Our Vision

“A world class workforce for NSW and beyond that supports journeys of recovery and better mental health through partnerships across individuals, practitioners and communities.”

NSWIOP Mission

“To deliver excellence in education and training that enhance capabilities which improve the mental health and wellbeing of people in NSW and beyond”.
Letter to the Minister

The Hon Pru Goward, MP
Minister for Mental Health
52 Martin Place
SYDNEY NSW 2000

Dear Minister Goward,


Yours sincerely

Dr Nicholas O'Connor
Acting Chair, Members
NSW Institute of Psychiatry
Foreword

It is with much pleasure that I introduce the 2014-15 NSW Institute of Psychiatry (NSWIOP) Annual Report. It has been a year of consolidation and progress in taking the NSWIOP forward, especially in relation to its transition to the NSW Health Education and Training Institute (HETI).

A milestone for the NSWIOP was reached on 27 November 2014 when the organisation celebrated its achievements in delivering 50 years of quality mental health education and training. The celebration was marked with a gathering of alumni, current and previous staff, students and guests. Three former NSWIOP Directors, two NSW Mental Health Deputy Commissioners, the NSW Chief Psychiatrist and the HETI Chief Executive were also present. Professor The Honourable Marie Bashir AD CVO was special guest, as was the then Minister for Mental Health The Honourable Jai Rowell MP.

Professor Bashir captured the essence of the anniversary celebration when she expressed her gratitude to everyone who had contributed to the development and delivery of NSWIOP’s mental health education over the past five decades: “Thank you to those present and past who contributed to that great stream of education to which I and so many others were privileged to undertake.”

NSWIOP’s commitment to people with lived experience of mental health issues was a key theme of the 50th anniversary. This commitment was symbolised with the unveiling of reinterpretations of a Picasso drawing created by artist Simon Champ. The occasion also provided a special opportunity to present NSWIOP Outstanding Service Awards to three individuals: the Late Dr Maurice Sainsbury, Founding Director of the NSWIOP; Professor Anthony Baker, who served as Academic Board Chair for 14 years; and Ms Erica Khattar, who marked 36 years as Education Support Officer for NSWIOP.

During the year, the NSWIOP also acknowledged Her Honour Judge Helen Syme and her contributions as the Chair of the NSWIOP Members for more than six years. Dr Nicholas O’Connor has subsequently occupied this role and has continued to be a strong supporter of the NSWIOP through his involvement in the Transition Committee and in providing clinical support to the development of NSWIOP’s activities.

There have also been significant appointments to the NSWIOP in FY 2014-15. First, Professor Annemarie Hennessy, Dean of Medicine from the University of Western Sydney commenced as Chair of the Academic Board in January 2015. Professor Hennessy is a highly esteemed medical educator who was honoured with an Order of Australia in 2015. Professor Hennessy brings vision, dynamic leadership and great experience to the role of Academic Board Chair, and the NSWIOP is very appreciative of her contribution.

A number of senior NSWIOP staff appointments have also occurred, with the appointment of Dr Roderick McKay as Director, Psychiatry and Mental Health Programs in December 2014 and Mr Mark Wilbourn as Director, Education and Training in April 2015. These appointments were pivotal to the finalisation of the NSWIOP’s restructure that began in FY 2013-14.
A key achievement for the NSWIOP in FY 2014-15 was the development of a Strategic Plan for 2015 to 2017, with the redefined mission:

“To deliver excellence in education and training that enhance capabilities which improve the mental health and wellbeing of people in NSW and beyond”.

The Strategic Plan outlines the NSWIOP’s general direction to enhance partnerships, innovation, integration and governance. This plan will guide the NSWIOP in successfully transitioning to a Mental Health Education Portfolio of HETI, which is expected to be completed by January 2017. This clear direction and greater certainty in timing for the transition was achieved through planning the management of the transition of the Higher Education Provider status from NSWIOP to HETI.

The transition of the Higher Education Provider function to HETI represents a unique opportunity for the entire health system. In order to plan this critical issue, NSWIOP undertook significant preparation in FY 2014-15 prior to approaching the Commonwealth regulatory agency Tertiary Education Quality Standards Agency (TEQSA). A joint high-level HETI-NSWIOP Project Team is now managing the next steps to transition in the new financial year with a required completion by December 2016.

In the last financial year, NSWIOP received a record number of 30 applications for Psychiatry Fellowships it provides on behalf of the NSW Ministry of Health. The fellowships, awarded across the categories of child and family, special training and research, were promoted with the help of the NSW Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). One of the recipients, Dr Clare Chapman, recently noted the skill development opportunity the fellowship provided her. Dr Chapman commented, “The fellowship provides a platform for shaping a career that balances both my clinical and research interests in my chosen field of psychiatry with chronic complex trauma patients.”

On behalf of the Members and Leadership Team of the NSWIOP, I would like to acknowledge the ongoing commitment of our partners in education and training, as well as in the mental health sector. The NSWIOP has been fortunate to work closely with the NSW Ministry of Health, particularly the Mental Health and Drug and Alcohol Office (MHDAO); the NSW Mental Health Commission; Being (previously known as the NSW Consumer Advocacy Group) and other peak organisations; the Local Health Districts and Specialty Networks; and HETI. All of these partnerships have been supported to ensure that mental health education and training in NSW continues to be strengthened.

I would also like to thank the NSWIOP Members and the NSW Mental Health Commissioner in overseeing the transition processes and providing guidance and direction in this year of significant renewal. Most importantly, I would like to acknowledge the dedicated work of all the NSWIOP staff in their delivery and support of high quality mental health education and training.

Rhonda Loftus
Executive Director
NSW Institute of Psychiatry
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NSWIOP Vision and Mission

Our Vision
A world class workforce for NSW and beyond that supports journeys of recovery and better mental health through partnerships across individuals, practitioners and communities.

Our Mission
To deliver excellence in education and training that enhance capabilities which improve the mental health and wellbeing of people in NSW and beyond.

In working towards our vision, NSWIOP will focus on four strategic goals:

1. Working in consistent partnerships across health and related sectors to improve education and training
2. Strong and transparent frameworks for how we plan, operate and manage resources
3. Leading mental health education and adapting to the needs of consumers, the health workforce and the NSW community
4. Working together as one, with well-connected teams and a whole-of-NSWIOP approach to our work.

Objectives
The NSWIOP was established under the New South Wales Institute of Psychiatry Act 1964 (the Act). The objectives of the NSWIOP as indicated in Section 4 of the Act are:

a. to assist and foster research and investigation into the causation, prevention, diagnosis and treatment of mental illnesses and disorders,
b. to assist and foster post-graduate education and training in psychiatry,
c. to prescribe programmes of training in psychiatry for medical practitioners to meet the requirements and standards of authorities which are recognised by the Institute and which conduct examinations for post-graduate degrees and post-graduate diplomas in psychiatry,
d. to prescribe programmes of training in psychiatry for medical practitioners, and for other persons approved by the Institute,
e. to prescribe programmes of training in mental health for non-medical groups approved by the Institute,
f. to provide training for the purpose of carrying out any of the programmes of training prescribed by the Institute pursuant to paragraph (c), (d) or (e),
g. to co-ordinate, as far as is practicable, programmes of research and investigation into the causation, prevention, diagnosis and treatment of mental illnesses and disorders,
h. to award fellowships for training or research in psychiatry or allied disciplines,
i. to promote visits from other States or countries by lecturers in psychiatry or allied disciplines,
j. to promote mental health education in the community.
Highlights and Achievements

Transition to HETI

The transition of NSWIOP into a Mental Health Education Portfolio within HETI is being overseen by a Committee chaired by the NSW Mental Health Commissioner, Mr John Feneley. The members of the Transition Committee are: Professor Anthony Baker (until November 2014); Dr Nicholas O’Connor; Professor Annemarie Hennessy (from February 2015); Ms Corrine Henderson (until February 2015); Ms Heather Gray (until December 2014); Ms Jenna Bateman (from February 2015); Ms Susan Pearce (February to June 2015); Mr Peter Carter (until June 2015); and Ms Leanne O’Shannessy.

The Transition Committee advises the Minister for Mental Health on governance across the transition process and how the transfer of NSWIOP to HETI will deliver the expected outcome of enhanced mental health education and training across NSW. The Committee met four times in FY 2014-15 to consider the progress against the recommendations from the NSW Mental Health Commission Review of NSWIOP 2013 and worked through an implementation plan against these recommendations.

Transition Committee Chair Mr John Feneley commended the work that has been undertaken by the NSWIOP in 2014-15 and the positioning that has been achieved to take the organisation forward to support its contributions to the mental health sector. The phased transition to HETI has also significantly assisted the NSWIOP in stabilising business operations and improving financial management processes, communication systems and overall governance. As a consequence of this work, the NSWIOP has had its recurrent funding restored by the NSW Ministry of Health as of 1 July 2014.

About the Health Education Training Institute

The Health Education and Training Institute (HETI) began operations in April 2012 as a Statutory Health Corporation following a Ministerial Review of Future Governance for NSW Health. It builds on the work of predecessor organisations: the Clinical Education and Training Institute, the NSW Institute of Medical Education and Training and the NSW Institute of Rural Clinical Services and Teaching.

HETI supports education and training for excellent health care across the NSW Health system. HETI’s mission is to improve the health of NSW and the working lives of NSW Health staff through education and training. To do this, it works closely with Local Health Districts, Specialty Health Networks, other public health organisations and health education and training providers.

HETI ensures that education and training:
- support safe, high quality, multi-disciplinary, team based, patient-centred care
- meet service delivery needs and operational requirements, and
- enhance workforce skills, flexibility and productivity.

HETI supports education and training for excellent health care across the NSW Health system. NSWIOP’s transition as a Mental Health Education Portfolio of HETI supports the NSW Government’s commitment to providing education that enables the delivery of high quality mental health services and demonstrates its support for the Government’s implementation of the Mental Health Commission’s Strategic Plan for NSW, 2014-2024.
Enhancing governance and risk management

NSWIOP focussed on enhancing governance oversight and managing risks during FY 2014-15. Direction from NSWIOP Members, consultations with senior HETI staff and collaboration among the NSWIOP Leadership Committee have informed the development of these strategies.

Below are the key governance systems and measures developed in FY 2014-15:

- development of the NSWIOP Members’ Charter which guides the role of NSWIOP Members during the transition;
- Ministerial approval of the NSWIOP Delegations Manual which establishes levels of authority delegated to duly appointed office holders and staff of the NSWIOP for the operational management of the organisation. The Delegations Manual complements the Service Level Agreement developed in 2014 with HETI for the corporate, finance, marketing and administrative activities provided by HETI staff on behalf of the NSWIOP;
- establishment of an Audit and Risk Committee based on Treasury guidelines to oversight the management of financial and other risks for the organisation as well as the ratification of the Committee’s Terms of Reference.
- development and ongoing action against an enterprise-wide risk register
- establishment of the NSWIOP Finance and Performance Committee

Continued delivery of education and training to the mental health sector

Throughout FY 2014-15, the NSWIOP has continued its delivery of quality education and training to the mental health sector. NSWIOP has provided more innovative delivery of its training to staff around the State in their work against the Involuntary Drug and Alcohol Act (IDAT), through a revised blended learning delivery with very positive evaluations.

Recurrent funding restored by the NSW Ministry of Health

As a result of the successful management of the NSWIOP transition; strengthened governance systems; effective implementation of expenditure management measures; and the development of a detailed budget, the NSW Ministry of Health restored the NSWIOP’s recurrent funding as of 1 July 2014.

Dialogue and consultations improve teaching and learning experiences

NSWIOP has engaged with students, Education Service Providers who provide lectures to its students as well and stakeholders in the mental health sector, in consultations throughout FY 2014-15 to help improve the teaching and learning experiences at NSWIOP.
In late 2014, a series of focus group discussions were conducted with students of the Masters of Psychiatry / Postgraduate Course in Psychiatry to obtain their input on improving program delivery and the NSWIOP student learning experience. Executive Director Rhonda Loftus flagged issues identified by the students with the Royal Australian and New Zealand College of Psychiatrists State President and advised that NSWIOP is taking steps to improve program delivery and the experience of students.

NSWIOP has also initiated critical consultations with internal and external stakeholders including Education Service Providers (who provide lectures to NSWIOP students) as well as individuals and organisations in the mental health sector. NSWIOP requested feedback on the impact of the draft mission and vision for the NSWIOP.

The outcomes of these consultations include:

- confirmation that the amended, more simplified contracting process is seen as a significant improvement by Education Service Providers; and
- revision of the NSWIOP Vision and Mission statements

**Vision:** A world class workforce for NSW and beyond that supports journeys of recovery and better mental health through partnerships across individuals, practitioners and communities

**Our Mission:** To deliver excellence in education and training that enhance capabilities which improve the mental health and wellbeing of people in NSW and beyond

**Implementing change through CORE work place values and behaviours**

**Values Clarification and CORE Chat**

NSWIOP staff attended a series of values clarification workshops in July 2014 where they discussed personal and professional values and considered what it means to work in a values-led organisation. Staff members selected team and corporate values and identified the changes required to support CORE values (representing the NSW Ministry of Health values of Collaboration, Openness, Respect and Empowerment) in the workplace. In August 2014, NSWIOP staff attended follow-up workshops to define expected behaviours to demonstrate CORE values. These workshops were well received by staff.

In March and April 2015, two half-day workshops were conducted on CORE Chats. The workshops focussed on providing staff with practical tools and resources to enable them to live the CORE values in the workplace. Experience is proving that CORE Chats empower staff to achieve positive change and working out mutually acceptable resolution of issues.
Respecting the Difference

NSWIOP staff also attended Respecting the Difference workshops in June 2015. This blended learning module enabled staff members to build positive and meaningful relationships with Aboriginal people who may be clients, visitors or fellow workers.

The training further increased the confidence of NSWIOP staff in establishing appropriate and sustainable connections with Aboriginal people by identifying and acknowledging the different healthcare access issues and inequalities they experienced over many generations.

Plans are underway for FY 2015-16 to further implement the learnings from these workshops into a range of activities for NSWIOP which includes making changes to its environment.

Commitment to Consumers and Recovery

In 2014-15, NSWIOP renewed its commitment to consumers and recovery across all of its programs. Through the NSWIOP Community Outreach and Education Committee, the NSWIOP continued to integrate consumer feedback in its programs and began to formulate plans for the inclusion of consumers in its governance structure and processes.

Two in-services training were conducted in conjunction with the NSW Deputy Mental Health Commissioners. These provided NSWIOP staff knowledge of key issues affecting people with lived experience of mental illness and the Commission’s lead role in relation to well-being and recovery.

In addition, NSWIOP completed consultations for the appropriate acknowledgment of people with lived experience of mental illness, which resulted in the development of the following means of recognition to be used at NSWIOP events:

On-site acknowledgment

"In light of our purpose, and in particular given the history of this site, I would like to recognise those with lived experience of mental health conditions in NSW.

I acknowledge that mental health clinicians can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities."

Off-site acknowledgment

"In light of our purpose, and in particular given the history of the site where the NSW Institute of Psychiatry is located, I would like to recognise those with lived experience of mental health conditions in NSW.

I acknowledge that mental health clinicians can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities."
Managing the Higher Education Provider status

The crucial issue of managing the transfer of NSWIOP’s Higher Education Provider status to HETI is one of the key actions arising from the recommendations from the 2013 NSW Mental Health Commission Review of the NSWIOP. Throughout FY 2014-15, NSWIOP worked closely with HETI to develop a strategy for the transition of the Higher Education Provider status.

The effective management of the Higher Education Provider status, awarded by the Commonwealth accreditation body Tertiary Education Quality Standards Agency (TEQSA), is seen as crucial to the successful transition of NSWIOP to HETI.

The NSW Ministry of Health has granted approval for the NSWIOP to commence planning and negotiation with TEQSA to establish an agreed approach to transition the NSWIOP’s Higher Education Provider status to HETI in early 2015. These plans were finalised towards the end of the financial year with actions to be put into effect across FY 2015-16.

Mental Health Professional Online Development Modules to HETI Online

The NSWIOP ICT team worked with Mental Health and Drug and Alcohol (MHDAO), the Senior Coordinator of the Mental Health Professional Online Development (MHPOD) and HETI to test and migrate the MHPOD modules to HETI Online, a learning management system available to staff of the NSW public health system. Fourteen modules are being migrated, with the intention of migrating the remaining 44 modules by the end of 2015.

More Effective Student Records Management

Another achievement in FY 2014-15 was the integration of systems between HETI and NSWIOP, with the NSWIOP adopting the digital records management system (TRIM). NSWIOP staff worked with HETI to build a records management structure that is complementary to the current HETI system and is suitable for the NSWIOP business needs.

The training of staff has been completed and TRIM use has commenced for student record management and corporate documents. TRIM rollout has been managed via a phased approach with the first phase dedicated to ensuring digital management of NSWIOP student records.

Student files have been scanned and the electronic records have been stored in a private and secure cloud environment, providing easier access and better protection of the documents from loss or deterioration.

As required by The NSW Government Information and Classification and Labelling Guidelines (DFS C2013-5), information including records were classified in a manner consistent with the Australian Government security classification system.
People, Policies and Plans

NSWIOP Organisational Structure
NSWIOP Member Meetings

The NSWIOP held six regular meetings during the period. Attendance was as follows:

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<td>Judge Helen Syme (Chair)</td>
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<tr>
<td>Dr Nick O’Connor - Royal Australian and New Zealand College of Psychiatrists (Acting Chair)</td>
<td>Y</td>
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<td>Prof Julian Trollor - University of New South Wales</td>
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<td>Ms Joanne Seymour - Australian College of Mental Health Nurses</td>
<td>Y</td>
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<td>Mr Phil Escott - Consumer Interests</td>
<td>N</td>
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<td>Mr Peter Carter - NSW Ministry of Health</td>
<td>Y</td>
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<td>Ms Rhonda Loftus - NSWIOP</td>
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<td>Prof Brian Kelly - University of Newcastle</td>
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Staffing of the NSWIOP

The NSWIOP workforce is comprised of skilled medical, allied health, educational and professional personnel who work enthusiastically and diligently to develop and implement as well as promote effective mental health education and training programs in Australia.

A principal recommendation of the NSW Mental Health Commission 2013 functional review of the NSW Institute of Psychiatry was for the NSWIOP be merged with HETI.

A staged transition commenced in 2014 when the corporate and administrative positions transitioned to HETI. HETI has provided administrative and corporate services support to the NSWIOP since January 2014 under a services level agreement.

Educational and project staff are engaged through the NSW Ministry of Health, and those positions will transition to HETI in FY 2015-16. During FY 2014-15, 34 staff were engaged at NSWIOP (30.2 FTE).

Number of Executive positions Executive Band 1 or above:
- at 30/6/15 1
- at 30/6/14 1

Number of female Executive Band Officers:
- at 30/6/15 1
- at 30/6/14 1

External Educational Service Providers

External educational service providers comprise of lecturers, unit coordinators, supervisors, markers and writers. The services provided by educational service providers support the design, delivery and evaluation of various programs offered by NSWIOP, providing a core contribution to the provision of quality education.

During the period to 30 June 2015, NSWIOP engaged over 150 external service providers to support mental health education programs.

Consultants engaged by NSWIOP for FY 2014-15

For consultancies costing less than $30,000:

Category: Information technology

Description: Advisory services provided in assisting the development of an Information Security Management System (ISMS) to be compliant with the Digital Information Security Policy. Services included a gap analysis, a roadmap to compliance, and advice on policy related to information security.

Number of engagements: One
Total Cost of engagement: $14,700.00
Fiduciary Audit

A fiduciary audit of the NSWIOP was requested by the HETI Chief Executive during the commencement of NSWIOP’s transition to HETI. The fiduciary audit was undertaken by the Independent Audit Bureau in February 2014 and a final report was accepted by the HETI CE in May 2014.

The objective of the audit was to determine the effectiveness of fiduciary controls within the NSWIOP. Based on the audit results, the Independent Audit Bureau submitted recommendations on 42 findings for the NSWIOP to implement by the end of August 2014. The Independent Audit Bureau conducted the follow-up review of the fiduciary controls in March 2015. A final report issued in April 2015 indicated a favourable outcome, with all recommendations against the 42 findings having been implemented satisfactorily.

NSWIOP Budget

During 2014-15, the cost of services provided by the NSWIOP was mapped appropriately against cost centres to course, unit and project levels. A detailed budget was also developed for FY 2015-16 incorporating the efficiencies achieved during FY 2014-15. This detailed level of analysis enabled an evidence-based consideration of the continued financial viability of the NSWIOP and the opportunities for consolidation of programs and expenditure management.

The budget development and effective reporting of actual expenditures against the budget stabilised the NSWIOP business, introduced consistent practice and good governance, boosted staff morale and improved the cohesiveness of the corporate and administrative teams. These measures have enhanced the internal controls and mapped a way forward for the NSWIOP.
Appointment of Chair, Academic Board and NSWIOP Directors

There have also been significant appointments to the NSWIOP in 2014-15. Professor Annemarie Hennessy, Dean of Medicine from the University of Western Sydney commenced in the position of Academic Board Chair in January 2015. Professor Hennessy is a highly esteemed medical educator who was honoured with an Order of Australia in 2015. She brings great experience and presence to this role and the NSWIOP is very appreciative of her acceptance of the role as Academic Board Chair.

There have also been successful staff appointments to the lead positions for the NSWIOP with the appointment of Dr Rod McKay as Director, Psychiatry and Mental Health Programs in December 2014 and of Mr Mark Wilbourn as Director, Education and Training in April 2015. These senior appointments strengthen the NSWIOP Leadership Team and complete the restructure that began in the previous year.

Dr McKay brings an immense set of skills to the role of Director, Psychiatry and Mental Health Programs. As a highly respected senior staff specialist, Dr McKay has worked in both clinical and clinical management roles related to mental health care of older people in South Western Sydney for many years.

Mr Wilbourn has a long history as a nurse educator and academic. He has most recently worked at the University of Western Sydney but previously worked at major universities in the United Kingdom. Mr Wilbourn has extensive experience in inter-professional education and collaborative work with individuals with lived experience of mental illness.
Regulatory Reports

The following regulatory reports were provided in the FY 2013-14 Annual Report, and in line with triennial reporting requirements will next appear in the FY 2016-17 Annual Report:

- Multicultural Policies and Services Plan
- Work Health and Safety (WHS)
- Equal Employment Opportunity (EEO)
- Disability Plan
- Waste Reduction and Purchasing Policy (WRAPP)

Privacy and Personal Information

The NSWIOP complies with the requirements of the Privacy and Personal Information Protection Act 1998 in the collection of data from our students. A privacy statement is included in the NSWIOP Course Application Form which clearly states:

“The information you supply on this form is needed by the NSWIOP to manage your enrolment and participation. The NSWIOP will also use the information to notify you of the NSWIOP’s future courses and events. If you do not wish to receive this information please tick this box. No personal information will be disclosed outside the NSWIOP without your express consent, except where required by law. Enquiries should be directed in the first instance to NSWIOP on (02) 9840 3833.”

Information collected is stored securely in a password-protected environment with a secure data backup system. Students may have access to their information upon request and they are encouraged to keep their information accurate and up-to-date through submission of a ‘Personal Details Variation Form’ which is publicly available on the NSWIOP website and which is included in all student learning packages given to students.”
Education and Research

Consolidating the delivery of core education and training

NSWIOP remains committed to providing high quality education and training. Registration as a Higher Education Provider was originally due for renewal with the Tertiary Education Quality and Standards Agency (TEQSA) in June 2016, along with many of the existing courses. The transition of NSWIOP into HETI, planned for the end of 2016, necessitated a request to TEQSA for an extension of the accreditation period to 31 December 2016. This was granted in July 2015 and the NSWIOP has been advised that the accreditation of courses due for renewal in 2016 has also been extended to 31 December 2016.

TEQSA acknowledged the status of the transition and advised the next accreditation event should be determined by 31 December 2016, when HETI should apply as a new applicant to become a Higher Education Provider. It was also stated that HETI could make this entity application against the NSWIOP courses.

Following the transition, NSWIOP will continue its functions in education and training in mental health as a Mental Health Education Portfolio within HETI. A shared project management approach between NSWIOP and HETI, including a review of all academic policies and procedures, has commenced. It will be necessary to lodge the required applications with TEQSA by 29 February 2016. TEQSA will assess the respective applications between by December 2016.

In May 2014, NSWIOP commenced an internal review aimed at consolidating its higher education courses under a combined Masters framework that will have greater relevance for the capability development of the mental health workforce. Short-term measures included combining the Adult Mental Health and Older Persons Mental Health streams, and removal of non-viable elective units from its course offerings. Work commenced in FY 2014-15 on integrating the remaining courses into two frameworks: the Master of Psychiatry and a Master of Applied Mental Health Studies. These frameworks will be underpinned by the philosophy of Recovery Oriented Practice.

The successful transfer of the Higher Education Provider status of NSWIOP is seen as pivotal to the success of the transition into HETI. There has been a systematic improvement of all NSWIOP processes and governance both for corporate and academic delivery as these have been increasingly integrated with those of HETI. The functions of the Academic Board are supported by the newly formed Teaching and Learning Committee, the Training and Community Committee, and the Human Research Ethics Committee. Course advisory committees report directly to the Teaching and Learning Committee, and the Standing Committee for Community Outreach and Education reports directly to the Training and Community Committee.

NSWIOP continues to offer a range of training funded from multiple sources including the Mental Health Drug and Alcohol Office (MHDAO). All training initiatives are supported by senior project officers who report to the Training and Community Committee. Expertise from people with lived experience of mental illness is sought through the Standing Committee for Community Outreach and Education. NSWIOP also has a dedicated Consumer Education Officer to support the development and delivery of education and training.
NSWIOP Course offerings

The NSWIOP continues to offer an innovative, flexible inter-professional learning environment for a diverse student population that includes healthcare professionals, psychiatrists and other medical practitioners, staff of non-government organisations, users of mental health services, carers of people with mental health problems and members of the community.

Postgraduate courses are offered at graduate certificate, graduate diploma and master’s level. Medical courses include psychiatry; advance training in child, adolescent and family psychiatry; and general practice. Multidisciplinary courses include perinatal and infant mental health; child and adolescent mental
**Multidisciplinary Postgraduate Education**

NSWIOP offers a professional skills-based Graduate Mental Health Program for people working in the field of mental health. Courses offered include Graduate Certificates in Mental Health (24 credit points); Graduate Diplomas of Mental Health (48 credit points); and Masters of Mental Health (72 credit points). This comprehensive and fully accredited multidisciplinary program is offered mainly by distance education.

NSWIOP currently offers the following accredited courses:

- Graduate Diploma of Mental Health (Perinatal and Infant)
- Master of Mental Health (Perinatal and Infant)
- Graduate Certificate in Mental Health (Child and Adolescent)
- Graduate Diploma of Mental Health (Child and Adolescent)
- Master of Mental Health (Child and Adolescent)
- Graduate Certificate in Mental Health (Adult)
- Graduate Diploma of Mental Health (Adult)
- Master of Mental Health (Adult)
Medical Education

Master of Psychiatry and Postgraduate Program in Psychiatry

Course Coordinator: Dr Amanda Rosso Buckton
Education Support Officers: Ms Erica Khattar (from January 2015)  
Ms Sinead O’Halloran

In 2014-15, both the Master of Psychiatry and the Postgraduate Course in Psychiatry were delivered via mixed methods using a combination of an online learning system (Moodle) for the delivery of course resources, expert lectures at the NSWIOP and on and offsite tutorials for smaller group learning.

In 2014, students on rural placement and those with exceptional circumstances had access to livestreaming of lectures via Moodle. This was upgraded to web-based videoconferencing (Zoom) in 2015. Video podcasts were available for review by students in the middle of the term and at the end of each semester.

Specific skills-based workshops were also provided to better equip students with skills in understanding mental health legislation, emergency mental health provision, the delivery of specific treatments in psychiatry, study skills and preparation for the Royal Australian and New Zealand College of Psychiatrists (RANZCP) examinations. The written examination workshop and trial examination were supported by the NSW Branch Training Committee of the RANZCP and Directors of Training.

Teaching staff included clinical, academic and consumer experts from psychiatry, allied health and recovery-oriented organisations. Teaching staff came from tertiary institutions, local health districts, specialised mental health service providers and consumer organisations and included representatives from the following universities: Macquarie University, University of Newcastle, University of New South Wales, University of Sydney, and the University of Western Sydney.

Teaching staff also came from the following: Aboriginal Medical Service Western Sydney; Academic Department for Old Age Psychiatry - Prince of Wales Hospital; Centre for Values, Ethics and the Law in Medicine – University of Sydney; Cumberland Hospital Clinical Psychology Services; Department of Psychological Medicine, Royal North Shore Hospital; Department of Psychiatry, Westmead Hospital; Mental Health Coordinating Council; Justice Health and Forensic Mental Health Network; Mental Health Sciences, Cumberland Hospital; Northside Clinic Greenwich; BEING: Mental Health and Wellbeing Consumer Advisory Group; Psychological Medicine, Children’s Hospital Westmead; Psychiatry Research and Teaching Unit, Liverpool Hospital; Queensland Health; Rivendell Child, Adolescent and Family Mental Health Services; Riverglen Unit, Greenwich Hospital; Specialist Mental Health Services for Older People – Northern Sydney LHD and the Sydney Medically Supervised Injecting Centre.

Advanced Trainees holding Institute Fellowships also contributed to teaching based on their research and special projects.
Master of Psychiatry students worked on research projects covering a wide range of topics demonstrating growing contributions to the field of psychiatry. Successful submissions included:

1. "A pilot study investigating whether there are differences in the timing of receiving ECT for rural psychiatric patients compared to urban psychiatric patients"
2. “Delusional Disorder in the elderly: a retrospective study”
3. “The metabolic and hormone profile of raloxifene in men and women with schizophrenia”
4. “Meta-analysis of the association between suicidal ideation and later suicide among patients with either a schizophrenia spectrum psychosis or a mood disorder”
5. “Should we be re-looking at the role of depot antipsychotic agents in the treatment of bipolar illness: A survey of psychotropic prescribing patterns in patients with bipolar disorder treated in the community between 1998– 2005”

The Master of Psychiatry remains accredited with the Tertiary Education Quality and Standards Agency (TEQSA) until 2020. The lecture program in 2014-15 remains aligned with the new RANZCP Competency-Based Fellowship Program (CBFP) syllabus. Reaccreditation of the Master of Psychiatry and Postgraduate Course in Psychiatry with the RANZCP was submitted late in the financial year.

Support for student learning was provided by Dr Amanda Rosso Buckton as Course Coordinator of the Master of Psychiatry / Postgraduate Course in Psychiatry and Dr Roderick McKay, Director Psychiatry and Mental Health Programs from January 2015. The Medical Education programs received administrative support from Ms Sinead O’Halloran and Ms Erica Khattar (from January 2015) as Education Support Officers.

Overall, both the Master of Psychiatry and the Postgraduate Program in Psychiatry had reduced enrolments during the 2014-15 reporting period. This coincided with the commencement of another Formal Education Course for psychiatry training that is available to the trainee market.
Child, Adolescent and Family Psychiatry

Course Coordinator: Dr Magella Lajoie
Education Support Officer: Ms Neridah Callaghan

This two-year course is intended for Medical Practitioners who have completed Basic Training in Psychiatry and who wish to pursue Advanced Training in Child, Adolescent and Family Psychiatry. The course is accredited with the RANZCP.

The course complements clinical placements in Child and Adolescent Psychiatry and forms the formal education component of the training experience required by the RANZCP. Successful completion of the course, along with completion of other RANZCP training requirements, leads to the award of the RANZCP Certificate of Advanced Training in Child and Adolescent Psychiatry and membership of the RANZCP Faculty of Child and Adolescent Psychiatry.

Many Psychiatrists, Clinical Psychologists, Social Workers, Allied Health Staff, Pediatricians and Department of Community Services' workers, amongst others, contributed their expertise in presenting seminars and supervising the trainees during the year and all made a highly valued contribution that ensured the training program delivered a high standard of education to the trainees. Links with interstate training programs and ones in New Zealand continued to be developed, supported by the continuation of regular videoconferences.

Drs Azadi Azadeh, Anita Dhatta-Chaudhri, Puja Lal, Joey Le and Veena Raghupathy completed the Formal Education Course. Drs Caroline de Vries, Yumna Dhansay, Yolandie Goodyear, Benjamin Hoadley, Roopashree Jairam, Katherine Kelly, Annie Parsons, Iain Perkes, Lux Ratnamohan, Deepa Singhal, Joshua Tobin, Cecilia Wan and Sarah Woodgate all commenced training during this period.
Postgraduate Program in Mental Health for General Practitioners

Course Coordinator: Dr Amanda Rosso Buckton
General Practitioner Consultant: Dr Therese Roberts
Education Support Officer: Ms Neridah Callaghan

In 2014-15, the postgraduate program in mental health for General Practitioners (GPs) continued to deliver high quality mental health education and skills training for GPs via mixed methods including the online delivery of course resources via Moodle, on site skills-based workshops and regular teleconference tutorials with medical tutors from general practice and psychiatry.

Students from local, rural, regional and interstate locations undertook courses of study in mental health assessment, mental health treatment planning and specific mental health interventions. Students attended workshops where they further developed their knowledge, therapeutic mental health interventions and academic research skills.

In 2014 and 2015, new students on the Graduate Certificate program and continuing students on the Graduate Diploma participated in a clinical supervision Balint Group in order to support their learning and development as mental health practitioners.

Teaching staff on the postgraduate program included clinical, academic and consumer and carer experts drawn from general practice, psychiatry, allied health and recovery-oriented organisations. GP and psychiatry tutors provided regular instruction and feedback to students as they progressed through their postgraduate studies.

General Practitioner Consultant Dr Therese Roberts continued to provide input into new course materials for units of study and workshops, reviews of current units of study, workshop accreditation and teaching and broader consultation and teaching on the program. The NSW Ministry of Health provided ongoing funding for 2014-15 through scholarships, allowing NSW General Practitioners to study and attain postgraduate qualifications in mental health.

The Postgraduate Program in Mental Health for General Practitioners remains accredited with the Australian Government’s Tertiary Education Quality and Standards Agency (TEQSA) for 2011-2016 for each of the following courses, the Graduate Certificate in Mental Health (GP), Graduate Diploma in Mental Health (GP) and Master of Mental Health (GP).

The NSWIOP is a registered Accredited Provider with the Royal Australian College of General Practitioners (RACGP) for the 2014-2016 triennium. Dr Therese Roberts and Dr Amanda Rosso Buckton are both accredited Education Activity Representatives with the RACGP for the 2014-2016 triennium. Each course of the Graduate Program in Mental Health for General Practitioners is accredited with the RACGP for the 2014 - 2016 triennium.

All courses are accredited as Active Learning Modules and students successfully completing these courses receive RACGP Quality Improvement and Continuing Professional Development points. On-site workshops are accredited with the RACGP and the Australian College of Rural and Remote Medicine. Two workshops are also accredited with the General Practice Mental Health Standards Collaboration, the Foundations in Mental Health Assessment, Formulation and
Management Planning in General Practice, and Focussed Psychological Therapies in General Practice.

In April 2015 the General Practitioner Program had five graduates:

**Graduate Certificate in Mental Health (GP):**
Mr Adrian Large, Dr Jan Maddern and Dr Louise Verdon

**Diploma of Mental Health (GP):**
Dr Raja Ahluwalla and Dr Randa Al-Hajali
Summary of Course Activity for FY 2014-15

Multidisciplinary Courses

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Unit Enrolments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Certificate in Mental Health (General Practice)</td>
<td>GCGP</td>
<td>47</td>
</tr>
<tr>
<td>Graduate Certificate in Mental Health (Perinatal &amp; Infant)</td>
<td>GCINF</td>
<td>8</td>
</tr>
<tr>
<td>Graduate Certificate in Mental Health (Child &amp; Adolescent)</td>
<td>GCCHI</td>
<td>61</td>
</tr>
<tr>
<td>Graduate Certificate in Mental Health (Adult)</td>
<td>GCADU</td>
<td>14</td>
</tr>
<tr>
<td>Graduate Certificate in Mental Health (Older Person)</td>
<td>GCOLD</td>
<td>2</td>
</tr>
<tr>
<td>Graduate Diploma of Mental Health (General Practice)</td>
<td>GDGP</td>
<td>19</td>
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<tr>
<td>Graduate Diploma of Mental Health (Perinatal &amp; Infant)</td>
<td>GDINF</td>
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<tr>
<td>Graduate Diploma of Mental Health (Child &amp; Adolescent)</td>
<td>GDCHI</td>
<td>19</td>
</tr>
<tr>
<td>Graduate Diploma of Family Therapy</td>
<td>GDFAM</td>
<td>13</td>
</tr>
<tr>
<td>Graduate Diploma of Mental Health (Adult)</td>
<td>GDADU</td>
<td>5</td>
</tr>
<tr>
<td>Graduate Diploma of Mental Health (Older Person)</td>
<td>GDOLD</td>
<td>8</td>
</tr>
<tr>
<td>Master of Mental Health (Perinatal &amp; Infant) (Coursework)</td>
<td>MINFC</td>
<td>36</td>
</tr>
<tr>
<td>Master of Mental Health (Child &amp; Adolescent) (Coursework)</td>
<td>MCHIC</td>
<td>36</td>
</tr>
<tr>
<td>Master of Family Therapy (Coursework)</td>
<td>MFAMC</td>
<td>11</td>
</tr>
<tr>
<td>Master of Mental Health (Adult) (Coursework)</td>
<td>MADUC</td>
<td>5</td>
</tr>
<tr>
<td>Master of Mental Health (Older Person) (Coursework)</td>
<td>MOLDC</td>
<td>6</td>
</tr>
<tr>
<td>Master of Mental Health (Child &amp; Adolescent) (Research)</td>
<td>MCHIR</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>407</strong></td>
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Courses for Medical Practitioners

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Unit Enrolments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child, Adolescent and Family Psychiatry</td>
<td>CAFP</td>
<td>25</td>
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<tr>
<td>Master of Psychiatry / Postgraduate Course in Psychiatry</td>
<td>MPSY</td>
<td>458*</td>
</tr>
<tr>
<td>Master of Mental Health (General Practice) (Coursework)</td>
<td>MGPC</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>490</strong></td>
</tr>
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</table>

*MPSY data is based on enrolments in units. Previous NSWIOP Annual Reports show MPSY data for total number of students enrolled in MPSY with the NSWIOP, not unit enrolments.*
## Continuing Professional Development Workshops

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Enrolments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Assessment of Children, Youth and Families Workshop</td>
<td>CPD038</td>
<td>1</td>
</tr>
<tr>
<td>Affect Regulation in Adolescents</td>
<td>CPD081</td>
<td>11</td>
</tr>
<tr>
<td>Recovery Pathways in Older Persons Mental Health: A Wellness Group Model</td>
<td>CPD087</td>
<td>24</td>
</tr>
<tr>
<td>Family-Focussed Therapy</td>
<td>CPD089</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>48</strong></td>
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</table>

## Consumer, Carer and Community Programs

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Enrolments</th>
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</thead>
<tbody>
<tr>
<td>Consumer Advocacy Course</td>
<td>COM002</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
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</tr>
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</table>

## Single Event / Specialty Workshops

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Enrolments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child &amp; Adolescent MH Workshops for new CAMHS Workers</td>
<td>CAMHS1-5</td>
<td>90</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>90</strong></td>
</tr>
</tbody>
</table>

## Non-award Unit Enrolments

Non-award unit enrolments are where a student chooses in enrol in an individual unit of a course, without progressing through the course to obtain an award.

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional &amp; Ethical Issues in Clinical Supervision</td>
<td>EMV312</td>
<td>1</td>
</tr>
<tr>
<td>Issues in Child &amp; Adolescent Mental Health</td>
<td>SCD216</td>
<td>1</td>
</tr>
<tr>
<td>Core Skills in Family Sensitive Therapy</td>
<td>SDF617</td>
<td>1</td>
</tr>
<tr>
<td>Infant Observations 1 (Certificate)</td>
<td>SDI112</td>
<td>1</td>
</tr>
<tr>
<td>Infant Observations 1 (Diploma)</td>
<td>SDI114A</td>
<td>1</td>
</tr>
<tr>
<td>Professional &amp; Ethical Issues in Clinical Supervision</td>
<td>EMV312</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>
Fellowships

In 2014-15, the NSWIOP continued to offer Training Fellowships in order to provide training in specialised areas for advanced trainees and for those working in mental health related disciplines to undertake high quality mental health research.

This scheme was funded by the NSW Ministry of Health and is administered by the NSWIOP. The Fellowships are offered across three categories: Child and Adolescent Psychiatry; Research; and Special Training. These fellowships provide training experiences for advanced trainees and for other health practitioners in areas of special need not ordinarily available. The Training Fellowships are allocated each year.

The scheme is competitive and successful applicants receive grants for periods of up to 12 months. In addition to receiving training, Fellows, who are usually senior clinicians, provide an essential clinical service at the hospitals and community centres where they are placed. The salary and wages component of the Fellows’ salaries is funded by the Fellowship scheme.

Training Fellowships in the field of Intellectual Disability Mental Health were also offered by the NSWIOP in 2014-15 in conjunction with the NSW Department of Family and Community Services, Ageing, Disability and Home Care. In this developing subspecialty area, psychiatrists are increasingly contributing to the mental health care of people with intellectual disabilities. Training Fellowships in Intellectual Disability Mental Health are also offered for periods up to 12 months.

The Fellowships provide an opportunity for training in the specific area of intellectual disability mental health, primarily in clinical work but may include a research component. The Fellowships provide an opportunity for Fellows to acquire skills and specialised training experiences not ordinarily available.

Fellowships undertaken in FY 2014-15:

Child, Adolescent and Family Psychiatry Fellowships

The following completed their Fellowships during this period:
1. Dr Emma Gilbert
2. Dr Ian McCracken

The following commenced their Fellowships during this period:
1. Dr Azadeh Azadi
2. Dr Jeffery Ball
3. Dr Puja Lal
4. Dr Kim Le
5. Dr Iain Perkes
6. Dr Veena Raghupathy

Training Fellowships in Psychiatric Research

The following completed their Fellowships during this period:
1. Ms Carmen Axisa - “An Approach to Improving Trainee Physician Resilience and Wellbeing”
2. Dr Gordana Culjak - "Evaluation of parent and staff satisfaction with Let’s Talk and Family Talk interventions for children of parents with a mental disorder"
4. Ms Natalia Yee - “Stages of Psychosis in a Prison Population”.
5. Ms Julia Kwiet - “An open pilot study of Eye Movement Desensitisation and Reprocessing (EMDR) for post-traumatic stress symptoms in burns patients”

The following commenced their Fellowships during this period:
1. Dr Clare Chapman – “Stress Reactivity and Information Processing in Conversion Disorder: a relational neurophysiological model”
2. Dr Duncan George – “A Study of Ketamine as an Antidepressant Treatment in the Elderly”
3. Miss Sharlene Mantz – “Understanding and Treating Paediatric Obsessive Compulsive Disorder (OCD): The Role of Appraisal Processes and Family Factors”
4. Miss Alice Norton – “Self-focused attention in social anxiety disorder: The role of ruminative self-focus, negative self-imagery, and traumatic experiences”

Special Training Fellowships

The following completed their Fellowships during this period:
1. Dr Olivia Chan "Special Training Fellowship in Academic Psychiatry: Medical Education" 
2. Dr Alice Dwyer "Psychotherapy competencies – teaching skills for basic trainees" 
3. Dr Algis Griskaitis "Special Training in Distress Intolerance and Borderline Personality Disorder, with the development of an internet-based psychoeducation and skills package. 
4. Dr Andrew McKensey "Rethinking clinical leadership in psychiatry for personality disorders"

The following commenced their Fellowships during this period:
1. Dr Jacqueline Huber
2. Dr Mariann Jackson
3. Dr Candice Jensen
4. Dr Clint Pistilli
5. Dr Lauren Taylor

Intellectual Disability Mental Health Fellowships

The following completed their Fellowships during this period:
1. Dr Rowan Keighran
2. Dr Sunny Wade
3. Dr Veena Raghupathy

The following commenced the Fellowship during this period:
1. Dr Sunny Wade
2. Dr Veena Raghupathy
Community, Consumer and Carer Education

NSWIOP has reaffirmed partnerships with key stakeholder NSW peak organisations representing mental health consumers, carers and community-managed organisations, including Being, ARAFMI, Black Dog Institute and the Mental Health Coordinating Council.

This builds on previous collaborative efforts and partnerships. Representation through the Standing Committee for Community Outreach and Education, a sub-committee of the Training and Community Committee, ensures these key stakeholders can influence the work of the NSWIOP. The NSWIOP has also employed a Consumer Education Officer, Ms Mary Carroll. Ms Carroll has recently contributed to the delivery of a Consumer Advocacy course led by Being.
Special Projects

The NSWIOP has undertaken several Special Projects during the reporting period, all of which promote mental health education and training. Reports on each follow:

Grief and Loss Training for Aboriginal Mental Health Workers

Senior Project Officer: Ms Megan Wynne-Jones
Education Support Officer: Ms Marion Cheeseman

The NSW Aboriginal Grief and Loss Training Project aims to meet the long-identified need to address the impact of the multiple and ongoing cultural, historical and personal losses experienced by Aboriginal people as a result of colonisation. The experience of loss and grief has been identified as the largest single risk factor to impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. (Kelly, K, Dudgeon, P, Gee, G., Glaskin, B., 2009)

The target group for the training is the Aboriginal Mental Health workforce across NSW: in the mainstream health system, the Aboriginal Community Controlled sector and in non-government organisations. Culturally relevant training, resources and support are being developed and delivered by the NSW Institute of Psychiatry. The project is funded by NSW Ministry of Health through the NSW Suicide Prevention Strategy 2010-2015. An expert advisory group of Aboriginal and non-Aboriginal members has guided the project development.

Extensive consultation with the workforce was undertaken through a survey and focus groups at the Aboriginal Mental Health Workforce Conferences in 2013 and 2014, to ensure that the training package would meet the needs of the workforce and the communities in which they live and work. The results of these consultations have informed the training material and resource development. Pilot workshops were delivered in 2013 at three locations in NSW and feedback from these workshops also informed the development of the training material. A literature review of existing material has also been conducted for the project.

A package of two workshops was delivered across the whole of NSW in 2014. The one-day workshop consists of Aboriginal and mainstream knowledge and theory of grief and loss, worker responsibilities and self-care, and community capacity-building to deal with future loss and adversity. The two-day experiential workshop is for experienced clinicians. It provides an opportunity to reflect on personal experiences of grief, and to focus on the direct experience of creative ways of working therapeutically with the grief of others. In addition, the workshops provide practical tools for working with grief.

The workshops were highly evaluated by participants as being of high quality, highly relevant to their roles, recommendable to colleagues, and of help in delivering a better service to clients. Significant improvements in both skills and confidence in working with grief and loss issues were also recorded. Following are some comments from participants:

‘I now have a better understanding of cultural issues affecting grief and loss. I am able now to speak to my non-Indigenous colleagues with confidence in regards to our cultural significance. I think this is one of the best workshops I have been to.’
‘It increased my confidence in dealing with grief and loss. I want to learn more about complex grief and loss in Aboriginal communities. The first training in a long time that held my attention for the whole day’.

‘I learned new strategies to assist clients dealing with grief and loss and ways to effectively engage and encourage clients to talk about their feelings.’

‘The workshop was great, I enjoyed all of it. The facilitators were excellent. It was a safe place to let your deep personal life experiences and feelings out and hear others’ stories.’

‘My self-awareness was challenged and improved.’

In order to support participants in their learning, packages of art materials used in the workshop activities were supplied to interested participants for them to use with clients.

In response to feedback from the extensive consultations conducted for the project, resources in the form of two DVDs are in development. The DVDs aim to: demonstrate practical application of workshop learning by those who have done the training; reinforce learning from the workshops; focus on strengths, resilience and recovery; highlight key messages of the training; and provide education, awareness and support around grief and loss issues.
Involuntary Drug and Alcohol Treatment

Senior Project Officer: Ms Catherine Montigny
Education Support Officer: Ms Marion Young

Established by the NSW Ministry of Health in 2012, the Involuntary Drug and Alcohol Treatment (IDAT) Program provides short term care, with an involuntary inpatient component to people with severe substance dependence who have experienced, or are at risk of serious harm, and whose decision-making capacity is impaired due to their use of drugs or alcohol.

People treated under the Program may undergo involuntary treatment for up to 28 days at one of the two inpatient facilities operating in NSW (one at Royal North Shore Hospital in North Sydney, the other at Bloomfield Hospital in Orange), followed by three to six months voluntary community based treatment and support. The Drug and Alcohol Treatment Act 2007, which superseded the Inebriates Act 1912, provides the legislative framework for the delivery of the Program.

The NSWIOP was engaged by the Mental Health and Drug and Alcohol Office (MHDAO), NSW Ministry of Health to deliver training to medical practitioners (MP), Involuntary Treatment Liaison Officers (ITLOs), and other staff involved in the referral and assessment of people who may be eligible for involuntary drug and alcohol treatment under the NSW Drug and Alcohol Treatment Act 2007. While the training is intended primarily for drug and alcohol staff across the State, it is also relevant to mental health staff who may manage consumers with comorbid conditions (that is, drug and alcohol dependence and a mental illness).

Eighty five people have completed the IDAT Online training module and participated in one-day face-to-face workshops held in Orange in March 2015 and in Sydney in June and July 2015.

This program was evaluated through pre and post evaluation and included the IDAT Online training module, as well as the evaluation questionnaire completed by participants at the face-to-face workshop. The evaluation indicated the training has had significant impact on the knowledge of participants of the Drug and Alcohol Act, their understanding of their professional responsibilities under the Act and their self-perceived capacity to apply the Act.
Accredited Persons

Senior Project Officer: Ms Jenny Shaw
Education Support Officer: Ms Marion Young

There is provision within the NSW Mental Health Act 2007 (section 136) for the Appointment of Accredited Persons. This provision is designed to improve mental health care in emergency situations, particularly in areas where psychiatrists and experienced medical officers are not available at short notice. The MHDAO, NSW Ministry of Health has identified the need to provide a specific training program to appropriately qualified and experienced mental health staff in order for them to gain recognition as an Accredited Person under the NSW Mental Act 2007.

During the reporting period, the NSWIOP continued to conduct the Accredited Persons Training Program for the MHDAO. The NSWIOP training program includes a two-day training program focusing on the legal and clinical issues relevant to the role of Accredited Persons.

After attendance at the training and successful completion of a written assignment designed to demonstrate the participants’ relevant knowledge and skills to carry out their responsibilities as an Accredited Person, students are recommended to the MHDAO, NSW Ministry of Health to be registered as an Accredited Person under the NSW Mental Health Act 2007.

The successful participants are accredited for three years, at which time they are required to undertake an online refresher program to remain accredited.

Over the past 12 months there have been two Accredited Persons workshops, both held at the NSWIOP. In addition, during October and November 2014, there was online refresher training for over 300 people who required reaccreditation. Further Accredited Persons training courses are planned for the next financial year.
The NSWIOP has been contracted by the Australian Department of Health to undertake Training and Service Development and Network Coordination activities for the Australian Mental Health Outcomes and Classification Network (AMHOCN). AMHOCN has been funded to support the implementation of routine outcome measurement in Australia's public mental health services.

AMHOCN continued to provide online training in the measures that make up the National Outcomes and Casemix Collection (NOCC) across all age groups. This training can be found at: http://amhocn.nswiop.nsw.edu.au/. A NOCC retraining module for those working in adult mental health services has been developed and will be made “live” in early August 2015.

Work commenced on modules suitable for clinicians working in child and adolescent and older person’s mental health services. Just over 1000 people used the various modules of the AMHOCN online training during 2014-15.

During the last year AMHOCN has progressed work in several key areas:

- development of a measure of the social inclusion aspects of recovery;
- development of a measure of carer experiences of care;
- Community Mental Health Australia / AMHOCN collaborative project on scoping the use of outcome measures in the mental health community managed organisation (CMO) sector;
- modification of the consumer experiences of carer questionnaire (YES questionnaire) for the community managed organisation sector; and
- implementation of recommendations from the NOCC Strategic Directions 2014-2024 project.

AMHOCN progressed work on the development of a measure of the social inclusion aspects of recovery, known as the Living in the Community Questionnaire (LCQ). A final report on the development of the LCQ was presented to the Mental Health Information Strategy Standing Committee (MHISSC) in March 2015. This included some additional work on an index of social inclusion and a short form version of the tool. The report noted that, overall, the LCQ performed well in the psychometric testing.

The instrument met the minimum requirements for reliability with high levels of correlation between the test and retest scores and moderate levels of intra-rater agreement. The research was also able to validate the underlying model of social inclusion. Following discussion at the June 2015 MHISSC meeting on potential jurisdictional use of the LCQ, AMHOCN agreed to undertake further work that may facilitate implementation, use and reporting of the questionnaire.

AMHOCN continues to progress work on the development of carer experiences of care measure. Trials of the draft tool have commenced and it is anticipated that analysis of the data to understand some of the psychometric properties of the tool will be undertaken in mid-September 2015.
During 2014-15, AMHOCN collaborated with Community Mental Health Australia (CMHA) on the development of a guidebook on the use of outcome measurement in the mental health CMO sector. This work was a continuation of earlier project work, again with CMHA, that included scoping of the measures currently in use in the sector and a review of the literature to identify measures that had potential.

With advice from an expert working group, the guidebook was developed and highlights the purpose of outcome measurement, how it can be implemented in organisations and suggests measures that might be used by the sector. The guidebook will be available on the AMHOCN and CMHA websites in August 2015, with hard copies also available for distribution. AMHOCN will be liaising with CMHA to promote its availability to the sector.

AMHOCN also undertook work during 2014-15 on modifications to the Your Experience of Service (YES) questionnaire to ensure suitability for use in CMOs. The YES questionnaire was initially developed for use in public mental health services and AMHOCN supported a MHISSC working group to modify the measure for CMOs.

The modified measure was presented to MHISSC in June 2015 and AMHOCN agreed to undertake further work to test the modified measure in organisations. This testing will provide information about some of the psychometric properties of the tool and ensure that it is meaningful for consumers who access mental health CMOs. Trials are therefore planned for later in 2015.

AMHOCN continued to provide secretariat services for the Mental Health Information Development Expert Advisory Panels. The role of the Panels is to provide advice to MHISSC on issues that pertain to the mental health information development agenda, particularly in regard to outcome measurement.

During the previous reporting period, AMHOCN completed work on the NOCC Strategic Directions 2014-2024 project. This included a Final Report and Implementation Plan. The MHISSC accepted these documents and asked the National Mental Health Information Development Expert Advisory Panel (NMHIDEAP) to begin progressing work on several of the recommendations from the project’s Final Report.

NMHIDEAP therefore undertook work in areas including the development of a framework describing the domains that underpin the NOCC and revisions to the NOCC Technical Specifications. This was done to improve alignment of some collection protocols with good clinical practice and to lessen the burden of collection of the NOCC measures.

The Child and Adolescent Mental Health Information Development Expert Advisory Panel (CAMHIDEAP) continued work on one of the project’s recommendations – the development of a measure for infants and toddlers. The draft measure has essentially been developed and may be trialled in selected services during the coming year.

There has been continued collaboration with other AMHOCN components (Analysis and Reporting and the Data Bureau) during the past year on data quality and reporting of the NOCC.
Child and Adolescent Mental Health Workshops for new CAMHS Workers

Project Coordinator: Ms Christine Senediak
Project Manager: Ms Jenny Shaw
Education Support Officer: Ms Amanda Kiellor

Four workshops were held at the NSWIOP for mental health workers new to Child and Adolescent Mental Health Services (CAMHS). These workshops were modified to address the specific needs of the clinical staff attending and in response to feedback from past workshops. Greater focus was placed on understanding adolescent development, at-risk adolescents, complex presentations, in-patient emergency services for young people and those with Aboriginal and Torres Strait Island (ATSI) backgrounds.

Mental health workers from across the state attended the workshops which ran for one week at the NSWIOP campus. In addition, site visits to Rivendell, Walker, Redbank or Children’s Hospital at Westmead inpatient adolescent units were arranged.

Senior representatives from psychology, occupational therapy, social work and nursing provided mentoring regarding discipline specific goals and expectations in the workforce.

Funding has been allocated from Mental Health -Children and Young People for CAMHS training workshops in 2016.
Mental Health Legislation

Senior Project Officer: Ms Catherine Montigny
Education Support Officer: Ms Marion Young

MHDAO has provided funding for NSWIOP to conduct training for staff working in the mental health sector on the amendments to the NSW Mental Health Act 2007. NSWIOP and MHDAO have commenced work in preparation for the proclamation date for the 2015 amendments to the Act which take effect on 31 August 2015.

A Mental Health Act Education and Training Implementation Plan, a Communication and Marketing Plan and an Evaluation Plan have been submitted to MHDAO in June 2015. Stage one is well underway with eight draft factsheets and the contents of the brief information sessions submitted to MHDAO for review by the NSW Legal Branch. A review of the Mental Health Guidebook is also nearing completion.

A trial brief information session to mental health staff is scheduled to be delivered on the day of the proclamation, with more pilots to be delivered at this early stage to gauge staff learning needs and preferred duration of the session prior to the state-wide roll out.
**Customised Training**

The NSWIOP designed and developed the following customised training programs in mental health during the reporting period to 30 June 2015. These customised programs were delivered across the State by NSWIOP Education Staff and contracted lecturers.

<table>
<thead>
<tr>
<th>Customised Training</th>
<th>Attendees</th>
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<tr>
<td>Reflective Practice supervision (three-day training for staff of Lifeline Port Macquarie)</td>
<td>24</td>
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<tr>
<td>Mental Health Literacy and Safety (training for Transcultural Mental Health Centre)</td>
<td>27</td>
</tr>
<tr>
<td>Clinical Supervision Sessions (training for staff of Lifeline Mid Coast)</td>
<td>77</td>
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</tbody>
</table>
Resources

Information Communication Technology

The Information Communication Technology (ICT) Team provides a range of services to NSWIOP. These services include technical support, student support, education support, instructional design, project management and administration, and the development and maintenance of the learning management system, website, and intranet.

During 2014-15, some significant highlights included:

**HETI Involvement**
With the progression of the transition of NSWIOP to HETI, there has been an increased involvement of the NSWIOP’s ICT team and the HETI team on issues including service integration, joint development and sharing / utilising resources.

**Marketing and ICT Collaboration**
Together with the marketing team, ICT have formalised numerous procedures especially in regards to the management of the website and intranet. Collaboration between ICT and Marketing has enhanced the quality of our online presence.

**Video Production**
ICT continued to produce videos including regular recordings of lectures for the Master of Psychiatry / Postgraduate Course in Psychiatry program, pre-recording presentations to be delivered to students and recording presentations for and on behalf of NSWIOP staff at various locations.

Sophisticated use of post-production technology and processes by ICT staff has resulted in high quality videos used in NSWIOP modules, presentations, podcasts and lectures.

**Web Conferencing**
In early 2015, ICT rolled out Zoom web conferencing to NSWIOP staff and students. Zoom offers video conferencing, group collaboration and online meetings in superb quality and in a secure environment.

The NSWIOP has adopted Zoom in many areas including:

- a live stream for Master of Psychiatry lectures, providing rural students the ability to interact with the presenter and onsite participants, in addition to listening to the lecture
- video conference tutorials of the Master of Psychiatry Program, resulting in significant savings for the NSWIOP and enabling students to attend tutorials from home, work, or any location with internet access
- supervision sessions, reducing significantly the cost of teleconferencing and delivering a better learning experience where all parties are able to see each other, share materials, and join from any location with internet access
- online meetings within NSWIOP.
CAMHS Podcasting Project
ICT continues to host and maintain the CAMHS Podcasting Project. Mental Health-Children and Young People supply new podcasts that NSWIOP uploads to the website. In addition, ICT travelled offsite during 2014-15 to record multiple podcasts for this project.

Helpdesk
ICT maintains the NSWIOP ICT support helpdesk which provides support to NSWIOP staff, students and other stakeholders.

Leadership and Management Course for Psychiatry Trainees
ICT manages the enrolment of students and hosting of the online component of this workshop which was developed in cooperation with RANZCP, HETI and NSWIOP.

Mental Health Professional Online Development (MHPOD)
ICT continues to support the NSW Mental Health Professional Online Development (MHPOD) website through the enrolment of users and provision of technical support. ICT is working with HETI to transition the MHPOD modules to HETI Online for greater access to the NSW public health sector. During 2014-15, ICT took a leading role in testing and correcting issues to assist with the migration of MHPOD modules to HETI Online.

Live Streamed Events
ICT continues to facilitate live video streams for NSWIOP students. These include Postgraduate Course in Psychiatry lectures for rural and remote students. In addition to the live streaming lectures, the ICT team also offers web conferencing services to facilitate two-way communication between presenter and students. The live streaming service remains an option for students who choose to utilise this service over Zoom, the web conferencing solution recently introduced by NSWIOP.

Safestart
The original Giving Children a Safe Start: The Role of Mental Health and Drug and Alcohol Workers (Safe Start 1 and 2) online training projects were undertaken in 2009-11 and were designed primarily for mental health and drug and alcohol workers.

Access is also provided to staff from other disciplines such as Allied Health (Primary Health), Sustaining NSW Families Teams (sustained health home visiting) and Keep Them Safe Whole Family. This project continues to be hosted, supported and maintained by NSWIOP, although access is now widely available via self-enrolment.

University of NSW - Intellectual Disability Modules
In early 2015, ICT was engaged by the University of New South Wales to reproduce eight training modules in Mental Health Intellectual Disability with a final package to be uploaded to HETI Online.
Online training for Accredited Persons and Involuntary Drug and Alcohol Treatment

The ICT team provides ongoing support for online refresher training for Accredited Persons which NSWIOP facilitates on behalf of MHDAO reaccreditation. The team also supported the development of an Involuntary Drug and Alcohol Treatment (IDAT) online training module, which is a requirement for attending face-to-face IDAT workshops. In addition to the development and hosting of the module, ICT also filmed and produced video clips used in the training.

Library

Information literacy and research support are provided by the NSWIOP Librarian via a combination of hard copy and online resources for staff and students. Outreach is provided to the larger mental health community and to the general public when requested. Below are highlights for 2014-15:

Upgrade of Library Management System (LMS)

The NSWIOP has used Softlink Liberty version 3 as the Library Management System since 2006. In late 2014, the software was upgraded to version 5 for increased functionality, cost-effectiveness and better user experience for both staff and students. The upgrade was completed in March 2015.

Review of Service Level Agreement with Cumberland Hospital Mental Health Library

The NSWIOP Library has a consistent link with the Cumberland Hospital Mental Health Library through an annually reviewed service level agreement. The service level agreement provides extended research and retrieval services for NSWIOP staff. In addition, the Mental Health Library is able to supply NSWIOP with publications not included in its own collection.

Monthly updates of new resources

To help keep NSWIOP staff updated on new publications and resources in mental health, monthly email updates are sent from the library. This service is provided to support good access across various mediums.

Clinical Information Access Portal (CIAP)

NSWIOP staff were given instruction and access to the Clinical Information Access Portal (CIAP), which provides clinical information and published resources to support evidence-based practice produced by the NSW Ministry of Health.

Updating of course materials and the guide to searching the literature

A regular core function has been conducting literature searches and obtaining publications (journal articles, book chapters, online resources) to update existing course readings and help create readings for new courses and workshops. A guide to searching the literature on Moodle is regularly updated and is available to our staff and students.
Literature Skills Workshop
A Literature Skills Workshop was conducted for NSWIOP students in the following courses:

- Perinatal and Infant Mental Health
- Older Persons
- Family Therapy
- Masters of Psychiatry / Postgraduate Course in Psychiatry

Online video streaming subscription
Online video streaming continues to be used for instruction and teaching. Much of the authoritative and scholarly content is only available through purchase or subscription services. Earlier this year, the library began a subscription with psychotherapy.net, a supplier based in California. NSWIOP staff and students have access to this resource, which can be used on and off-site so that users can view the videos when it suits their schedule.

Updating course materials
A regular core function of the NSWIOP Library has been conducting literature searches and obtaining publications (journal articles, book chapters, online resources) to update existing course readings and help create readings for new courses and workshops.
Staff Activities, Memberships and External Education

Staff of the NSWIOP continued to promote mental health education and training to various external bodies. During the reporting period to 30 June 2015, NSWIOP staff were involved in the following programs for external bodies and held the following memberships and consultancies:

<table>
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<tr>
<th>Name</th>
<th>Position</th>
<th>Memberships and Consultancies</th>
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</table>
| Ms Martha Birch       | Coordinator, Perinatal and Infant Mental Health Program | • National Treasurer, Australian Association for Infant Mental Health, Inc. (AAIMHI)  
• State Secretary, AAIMHI, NSW Branch  
• Member, Australian College of Mental Health Nurses  
• Credentialed Mental Health Nurse  
• Attended the AAIMHI National Conference, QLD, and co-presented a paper on Core Competencies for Perinatal and Infant Mental Health workers, October 2014 |
| Mr Mike Hayden        | Course Coordinator, Adult Mental Health Program       | • Member, NSWIOP Academic Board  
• Member, NSWIOP Teaching and Learning Committee  
• Project Lead, development of NSW Health Education and Training Institute (HETI) Online module on Trauma Informed Care - Recovery Oriented Services  
• Presented Training workshop: *Mental health literacy and safety* to Transcultural Mental Health Centre staff, April 2015 |
| Dr Magella Lajoie     | Director, Child and Adolescent Psychiatry Advanced Training | • Fellow of the Royal Australian and New Zealand College of Psychiatrists (RANZCP)  
• Member, Faculty of Child and Adolescent Psychiatry (CAP), RANZCP  
• Chair, State Sub-committee for Advanced Training CAP  
• Member, Binational Sub-committee for Advanced Training Child and Adolescent Psychiatry  
• Member, NSW Psychiatry State Training Council, HETI |
| Ms Rhonda Loftus      | Executive Director                                   | • Member, Mental Health Program Council, NSW Ministry of Health  
• Member, Child and Youth Health Mental Health Sub-committee of the Mental Health Program Council, NSW Ministry of Health  
• Member, NSWIOP Transition Oversight Committee  
• Member, NSWIOP Members  
• Member, NSWIOP Academic Board  
• Member, HETI Executive Leadership Team  
• Attends NSWIOP Audit and Risk Committee  
• Chair, NSWIOP Leadership Committee  
• Chair, NSWIOP Finance and Performance Committee  
• Chair, NSWIOP Staff Consultative Transition Committee  
• Associate Fellow, Australian College of Health Service Managers  
• Surveyor, Australian Council on Healthcare Standards  
• Member, NSWIOP Standing Committee for Community Education and Outreach |
- Member, NSWIOP Intellectual Disability Mental Health Fellowships Committee

Dr Roderick McKay  
**Director Psychiatry and Mental Health Programs**

- Clinical Advisor, Older Persons’ Mental Health, Mental Health and Drug and Alcohol Office, NSW Ministry of Health
- Conjoint Senior Lecturer, University of NSW School of Psychiatry
- Fellow of the Royal Australian and New Zealand College of Psychiatrists
- Member, Faculty of Psychiatry of Old Age, RANZCP
- Chair, Community Consultative Committee, RANZCP
- Graduated, National Mental Health Commission inaugural National Mental Health Leaders Project
- Member, Bi-national Executive Faculty of Psychiatry of Old Age
- Chair, National Mental Health Information Development Expert Advisory Panel
- Member, National Mental Health Performance Subcommittee of the Mental Health Information Strategy Committee
- Member, Independent Hospital Pricing Authority Subacute Care Working Group
- Member, Mental Health Independent Hospital Pricing Authority Mental Health Classification Expert Reference Group
- Member, Australian Commission on Safety and Quality in Healthcare Australian Atlas of Healthcare Variation Advisory Group
- Co-facilitator, Specialist Mental Health Services for Older People (SMHSOP) NSW Benchmarking Forums
- Chair, NSW Older Persons Mental Health Working Group
- Chair, SMHSOP Community Model of Care Expert Reference Group
- Chair, NSW SMHSOP Recovery-Oriented Practice Improvement Project Steering Group
- Chair, NSW Physical Health Care in Mental Health Services Working Group
- Co-chair, NSW Advanced Care Planning in Mental Health Settings Working Group Member NSW Mental Health Clinical Advisory Council
- Member, NSW Department of Family and Community Services Joint Committee Intellectual Disability Mental Health
- Member, NSW Health Activity Based Funding Sub-Acute Working Group
- Member, NSW Mental Health Commission A Lived Experience Approach to Professional Development Working Group
- Member, NSW Mental Health Commission Pharmacotherapy Advisory Group
- Co-Facilitator, Workshop: Using routine outcome measurement in practice and supervision RANZCP Congress, 2015
- Co-Facilitator, Workshop: Beyond impairment: Using the lived experience of mental illness by psychiatrists to improve care. RANZCP Congress, 2015
Chair, Standing Committee for the Training of Psychiatrists, NSWIOP
Member, NSWIOP Academic Board
Member, NSWIOP Leadership Committee
Member, NSWIOP Ethics Committee
Member, NSWIOP Finance and Performance Committee
Member, NSWIOP Teaching and Learning Committee
Member, NSW Psychiatry State Training Council, HETI
Member, RANZCP NSW Branch Training Committee
Taught Master of Psychiatry Students, NSWIOP
Reviewer, Australasian Psychiatry

Dr Diba Pourmand
Course Coordinator, Older Persons Program

Attended “Managing Medications for Behavioral and Psychological Symptoms of Dementia” Alzheimer’s Australia, October 2014
Attended “Staying on the move with Dementia” Alzheimer’s Australia, October 2014
Facilitator, Recovery Pathways in Older Persons Mental Health: A Wellness Group Model workshop, August 2014
Attended the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors community development meeting, December 2014
Member, NSWIOP Academic Board Committee (from August 2014)
Member, NSWIOP Teaching and Learning Committee
Member, NSWIOP Ethics Committee
Attends the APS NSW “Psychology and Aging Interest Group” quarterly meetings and seminars
Clinical Supervisor, Intern Psychology Training Program
Clinical Supervisor, Transcultural Mental Health Centre
Member, International Early Psychosis Association

Dr Therese Roberts
GP Consultant / Project Officer

GP Representative, Medical Advisory and Credentialing Committee
Accredited Education Activity Representative, RACGP 2011-2013 and 2014 - 2016 triennium

Dr Amanda Rosso Buckton
Course Coordinator, Graduate Program in Mental Health for General Practitioners, and Master of Psychiatry / Postgraduate Course in Psychiatry

Member, NSWIOP Academic Board
Member, NSWIOP Teaching and Learning Committee
Acting Director of Medical Education, (until November 2014)
Acting Member, NSWIOP Finance and Performance Committee
Acting Member, NSWIOP Leadership Committee
Member, Australian Anthropological Society
Member, Modern Greek Studies Association of Australia and New Zealand
Accredited Education Activity Representative, Royal Australian College of General Practice
Lecturer, Master of Psychiatry/Postgraduate Course in Psychiatry, ‘Qualitative Research methods, qualitative research in psychiatry and HRECs and Ethics Committee processes’
• Lecturer, Child, Adolescent and Family Psychiatry Formal Education Course, NSWIOP
• Reviewer and Assessor, Child, Adolescent and Family Psychiatry trainee presentations of short research and training proposals, September - October 2014
• Topic Writer ‘Recovery’, in unit guide for Advanced Clinical Practice, General Practitioner Postgraduate Mental Health Program, July 2014
• Peer Reviewer, General Hospital Psychiatry, Elsevier Publications, November 2014
• Peer Reviewer, Pre-print version of ‘From the Brain Disease Model to Ecologies of Addiction’, forthcoming as Chapter 15 of Revisioning Psychiatry: Cultural Phenomenology, Critical Neuroscience and Global Mental Health, L. Kirmayer, R. Lemelson and C. Cummings eds., Cambridge University Press, May 2015
• Member, inter-organisational Steering Committee, for ‘Mental Health UnSILOed’, February - March, 2015
• Contributed to the NSW Ministry of Health policy development on Suicidal People – Clinical Assessment and Management by Mental Health Services, January 2015
| Ms Christine Senediak  
Course Coordinator, Child and Adolescent Program | • Member, Family Therapy Association  
• Member, HETI Family Conferencing Committee  
• Member, Lifeline Advisory Group  
• Member, Australian Psychological Society (Clinical College)  
• Member, Australian Clinical Psychologists Association  
• Consultant, Transcultural Mental Health Centre  
• Clinical Supervisor, Intern Psychology Training Program: Transcultural Mental Health Centre  
• Individual Supervision, Clinical Psychologists, South Western Sydney Local Health District Child and Adolescent Service  
• Coordinator, Child and Adolescent Mental Health Workshops for new Child and Adolescent Mental Health Service (CAMHS) Workers Program  
• Committee Member, CAMHS Guidelines State-Wide Program  
• Australian Psychological Society, Clinical Supervision Training  
• Various Publications in Family Therapy |
| Mr Mark Wilbourn  
Director, Education and Training | • Member, NSWIOP Academic Board  
• Chair, NSWIOP Teaching and Learning Committee  
• Adjunct Fellow, University of Western Sydney  
• Member, Australian College of Mental Health Nurses  
• Reviewer, Journal of Psychiatric and Mental Health Nursing  
• Reviewer, International Journal of Mental Health Nursing  
• Reviewer, Issues in Mental Health Nursing |
### Committees

#### Members of NSWIOP
- Her Honour Judge Helen L Syme (Chair until September 2014)
- Dr Nicholas O’Connor – Royal Australian and New Zealand College of Psychiatrists (Acting Chair)
- Mr Phil Escott – Consumer Interests
- Ms Rhonda Loftus – NSWIOP
- Mr Peter Carter – Mental Health Drug and Alcohol Office, NSW Ministry of Health
- Ms Joanne Seymour – Australian College of Mental Health Nurses
- A/Prof Julian Troller – University of New South Wales
- Prof Brian Kelly – University of Newcastle

#### Academic Board
- Prof Anthony Baker – University of Technology Sydney (Chair until October 2014)
- Prof AnneMarie Hennessy – University of Western Sydney (Chair since January 2015)
- Ms Rhonda Loftus – NSWIOP
- Mr Mike Hayden – NSWIOP
- Dr Amanda Rosso Buckton – NSWIOP
- Professor Jane Stein-Parbury – University of Technology Sydney (until April 2015)
- Ms Christine Senediak – NSWIOP
- Dr Diba Pourmand – NSWIOP
- Dr Roderick McKay – NSWIOP
- Mr Mark Wilbourn – NSWIOP

#### Audit and Risk Committee
- Ms Susan Lenehan (Chair)
- Mr Ian Gillespie (Member)
- Mr Bernard Deady (Member)

#### Standing Committee for Training of Psychiatrists
- Dr Roderick McKay (Chair 2015)
- Dr Bruce Boman- Sydney Local Health District
- Prof Phillipa Hay-University of Western Sydney
- Dr Magella Lajoie-NSWIOP
- Ms Sinead O’Halloran –NSWIOP
- Ms Erica Khattar-NSWIOP
- Dr Amanda Rosso Buckton-NSWIOP (Acting Chair 2014)
- Ms Rhonda Loftus – NSWIOP (2014)
- Dr Lux Ratnamohan-Student Representative 2014
- Dr Khushboo Baheti – Student Representative 2014
- Dr Brendan Daugherty - Student representative 2014
- Dr Louis Ereve - Student representative 2015
- Dr Dhaval Dani-Student representative 2015

#### Standing Committee for Research
- Dr Amanda Rosso Buckton – NSWIOP (Chair)
- A /Prof Anthony Harris – University of Sydney
- Prof Michael Hazelton – University of Newcastle
<table>
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<tr>
<th>Committee</th>
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<tr>
<td>Ethics Advisory Committee</td>
<td>• Judge Angela Karpin – NSWIOP Member (Chair)</td>
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<td>• Dr Roslyn Markham – NSWIOP (Secretary)</td>
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<td>• Mr Arthur Aguirre – Private</td>
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<td>• Ms Sandra Dayao – Mental Health Library, Cumberland Hospital</td>
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<td>• Mr Mike Hayden – NSWIOP</td>
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<td>• Dr John Franklin – Macquarie University</td>
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<td>• Rev Doug Hutchinson – Goulburn Diocese</td>
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<td>• Dr Roy Laube – Transcultural Mental Health Centre</td>
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<td>• Dr Stephen Matthews – St Vincent's Hospital</td>
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<td>• Ms Tracy McDonald – Mental Health Library, Cumberland Hospital</td>
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<td>• Dr Diba Pourmand – NSWIOP</td>
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<td>• Mr Peter Sindel – Private</td>
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<td>• Dr Roderick McKay – NSWIOP (Chair)</td>
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<td>• Ms Joanne Seymour – Nepean Hospital</td>
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<td>• Ms Lyn Anderson – ARAFMI NSW</td>
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<td>• Ms Chris Keyes – Mental Health Coordinating Council</td>
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<td>• Ms Elizabeth Priestley – NSW Mental Health Association</td>
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<td>• Ms Michele Sapucci – Transcultural Mental Health Centre</td>
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<td>• Dr Jill Floyd – Epping Clinic (Chair)</td>
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<td>• Ms Penny Callaghan – Private</td>
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<td>• Ms Brandi Cole – Private</td>
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<td>• Dr Lee Fay Low – Dementia Collaborative Research Centre, University of</td>
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<td>• Ms Helen McCaskie – Student Representative</td>
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<td>• Ms Regina McDonald – South Western Sydney Local Health District</td>
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<td>• Ms Liz Peters – Sydney West Area Health Service</td>
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<td>• Dr Diba Pourmand – NSWIOP</td>
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<td>• Ms Yvonne Santalucia - Area Ethnic Aged Health Adviser, South Western</td>
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<td>Sydney Local Health District</td>
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<td>• Dr Suman Tyagi – Western Sydney Local Health District</td>
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<td>• Ms Danielle White – Alzheimer’s Australia</td>
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<td>• Mr Mike Hayden – NSWIOP (Chair)</td>
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<td>• Mr Douglas Holmes – St Vincent’s Health Network</td>
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<td>• Mr Etienne Kitto – Centre for Education and Workforce Development,</td>
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<td>South Western Sydney Local Health District</td>
</tr>
<tr>
<td></td>
<td>• Prof Jane Stein-Parbury – Faculty of Health, University of Technology</td>
</tr>
<tr>
<td></td>
<td>Sydney and South Eastern Sydney Local Health District</td>
</tr>
<tr>
<td></td>
<td>• Mr Paul O’Halloran – Mental Health International for Developing</td>
</tr>
<tr>
<td></td>
<td>Services</td>
</tr>
<tr>
<td></td>
<td>• Mr Sam Vasta – Canterbury and Croydon Community Mental Health</td>
</tr>
</tbody>
</table>
Child and Adolescent Mental Health Course Advisory Committee

- Ms Christine Senediak – NSWIOP (Chair)
- Ms Laurin Allen – CAMHS Inpatient Unit Western NSW
- Ms Caroline Rae – MH - Children and Young People, NSW Ministry of Health
- Ms Rebecca Somervaille – Rivendell Child and Adolescent Unit
- Ms Jenny Shaw – NSWIOP
- Ms Debbie Draybi – Transcultural Mental Health Centre
- Ms Bernadette Dagg – Mental Health and Drug and Alcohol Office, NSW Ministry of Health
- Ms Kirsten Ella – MH - Children and Young People
- Ms Lily Lee – Unit Coordinator
- Ms Sharon Jones – Western Sydney Local Health District
- Ms Lisa Clement – Social Worker, Nepean Child and Family Team

General Practitioner Course Strategic Development Committee

- Dr Amanda Rosso Buckton (Chair) – Course Coordinator
- Ms Neridah Callaghan – Education Support Officer
- Mr Phil Escott – Mental health consumer representative
- Ms Eileen McDonald – Mental health carer representative
- Dr Roderick McKay – Director of Psychiatry and Mental Health Programs
- Prof Dimity Pond – Academic General Practitioner
- Dr Therese Roberts – GP consultant
- Dr Amanda Rosso Buckton – Course Coordinator
- Dr Wei-May Su – General Practitioner
- Dr Emma Warnecke – Student representative

Perinatal and Infant Mental Health Course Advisory Committee

- Dr Nick Kowalenko – NSWIOP (Chair)
- Ms Martha Birch – NSWIOP
- Dr Bijou Blick – Private Practice
- Ms Noela Byrne – NSWIOP
- Dr Julie Campbell – University of Western Sydney
- Dr Robyn Dolby – Macquarie University
- Dr Richard Fletcher – University of Newcastle
- Dr Roslyn Markham – NSWIOP
- Ms Marianne Nicholson – Private Practice
- Ms Kathy Solanki – NSWIOP
- Ms Beulah Warren – Private Practice

Intellectual Disability Mental Health Fellowships Committee

- Ms Rhonda Loftus – NSWIOP
- Assoc Prof John Basson – Western Sydney Local Health District Forensic Mental Health
- Mr David Coyne – Ageing Disability and Home Care
- Dr David Dossetor – The Children's Hospital, Westmead
- Dr Amanda Rosso Buckton – NSWIOP
- Prof Julian Trollor – University of NSW
- Dr Ramesh Vannitamby
### NSWIOP Teaching and Learning Committee
- Mr Mark Wilbourn – Director, Education and Training (Chair)
- Dr Roderick McKay – Director, Psychiatry and Mental Health Programs
- Dr Magella Lajoie – Director, Child and Adolescent Psychiatry Advanced Training
- Dr Amanda Rosso Buckton – Course Coordinator, Graduate Program in Mental Health for General Practitioners, and Master of Psychiatry / Postgraduate Course in Psychiatry
- Dr Therese Roberts – GP Consultant / Project Officer
- Ms Martha Birch – Coordinator, Perinatal and Infant Mental Health Program
- Dr Nick Kowalenko – Course Coordinator, Perinatal and Infant Mental Health
- Ms Christine Senediak – Course Coordinator, Child and Adolescent Program, Family Therapy Program
- Ms Diba Pourmand – Course Coordinator, Child and Adolescent Program
- Mr Mike Hayden – Course Coordinator, Adult Mental Health Program
- Mr Neil Mulholland – IT Manager
- Ms Amanda Kiellor – Education and Support Officer, Child and Adolescent Mental Health, Family Therapy

### NSWIOP Finance and Performance Committee
- Ms Rhonda Loftus – Executive Director (Chair)
- Dr Roderick McKay – Director, Psychiatry and Mental Health Programs
- Mr Mark Wilbourn – Director, Education and Training
- Mr Asim Shabbir – Senior Finance and Business Analyst
- Mr Neil Mulholland – IT Manager
- Ms Gerry Durcan – Manager, Operations
- Mr Luis Magsanoc – Communications and Marketing Manager
- Dr Amanda Rosso Buckton – Course Coordinator, Graduate Program in Mental Health for General Practitioners, and Master of Psychiatry / Postgraduate Course in Psychiatry (2014)

### NSWIOP Leadership Committee
- Ms Rhonda Loftus – Executive Director (Chair)
- Dr Roderick McKay – Director, Psychiatry and Mental Health Programs
- Mr Mark Wilbourn – Director, Education and Training
- Mr Asim Shabbir – Senior Finance and Business Analyst
- Mr Neil Mulholland – IT Manager
- Ms Gerry Durcan – Manager, Operations
- Mr Luis Magsanoc – Communications and Marketing Manager
- Dr Amanda Rosso Buckton – Course Coordinator, Graduate Program in Mental Health for General Practitioners, and Master of Psychiatry / Postgraduate Course in Psychiatry (2014)
Teaching Personnel

Delivery of the NSWIOP’s program of clinically relevant, evidence-based education and training in mental health is provided by senior clinicians, academics, and representatives from the consumer and carer sectors. During the period to 30 June 2015, the following staff and contractors delivered these programs:

Multidisciplinary Programs

**Current Debates in Infant Mental Health - SMI131**
Mr Craig Allat, Ms Margaret Spencer, Ms Beulah Warren, Ms Martha Birch, Ms Kathryn Solanki, Dr Nick Kowalenko, Dr Richard Fletcher, Ms Margaret Goldfinch, Mr Peter Barr, Dr Sasha Campbell, Dr Julee Oei, Dr Magella Lajoie, Ms Judith Edwards

**Advanced Clinical Practice 1 (Perinatal and Infant) - SMI132**
Dr Nick Kowalenko, Ms Beulah Warren

**Advanced Clinical Practice 2 (Perinatal & Infant) - SMI133**
Dr Nick Kowalenko, Ms Beulah Warren

**Therapeutic Perspectives in Mental Health of Older Persons 1 - SDO523**
Dr Diba Pourmand

**Therapeutic Perspectives in Mental Health of Older Persons 2 - SDO524**
Dr Diba Pourmand

**Advanced Clinical Practice Project (Older Person) - SMO532**
Dr Diba Pourmand

**Core Perinatal and Infant Studies 1 - SDI111**
Ms Martha Birch, Dr Nick Kowalenko

**Infant Observations 1 - SDI112**
Ms Martha Birch, Ms Noela Byrne, Ms Julie Meadows, Ms Maria Kourt, Dr Janet Rhind, Ms Mary Cameron, Ms Maureen Armitage, Ms Jyotsna Field, Ms Laurie Lovell-Simons

**Core Perinatal and Infant Studies 2 - SDI113**
Ms Martha Birch, Ms Kathryn Solanki, Dr Robyn Dolby, Ms Trish Glossop, Ms Rosemary Signorelli, Ms Belinda Friezer, Ms Kristy Holman, Dr Beverley Turner, Dr Jon Hyett, Ms Belinda Cooley, Ms Belinda Blecher, Dr Richard Fletcher, Dr Sasha Campbell, Ms Alice Campbell

**Infant Observations 2 - SDI114**
Ms Martha Birch, Ms Noela Byrne, Ms Julie Meadows, Ms Maria Kourt, Dr Janet Rhind, Ms Mary Cameron, Ms Maureen Armitage, Ms Jyotsna Field, Ms Laurie Lovell-Simons

**Perinatal and Infant Mental Health in Practice - SDI115**
Ms Martha Birch

**Clinical Perinatal and Infant Studies 1 - SDI121**
Ms Martha Birch, Dr Kerry-Ann Grant
### Clinical Supervision (Perinatal and Infant) - SDI122
Ms Martha Birch, Dr Kerry-Ann Grant

### Clinical Perinatal and Infant Studies 2 - SDI124
Mr Craig Allat, Ms Margaret Spencer, Ms Christine Senediak, Ms Martha Birch, Ms Kathryn Solanki, Dr Nick Kowalenko, Dr Richard Fletcher, Ms Karen Hazell-Raine, Mr Peter Barr, Dr Sasha Campbell, Ms Susan Leis, Ms Elke Andrees, Ms Judith Edwards, Dr Kasia Kozlowska

### Common Disorders of the Older Person 2 - SCO513
Dr Diba Pourmand

### Primary Health Care and the Older Person - SCO516
Dr Diba Pourmand

### Foundations of Family Therapy 2 - SDF616
Dr Diba Pourmand

### Core Skills in Family Sensitive Therapy - SDF 617
Ms Christine Senediak

### Simulated Practice Family Sensitive Therapy – SDF618
Dr Diba Pourmand

### Clinical Consultation 1 (Family Sensitive Practice) - SDF620
Ms Christine Senediak

### Clinical Consultation 2 (Family Sensitive Practice) - SDF621
Dr Glenn Larner

### Special Topics in Family Therapy - EVV012
Ms Judy Coles

### Independent Study - EVV050
Mr Mike Hayden, Dr Nick Kowalenko, Dr Diba Pourmand, Ms Christine Senediak

### Mental Health Emergency Care - EVV060
Ms Natalie Cutler

### Current Debates in Mental Health – EVV070
Dr Diba Pourmand

### Issues in Child and Adolescent Mental Health - SCD216
Ms Jenny Shaw

### Orientation to Child and Adolescent Mental Health - GCC003
Ms Jenny Shaw

### Mental Health Problems of Childhood & Adolescence 1 - GCC026
Ms Christine Senediak

### Mental Health Problems of Childhood & Adolescence 2 - GCC027
Ms Christine Senediak
Population Health Approach to Mental Health Services - GCV001
Mr Mike Hayden

Research Methods - Introduction - EDV036
Dr Roslyn Markham, Dr Kerry-Ann Grant

Research Project Part a,b - EMV306a,b
Dr Roslyn Markham, Dr Kerry-Ann Grant

Professional and Ethical Issues in Clinical Supervision - EMV312
Ms Christine Senediak

Therapeutic Perspectives in C and Adolescent Mental Health - GMC304
Ms Christine Senediak

Therapeutic Perspectives in Family Sensitive Practice - SMF632
Ms Christine Senediak

Trauma and Mental Health 1 (Impact & Recovery) - GVA018
Ms Judith Tynan

Continuing Professional Development Workshops

Accredited Persons Training
Ms Jenny Shaw, Mr Roy Laube

Affect Regulation in Adolescents – CPD081
Ms Christine Senediak

Recovery Workshop
Mr Mike Hayden, Ms Kath Thorburn

Cognitive Behaviour Therapy
Ms Roslyn Phillips, Ms Christine Senediak, Ms Joyce Snedden

Family Focussed Therapy – CPD089
Ms Christine Senediak

Focussed Psychological Therapies in General Practice – CPD060
Assoc Prof Grant Blashki, Dr Catherine Cahill, Mr Phil Escott, Ms Natalie Glaser, Ms Eileen McDonald, Mr Biagio Sirgiovanni

Foundations of Mental Health Assessment, Formulation and Management Planning in General Practice – CPD059
Amanda Rosso Buckton

Mental Health Assessment of Children, Youth and Families – CPD038
Dr Raphael Chan
Medical Programs

General Practitioner Postgraduate Programs
Grant Blashki, Dr Catherine Cahill, Dr Olivia Chan, Dr Raphael Chan, Mr Phil Escott, Ms Natalie Glaser, Dr Elizabeth Hindmarsh, Ms Penny Love, Ms Eileen Macdonald, Dr Roslyn Markham, Mr Biagio Sirigiovanni, Ms Jodie Schroder, Dr Wei-May Su, Dr Tessa Roberts, Dr Amanda Rosso Buckton, Dr Karen Veary, Mr David Wong-See

Child, Adolescent and Family Psychiatry
Dr Mark Allerton, Dr Josephine Anderson, Prof Marie-Paule Austin, Prof Bryanne Barnett, Dr Michael Bowden, Dr Robyn Dolby, Dr David Dossetor, Prof Valsa Eapen, Prof Stewart Einfeld, Dr Justine Ellis, Dr Isabelle Feijo, Ms Di Fitzjames, Dr Claire Gaskin, Prof Philip Hazell, Ms Karen Hazell-Raine, Dr Joan Haliburn, Dr Rajeev Jairam, Dr John Kasnathan, Dr Peter Krabman, Dr Beth Kotze, Dr Nick Kowalenko, Dr Kasia Kozlowska, Dr Magella Lajoie, Prof Rhoshel Lenroot, Prof Florence Levy, Dr Sarah Mares, Dr Kristoff Mikes-Liu, Dr Ken Nunn, A/Prof Carolyn Quadrio, Dr Amanda Rosso Buckton, Dr Christine Robinson, Prof Janice Russell, Dr Jennifer Sangster, Dr Alison Saunders, Ms Hazel Schollar, Ms Christine Senediak, Prof Rajiv Singh, Dr Yolisha Singh, Dr Titia Sprague, Dr Bev Turner, Dr Mary-Anne Venetoulis, Prof Garry Walter, Dr Chris Wever, Dr Choong-Siew Yong

Master of Psychiatry / PCP
Prof Stephen Jurd, Dr Saretta Lee, Dr Andrew Pethebridge Dr Margot Phillips, Dr Bill Lyndon, Prof Gerald Muench, Dr Christopher Ryan, Ms Dimitra Kaldelis, Dr Anthony Harris, Dr Roderick McKay, Prof Philip Boyce, Dr Prashanth Mayur, Prof Philip Mitchell, Dr Vijaya Manicavasagar, Dr David Wong-See, Dr Roslyn Markham Dr Adrian Dunlop, Dr Sara Ghaly, Dr Elsa Bernardi, Dr Peri O’Shea, Prof Phillipa Hay, A/Prof Carmelle Peisah, Ms Jenna Bateman, Dr Adrian Allen, Ms Fay Jackson, Dr Oliver O’Connell, Prof Iain McGregor, Dr Stan Theodorou, Dr Lisa Juckes, Dr Noeline Latt, Dr Marianne Jauney, Prof Renee Bittoun, Dr Clive Allcock, Dr Adrian Keller, Dr Jonathan Adams, Dr Kerri Eagle, Dr Andrew Ellis, A/Prof Carolyn Quadrio, Dr Jeremy O’Dea, Dr Emma Gilbert, Dr Grant Sara, Dr Melissa Corr, Dr Tad Tietze, Dr Andrew Hartshorn, Dr Robert Gribble, Dr Catherine Mason, Dr Agnes Chan, Dr Catherine Hickie, Dr Jo-Dee Lattimore, Prof Julian Trollor, Dr Bruce Allen, Dr Perminder Sachdev, Dr Bruce Boman, Dr Umesh Babu, Dr Suman Tyagi, Dr Megan Alle, Prof Antoinette Hodge, Dr Siva Ruban, Dr Millie Ho, Dr Janine Stevenson, Dr Jeanette Martin, Dr Anne-Marie Swan, Prof Cathy McMahon, Dr Loyola McLean, Dr Lisa Lampe, Dr Paul Schimmel, Ms Vera Auerbach, Mr Jason Fowler, Dr Michael Williamson, Mr Dusan Hadzi-Pavlovic, Dr Patrick Kelly, Dr Phillip Ward, Prof Rhoshel Lenroot, Dr Alice Dwyer, Dr Sebastian Rosenberg, Dr Zachary Steel, Prof Ernest Hunter, Dr Bruce Gyther, Prof Ken Nunn, Dr Jean Starling, Prof Phillip Hazell, Dr Josey Anderson, Dr Kim Le, Dr Joey Le, Dr Joanne Ferguson, Dr Clive Smith, Dr Lyn Moore, Dr Jeff Streimer, Dr Denise Chu, Dr George Lianos, Prof Phillip Mitchel, Dr Rhoderic Chung, Dr Angela Dixon, Dr Adrian Allen, Dr Jeff Snars, Dr Chris Blackwell, Dr Megan Kalucy, Dr Hugh Morgan, Dr Ralf Ilchef, Dr Gary Galambos, Dr Vijay Roach, Dr Sylvia Lim-Gibson

Tutors
Dr Rod Chung, Dr Angela Dixon, Dr Joanne Ferguson, Dr Jennifer Harris, Dr Millie Ho, Dr Joey Le, Dr Ursula Ptok, Dr Clive Smith, Ms Andrea Worth, Dr Rasiah Yuvarajan, Dr Lyn Moore, Dr Kim Le

Markers (Dissertations)
Dr Richard Loiacono, Dr Chad Bousman, Dr Kay Wilhelm, Dr Vlasios Brakoulis, Dr Brian Draper, Dr David Bourke, Dr Bill Lyndon, Dr Bruce Boman
Off-campus Workshops and Special Projects

Mental Health Literacy and Safety
Mr Mike Hayden

AMHOCN Project - Workshops and Conference
Mr Tim Coombes, Mr Josh Onikul

CAMHS Introduction Workshops
Ms Christine Senediak, Ms Jenny Shaw, Mr Matthew Russel, Ms Glenise Shelley, Ms Kristen Ella, Ms Marilyn Paull, Ms Lynda Power, Ms Rebecca Somervaille, Ms Lily Lee, Ms Margaret Goldfinch, Ms Lisa Clement, Ms Carolyn Rae, Ms Alison Bell

Involuntary Drug and Alcohol Treatment
Ms Catherine Montigny

Reflective Practice Supervision – Lifeline
Ms Christine Senediak

Transcultural Mental Health Centre: Mental health literacy and safety
Mr Mike Hayden

Consumer and Carer Programs

Consumer Advocacy Course
Dr Peri O’Shea
Finances

Financial Report

Financial Year 2015 in Review

<table>
<thead>
<tr>
<th>Statement of Comprehensive Income ($000)</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>6,728</td>
<td>3,950</td>
</tr>
<tr>
<td>Total Expenses Excluding Losses</td>
<td>5,212</td>
<td>7,684</td>
</tr>
<tr>
<td>Other Gains/(Losses)</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td><strong>Net Result</strong></td>
<td><strong>1,519</strong></td>
<td><strong>(3,729)</strong></td>
</tr>
</tbody>
</table>

Revenue for the year is 70% higher than the prior year. This is mainly due to the NSW Ministry of Health funding that was resumed for the year.

Expenses excluding losses for the year are 32% lower than the prior year. This is mainly due to the efficiencies achieved during the year as well as the use of revised depreciation rates to stay in line with the NSW Ministry of Health.

<table>
<thead>
<tr>
<th>Statement of Financial Position ($000)</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets</td>
<td>5,821</td>
<td>5,759</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>1,332</td>
<td>2,789</td>
</tr>
<tr>
<td><strong>Net Assets (Equity)</strong></td>
<td><strong>4,489</strong></td>
<td><strong>2,970</strong></td>
</tr>
</tbody>
</table>

Statement of Financial Position shows the Net Assets (Equity) for the year increased to $4,489K as compared to $2,970K in 2014. This represents an increase of $1,519K over 2014.

Total Assets for the year are 1% higher than prior year mainly due to the current debtors as at year-end.

Total Liabilities for the year are 52% lower than prior year. This is mainly due to the timely payments and reduction in unearned revenue due to revised practice of revenue recognition.
Revenue

<table>
<thead>
<tr>
<th>Dissection of Revenue ($000)</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and Contributions</td>
<td>3,237</td>
<td>-</td>
</tr>
<tr>
<td>Acceptance by the Crown Entity of employee benefits and other liabilities</td>
<td>21</td>
<td>58</td>
</tr>
<tr>
<td>Sale of Goods and Services</td>
<td>3,260</td>
<td>3,661</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>78</td>
<td>37</td>
</tr>
<tr>
<td>Investment Revenue</td>
<td>132</td>
<td>194</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>6,728</strong></td>
<td><strong>3,950</strong></td>
</tr>
</tbody>
</table>

NSWIOP’s Total Revenue in 2015 is $6,728K compared to $3,950K in 2014, an increase of 70% due to the following:

- NSW Ministry of Health funding is resumed for the year, reported as Grants and Contributions.
- Revenue from Sale of Goods and Services decreased by 11% to $3,260K this year compared to $3,661K in 2014, mainly due to the completion of several projects.
- Other revenue increased by 111% to $78K this year compared to $37K in 2014. This is mainly due to the additional revenue generated through external services including ICT.
- Investment revenue decreased by 32% to $132K compared to $194K in 2014. This is due to the drawdown on working capital to fund programs and day-to-day operations, as well as a drop in interest rates and market fluctuations.
## Expenses Excluding Losses

<table>
<thead>
<tr>
<th>Dissection of Expenditure ($000)</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Services</td>
<td>1,593</td>
<td>3,935</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>3,526</td>
<td>3,328</td>
</tr>
<tr>
<td>Depreciation and Amortisation</td>
<td>93</td>
<td>421</td>
</tr>
<tr>
<td><strong>Total Expenses Excluding Losses</strong></td>
<td>5,212</td>
<td>7,684</td>
</tr>
</tbody>
</table>

NSWIOP’s Total Expenses in 2015 is $5,212K compared to $7,684K in 2014, a decrease of 32% due to the following:

- Personnel services expenses decreased by 60% to $1,593K compared to $3,935K in 2014. This is mainly due to the delay in recruitment and efficiencies achieved due to unfilled positions as well as the recruitment of staff directly through HETI (reported as other operating expenses), as part of the staged transition of NSWIOP to HETI.
- Other operating expenses increased by 6% to $3,526K this year compared to $3,328K in 2014, mainly due to the staged transition of the Institute to HETI, as noted above.
- Depreciation and amortisation decreased by 78% to $93K this year compared to $421K in 2014. This is mainly due to the revised depreciation rates to stay in line with the NSW Ministry of Health.
Internal Audit and Risk Management Attestation Statement for the 2014-2015 Financial Year for the NSW Institute of Psychiatry

I, Rhonda Loftus, am of the opinion that the NSW Institute of Psychiatry has internal audit and risk management processes in operation that are, excluding the exceptions or transitional arrangements described below, compliant with the eight (8) core requirements set out in the Internal Audit and Risk Management Policy for the NSW Public Sector, specifically:

<table>
<thead>
<tr>
<th>Core Requirements</th>
<th>For each requirement, please specify whether compliant, non-compliant, or in transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Risk Management</td>
<td></td>
</tr>
<tr>
<td>Core Requirement 1.1 The agency head is ultimately responsible and accountable for risk management in the agency</td>
<td>Compliant</td>
</tr>
<tr>
<td>Core Requirement 1.2 A risk management framework that is appropriate to the agency has been established and maintained and the framework is consistent with AS/NZS ISO31000:2009</td>
<td>Compliant</td>
</tr>
<tr>
<td>2. Internal Audit</td>
<td></td>
</tr>
<tr>
<td>Core Requirement 2.1 An internal audit function has been established and maintained</td>
<td>Compliant</td>
</tr>
<tr>
<td>Core Requirement 2.2 The operation of the internal audit function is consistent with the International Standards for the Professional Practice of Internal Auditing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Core Requirement 2.3 The agency has an Internal Audit Charter that is consistent with the content of the ‘model charter’</td>
<td>Compliant</td>
</tr>
<tr>
<td>3. Audit and Risk Committee</td>
<td></td>
</tr>
<tr>
<td>Core Requirement 3.1 An independent Audit and Risk Committee with appropriate expertise has been established</td>
<td>Compliant</td>
</tr>
<tr>
<td>Core Requirement 3.2 The Audit and Risk Committee is an advisory committee providing assistance to the agency head on the agency's governance processes, risk management and control frameworks, and its external accountability obligations</td>
<td>Compliant</td>
</tr>
<tr>
<td>Core Requirement 3.3 The Audit and Risk Committee has a Charter that is consistent with the content of the ‘model charter’</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

The Chair and Members of the Audit and Risk Committee are:

- Independent Chair, Susan Lenehan (Appointed June 2014 to June 2017)
- Independent Member, Ian Gillespie (Appointed June 2014 to June 2017)
- Non-independent Member, Bernard Deady (Appointed March 2015 to March 2017)

Rhonda Loftus
Executive Director
NSW Institute of Psychiatry
Financial Year for the NSW Institute of Psychiatry

Information Security is important to the NSW Institute of Psychiatry and a risk-based approach is
taken with regard to the implementation of security controls. A forward program of work is ensuring
a consistent approach to information security is applied across the organisation.

I, Rhonda Loftus, am of the opinion that the NSW Institute of Psychiatry has been developing and
implementing an Information Security Management System during the stated financial year
consistent with the Core Requirements set out in the Digital Information Security Policy for the
NSW Public Sector. The work on the information security management system, including external
review, will be completed by the end of 2015.

I, Rhonda Loftus, am of the opinion that the security controls in place to mitigate identified risks to
the digital information and digital information systems of the NSW Institute of Psychiatry are being
made adequate for the foreseeable future.

I, Rhonda Loftus, am of the opinion that all Public Sector Agencies, or part thereof, under the
control of the NSW Institute of Psychiatry with a risk profile sufficient to warrant an independent
Information Security Management System have developed an Information Security Management
System in accordance with the Core Requirements of the Digital Information Security Policy for the
NSW Public Sector.

I, Rhonda Loftus, am of the opinion that, where necessary in accordance with the Digital
Information Security Policy for the NSW Public Sector, certified compliance with AS/NZS ISO/IEC
27001 Information technology - Security techniques - Information security management systems –
Requirements are not required.

Rhonda Loftus
Executive Director
NSW Institute of Psychiatry
INDEPENDENT AUDITOR’S REPORT

New South Wales Institute of Psychiatry

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the New South Wales Institute of Psychiatry (the Institute), which comprise the statement of financial position as at 30 June 2015, the statement of 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.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Institute 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
- are in accordance with section 41B of the Public Finance and Audit Act 1983 (PF&A Act) and the Public Finance and Audit Regulation 2015.

My opinion should be read in conjunction with the rest of this report.

The Executive Director’s Responsibility for the Financial Statements

The Executive Director is responsible for preparing financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Executive Director determines is necessary to enable the preparation of financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

My opinion does not provide assurance:

- about the future viability of the Institute
- that it carried out its activities effectively, efficiently and economically
- about the effectiveness of the internal control
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about other information which may have been hyperlinked to/from the financial statements.

**Independence**

In conducting my audit, I have complied with the independence requirements of the Australian Auditing Standards and other relevant ethical pronouncements. The FF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies, but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by the possibility of losing clients or income.

Chris Clayton  
Director, Financial Audit Services  

16 October 2015  
SYDNEY
Annual Financial Statements

of

New South Wales Institute of Psychiatry

for the year ended 30 June 2015
THE NEW SOUTH WALES INSTITUTE OF PSYCHIATRY
CERTIFICATION OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015

I state pursuant to section 41C of the Public Finance and Audit Act 1983:

1) The financial statements of the New South Wales Institute of Psychiatry for the year
   ended 30 June 2015 have been prepared in accordance with:

   a) Australian Accounting Standards (which include Australian Accounting
      Interpretations)

   b) the requirements of the Public Finance and Audit Act 1983, the Public Finance
      and Audit Regulations 2015 and the Treasurer's Directions;

   c) the Financial Reporting Code for NSW General Government Sector Entities.

2) The financial statements exhibit a true and fair view of the financial position and the
   financial performance of the New South Wales Institute of Psychiatry; and

3) There are no circumstances which would render any particulars in the financial
   statements to be misleading or inaccurate.

Rhonda Loftus
Executive Director
14 October 2015
# Statement of Comprehensive Income for the Year Ended 30 June 2015

<table>
<thead>
<tr>
<th>Notes</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td></td>
</tr>
</tbody>
</table>

## Expenses Excluding Losses

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Services</td>
<td>1,593</td>
<td>3,935</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>3,526</td>
<td>3,328</td>
</tr>
<tr>
<td>Depreciation and Amortisation</td>
<td>93</td>
<td>421</td>
</tr>
</tbody>
</table>

**Total Expenses Excluding Losses**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td></td>
</tr>
</tbody>
</table>

## Revenue

| Grants and Contributions | 5 & 6 | 3,237 | - |
| Acceptance by the Crown Entity of Employee Benefits and Other Liabilities | 21 | 58 |
| Sale of Goods and Services | 3,260 | 3,661 |
| Other Revenue | 78 | 37 |
| Investment Revenue | 132 | 194 |

**Total Revenue**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td></td>
</tr>
</tbody>
</table>

## Gain/(Loss) on Disposal

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td></td>
</tr>
</tbody>
</table>

## Net Result

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL COMPREHENSIVE INCOME**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## Statement of Financial Position as at 30 June 2015

### Assets

<table>
<thead>
<tr>
<th>Notes</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
</tbody>
</table>

#### Current Assets
- Cash and Cash Equivalents
  - 12
  - 4,587
  - 4,558
- Receivables
  - 13
  - 327
  - 186
- **Total Current Assets**
  - 4,914
  - 4,744

#### Non-Current Assets
- Plant and Equipment
  - 14
  - 862
  - 950
- Intangibles
  - 15
  - 45
  - 65
- **Total Non-Current Assets**
  - 907
  - 1,015

**Total Assets**
- 5,821
- 5,759

### Liabilities

#### Current Liabilities
- Payables
  - 16
  - 764
  - 2,226
- Provisions
  - 17
  - 542
  - 528
- **Total Current Liabilities**
  - 1,306
  - 2,754

#### Non-Current Liabilities
- Provisions
  - 17
  - 26
  - 35
- **Total Non-Current Liabilities**
  - 26
  - 35

**Total Liabilities**
- 1,332
- 2,789

#### Net Assets
- 4,489
- 2,970

### Equity

#### Accumulated Funds
- 4,489
- 2,970

**Total Equity**
- 4,489
- 2,970

The accompanying notes form part of these financial statements.
### THE NEW SOUTH WALES INSTITUTE OF PSYCHIATRY

**STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2015**

<table>
<thead>
<tr>
<th></th>
<th>Accumulated Funds</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Balance at 1 July 2014</td>
<td>2,970</td>
<td>2,970</td>
</tr>
<tr>
<td>Total Equity at 1 July 2014</td>
<td>2,970</td>
<td>2,970</td>
</tr>
<tr>
<td>Net Result for the year</td>
<td>1,519</td>
<td>1,519</td>
</tr>
<tr>
<td>Total Comprehensive Income for the year</td>
<td>1,519</td>
<td>1,519</td>
</tr>
<tr>
<td>Balance at 30 June 2015</td>
<td>4,489</td>
<td>4,489</td>
</tr>
<tr>
<td>Balance at 1 July 2013</td>
<td>6,699</td>
<td>6,699</td>
</tr>
<tr>
<td>Total Equity at 1 July 2013</td>
<td>6,699</td>
<td>6,699</td>
</tr>
<tr>
<td>Net Result for the year</td>
<td>(3,729)</td>
<td>(3,729)</td>
</tr>
<tr>
<td>Total Comprehensive Income for the year</td>
<td>(3,729)</td>
<td>(3,729)</td>
</tr>
<tr>
<td>Balance at 30 June 2014</td>
<td>2,970</td>
<td>2,970</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.

### Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th>Notes</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
</tbody>
</table>

#### Payments

- Personnel Services: $(1,801) $(4,594)
- Other: $(4,323) $(3,594)

**Total Payments:** $(6,124) $(8,188)

#### Receipts

- Grants and Contributions: $3,445 -
- Sale of Goods and Services: $2,498 $3,718
- Interest Received: $132 $196
- Other: $60 $152

**Total Receipts:** $6,135 $4,066

**NET CASH FLOWS FROM OPERATING ACTIVITIES:** $18 $11 $(4,122)

### Cash Flows from Investing Activities

- Purchases of Plant & Equipment: $(19) $(30)
- Proceeds from Sale of Plant & Equipment: $37 $5
- Proceeds from Sale of Investments: - $6,000

**NET CASH FLOWS FROM INVESTING ACTIVITIES:** $18 $5,975

### Net Cash Flows from Financing Activities

**NET CASH FLOWS FROM FINANCING ACTIVITIES:** - -

### Net Increase / (Decrease) in Cash

- Opening Cash and Cash Equivalents: $4,558 $2,705
- Closing Cash and Cash Equivalents: $4,587 $4,558

**The accompanying notes form part of these financial statements.**
Reporting Entity

The New South Wales Institute of Psychiatry (the Institute) was established under the New South Wales Institute of Psychiatry Act 1964. The Institute is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units. The Institute is a government entity consolidated as part of the NSW Total State Sector Accounts.

The financial statements for the year ended 30 June 2015 have been authorised for issue by the Executive Director on 14 October 2015.

1. Accounting Policies

(a) Basis of Preparation

The Institute’s financial statements are general purpose financial statements which have been prepared on an accrual basis and in accordance with Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Public Finance and Audit Act 1983, Public Finance and Audit Regulation 2015, Financial Reporting Code for NSW General Government Sector Entities and Treasurer’s Directions.

The financial statements of the Institute have been prepared on a going concern basis.

Plant and equipment are measured at depreciated historical cost, as a surrogate for fair value. Other financial statement items are prepared in accordance with the historical cost convention.

Judgements, key assumptions and estimations management have been made and are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

(b) Statement of Compliance

The financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

(c) Comparative Information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements. The comparative period is a twelve month period.

The presentation of the Statement of Comprehensive Income has been changed to align with the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities. The change in presentation has been applied to the 2014 comparative information in the financial statements however the change does not impact the total expenses, total revenue or net result that was reported in last year's financial statements.
(d) Income Recognition

Income is measured on an accrual basis at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of income are discussed below:

i. Grants and Contributions

Government Contributions and Contributions from Other Bodies (including grants and donations) are generally recognised as income when the Institute obtains control over the assets comprising the appropriations/contributions. Control over appropriations and contributions are normally obtained upon the receipt of cash.

Grants income is recognised as part of the Institute’s agreement with the Ministry of Health and may be returned; if unspent, uncommitted or funds not used in line with the agreement.

ii. Sale of Goods

Revenue from the sale of goods is recognised as revenue when the Institute transfers the significant risks and rewards of ownership of the assets.

iii. Rendering of Services

Revenue is recognised when the service is provided or by reference to the stage of completion (based on labour hours incurred to date).

iv. Investment Income

Interest revenue is recognised using the effective interest method as set out in AASB 139 Financial Instruments: Recognition and Measurement

(e) Personnel Services

With the provision of the Government Sector Employment Act 2013, under Administrative Order 2014 (No 11), from 29 January 2014, personnel services are now purchased by the Institute from the Institute of Psychiatry Staff Agency (formerly Employment Division). Prior to this order, the personnel services were directly purchased from the Ministry of Health. The Administrative Order transferred all employees from the Ministry of Health to the Institute of Psychiatry Staff Agency which is controlled by the Secretary (formerly Director-General) of the Ministry of Health, in the Secretary's capacity as the head of the staff agency.

In addition, a staged transition commenced in January 2014 from the Institute to the Health Education & Training Institute (HETI) where corporate services staff were transferred to HETI with the remaining staff to be transferred over a two to three year period from January 2014. In 2014/15, a number of non-corporate services (education) staff were employed directly as HETI employees. As such, both corporate services and these education staff expenses are accounted for in HETI’s financial statements which are recouped against the Institute. These staff expenses are shown in the Statement of Comprehensive Income as operating expenses in the financial statements. Provisions in the Statement of Financial Position represent amounts payable to the Institute Staff Agency in respect of personnel services for the remaining staff (excludes staff transferred to or employed directly by HETI).
(f) Superannuation

The Institute’s liability for defined benefit superannuation is assumed by the Crown Entity. The Institute accounts for the liability as having been extinguished; resulting in the amount assumed being shown as part of the non-monetary revenue item described as “Acceptance by the Crown Entity of employee benefits”.

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees’ salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees’ superannuation contributions.

(g) Insurance

The Institute’s insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self-insurance for Government agencies. The expenses (premium) are determined by the Fund Manager based on past claims experience.

(h) Rent and Other Costs

The Institute is located on the grounds of Cumberland Hospital. No rent is paid on the premises occupied by the Institute. Estimates provided by commercial property agents in the Parramatta district state that a fair rent for property of a similar size would be about $600,000 - $700,000 ($600,000 - $700,000; 2013/14) per annum.

(i) Accounting for the Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that the:

- amount of GST incurred by the Institute as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
- receivables and payables are stated with the amount of GST included.

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

(j) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Institute. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition.

Fair value is 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 payment for an item is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted over the period of credit.

(k) Capitalisation Thresholds

Plant and equipment and intangible assets individually costing $5,000 and above (or forming part of a network costing more than $5,000) are capitalised.

(l) Revaluation of Plant and Equipment

There has been no revaluation of any of the Institute's plant and equipment as they are non-specialised assets. Non-specialised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

(m) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, impairment under AASB 136 Impairment of Assets is unlikely to arise. As property, plant and equipment is carried at fair value, impairment can only arise in the rare circumstances where the costs of disposal are material. Specifically, impairment is unlikely for not-for-profit entities given that AASB 136 modifies the recoverable amount test for non-cash generating assets of not-for-profit entities to the higher of fair value less costs of disposal and depreciated replacement cost, where depreciated replacement cost is also fair value. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are material. Selling costs are regarded as immaterial.

(n) Depreciation of Plant and Equipment

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Institute. Land is not a depreciable asset. All material separately identifiable components of assets are depreciated over their shorter useful lives.

Details of depreciation rates initially applied for major asset categories are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant and Equipment</td>
<td>10%</td>
<td>25%</td>
</tr>
<tr>
<td>Motor Vehicle Sedans</td>
<td>12.5%</td>
<td>20%</td>
</tr>
<tr>
<td>Furniture &amp; Fittings</td>
<td>5%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

(o) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.
(p) Intangible Assets

The Institute recognises intangible assets only if it is probable that future economic benefits will flow to the Institute and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition.

The useful lives of intangible assets are assessed to be finite. Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Institute’s intangible assets, the assets are carried at cost less any accumulated amortisation and impairment losses.

The Institute’s intangible assets are amortised using the straight line method at 20% per annum (2014: 20% per annum).

In general, intangible assets are tested for impairment where an indicator of impairment exists. However, as a not-for-profit entity with no cash generating units, the Institute is effectively exempted from impairment testing. [See Note 1 (m)]

(q) Receivables

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market.

Receivables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Bad debts are written off as incurred.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the entity will not be able to collect all amounts due. The amount of the allowance is the difference between the asset’s carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate.

(r) Payables

These amounts represent liabilities for goods and services provided to the Institute and other amounts, including interest. Payables are recognised initially at fair value, usually based on the transaction cost or face value.

Subsequent measurement is at amortised cost using the effective interest method.

Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(s) Equity

**Accumulated Funds**

The category ‘Accumulated Funds’ includes all current and prior period retained funds.
(t) Budgeted Amounts

The Institute’s budget is not presented in the parliament; therefore AASB 1055 Budgetary Reporting is not applicable to the Institute. The budget amounts are used internally for management purposes and are not subject to audit review and, accordingly, not reflected in the financial statements.

(u) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in 2014-15

The accounting policies applied in 2014-15 are consistent with those of the previous financial year except revised depreciation rates (See Note 1 (n)) and as a result of the following new or revised Australian Accounting Standards that have impacted in 2014-15 and have been applied for the first time as follows:

AASB 10 Consolidated Financial Statements, AASB 2011-7, and AASB 2013-8 Amendments to Australian Accounting Standards for the consolidation and joint arrangement standards, arise from the issuance of AASB 10, AASB 11, AASB 12, AASB 127, and AASB 128. For not for profit entities, the changes have application from 1 July 2014.

Following an assessment of the applicable new accounting standards mentioned above in relation to consolidation and joint arrangements, Institute management is of the opinion that there will be no material implications for the financial statements.

AASB 1055 and AASB 2013-1, regarding Budgetary Reporting has application from 1 July 2014. This standard is not applicable to Institute as Institute budget is not presented in parliament. Refer note 1(t) on how Institute derives its budgetary information.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless Treasury determines otherwise. The following new Australian Accounting Standards, excluding standards not considered applicable or material to the Institute, have not been applied and are not yet effective. The possible impact of these Standards in the period of initial application includes:

AASB 9, Financial Instruments, has application from 1 January 2018. The standard is to establish principles for the financial reporting of financial assets and financial liabilities that will present relevant and useful information to users of financial statements for their assessment of the amounts, timing and uncertainty of an entity’s future cash flows.

AASB 15 and AASB 2014-5, Revenue from Contracts with Customers has application from 1 January 2017. We believe this standard will impact on the timing recognition of certain revenues given the core principle of the new standard requires revenue to be recognised when the goods or services are transferred to the customer at the transaction price (as opposed to stage of completion of the transaction). The model features a contract-based five-step analysis of transactions to determine whether, how much and when revenue is recognised.

AASB 2010-7, regarding Financial Instruments has mandatory application from 1 July 2015 and comprises changes to improve and simplify the approach for classification and measurement of financial assets. The change is not expected to materially impact the financial statements.

AASB 2014-3, Amendments to Australian Accounting Standards – Accounting for Acquisitions of Interests in Joint Operations. This amending standard clarifies the treatment of expensing all
acquisition-related costs, and recognition of share in a joint operation according to the contractual
arrangements, this standard is applicable from 1 January 2016.

AASB 2014-4, Amendments to Australian Accounting Standards – Clarification of Acceptable
Methods of Depreciation and Amortisation, has application from 1 January 2016. The change will
take into account the expected future reductions in the selling price when accounting for useful life.

AASB 2014-7, Amendments to various Australian Accounting Standards as a result of the changes
from AASB 9 (December 2014) and will have application from 1 Jan 2018. The new AASB 9 includes
revised guidance on the classification and measurement of financial assets and supersedes AASB 9
(December 2009) and AASB 9 (December 2010).

AASB 2014-8, Amendments to Australian Accounting Standards arising from AASB 9 (December
2014) – Application of AASB 9 (December 2009) and AASB 9 (December 2010) [AASB 9 (2009 &
2010)] has application from 1 Jan 2015. This update limits the application of the existing versions of
AASB 9 (December 2009) and AASB 9 (December 2010).

AASB 2014-9, Amendments to Australian Accounting Standards – It gives entities the choice of
using the Equity Method for their subsidiaries in their separate financial statements [AASB 1, 127 &
128]. It has application from 1 January 2016.

AASB 2014-10, Amendments to Australian Accounting Standards – Sale or Contribution of Assets
between an Investor and its Associate or Joint Venture [AASB 10 & AASB 128]. This has application
from 1 January 2016.

AASB 2015-01, Amendments to Australian Accounting Standards has application from 1 January
2016 – Annual Improvements to Australian Accounting Standards 2012–2014 Cycle [AASB 1, AASB
2, AASB 3, AASB 5, AASB 7, AASB 11, AASB 110, AASB 119, AASB 121, AASB 133, AASB 134,
AASB 137 & AASB 140]

AASB 2015-02, Amendments to Australian Accounting Standards – Disclosure Initiative:
Amendments to AASB 101 [AASB 7, AASB 101, AASB 134 & AASB 1049] require entities to
disclose significant accounting policies and other explanatory information in a more detailed manner
rather than a summary as previously done. This application takes place from 1 January 2016.

AASB 2015-03, Amendments to Australian Accounting Standards arising from the Withdrawal of
AASB 1031 Materiality from 1 January 2016. It is expected that the withdrawal of AASB 1031 will not
change practice regarding the application of materiality in financial reporting. In particular,
amendments would not change the level of disclosure presently specified by other accounting
standards.

AASB 2015-5, Amendments to Australian Accounting Standards – Investment Entities: Applying the
Consolidation Exception [AASB 10, AASB 12 & AASB 128], has application from 1 January 2016.
This standard is unlikely to have any impact on the Institute as the exceptions would be hard to
satisfy.

AASB 2015-6, Amendments to Australian Accounting Standards – Extending Related Party
Disclosures to Not-for-Profit Public Sector Entities [AASB 10, AASB 124 & AASB 1049], has
application from 1 July 2016. Based on preliminary evaluation, this standard could potentially
increase the level of disclosure required for not for profit entities where delegated power exists for
senior officers of the entity.
2. Personnel Services

<table>
<thead>
<tr>
<th>Service</th>
<th>2015 $000</th>
<th>2014 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages (including Annual Leave)</td>
<td>1,311</td>
<td>3,285</td>
</tr>
<tr>
<td>Superannuation: Defined Benefits</td>
<td>21</td>
<td>58</td>
</tr>
<tr>
<td>Superannuation: Defined Contributions</td>
<td>109</td>
<td>243</td>
</tr>
<tr>
<td>Long Service Leave</td>
<td>40</td>
<td>73</td>
</tr>
<tr>
<td>Workers' Compensation Insurance</td>
<td>37</td>
<td>39</td>
</tr>
<tr>
<td>Payroll Tax</td>
<td>52</td>
<td>172</td>
</tr>
<tr>
<td>Other Personnel Related Expenses</td>
<td>23</td>
<td>65</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,593</strong></td>
<td><strong>3,935</strong></td>
</tr>
</tbody>
</table>

3. Other Operating Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>2015 $000</th>
<th>2014 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditor's Remuneration - Audit of the Financial Statements</td>
<td>31</td>
<td>30</td>
</tr>
<tr>
<td>Cost of Sales (See (a) below)</td>
<td>1,662</td>
<td>2,081</td>
</tr>
<tr>
<td>Consulting</td>
<td>104</td>
<td>216</td>
</tr>
<tr>
<td>Shared Corporate &amp; Education Services</td>
<td>1,480</td>
<td>599</td>
</tr>
<tr>
<td>Printing, Stationery &amp; Postage</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Other (See (b) below)</td>
<td>143</td>
<td>310</td>
</tr>
<tr>
<td>Software Expenses</td>
<td>61</td>
<td>68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,526</strong></td>
<td><strong>3,328</strong></td>
</tr>
</tbody>
</table>

(a) Cost of Sales Includes:

<table>
<thead>
<tr>
<th>Expense</th>
<th>2015 $000</th>
<th>2014 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellowships Expenses</td>
<td>1,034</td>
<td>857</td>
</tr>
<tr>
<td>Lecture and Supervision Expenses</td>
<td>347</td>
<td>468</td>
</tr>
<tr>
<td>Project Related Expenses</td>
<td>301</td>
<td>756</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,682</strong></td>
<td><strong>2,081</strong></td>
</tr>
</tbody>
</table>

(b) Other Includes:

<table>
<thead>
<tr>
<th>Expense</th>
<th>2015 $000</th>
<th>2014 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Computer and Equipment under $5,000</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Domestic Supplies and Services</td>
<td>45</td>
<td>79</td>
</tr>
<tr>
<td>Legal Services</td>
<td>-</td>
<td>78</td>
</tr>
<tr>
<td>Other Miscellaneous</td>
<td>68</td>
<td>102</td>
</tr>
<tr>
<td>Travel Related Costs</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>143</strong></td>
<td><strong>310</strong></td>
</tr>
</tbody>
</table>

4. Depreciation and Amortisation

<table>
<thead>
<tr>
<th>Expense</th>
<th>2015 $000</th>
<th>2014 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation - Motor Vehicles</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Depreciation - Plant &amp; Equipment</td>
<td>34</td>
<td>153</td>
</tr>
<tr>
<td>Depreciation - Furniture &amp; Fittings</td>
<td>37</td>
<td>236</td>
</tr>
<tr>
<td>Amortisation - Intangible Assets</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>93</strong></td>
<td><strong>421</strong></td>
</tr>
</tbody>
</table>

5. Grants and Contributions

<table>
<thead>
<tr>
<th>Expense</th>
<th>2015 $000</th>
<th>2014 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Grant from the NSW Ministry of Health</td>
<td>3,237</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,237</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

6. Conditions on Contributions

The Institute's agreement with the Ministry of Health stipulates that any unspent, uncommitted funds or funds used not in accordance with the agreement need to be returned.
7. Acceptance by the Crown Entity of Employee Benefits and Other Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superannuation Accepted by Crown Entity</td>
<td>21</td>
<td>58</td>
</tr>
</tbody>
</table>

8. Sale of Goods and Services

Rendering of Services comprise the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Fees</td>
<td>1,547</td>
<td>1,543</td>
</tr>
<tr>
<td>Project Income (See (a) below)</td>
<td>1,713</td>
<td>2,118</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,260</strong></td>
<td><strong>3,661</strong></td>
</tr>
</tbody>
</table>

(a) Project Income Includes:

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Mental Health Outcomes and Classification Network (AMHOCN)</td>
<td>775</td>
<td>1,160</td>
</tr>
<tr>
<td>Australian Agency for International Development (AusAID)</td>
<td>-</td>
<td>170</td>
</tr>
<tr>
<td>Department of Family and Community Services - Ageing Disability &amp; Home Care Fellowships</td>
<td>484</td>
<td>116</td>
</tr>
<tr>
<td>Department of Immigration and Border Protection</td>
<td>-</td>
<td>89</td>
</tr>
<tr>
<td>Grief &amp; Loss Training Program to Aboriginal Mental Health Workers</td>
<td>318</td>
<td>295</td>
</tr>
<tr>
<td>Others</td>
<td>136</td>
<td>288</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,713</strong></td>
<td><strong>2,118</strong></td>
</tr>
</tbody>
</table>

9. Other Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultancy &amp; Counselling</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>CD &amp; Video Sales</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>64</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78</strong></td>
<td><strong>37</strong></td>
</tr>
</tbody>
</table>

10. Investment Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Interest</td>
<td>82</td>
<td>50</td>
</tr>
<tr>
<td>Interest on Investment</td>
<td>50</td>
<td>144</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>132</strong></td>
<td><strong>194</strong></td>
</tr>
</tbody>
</table>

11. Gain/(Loss) on Disposal

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicles</td>
<td>49</td>
<td>31</td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Written Down Value</td>
<td>31</td>
<td>10</td>
</tr>
<tr>
<td>Less: Proceeds from Disposal</td>
<td>34</td>
<td>15</td>
</tr>
<tr>
<td><strong>Gain/(Loss) on Disposal</strong></td>
<td><strong>3</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

12. Cash and Cash Equivalents

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at Bank and On Hand</td>
<td>2,735</td>
<td>2,756</td>
</tr>
<tr>
<td>Hour Glass Cash Facility with NSW Treasury Corporation</td>
<td>1,852</td>
<td>1,802</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,587</strong></td>
<td><strong>4,558</strong></td>
</tr>
</tbody>
</table>

13. Receivables

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables - Course Fees</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Receivables - Debtors</td>
<td>314</td>
<td>161</td>
</tr>
<tr>
<td>Prepayments</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Goods and Services Tax</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>327</strong></td>
<td><strong>186</strong></td>
</tr>
</tbody>
</table>
14. Non-Current Assets Plant and Equipment

<table>
<thead>
<tr>
<th></th>
<th>Plant and Equipment $000</th>
<th>Furniture &amp; Fittings $000</th>
<th>Motor Vehicles $000</th>
<th>Total $000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At 1 July 2014 -- fair value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount</td>
<td>879</td>
<td>1,209</td>
<td>50</td>
<td>2,138</td>
</tr>
<tr>
<td>Accumulated depreciation and impairment</td>
<td>(619)</td>
<td>(553)</td>
<td>(16)</td>
<td>(1,188)</td>
</tr>
<tr>
<td>Net Carrying Amount</td>
<td>260</td>
<td>656</td>
<td>34</td>
<td>950</td>
</tr>
<tr>
<td><strong>At 30 June 2015 -- fair value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount</td>
<td>856</td>
<td>1,209</td>
<td>17</td>
<td>2,082</td>
</tr>
<tr>
<td>Accumulated depreciation and impairment</td>
<td>(630)</td>
<td>(590)</td>
<td>-</td>
<td>(1,220)</td>
</tr>
<tr>
<td>Net Carrying Amount</td>
<td>226</td>
<td>619</td>
<td>17</td>
<td>862</td>
</tr>
</tbody>
</table>

A reconciliation of the carrying amount of each class of plant and equipment at the beginning and end of the current reporting period is set out below:

<table>
<thead>
<tr>
<th></th>
<th>Plant and Equipment $000</th>
<th>Furniture &amp; Fittings $000</th>
<th>Motor Vehicles $000</th>
<th>Total $000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year ended 30 June 2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Carrying Amount at Start of Year</td>
<td>260</td>
<td>656</td>
<td>34</td>
<td>950</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Disposals</td>
<td>(23)</td>
<td>-</td>
<td>(49)</td>
<td>(72)</td>
</tr>
<tr>
<td>Depreciation Expense</td>
<td>(34)</td>
<td>(37)</td>
<td>(2)</td>
<td>(75)</td>
</tr>
<tr>
<td>Write back on Disposals</td>
<td>23</td>
<td>-</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Net Carrying Amount at End of Year</td>
<td>226</td>
<td>619</td>
<td>17</td>
<td>862</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Plant and Equipment $000</th>
<th>Furniture &amp; Fittings $000</th>
<th>Motor Vehicles $000</th>
<th>Total $000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At 1 July 2013 -- fair value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount</td>
<td>860</td>
<td>1,209</td>
<td>53</td>
<td>2,122</td>
</tr>
<tr>
<td>Accumulated depreciation and impairment</td>
<td>(466)</td>
<td>(316)</td>
<td>(25)</td>
<td>(807)</td>
</tr>
<tr>
<td>Net Carrying Amount</td>
<td>394</td>
<td>893</td>
<td>28</td>
<td>1,315</td>
</tr>
<tr>
<td><strong>At 30 June 2014 -- fair value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount</td>
<td>879</td>
<td>1,209</td>
<td>50</td>
<td>2,138</td>
</tr>
<tr>
<td>Accumulated depreciation and impairment</td>
<td>(619)</td>
<td>(553)</td>
<td>(16)</td>
<td>(1,188)</td>
</tr>
<tr>
<td>Net Carrying Amount</td>
<td>260</td>
<td>656</td>
<td>34</td>
<td>950</td>
</tr>
</tbody>
</table>

A reconciliation of the carrying amount of each class of plant and equipment at the beginning and end of the current reporting period is set out below:

<table>
<thead>
<tr>
<th></th>
<th>Plant and Equipment $000</th>
<th>Furniture &amp; Fittings $000</th>
<th>Motor Vehicles $000</th>
<th>Total $000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year ended 30 June 2014</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Carrying Amount at Start of Year</td>
<td>394</td>
<td>893</td>
<td>28</td>
<td>1,315</td>
</tr>
<tr>
<td>Additions</td>
<td>18</td>
<td>-</td>
<td>27</td>
<td>45</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>(31)</td>
<td>(31)</td>
</tr>
<tr>
<td>Depreciation Expense</td>
<td>(152)</td>
<td>(237)</td>
<td>(11)</td>
<td>(400)</td>
</tr>
<tr>
<td>Write back on Disposals</td>
<td>-</td>
<td>-</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Net Carrying Amount at End of Year</td>
<td>260</td>
<td>656</td>
<td>34</td>
<td>950</td>
</tr>
</tbody>
</table>
### 15. Intangibles

<table>
<thead>
<tr>
<th></th>
<th>Software $000</th>
<th>Total $000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At 1 July 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount</td>
<td>247</td>
<td>247</td>
</tr>
<tr>
<td>Accumulated amortisation and impairment</td>
<td>(182)</td>
<td>(182)</td>
</tr>
<tr>
<td>Net Carrying Amount</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td><strong>At 30 June 2015</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount</td>
<td>247</td>
<td>247</td>
</tr>
<tr>
<td>Accumulated amortisation and impairment</td>
<td>(202)</td>
<td>(202)</td>
</tr>
<tr>
<td>Net Carrying Amount</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td><strong>Year ended 30 June 2015</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Carrying Amount at Start of Year</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Amortisation</td>
<td>(20)</td>
<td>(20)</td>
</tr>
<tr>
<td>Net Carrying Amount at End of Year</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td><strong>At 1 July 2013</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount</td>
<td>247</td>
<td>247</td>
</tr>
<tr>
<td>Accumulated amortisation and impairment</td>
<td>(162)</td>
<td>(162)</td>
</tr>
<tr>
<td>Net Carrying Amount</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td><strong>At 30 June 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount</td>
<td>247</td>
<td>247</td>
</tr>
<tr>
<td>Accumulated amortisation and impairment</td>
<td>(182)</td>
<td>(182)</td>
</tr>
<tr>
<td>Net Carrying Amount</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td><strong>Year ended 30 June 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Carrying Amount at Start of Year</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>Amortisation</td>
<td>(20)</td>
<td>(20)</td>
</tr>
<tr>
<td>Net Carrying Amount at End of Year</td>
<td>65</td>
<td>65</td>
</tr>
</tbody>
</table>
### 16. Payables

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued Salaries, Wages and On-Costs</td>
<td>46</td>
<td>56</td>
</tr>
<tr>
<td>Creditors</td>
<td>522</td>
<td>1,241</td>
</tr>
<tr>
<td>Personnel Services</td>
<td>-</td>
<td>51</td>
</tr>
<tr>
<td>Unearned Revenue</td>
<td>196</td>
<td>878</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>764</td>
<td>2,226</td>
</tr>
</tbody>
</table>

### 17. Provisions

#### Current

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave Provision Short Term*</td>
<td>79</td>
<td>78</td>
</tr>
<tr>
<td>Annual Leave Provision Long Term*</td>
<td>39</td>
<td>46</td>
</tr>
<tr>
<td>Long Service Leave Provision</td>
<td>326</td>
<td>289</td>
</tr>
<tr>
<td>Annual Leave Consequential On-Costs</td>
<td>43</td>
<td>47</td>
</tr>
<tr>
<td>Long Service Leave Consequential On-Costs</td>
<td>55</td>
<td>66</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>542</td>
<td>528</td>
</tr>
</tbody>
</table>

* Short term refers to ‘expected to be settled within twelve months’ & Long term refers to ‘expected to be settled after twelve months’

#### Non-Current

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Service Leave Provision</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26</td>
<td>35</td>
</tr>
</tbody>
</table>

### Aggregated Employee Benefits and Related On-Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions - Current</td>
<td>542</td>
<td>528</td>
</tr>
<tr>
<td>Provisions - Non-Current</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>Accrued Salaries, Wages and On-Costs (Note 16)</td>
<td>46</td>
<td>56</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>614</td>
<td>619</td>
</tr>
</tbody>
</table>

### 18. Reconciliation of Cash Flows from Operating Activities to Net Result

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Back: Non Cash Items</td>
<td>1,519</td>
<td>(3,729)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>93</td>
<td>421</td>
</tr>
<tr>
<td>(Gain)/Loss on disposal of non-current assets</td>
<td>(3)</td>
<td>(5)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,609</td>
<td>(3,315)</td>
</tr>
<tr>
<td>Increase/(Decrease) in Revenue Received in Advance</td>
<td>(682)</td>
<td>(648)</td>
</tr>
<tr>
<td>Increase/(Decrease) in Personnel Services Provision</td>
<td>5</td>
<td>(666)</td>
</tr>
<tr>
<td>Increase/(Decrease) in Payables from operating activities</td>
<td>(780)</td>
<td>345</td>
</tr>
<tr>
<td>(Increase)/Decrease in Receivables from operating activities</td>
<td>(141)</td>
<td>160</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(1,596)</td>
<td>(809)</td>
</tr>
<tr>
<td>Net Cash used on Operating Activities</td>
<td>11</td>
<td>(4,122)</td>
</tr>
</tbody>
</table>
19. Financial Instruments

The New South Wales Institute of Psychiatry principal financial instruments are outlined below. These financial instruments arise directly from the Institute's operations or are required to finance its operations. The Institute does not enter into or trade financial instruments including derivatives.

The Institute's main risks arising from financial instruments are outlined below together with the Institute's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Executive Director has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Institute, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed by the Audit and Risk Committee and the internal auditors on a regular basis.

(a) Financial Instrument Categories

<table>
<thead>
<tr>
<th>Class:</th>
<th>Category</th>
<th>Carrying Amount</th>
<th>Carrying Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents (note 12)</td>
<td>N/A</td>
<td>4,587</td>
<td>4,558</td>
</tr>
<tr>
<td>Receivables (note 13)¹</td>
<td>Loans and Receivables (at amortised cost)</td>
<td>327</td>
<td>162</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td></td>
<td>4,914</td>
<td>4,720</td>
</tr>
</tbody>
</table>

| Financial Liabilities |                                             |                 |                 |
| Payables (note16)²    | Financial liabilities measured at amortised cost | 568             | 1,348           |
| Total Financial Liabilities |                                          | 568             | 1,348           |

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7)
² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7)
(b) Credit Risk

Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to the Institute. The maximum exposure to credit risk is generally represented by carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Institute, including cash, receivables and authority deposits. No collateral is held by the Institute. The Institute has not granted any financial guarantees.

Credit risk associated with the Institute's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW TCorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System. Interest is earned on daily bank balances at rates of approximately 3.1% in 2014/15 compared to 3.4% in the previous year.

The TCorp Hour-Glass cash facility is discussed in paragraph (d) below.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the Treasurer's Directions, NSW Ministry of Health Accounting Manual for Public Health Organisations and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectible are written off. An allowance for impairment is raised when there is objective evidence that the Institute will not be able to collect all amounts due. This evidence includes past experience, and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

A small proportion of receivables recognised as trade debtors represent Course Fees outstanding. Uncollected fees will result in academic results and certificates not released to students and other participants.

Financial assets that are past due or impaired could be either "Sales of Goods and Services" or "Receivables - Debtors" in the Receivables' category of the Statement of Financial Position. Student fees Ineligibles represent the majority of financial assets that are past due or impaired.

<table>
<thead>
<tr>
<th></th>
<th>Total**</th>
<th>Past due but not impaired†</th>
<th>Considered impaired†</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;3 months overdue</td>
<td>325</td>
<td>325</td>
<td>-</td>
</tr>
<tr>
<td>3 months - 6 months overdue</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>&gt;6 months overdue</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;3 months overdue</td>
<td>160</td>
<td>160</td>
<td>-</td>
</tr>
<tr>
<td>3 months - 6 months overdue</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>&gt;6 months overdue</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Notes

* Each Column in the table reports "Gross Receivables".
† The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7. Therefore, the "total" will not reconcile to the receivables total recognised in the statement of financial position.
Liquidity Risk

Liquidity risk is the risk that the Institute will be unable to meet its payment obligations when they fall due. The Institute continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

During the current and prior years, there were no defaults of loans payable. No assets have been pledged as collateral. The Institute’s exposure to liquidity risk is deemed insignificant based on prior periods’ data and current assessment of risk.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in NSW TC11/12. For small business suppliers, where terms are not specified, payment is made not later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

The table below summarises the maturity profile of the Institute’s financial liabilities together with the interest rate exposure.

<table>
<thead>
<tr>
<th>Interest Rate Exposure</th>
<th>Nominal Amount ($’000)</th>
<th>Maturity Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted Average</td>
<td>Fixed Interest Rate</td>
<td>Variable Interest Rate</td>
</tr>
<tr>
<td>Effective Interest Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015 Payables</td>
<td>568</td>
<td>-</td>
</tr>
<tr>
<td>2014 Payables</td>
<td>1,348</td>
<td>-</td>
</tr>
</tbody>
</table>

Note 5 The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above may not reconcile to the statement of financial position.
Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in the market prices. The Institute's exposures to market risk are primarily associated with the movement in the unit price of the Hour-Glass Investment facilities. The Institute has no exposure to foreign currency risk and does not enter into commodity or borrowings contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Institute operates and the time frame for the assessment (that is, until the end of the next annual reporting period). The analysis is based on risk exposures in existence at the reporting date. The analysis is performed on the same basis for 2014. The analysis assumes that all other variable remain constant.

### Interest rate risk

The Institute has minimal exposure to interest rate risk from its holdings in interest bearing financial assets. The Institute does not account for any fixed rate financial instruments at fair value through profit or loss or as available-for-sale. Therefore, for financial instruments, a change in interest rates would not affect profit or loss or equity. A reasonably possible change of +/- 1% is used consistent with current trends in interest rates. The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

The Institute's exposure to interest rate risk is set out below:

<table>
<thead>
<tr>
<th>Carrying Amount</th>
<th>Profit</th>
<th>Equity</th>
<th>Profit</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>-1%</td>
<td>+1%</td>
<td>-1%</td>
<td>+1%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>4,587</td>
<td>(46)</td>
<td>(46)</td>
<td>46</td>
</tr>
<tr>
<td>Receivables</td>
<td>327</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>568</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>4,558</td>
<td>(46)</td>
<td>(46)</td>
<td>46</td>
</tr>
<tr>
<td>Receivables</td>
<td>162</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>1,348</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Other price risk - TCorp Hour-Glass facilities

Exposure to ‘other price risk’ primarily arises through the investment in the TCorp Hour-Glass Investment Facilities, which are held for strategic rather than trading purposes. The Institute has no direct equity investments. The Institute holds units in the following Hour-Glass investment trusts:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Investment Sectors</th>
<th>Investment Horizon</th>
<th>2015 $'000</th>
<th>2014 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash facility</td>
<td>Cash and money market instruments</td>
<td>Up to 1.5 years</td>
<td>1,852</td>
<td>1,802</td>
</tr>
</tbody>
</table>

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily.

NSW TCorp as trustee for each of the above facilities is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. TCorp has also leveraged off internal expertise to manage certain fixed income assets for the Hour-Glass facilities. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the Hour-Glass facilities limits the Institute's exposure to risk, as it allows diversification across a pool of funds with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for each of the Investment facilities, using historically based volatility information collected over a ten year period, quoted at two standard deviations (i.e. 95% probability). The TCorp Hour-Glass Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from Hour-Glass Statement).
20. Events after the Reporting Period

There are no after balance date events to be included in the financial statements as at 30 June 2015

21. Contingent Liabilities/Assets

There are no known contingent liabilities or contingent assets as at 30 June 2015

END OF AUDITED FINANCIAL STATEMENTS