment of Professor Kim Usher as the Editor in Chief (EIC) of the International Journal of Mental Health Nursing (IJMHN) and the appointment of A/Professor Michelle Cleary to the Deputy Editor position. Congratulations to both. I am confident the journal continues to be in good hands following the excellent lead of the previous EIC, Professor Brenda Happell, over ten years.

There are a number individuals and groups that deserve thanks. To Branches and Special Interest Groups for their committed work in bringing College activities locally to members. In particular, I thank the Chairs and executive members who accomplish these activities.
To College committees and the Editorial Board of the IJMHN, on behalf of the board, I thank the members who continue to give their time and expertise willingly and without reward to develop the core work of the College.

Without a doubt we are very fortunate to have such capable and committed staff in the national office. Many will verify their competent, proficient, agreeable and accommodating behavior in undertaking their work. The team is led by CEO, Kim Ryan, who continues to work vigorously to enable the operations and influence of the College and consequently, that the voice of mental health nursing, is attended to where it matters. We have also seen some long-term members of the national office leave for greater opportunities other sectors and we wish them well in their new positions.

I thank the board both individually and collectively, for your meticulousness, attention to good governance and the strategic direction you have set. I am privileged to be in the president’s position and as I enter the final year of my tenure, I will remain committed to improve the College and in particular the role and standing of mental health nurses. Lastly, I thank all members, for assigning the role to me and for your continued support.

Professor Wendy Cross  
President
The Australian College of Mental Health Nurses remains committed to its vision to ‘Enhancing the mental health of the community through the profession of mental health nursing’.

With that firmly in mind I am confident the activities the College has undertaken this year will strengthen mental health nursing and subsequently the mental health of the community.

The political environment
The number of reviews the government have commenced in to health care this year makes it quite clear that change is afoot.

We have contributed to a number of reviews and submissions this year – independently and in collaboration with other nursing organisations which, in my opinion, helps to strengthen the voice of nursing.

In collaboration with the Australian College of Nursing (ACN), the Congress of Aboriginal and Torres Islander Nurses and Midwives (CATSINaM), the Maternal, Child and Family Health Nurses Australia (MCaFHNA) and the Australian Primary Health Care Nurses (APNA), we recently provided a submission and presented it to the Parliamentary Inquiry into Best Practice in Chronic Disease Prevention and Management.

We also collaborated with the Australian College of Midwives, CATSINaM and the ACN to provide a submission and present it to the Senate Select Committee on Health policy, administration and expenditure.

Other reviews and submissions that the College has been involved in this year include:

- Primary Health Care Advisory Group meeting and submission
- A submission to the Nursing and Midwifery Board of Australia (NMBAA) on the Border Force Act
- Mental Health Stakeholder Workshop on the Review of Mental Health Programmes and Services
- Nurse Practitioner Accreditation standards
- Draft WA Mental Health, Alcohol and other Drug Services Plan 2012-2025
- Comment on the NSW Health – Suicidal People Policy
- Submission to the Rethink Mental Health Project Discussion Paper
- Submission to the Health Workforce Scholarship Programme Stakeholder Consultation

A number of Expert Reference Groups were convened to support the review process, including to undertake a review of the medical benefits schedule, a review of the national mental health commission’s review in mental health services and programs, and the primary health care review.

Wherever possible (i.e. where approval for submissions to be made public by the relevant government Department is given), submissions are available for members on the College website.

Disappointingly, across all of the expert reference groups and committees that have been established by Government to undertake reviews and restructure of the health care system, nursing representation is a glaring omission. Together with other nursing organisations we are discussing this issue and advocating for our inclusion.

At every opportunity we have outlined the greater role that nurses can play and the importance of the nursing workforce to health service delivery. In addition, we have advocated for nursing in terms of the innovative, affordable and accessible services that we provide, in an effort to demonstrate to government that leaving nursing out of the discussions is to neglect an important component of the workforce that is ready to work to our full scope of practice and to the benefit of all Australians. In many instances we have had to continue to remind governments that there is more to primary health care than GPs and practice nurses.

Advocacy
Through the year we have advocated strongly for the role mental health nurses play in mental health care. We advocated for and subsequently received great support in the National Mental Health Commission Review of Mental Health Services & Programs and we followed up and reinforced that support with a further submission to the Mental Health Expert Reference Group. I encourage those of you who may not have read the National Mental Health Commission report, to have a look at the list of mental health nursing related recommendations, which are listed in the policy section of our website. The mental health expert reference group are due to report back to Minister Ley in October 2015.

We have had a great working relationship with Senator Penny Wright, the Greens Senator for mental health but disappointingly, for family reasons she has recently left parliament. We will arrange to meet with her replacement Senator Janet Rice, and will continue to request a meeting with Minister Ley and Catherine King MP, Shadow Minister for Health.

Workforce
Following on from the HWA Australia’s Future Health Workforce – Nurses Report which states in Recommendation 2:

‘Once established, the National Nursing and Midwifery Education Advisory Network should prioritise implementing the key findings of this report for the mental health nursing sector, which is projected to have the greatest nursing workforce shortfall of the nursing sectors’.

And the recommendation in the National Mental Health Commissions Report on Mental Health Service and Program, clearly states there needs to be an expansion of the role of mental health, along with recommendation in relation to education and
We will capitalise on these recommendations and work with all agencies to further develop the mental health nursing workforce as well as increase the mental health literacy of the nursing and midwifery workforces more broadly.

Projects

Last year I reported we were undertaking a credentialing project supported through the Office of the Chief Nursing and Midwifery Officer QLD.

This project, Credentialing for Nurses (C4N), was funded to develop a Credentialing Framework with applicability to other nursing organisations and will be made available to other nursing specialities in the future.

This year the Palliative Care Nurses Australia (PCNA), College of Emergency Nursing Australasia (CENA), Australian College of Children and Young People’s Nurses (ACCYPN) and Cancer Nurses Society Australia (CNSA) have worked together to establish credentialing for their specialty. They are committed to continuing to guide and support the development of nurse credentialing for other specialities in Australia.

We are very excited about the next stage of the C4N project, which is the development of the online system. Once this is completed, we will be looking at the possible migration of the College’s paper based credentialing system to an online process, which will make credentialing so much easier I am sure.

A Framework to Accredit post graduate mental health nursing courses will promote standards across post graduate mental health nursing courses and also provide students with the option of being more discerning about their choice of education providers. The ability to guide and influence the standard of post graduate mental health nursing education and hence the preparation of mental health nurses, is a significant goal in enhancing the mental health of the community through the profession of mental health nursing. As a result, this project has been of major significance to the College. It is another way that we are demonstrating commitment to improving standards in mental health nursing care.

Publications

The International Journal of Mental Health Nursing

Professor Kim Usher has seamlessly taken stewardship in the IJMHN and has continued to build on its reputation and profile, with an increased focus on social media. The IJMHN remains in the top ten of all nursing journals. Kim will report on the journal later in this report.

College publications

Members have continued to be kept up to date with activities of the College, and the profession more broadly, through our News Magazine, Tuesday Times and of course the all-important social media, which I hope you have enjoyed. Member feedback in response to the CEO updates has been very supportive. I appreciate and value your thoughtful comments and candid feedback.

The Board

I would like to express my thanks and appreciation to the Board of Directors for their stewardship of the College. Thanks to Professor Wendy Cross, College President and Chair of the Board for her responsible oversight and leadership of the organisation. It has been a pleasure working with you all.

ACMHN Staff

I would also like to acknowledge the College staff, who are dedicated to the strategic vision of the organisation and are always ready to go above and beyond the call of duty:

- Kylie Pryde, Executive Assistant to the CEO
- Sirla Jafri, Finance and Corporate Services Manager
- Haylie Mallia, Membership and Administration Officer
- Nicole Rutter, Events Manager
- Fiona Walls, Communications and Publications Officer
- Ellie Wilson, Credentialing Officer
- Irene Dummett, Project Officer
- Fiona Engeler, Administrative Support Officer
- Peta Marks, Professional Development Manager

I would also like to acknowledge the work and commitment of Anne Buck, Clare Butterfield and Shelley McGregor – all long-standing members of the ACMHN staff who moved on during this financial year to more senior positions elsewhere, and Fran Gray who retired.

And last but by no means least a BIG THANKS TO MEMBERS

The work and contribution of members to the College is vital and without you we would not be able to achieve the things we do.

Thank you for contributing to your profession through your support of the College. We need more people to join with us to promote and contribute to this great profession.
The Accreditation Committee
BY MIKE HAZELTON, CHAIR - ACMHN'S ACCREDITATION COMMITTEE

The following report outlines the activities of the Accreditation Committee for 2014-2015. During the last twelve months, the work of the Accreditation Committee has focused primarily on the assessment of applications for endorsement of educational programs, events, activities and products. In addition to this regular committee work a number of the members of the Accreditation Committee have also been involved in the very important Postgraduate Mental Health Nursing Courses Accreditation Project.

In last year’s report I referred to the introduction of a two-tiered system of endorsement and a revised endorsement pricing structure. The new endorsement system and revised pricing structure were phased in during 2015.

In last year’s annual report I also referred to the establishment of project that would enable the College to accredit postgraduate mental health nursing courses offered by Australian universities. This very significant initiative was made possible by funding from Queensland Health. The two external consultants – Emeritus Professor Margaret McMillan and Associate Professor Penny Little - engaged for this project have now finished their work and submitted the final report and associated documents to the College Board of Directors. In the course of undertaking this project pilot accreditation assessments including site visits were undertaken with two universities in Queensland. I was very pleased to see the endorsement of the Accreditation Framework announced at the College conference in Brisbane on 7-9 October 2015. I will not provide further detail in this report, except to offer sincere thanks to all involved in the project, both from within and outside the College and especially to those colleagues in the two universities that participated in piloting the accreditation process. In addition to the existing educational product endorsement service, I look forward to the College adding a postgraduate mental health nursing courses accreditation service in the near future.

The 2014–2015 the following colleagues have been involved in the assessment of endorsement applications:

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<tbody>
<tr>
<td>Michael Hazelton</td>
<td>Peta Marks</td>
<td>Nicole Goulter</td>
</tr>
<tr>
<td>(Chair)</td>
<td></td>
<td></td>
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<tr>
<td>Julie Porter</td>
<td>Patricia Barkway</td>
<td>Cheryl Green</td>
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<tr>
<td>Susan Liersch</td>
<td>David Watkins</td>
<td>Susan Sumskis</td>
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In the period 1st July 2014 to 31th December 2014 fourteen applications were received for endorsement with the following approvals: eleven (11) applications for 3-years; two (2) applications for 2-years; one (1) application for a one-off event. The assessment of endorsement applications is undertaken by members of the Accreditation Committee and a panel of Endorsement Assessors. I would like to extend sincere thanks to members of the committee and panel who show their commitment to the College through their continued contribution to the assessment process, and to colleagues in the ACMHN National Office for coordinating the administrative aspects of the endorsement process.
The ACMHN Credential for Practice Program (CPP) provides the only nationally consistent means of recognising specialist mental health nurses. Specialist nurses who meet identified standards with respect to qualifications, continuing education and practice development activities, and who are also able to demonstrate appropriate mental health nursing practice experience can apply for formal recognition as a Credentialed Mental Health Nurse™.

The primary function of the Credentialing Committee is to oversee and provide effective governance of the ACMHN Credential for Practice Program (CPP). The committee operates under the delegated authority of the ACMHN Board of Directors; where necessary recommending changes to the program and its associated policies to the Board. The Committee saw a number of changes to membership in 2015.

ACMHN Credentialing Committee 2015

Christine Ashley (External Advisor)
Strephon Billinghurst* (new)
Catherine Hangan* (new)
Donna Hodgson* (new)
Elizabeth Martin
Greg Neilson (Chair)
Robert Silburn* (new)

The committees review and advisory functions are exercised through its meetings which are held via teleconferences and an annual face to face gathering. This year’s face to face meeting in April also served as an induction for new committee members. Throughout the past year the committee, and its members have reviewed a number of policy documents and processes around credentialing, as well as supporting administrative staff with aspects of the program, including the selection, training and approval of new peer reviewers.

Peer review is an integral element of the CPP. Each application is reviewed by an approved peer reviewer who is responsible for assessing the application against defined criteria. This represents a substantial voluntary commitment of time and expertise on the part of the peer reviewer. Continued growth in the number of credential applications requires a continuing supply of peer reviewers. Currently there are approximately 65 active peer reviewers, with additional candidates being provided with mentored training. This will ensure adequate peer reviewers to enable a manageable commitment on the part of individual reviewers and timely turnaround of applications. The College is indebted to the all it’s peer reviewers, and those within that group who have also volunteered to support candidates undertaking preparation for appointment as a peer reviewer.

The past year has seen exciting developments in the area of specialist nurse credentialing with the C4N project and with the approval by the ACMHN Board of Directors of an Accreditation process for specialist postgraduate mental health nursing courses. 2016 will be an important year, as the Committee works to accommodate and incorporate elements of both these projects into the ACMHN Credentialing for Practice Program.

In closing, it is appropriate to note particular thanks to College staff who have consistently supported the Credentialing Committee and the Credentialing for Practice Program during the past year. We thank Ms Ellie Wilson for her continued support with administrative aspects of the program, and Ms Kylie Pryde who provides organisational support for the committee and its members.
My first year as Editor-in-Chief has seen another successful year for the IJMHN. Our latest rankings remain high and keep the journal among the most highly ranked nursing journals internationally, and the highest of the mental health nursing journals. To maintain our position we aim to publish quality manuscripts on important contemporary issues for mental health nursing. One of the biggest challenges in ensuring quality is availability of peer reviewers, and we have noticed a declining rate of acceptance to review over the last three years. We will be conducting a workshop for new reviewers at the annual conference as a way to increase our pool of peer reviewers. I would like to take this opportunity to thank the people who have conducted reviews for us this year.

Editor, Michelle Cleary, supports me in my role. We have recently advertised for a further Editor with expertise in statistical design given the growing numbers of papers needing statistical review.

This year I attended the RCN research conference in Nottingham, UK, and the STTI research conference in Puerto Rico, where I solicited manuscripts of interest.

Social media

Our presence on social media continues to grow. Social media is a valuable tool for increasing interest in a journal and its content.

We have over 1,000 likes on Facebook and our Twitter followers are approaching 400. Postings on our Twitter feed have grown significantly over the last year and further growth is planned.

If you haven't already, follow us on Twitter @UMHN or like us on Facebook at www.facebook.com/IJMHN

Manuscript submissions and outcomes

Table one shows the continued increase in submissions over the last three years. This year we received 196 submissions by July, indicating the final number for the year may top 300. Rejection rates and turnaround time remain consistent (see table two). We continue to reject a high number of manuscripts without review for various reasons, but mostly because they do not fit the aims and scope of the journal, or because of quality issues.

Table one: submissions and outcomes

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<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015 YTD</th>
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<tbody>
<tr>
<td>Total submissions</td>
<td>221</td>
<td>267</td>
<td>196</td>
</tr>
<tr>
<td>Accepted</td>
<td>43</td>
<td>51</td>
<td>13</td>
</tr>
<tr>
<td>Rejected</td>
<td>178</td>
<td>216</td>
<td>136</td>
</tr>
<tr>
<td>Pending*</td>
<td>47</td>
<td>47</td>
<td>47</td>
</tr>
</tbody>
</table>

*Pending: manuscript still undergoing peer review

Table two: Timeframes (average) for manuscripts progressing to peer review (immediate rejects excluded)

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<thead>
<tr>
<th></th>
<th>2013 manuscripts</th>
<th>2014 manuscripts</th>
<th>2015 YTD manuscripts</th>
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<tbody>
<tr>
<td>Submission to first decision</td>
<td>35</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Submission to final decision</td>
<td>122</td>
<td>97</td>
<td>44</td>
</tr>
<tr>
<td>Submission to acceptance</td>
<td>154</td>
<td>130</td>
<td>76</td>
</tr>
</tbody>
</table>

- Authors receive an initial editorial decision around 5 weeks of submission — steady over the last 3 years
- Timeframe for authors to receive a final accept or reject decision (including time with authors undergoing revision) decreasing over the last two years - this result for 2015 may settle as more of the pending manuscripts reach final editorial outcomes.
- Timeframes for accepted manuscripts decreasing from 2013 – 2014. Results for 2015 will be more defined as more pending manuscripts reach final editorial outcomes.

Origin of submissions

Australia continues to be the source of the majority of submissions. This year to date we have experienced a growing number of submissions from China and Taiwan.

Table three: top 5 countries of submission

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015 YTD</th>
<th>2015 YTD accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Australia</td>
<td>Australia</td>
<td>Australia</td>
<td></td>
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<tr>
<td>UK</td>
<td>UK</td>
<td>UK</td>
<td>UK, NZ, Ireland*</td>
<td></td>
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<tr>
<td>US</td>
<td>Taiwan</td>
<td>China</td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>Turkey</td>
<td>Taiwan</td>
<td></td>
<td></td>
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<tr>
<td>Iran/Sweden</td>
<td>US</td>
<td>US</td>
<td></td>
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* All single contributors.
Consultation Liaison Special Interest Group

BY TIM WAND, CHAIR

The Consultation-Liaison Special Interest Group (the CL-SIG) provides a network and forum for supporting CL colleagues and promoting ideas for enhancing practice and service development in this sub-specialty. The CL-SIG email list is the main platform for communication with the group and has regular posts from members of the list on a range of topics and issues. Importantly, many resources are shared via this list that are of great value to subscribers.

The main focus for the CL-SIG executive is on planning the annual conference which has grown in its complexity with the introduction of practice groups for general nurses which was attended by 62 delegates. The two day conference program was preceded by two workshops. Leigh Peterson ran a workshop titled Managing compassion fatigue, attended by 16 delegates. Chris Dawber and Andrew Zanos ran a workshop on Reflective practice groups for general nurses which was attended by 14 delegates.

On day one of the conference the first keynote was given by Dr Lesley van Schoubroek, the Queensland Mental Health Commissioner who spoke of her experience in the aims of the mental health commission and the challenges of reform in the sector. This was followed by a keynote from Debra Nizette, Acting Director of Nursing, Nursing and Midwifery Office Queensland Health. Deb’s presentation titled Reflections on ‘story’ emphasised how people’s life story can evoke a range of emotions and responses, which for Deb has been central for learning about life and mental health nursing.

The day two keynotes were delivered by Dr Raymond Chan the current president of the Cancer Nurses Society of Australia and Sarah-Louise McKenzie, Co-Founder, No Numbers Nutrition. Raymond spoke about the complex challenges of supportive cancer care on quality of life, while Sarah-Louise provided a stirring account of her experience with a presentation titled What we wish you knew... a patient’s experience of presentation, diagnoses, labelling, treatment and recovery. This keynote drew a standing ovation from the audience.

The CL-SIG and PI-SIG were pleased to sponsor Philip Abepuoring, a Ghanaian Masters of Clinical Supervision. Philip, and he was a valued contributor to our discussions and programme.

The best paper in the CL stream was awarded to Cynthia Delgado for her presentation titled Nursing passion and compassionate care: the consultation liaison mental health nurse as the hopeful supporter, guide and observer. The best paper for the PI stream was awarded to Simone Harvey for her presentation titled Maintaining passion in a non-compassionate funding environment: the development of a new NP role and a new perinatal mental health service model.

We are unable to report on the financial aspects associated with the conference as we are yet to receive a balance sheet from the College detailing costs and any profit for the event.

Tim Wand
Chair CL-SIG
Associate Professor University of Sydney and Sydney Local Health District and Nurse Practitioner, Mental Health Liaison Royal Prince Alfred Hospital Camperdown

<table>
<thead>
<tr>
<th>Chair</th>
<th>Tim Wand</th>
<th>2012-2016</th>
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<tr>
<td>Treasurer</td>
<td>Jenni Bryant</td>
<td>2012-2016</td>
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<tr>
<td>Secretary</td>
<td>Anabel de la Riva</td>
<td>2013-2017</td>
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<tr>
<td>Education Officer</td>
<td>Leigh Peterson</td>
<td>2013-2017</td>
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Clinical Supervision Special Interest Group

BY TOM RYAN, CHAIR

The ACMHN Clinical Supervision Special Interest Group was formally constituted, with terms of reference approved by the ACMHN Board, at the ACMHN Darwin conference in October 2012 and met face to face at the Perth ACMHN Conference in October 2013 and the Melbourne conference in 2014. A further meeting will be held in Brisbane 8th October 2015. Communication at other times is via the elist or email. While the CS-SIG is a special interest group within the college we do note that the topic is of relevance to all Mental Health Nurses. Our standards clearly support clinical supervision for all Mental Health Nurses and for all nurses working in mental health.

Current work includes:
- An environmental scan on Clinical Supervision in Mental Health Nursing. This is being discussed with members via workshops (see below) and will form part of a future report.
- A workshop held at the Darwin Symposium in August 2015.
- A major Roundtable workshop to be held prior to the International Conference on 6th October 2015. This workshop, entitled “It’s About Time” provides an opportunity for 64 highly-involved Mental Health Nurses to discuss current issues in CS and generate some directions and strategies for proposal to the college as future directions and for the immediate benefit of participants.

Considerable effort has gone into the preparation of the workshop by the programme committee which consists of:
- Tania Yegdich (Chair) Cathy Boyle
- Pat Bradley Maria Fitzgerald
- Daniel Nicholls Paul Spurr
- Tom Ryan David Watkins
- Kim Ryan (CEO) Nicole Rutter (ACMHN Events)

We expect this to be a landmark event in Mental Health Nursing Clinical Supervision.
The 40th International Mental Health Nursing Conference: 
Honouring the Past, Shaping the Future

In October 2014 we held our Ruby Jubilee Conference in Melbourne, celebrating forty years of the College and all its history. What a memorable Conference it was!

Many life, past and current members were there, and we had the largest delegation of any Conference. As usual, the Keynote Speakers and the quality of the concurrent sessions were extraordinary, and provided abundant food for thought and vigorous dialogue. The staff of the College and the Organising Committee are to be congratulated for coordinating such a successful event.

Between the early 2000s and 2013, the College has employed professional conference organisers to coordinate its Conferences. Prior to that time, State and Territory Branches, through the good will of volunteer members managed Conferences. Members continue to volunteer their time and creativity not just to Conference organisation, but to many other activities of the College, such as reviewing for the International Journal of Mental Health Nursing, committee work, sitting on expert reference groups or coordinating Special Interest Groups. I appreciate that work both now and in the past. We would certainly not achieve all the things we do without the efforts of members.

The 2014 Conference was managed by the staff of the College and the Melbourne Organising Committee without the assistance of an external company. The end result was sensational and added to the skill-set and accomplishments of the National Office team.

The Mental Health Nurse of the Year for 2014 was awarded to Ms Lisa Fawcett for her long-term commitment to mental health and mental health nursing, and the Mental Health Nurse Achievement Award went to Mr. Toby Raeburn for his work with ROAM Communities. I congratulate both recipients. They are both truly magnificent exemplars of mental health nursing.

You can see from the images on the next few pages of this annual report the College staff, Board members, and conference attendees had a ball. For more information about the 40th Anniversary or future ACMHN conferences please get in touch with the ACMHN National Office at events@acmhn.org
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

Financial Statements of the Australian College of Mental Health Nurses Incorporated ABN 75 492 837 566 for the year ended 30 June 2015

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Australian College of Mental Health Nurses Incorporated
ABN 75 492 637 566

Committee Member’s Report
For the Year Ended 30 June 2015

The committee members submit the financial statements of the association for the financial year ended 30 June 2015.

1. General information

Committee members

The names of committee members throughout the year and at the date of this report are:

Professor Wendy Cross
Ms Kim Foster
Dr Terry Frogbatt
Ms Brenda Happell
Ms Debra Nizette
Mr Tom Ryan
Ms Julie Sharrock
Mr Scott Trueman

Former committee members
Mr Denis Blacklord
Mr Lee Callison
Professor Margaret McAllister

Principal activities

The principal activities of the association during the financial year were to represent the interests of mental health nurses and to participate in policy development concerning the profession, health care delivery, promotion of mental health and prevention of mental illness and disability.

Significant changes

No significant change in the nature of these activities occurred during the year.

Related party transactions

During the financial year, there were no benefits received or entitled to be received as a result of a contract between an officer, firm or body corporate and the association. No payments or benefits of a pecuniary value were received by any officers of the association during the financial year.

2. Operating results

The profit (loss) of the association for the financial year after providing for income tax amounted to $4,864 (2014: $119,469).

Australian College of Mental Health Nurses Incorporated
ABN 75 492 637 566

Committee Member’s Report
For the Year Ended 30 June 2015

Signed in accordance with a resolution of the Members of the Committee:

Committee member: .................................................
Professor Wendy Cross
Committee member: .................................................
Mr Scott Trueman

Dated: 1 October 2015
Australian College of Mental Health Nurses Incorporated
ABN 75 492 837 566

Statement by Members of the Committee

The committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee the financial report as set out on pages 4 to 16:

1. Presents fairly the financial position of Australian College of Mental Health Nurses Incorporated as at 30 June 2015 and its performance for the year ended on that date.

2. At the date of this statement, there are reasonable grounds to believe that Australian College of Mental Health Nurses Incorporated will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:

committee member: ..............................................................
Professor Wendy Cross

committee member: ..............................................................
Mr Scott Trueman

Dated: 1 October 2015
## Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>2,113,929</td>
<td>2,106,455</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(83,997)</td>
<td>(45,490)</td>
</tr>
<tr>
<td>Advertising and promotion</td>
<td>(32,628)</td>
<td>(38,422)</td>
</tr>
<tr>
<td>Auditors remuneration</td>
<td>(6,050)</td>
<td>(7,280)</td>
</tr>
<tr>
<td>Conference expenses</td>
<td>(461,991)</td>
<td>(323,066)</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>(111,168)</td>
<td>(40,214)</td>
</tr>
<tr>
<td>Depreciation, amortisation and impairments</td>
<td>(5,365)</td>
<td>(6,700)</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(818,038)</td>
<td>(791,996)</td>
</tr>
<tr>
<td>Insurance</td>
<td>(15,204)</td>
<td>(16,923)</td>
</tr>
<tr>
<td>Legal expenses</td>
<td>(14,997)</td>
<td>-</td>
</tr>
<tr>
<td>Meeting expenses</td>
<td>(37,614)</td>
<td>(22,008)</td>
</tr>
<tr>
<td>Printing, postage and stationery</td>
<td>(41,430)</td>
<td>(45,916)</td>
</tr>
<tr>
<td>Publications and information resources</td>
<td>(232,574)</td>
<td>(224,621)</td>
</tr>
<tr>
<td>Rent expense</td>
<td>(148,147)</td>
<td>(141,772)</td>
</tr>
<tr>
<td>Telephone expenses</td>
<td>(4,645)</td>
<td>(30,616)</td>
</tr>
<tr>
<td>Travel expenses</td>
<td>(89,585)</td>
<td>(112,525)</td>
</tr>
<tr>
<td>Other grant expenses</td>
<td>(4,032)</td>
<td>(139,417)</td>
</tr>
<tr>
<td>Bad debts</td>
<td>(1,000)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Profit (loss) before income tax</strong></td>
<td>4,864</td>
<td>119,489</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Profit (loss) for the year</strong></td>
<td>4,864</td>
<td>119,489</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>4,864</td>
<td>119,489</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
Australian College of Mental Health Nurses Incorporated  
ABN 75 462 537 566  

Statement of Financial Position  
As At 30 June 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**ASSETS**  
**CURRENT ASSETS**  
Cash and cash equivalents  
Trade and other receivables  
Other assets  
TOTAL CURRENT ASSETS  
**NON-CURRENT ASSETS**  
Property, plant and equipment  
TOTAL NON-CURRENT ASSETS  
TOTAL ASSETS  
**LIABILITIES**  
**CURRENT LIABILITIES**  
Trade and other payables  
Provisions  
TOTAL CURRENT LIABILITIES  
**NON-CURRENT LIABILITIES**  
Provisions  
TOTAL NON-CURRENT LIABILITIES  
TOTAL LIABILITIES  
NET ASSETS  
**EQUITY**  
Retained earnings  
TOTAL EQUITY

The accompanying notes form part of these financial statements.
Australian College of Mental Health Nurses Incorporated  
ABN 75 492 837 586  

Statement of Changes in Equity  
For the Year Ended 30 June 2015  

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profit attributable to members of the entity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 30 June 2015</td>
<td>$681,847</td>
<td>$681,847</td>
<td>$681,847</td>
<td>$681,847</td>
</tr>
<tr>
<td></td>
<td>$4,864</td>
<td>$4,864</td>
<td>$4,864</td>
<td>$4,864</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
Australian College of Mental Health Nurses incorporated  
ABN 75 492 837 566

Statement of Cash Flows  
For the Year Ended 30 June 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>2,455,007</td>
<td>2,170,910</td>
</tr>
<tr>
<td></td>
<td>(2,354,534)</td>
<td>(2,245,254)</td>
</tr>
<tr>
<td></td>
<td>17,630</td>
<td>17,837</td>
</tr>
<tr>
<td>9(b)</td>
<td>122,783</td>
<td>(58,504)</td>
</tr>
</tbody>
</table>

CASH FLOWS FROM OPERATING ACTIVITIES
Receipts from customers
Payments to suppliers and employees
Interest received
Net cash provided by (used in) operating activities

CASH FLOWS FROM INVESTING ACTIVITIES
Purchase of property, plant and equipment
Net cash used in investing activities

Net increase (decrease) in cash held
Cash and cash equivalents at beginning of financial year
Cash and cash equivalents at end of financial year

\[
\begin{array}{c|c|c}
\text{Note} & 2015 & 2014 \\
\hline
      & $ & $ \\
\text{Receipts from customers} & 2,455,007 & 2,170,910 \\
\text{Payments to suppliers and employees} & (2,354,534) & (2,245,254) \\
\text{Interest received} & 17,630 & 17,837 \\
\text{Net cash provided by (used in) operating activities} & 122,783 & (58,504) \\
\text{Purchase of property, plant and equipment} & - & (8,710) \\
\text{Net cash used in investing activities} & - & (8,710) \\
\text{Net increase (decrease) in cash held} & 122,783 & (63,214) \\
\text{Cash and cash equivalents at beginning of financial year} & 1,046,948 & 1,110,162 \\
\text{Cash and cash equivalents at end of financial year} & 1,168,731 & 1,046,948 \\
\end{array}
\]

The accompanying notes form part of these financial statements.
Australian College of Mental Health Nurses Incorporated
ABN 75 492 837 566

Notes to the Financial Statements
For the Year Ended 30 June 2015

1 Summary of Significant Accounting Policies

(a) Basis of Preparation

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act 1985 South Australia. The committee has determined that the not-for-profit association is not a reporting entity.

The financial statements have been prepared on an accruals basis and are based on historic costs and do not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless stated otherwise, have been adopted in the preparation of these financial statements.

(b) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(c) Property, Plant and Equipment

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

Plant and equipment

Plants 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(d) for details of impairment).

Subsequent costs are included in the asset’s carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss in the financial period in which they are incurred.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset’s useful life to the association commencing from the time the asset is available for use.

The depreciation rates used for each class of depreciable assets are 20-33%.
1. Summary of Significant Accounting Policies (continued)

(c) Property, Plant and Equipment (continued)

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.

(d) Impairment of assets

At the end of each reporting period, the association assesses whether there is any indication that an asset may be impaired. The assessment will include the consideration of external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the association would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

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

(e) Provisions

Provisions are recognised when the association 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.

(f) Employee provisions

Short-term employee provisions

Provision is made for the association’s obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long-term employee provisions

Provision is made for employees' long service leave and annual leave entitlements 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. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees.
Australian College of Mental Health Nurses Incorporated  
ABN 75 492 837 568  

Notes to the Financial Statements  
For the Year Ended 30 June 2015  

1 Summary of Significant Accounting Policies (continued)  

(f) Employee provisions (continued)  

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 (2014: government 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 as a part of employee benefits expense.  

The association’s obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the association 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 provisions.  

(g) Unexpended Grants  

The association receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the association to treat grant monies as unexpended grants in the statement of financial position where the association is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.  

(h) Revenue and other income  

Revenue recognition relating to the provision of services is determined with reference to the stage of completion of the transaction at the end of the reporting period and where the outcome of the contract can be estimated reliably. Stage of completion is determined with reference to the services performed to date as a percentage of total anticipated services to be performed. Where the outcome cannot be estimated reliably, revenue is recognised only to the extent that related expenditure is recoverable.  

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.  

Donations are recognised as revenue when received. Interest revenue is recognised using the effective interest method. Membership income is recognised on a receipts basis as it is voluntary in nature.  

Non-reciprocal grant revenue is recognised in profit or loss when the association obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the association and the amount of the grant can be measured reliably.  

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.  

All revenue is stated net of the amount of goods and services tax (GST).
1 Summary of Significant Accounting Policies (continued)

(i) Income Tax

The principle of mutuality provides for the association’s liability for income tax to relate only to net revenue from non-members, interest and other income, less any deductions that can be claimed under the Income Tax Assessment Act 1997.

The income tax expense (income) for the year comprises current income tax expense (income) and deferred tax expense (income).

Current income tax expense charged to the profit or loss is the tax payable on taxable income. Current tax liabilities (assets) are measured at the amounts expected to be paid to (recovered from) the relevant taxation authority.

Deferred income tax expense reflects movements in deferred tax asset and deferred tax liability balances during the year as well as unused tax losses.

Current and deferred income tax expense (income) is charged or credited directly to equity instead of profit or loss when the tax relates to items that are credited or charged directly to equity.

Except for business combinations, no deferred income tax is recognised from the initial recognition of an asset or liability where there is no effect on accounting or taxable profit or loss.

Deferred tax assets and liabilities are calculated at the tax rates that are expected to apply to the period when the asset is realised or the liability is settled and their measurement also reflects the manner in which the committee expect to recover or settle the carrying amount of the related asset or liability.

Deferred tax assets relating to temporary differences and unused tax losses are recognised only to the extent that it is probable that future taxable profit will be available against which the benefits of the deferred tax asset can be utilised.

Current tax assets and liabilities are offset where a legally enforceable right of set off exists and it is intended that net settlement or simultaneous realisation and settlement of the respective asset and liability will occur. Deferred tax assets and liabilities are offset where: (a) a legally enforceable right of setoff exists; and (b) the deferred tax assets and liabilities relate to income taxes levied by the same taxation authority on either the same taxable entity or different taxable entities where it is intended that net settlement or simultaneous realisation and settlement of the respective asset and liability will occur in future periods in which significant amounts of deferred tax assets or liabilities are expected to be recovered or settled.

(j) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.
Australian College of Mental Health Nurses Incorporated  
ABN 75 492 837 586  

Notes to the Financial Statements  
For the Year Ended 30 June 2015  

1 Summary of Significant Accounting Policies (continued)  

(i) Goods and Services Tax (GST) (continued)  
Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

(k) Comparative Amounts  
When required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

When the association retrospectively applies an accounting policy, makes a retrospective restatement or reclassifies items in its financial statements, an additional statement of financial position as at the beginning of the preceding comparative period, in addition to the minimum comparative financial statements, must be disclosed.

2 Cash and cash equivalents  

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand</td>
<td>2,100</td>
<td>2,100</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>1,167,631</td>
<td>1,044,848</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,169,731</strong></td>
<td><strong>1,046,948</strong></td>
</tr>
</tbody>
</table>

3 Trade and other receivables  

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade receivables</td>
<td>29,633</td>
<td>186,587</td>
</tr>
<tr>
<td>Total current trade and other receivables</td>
<td>29,633</td>
<td>186,587</td>
</tr>
</tbody>
</table>

4 Other assets  

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>80,264</td>
<td>95,564</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80,264</strong></td>
<td><strong>95,564</strong></td>
</tr>
</tbody>
</table>
Notes to the Financial Statements
For the Year Ended 30 June 2015

5  Property, plant and equipment

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Office equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>45,915</td>
<td>87,901</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(40,077)</td>
<td>(56,688)</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>5,838</td>
<td>11,203</td>
</tr>
</tbody>
</table>

(a) Movements in carrying amounts of property, plant and equipment

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

<table>
<thead>
<tr>
<th></th>
<th>Office Equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Year ended 30 June 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at the beginning of year</td>
<td>11,203</td>
<td>11,203</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(5,365)</td>
<td>(5,365)</td>
</tr>
<tr>
<td>Balance at the end of the year</td>
<td>5,838</td>
<td>5,838</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Office Equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Year ended 30 June 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at the beginning of year</td>
<td>11,109</td>
<td>11,109</td>
</tr>
<tr>
<td>Additions</td>
<td>6,710</td>
<td>6,710</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(6,700)</td>
<td>(6,700)</td>
</tr>
<tr>
<td>Balance at the end of the year</td>
<td>11,203</td>
<td>11,203</td>
</tr>
</tbody>
</table>

6  Trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsecured liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade payables</td>
<td>70,195</td>
<td>118,707</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>23,523</td>
<td>21,415</td>
</tr>
<tr>
<td>Deferred income</td>
<td>393,059</td>
<td>391,611</td>
</tr>
<tr>
<td></td>
<td>467,377</td>
<td>531,733</td>
</tr>
</tbody>
</table>
7 Provisions

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave entitlements</td>
<td>87,091</td>
<td>102,120</td>
</tr>
<tr>
<td>Long service leave entitlements</td>
<td>24,287</td>
<td>18,849</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>111,378</td>
<td>120,968</td>
</tr>
<tr>
<td>NON-CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long service leave entitlements</td>
<td>-</td>
<td>5,754</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-</td>
<td>5,754</td>
</tr>
</tbody>
</table>

Provisions summary table

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual leave entitlements</td>
<td>87,091</td>
<td>102,120</td>
</tr>
<tr>
<td>Long service leave entitlements</td>
<td>24,287</td>
<td>24,002</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>111,378</td>
<td>126,722</td>
</tr>
</tbody>
</table>

Analysis of total provisions

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-current</td>
<td>111,378</td>
<td>120,968</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>111,378</td>
<td>126,722</td>
</tr>
</tbody>
</table>

Employee Provisions

Employee provisions represent amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the association does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the association does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.
Australian College of Mental Health Nurses Incorporated
ABN 75 492 837 566

Notes to the Financial Statements
For the Year Ended 30 June 2015

8 Revenue and Other Income

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- grants</td>
<td>442,118</td>
<td>631,030</td>
</tr>
<tr>
<td>- sponsorship</td>
<td>109,047</td>
<td>110,464</td>
</tr>
<tr>
<td>- member subscriptions</td>
<td>764,797</td>
<td>803,599</td>
</tr>
<tr>
<td>- conference income</td>
<td>572,866</td>
<td>300,877</td>
</tr>
<tr>
<td>- credentialing fees</td>
<td>47,305</td>
<td>104,914</td>
</tr>
<tr>
<td>- royalties</td>
<td>41,942</td>
<td>35,805</td>
</tr>
<tr>
<td>- interest income</td>
<td>17,830</td>
<td>17,837</td>
</tr>
<tr>
<td>- other income</td>
<td>96,224</td>
<td>101,929</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>2,113,929</td>
<td>2,106,455</td>
</tr>
</tbody>
</table>

9 Cash Flow Information

(a) Reconciliation of cash

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>2</td>
<td>1,169,731</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,169,731</td>
</tr>
</tbody>
</table>

(b) Reconciliation of Cash Flow from Operations with Profit (loss) after Income Tax

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit (loss) for the year</td>
<td>4,064</td>
<td>119,489</td>
</tr>
<tr>
<td>Non-cash flows in profit (loss):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- depreciation</td>
<td>5,365</td>
<td>6,700</td>
</tr>
<tr>
<td>Changes in assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- (increase)/decrease in trade receivables</td>
<td>156,954</td>
<td>(179,394)</td>
</tr>
<tr>
<td>- (increase)/decrease in prepayments</td>
<td>15,300</td>
<td>(10,059)</td>
</tr>
<tr>
<td>- increase/(decrease) in deferred income</td>
<td>2,048</td>
<td>74,218</td>
</tr>
<tr>
<td>- increase/(decrease) in trade payables</td>
<td>(48,512)</td>
<td>(91,031)</td>
</tr>
<tr>
<td>- increase/(decrease) in accrued expenses</td>
<td>2,108</td>
<td>(323)</td>
</tr>
<tr>
<td>- increase/(decrease) in provisions</td>
<td>(15,344)</td>
<td>2,496</td>
</tr>
<tr>
<td>Cash flow from operations</td>
<td>122,783</td>
<td>(56,504)</td>
</tr>
</tbody>
</table>
Australian College of Mental Health Nurses Incorporated
ABN 75 492 837 566

Notes to the Financial Statements
For the Year Ended 30 June 2015

9 Cash Flow Information (continued)

(c) Credit standby arrangements with banks

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit facility</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Amount utilised</td>
<td>(9,942)</td>
<td>(14,342)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,058</strong></td>
<td><strong>10,658</strong></td>
</tr>
</tbody>
</table>

The association has credit card facilities setup with their bank with general terms and conditions. Interest rates are variable and subject to adjustment.

(d) Non-cash financing and investing activities

There were no non-cash financing or investing activities during the year.

10 Association Details

The principal place of business of the association is:
Australian College of Mental Health Nurses Incorporated
ALIA House, Level 1
9-11 Napier Close
Deakin ACT 2600
Independent Auditor’s Report

To the members of Australian College of Mental Health Nurses Incorporated


We have audited the accompanying financial report being a special purpose financial report, of Australian College of Mental Health Nurses Incorporated, which comprises the statement of financial position as at 30 June 2015, 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 comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

Committees’ Responsibility for the Financial Report

The committee members are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1, is appropriate to meet the requirements of the Association Incorporation Act 1985 South Australia and is appropriate to meet the needs of the members. The committee members responsibility also includes such internal control as the committee members determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

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

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

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

To the members of Australian College of Mental Health Nurses Incorporated

Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Australian College of Mental Health Nurses incorporated as at 30 June 2015, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and Association Incorporation Act 1985 South Australia.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial report which describes the basis of accounting. The financial report is prepared to assist the Australian College of Mental Health Nurses Incorporated to comply with the financial reporting provisions of Association Incorporation Act 1985 South Australia. As a result, the financial report may not be suitable for another purpose.

Hardwickes
Chartered Accountants

[Signature]

Robert Johnson FCA
Partner

Canberra
Dated: 1 October 2015
Images Index

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