



# IMPROVING LIVES ONE MIND AT A TIME

CREATING HAPPINESS

MARY EILEEN HEALY INTERIM DIRECTOR

MENTAL HEALTH FOUNDATION

Leopard road #1

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## Preface

This annual accountability report is compiled by the management team of the Mental Health Foundation (MHF) and approved by the board of the foundation on May .., 2020.

The financial auditing report 2019 has been completed by BDO accountants and has also been approved by the board, on, (month day) 2020.

The report explains the following:

- The general profile of the foundation
- The core values, mission and vision
- The governance of the foundation
- The policies, production, and performances
- The financial checks and balances
- Finally, the conclusion and a way forward

Eileen Healy, Interim Director Mental Health Foundation  
(month day), 2020

# THE HAPPINESS EVENT OCTOBER 10TH 2019

HOW TO ACQUIRE, MAINTAIN  
& SHARE HAPPINESS DAILY

FROM 4:30PM - 8PM  
AT THE CULTURAL CENTER,  
PHILIPSBURG



Join us for a fun evening filled with performances, a live DJ, food, drinks, games, entertainment and more!



## Introduction

*The World Health Organization's (WHO) comprehensive mental health action plan 2013 to 2020*

*Was adopted by 66<sup>th</sup> the World Health Assembly.*

*This Mental Health Action Plan is described by Dr. Margaret Chan, the WHO Director General as a landmark achievement that focuses on a long-neglected problem and is firmly rooted in the principle of Human Rights. The action plan calls for changes in the attitudes that perpetuate stigma and discrimination that have isolated people since ancient times, and it calls for an expansion of services in order to promote greater efficiency in the use of resources.*

*There are a number of core principles that underpin human rights (5):*

- *Fairness towards all human beings*
- *Respect for others*
- *Equality among all people*
- *Dignity is to be preserved at all times*
- *Freedom for all people*

In May 2019 MHF and USZV signed care contracts for the medical insured SZV, FZOG, OZR and Crisis intervention as well as an AVBZ contract for 2 years. New agreements were made for timely evaluations and accounting. MHF now had the opportunity for salary adjustments for the staff that,

compared to SMMC and WYC, were lower. This created opportunity to prevent staff turnover and better provide for continuity of care.

MHF set out to improve quality care and efficiency for its patients. Adequately facilitating staff to provide care and increasing productivity to meet the demands of our patients. The overall team spirit was profound while management set out to improve the circumstances in which the staff is working due to the condition and size of the building.

In 2019 MHF did not have a full-time psychiatrist employed, this report reflects on the consequences and measure taken.

Also, in 2019 the Multi Annual Plan 2020 to 2024 was designed, to facilitate the necessary expansions of care.

With this year report, the foundation attempts to provide insight to its stakeholders regarding, quality care and with the intention of providing accountability and transparency as well as the management of the expenditures and the production



Regardless of the circumstances, MHF staff has been available for its patients and clients, has partnered with stakeholders, bringing 'Happiness' to all including the most vulnerable

The main financier of care is the USZV who finances 90% of the care.

They manage the following funds:

- SVZ sickness insurance
- OZR government employee's coverage
- FZOG Government retirees
- Crisis intervention (Government is responsible for any person on the Island in a mental crisis)
- AVBZ Chronic illness insurance, a compulsory insurance, all employees of St. Maarten contribute to this fund.

The financing of the quality care and the productivity is highlighted in this report.

The ministry of Public Health, Social Development and Labor, established the foundation in 2001 and as such MHF resorts under this ministry and reports all developments to the minister of VSA. Therefor the primary objective of this annual social year report is accountability to the ministry and recommendations regarding the future needs and developments.

MHF has care agreements with the following Stakeholders:

- White and Yellow Cross Care Foundation (WYCF),
- Mental Health Caribbean (MHC)
- Turning Point Foundation
- The Police (KPSM)
- Safe Haven

In 2019 meetings commenced with the Justice departments regarding the formation of a taskforce, these are ongoing.

Furthermore, the foundation maintains contact with all stakeholders relevant to the care of its clients in order to be able to facilitate their care needs as much as possible.

### The MHF Mission Statement

‘To provide quality psychiatric care and staff satisfaction within agreed budgets.’

### Vision Statement

Our vision is; ‘the promotion of continuity and consistency, prevention, psychiatric treatment, cure and wellness to all of our clients. We provide for their actual needs with focus on their environment, wishes, job support and financial stability.’

The management of the foundation is based on the following Core Values

### Our Care

1. Valuing people – *Listening and learning to meet client's needs;*
2. Ethics and transparency – *Passion and open communication;*
3. Service excellence – *Guided by patient expectations,*

### Our Staff

4. Accountability – *Take public responsibility for our actions;*
5. Innovation – *Be open to change and follow through;*
6. Collaboration – *Together we are strong and resilient;*

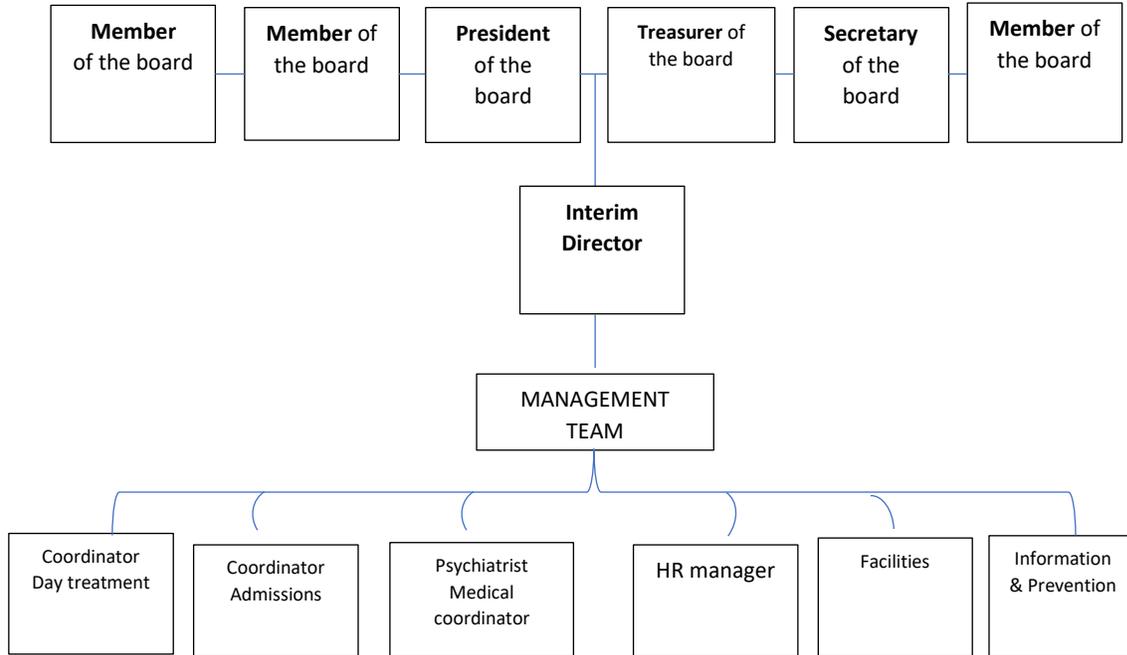
Presently the foundation provides the most relevant psychiatric care products to the population on St. Maarten.

## I. The organization

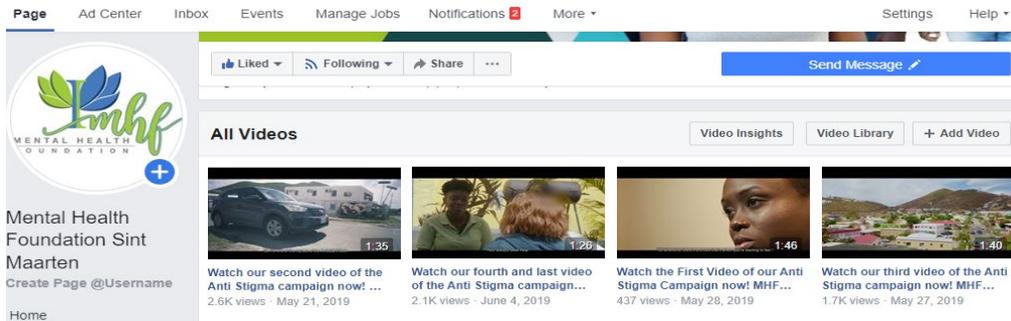
In the organization structure of the foundation, a provision is made for a management team. The management team is a communication platform to share knowledge, experiences, opinions, and views and that advises the director. The management teams' goal is to create involvement in the decision-making process and the portal to the director to allow balanced decision-making. The basis for all decisions is the approved strategic plan, the approved yearly budget a year planner and the approved rules and regulations of the foundation. This organizational structure is based on the vision and mission of the organization, the seven care products, the corporate governance code of St. Maarten, and the need for transparency, accountability, productivity, and communication.

The task of the director is to monitor the implementation of the strategic plan, translate it into the annual budgets which primarily control quality care within the allocated budgets.

The management team consists of the medical coordinators (psychiatrists), the financial manager, the human resource manager and the director. In terms of an organogram this is designed as follows:



The tasks, responsibilities, and authorities of the members of the management team are described in the individual job descriptions and the management teams' rules and regulations. The management team involves both direct and indirect patient care.



Important objectives of the Management team are:

- Quality care and control
- Input in the budget cycle and budget control;
- Policy control and implementation;
- Adequate instructions to and coordination of personnel;
- Efficient use of resources;
- Effective communication

The coordinators are the focal points of the care and are supervised by the director and psychiatrist. The appointed coordinators (can be seen as department supervisors, line-managers) have signed an addendum to their already existing job description and they were internally promoted. Their main responsibilities are coordinating their departments and providing quality care by:

1. Involving patients and relatives in the care (psychoeducation)
2. Planning, organizing, motivating and encouraging staff
3. Innovation, advising and assisting with policy development

## II. The organizations Profile

### Core activities

The strategic goals are based on MHF's mission, vision and core values, which are to provide high quality care based on patients' actual needs.

### Our strategic goals:

#### Improve quality care and safety for patients and clients

- Benchmark quality standards
- Implement a measurement tool for monitoring and evaluating quality and safety
- Obtain accreditation of MHF to ensure quality care
- ✓Recruit and retain health care professionals who are highly qualified
- ✓Increase opportunities for professional development

#### Improve effectiveness and efficiency.

- Update the articles of incorporation to comply with the Corporate Governance code
- Establish by-laws for the supervisory board and the board of directors
- Formulate a compliance monitoring system
- Develop a communication system
- ✓Engage staff by communicating accomplishments and challenges

#### Build relationships with stakeholders

- ✓Identify, categorize and prioritize stakeholders
- ✓Strengthen relationships with stakeholders
- ✓Establish communication strategies
- Set common goals for psychiatry on St. Maarten

#### Financial sustainability & growth

- ✓Ensure financial performance is sustained supporting quality care and investments
- Increase production, which means more treatment for clients.
- ✓Adjust competitive compensation levels across the institution
- ✓Enhance financial planning, budgeting and reporting

## Update information system technology across the institution

- ✓Improve the institution's technological infrastructure and applications
- ✓Continue the rate of availability and transparency of information

## A new building facility

- ✓Explore the financial resources for a new building
- Establish new building to provide quality client care and staff satisfaction
- ✓Plan a new care product for the present location "Guided Living."

## Treats

The Ministry of Public Health, Labor and Social Affairs acknowledges in their 'National Mental Health Plan' 2014 to 2018 which was published in 2014, the need for less stigmatizing legislation and while they refer to the alcohol and drug abuse issues in a May 2008 report, addiction is by law, until today has not acknowledged as an illness on St. Maarten. Despite the fact that the report mentions that the legislation will be up to date by 2018, this goal has not been achieved and limits MHF in its functioning.

## Public health inspectorate

No formal complaints were submitted to the Health Inspectorate in 2019.

## Financing of care

In 2018 the care provided by MHF was financed by:

- 1) SZV (the social insurance) for; OZR, FZOG, ZV. CRISIS INTERVENTION and AVBZ
- 2) The Ministry of Justice for forensic care.
- 3) MHF also generates income from private entities such as private insurances, cash payments (from tourists) and contracts with 3<sup>rd</sup> parties such as Mental Health Caribbean (Saba and St. Eustatius) and White Yellow Cross Foundation.
- 4) Incidental funding from private organizations and from project dossiers also are a source of income that helps to enhance the care for the patient.

## III. Governance

### 3.1 The board and supervision

The minister of Public Health, Social Development and Labor, issued a Ministerial Decree on August 11, 2017 number 1339/2017 That expires December 31, 2021.

This decree established that the foundation has a permit as a private psychiatric facility including involuntary admission. It also elaborates the rules to abide by in accordance with the laws.

### The board

As per October 1, 2019 the board extended contract with the interim director for a period of one more year.

Tasks of the interim director are:

- Cooperation agreement with St. Maarten Medical Center
- The outstanding income owed to the foundation
- Change of the Articles of Incorporation to comply with the Corporate Governance Code
- Planning and development of a new building

The interim director responsible for providing transparency to board regarding:

- The management of the foundation
- The financial accountability of the foundation

The board consisted of the following persons per December 31, 2019

Dr. Felix Holiday	President
Ms. Erika van der Horst	Secretary
Mr. Arno Peels	Treasurer
Mr. Jimmy Challenger	Member (insurance & banking)
Dr. Sonja Mead Swanston	Member (medical)
Melinda Hoeve	New Member (Legal)
Vacancy	To be nominated by Government

## IV. Quality care and production

### 4.1 General

The budgeted total amount of client treatments in accordance with the USZV contract is 10.968

MHF estimated based on the 2017 and 2018 figures and experiences to be able to provide more services treatments to the population of St. Maarten.

This did not materialize because the foundation was not able to employ the urgently needed psychiatrist. The reason is:

1. There is a worldwide shortage of psychiatrists
2. St. Maarten Government is adamant to maintain the qualification standards of the Netherlands and has not been able to establish its own clear local standards.
3. Applicants canceled due to the lengthy procedures caused by unclear and ever-changing requirements from government

Regardless MHF managed 10.926 treatments 42 less than was established which is a 0.38% difference.

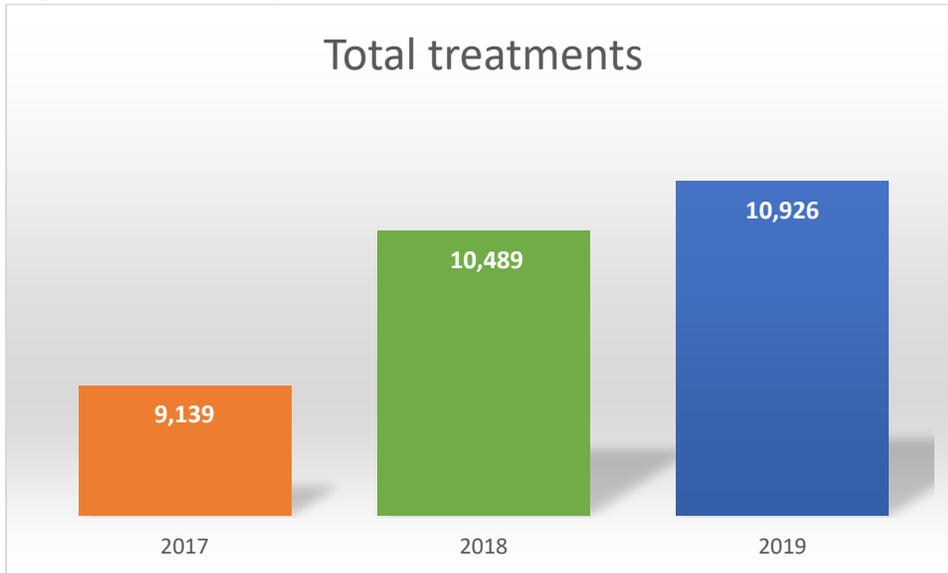


Chart 1.

This chart shows the increase of treatments from 2017 to 2019

There is clearly a care need and MHF is aware that by far not all those in need are treated till date.

MHF observes that many patients are referred for care at MHF in a very late stage of their illness, often causing the illness to have progressed to a stage that has become chronic and require ring long-term care

#### 4.2 Admissions Department

The admissions department not only admitted patients in 2019 but also organized monthly Family support meetings and group sessions on request.

A total of 85 patients were admitted, significant is the fact that 60% were not diagnosed during the admission period. It is however possible that the diagnosis is established after the patients were discharged and during follow-up treatment and are diagnosed during outpatient or ambulant care.

The reason for this relatively high percentage of patients not diagnosed is also to be contributed to the fact that MHF worked with 6 different replacement psychiatrists in 2019. There were periods of no psychiatrist locally available.

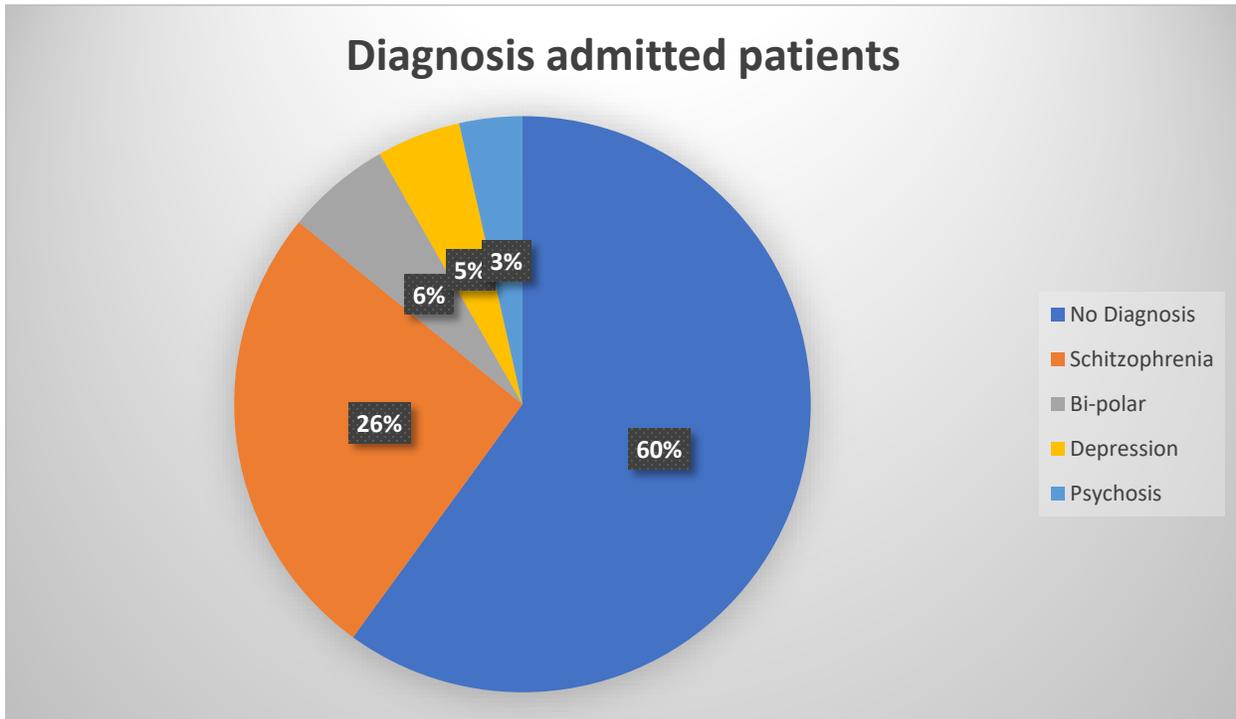
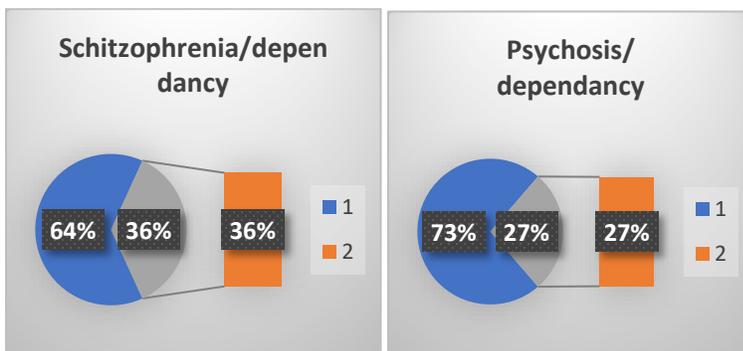


Chart 2.

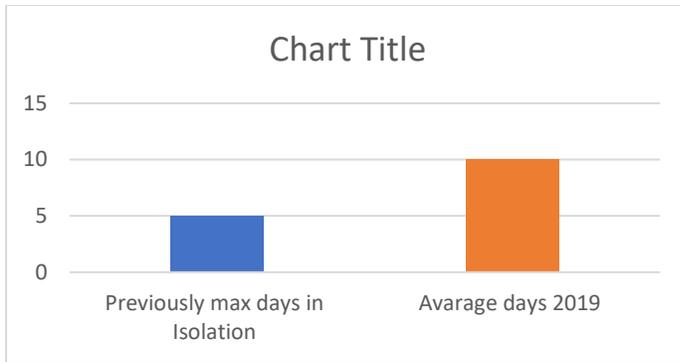
This chart shows the diagnosed and not diagnosed patients, of which schizophrenia dominates

Chart 3.



The number of diagnosed patients with a substance dependency.

Estimated is that 36% of persons with schizophrenia have a dependency and 27% of persons with a psychosis problem also have a dependency problem



MHF from the onset in 2011 established a maximum in Isolation 5 days. In 2019 the average stay increased to 10 days before a person was stable enough to be admitted to voluntary treatment

Chart 4

#### 4.2.1 Crisis Intervention in Admissions

The average age of patients admitted was 36

18 Patients admitted were of the age between 17 and 25 establishing a concerning trend, shifting to younger persons in crisis.

#### 4.3 Outpatient and Ambulant care

Outpatients care are the patients seen by appointment in the Clinic. These patients are seen by the Nurses, Psychologists and Psychiatrists.

In 2019 the outpatient care department reorganized its procedures to better facilitate patients visiting the clinic. There are now 2 nurses on the team for intakes, medication management and injections. A triage system is set up to facilitate patients in accordance with their urgency, while the system has also shortened the waiting time for an appointment in general.

The ambulant care consists of 4 nurses that each have a case load and visit the patients/clients at home. This team monitors the medication and compliance of these patients.

The ambulant nurse's budget capacity for AVBZ ambulant care is set at 20 clients to but has increased 36 clients. There is clearly a growing need to treat chronic clients in their home environment.

The ambulant nurses are also the crisis team and they rotate being on call with the psychiatrists that rotate being on-call as well. This team is highly dependent on the Police to assist and it is mostly the officers who call the nurses. The majority of the clients in a crisis are treated at home which is not always recommended. Due to the increased occupation of the Isolation room at MHF there is no other option. Nurses and Family support must be commended for their efforts regardless of the safety issues the must endure.

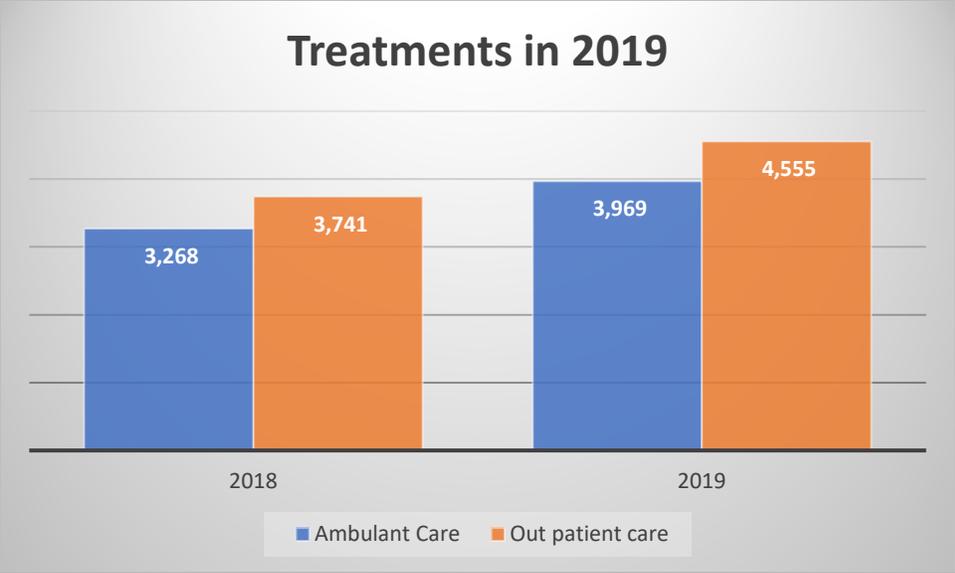


Chart 5

*Crisis treatments*

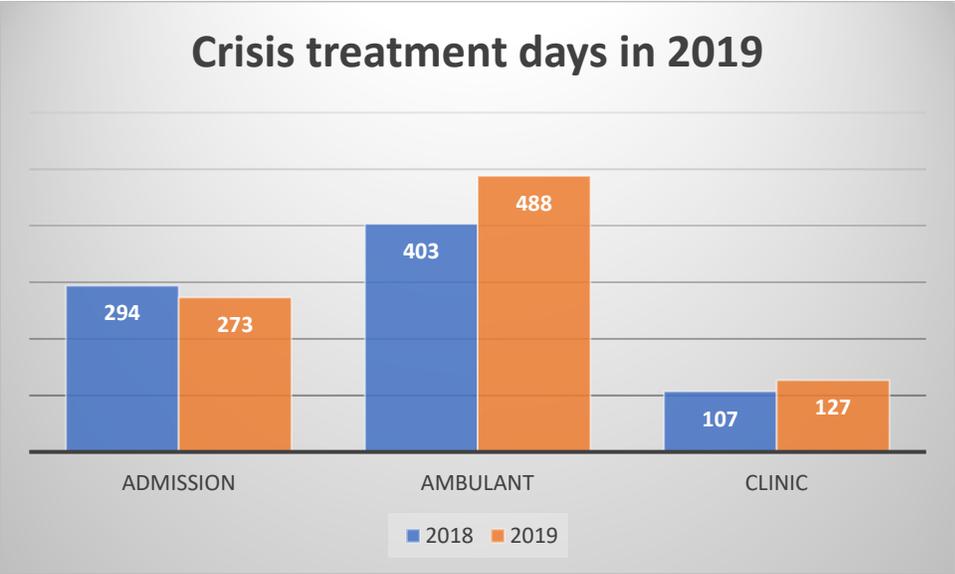


Chart 6

#### 4.4 Faraja

MHF Day Treatment Center, Short and Long stay is an AVBZ financed care product

The objective of the day treatment is:

‘To guide and motivate clients with a mental health to achieve self-confidence and skills needed to actively participate in society regardless of personal challenges.’

In 2019, the average amount of clients that visited the day center was 18, the capacity set by AVBZ is 20.

AVBZ Short and Long stay rooms for periods 3 to 9 months with the objective to work on independence skills under guidance.

#### **ACTIVITIES:**

- Computer Class : Client graduated with certificate in Microsoft word
- Sewing Class : Client completed personal outfits for themselves and 10 bags to sell
- Sports : 3 times a week sports including swimming classes
- Creative Dance : Client choreograph dance routine for Family night and SXM day parade
- Turning Point Internal Session: Education and support group for discussion addictions
- Cooking class : Client show what learnt by following recipe
- Gardening : Client grew okra for the kitchen
- Car wash : Client washed company and staff car for stipend, extended to
- Candle Making : Client assisted in candle making for Valentine, Mental Health World Day, Breast Cancer events, and other fairs
- Art and Craft : Clients make paintings to sell and create art on topic of the day
- Job training : The majority of the clients would like to become independent

#### **Special Events:**

- Thanksgiving Family Night
- Clients’ Christmas Party
- Carnival parade with SBC
- A Tour on a Cruise ship
- Day at Rainforest
- Job fair at Belair
- Karaoke night with WIEMS (a client won best entertainer)
- Glow in the dark pool party
- SXM Doet
- AUC Community Action Day

#### **Volunteers**

- Les Brown : Sports
- Ms. Joana Sharplis : Computer class
- Mr. Rudy : Creative dance
- Ms. Liburd : Sewing Class

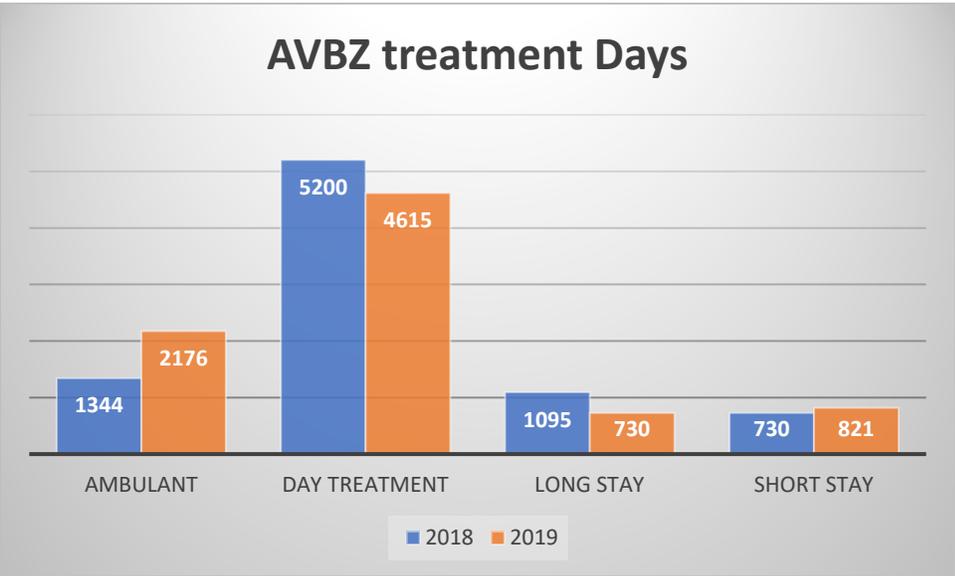


Chart 7

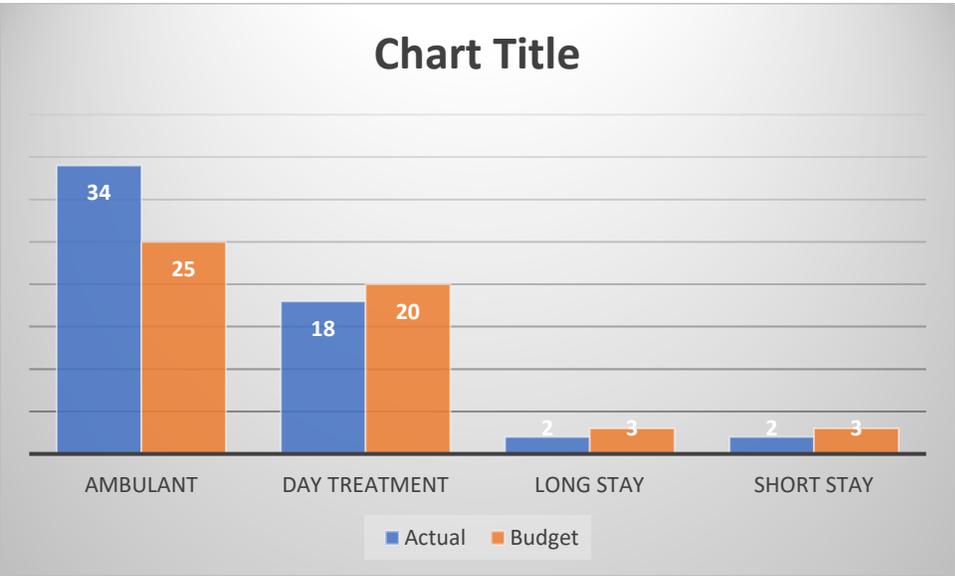


Chart 8

In total there is a decline of 27 day’s of AVBZ care while the total amount of treatments has increased to 437. Noteworthy is however the increase in AVBZ ambulant care clients.

In order to enter a patient into AVBZ care the psychiatrist has to establish a diagnosis and must approve the care plan. Since MHF worked with rotating psychiatrists in 2019 this process was too cumbersome for them to understand and prioritized was the urgent follow-up care and medication evaluations of the patients. As illustrated in chart 2, 60% of the patients admitted did were not diagnosed during the admission period.

## V. In-direct Care Services

### 5.1 Human resource management

An organization's human resources are its most important assets and critical to organizational success, especially in health care whereby there is a direct relationship between the staff and patients.

Mrs. Healy was assigned with an extensive list of projects and tasks which realistically, could not be finalized in 2019.

The Board therefore requested Mrs. Healy to stay on board for another year, which she agreed to; given it would be her last contract. Recruitment for a new Director will commence in 2020.

In 2019, the coordinators continued to consolidate their departments:

Mrs. Donna Wint as the coordinator of Admissions.

Ms. Giselle Codrington was appointed in 2018 on a 2-year agreement as the coordinator of Faraja and Short and Long stay.

Hazelanchela (Lila) Jones our Financial Controller and Coordinator for the Administration Department.

Bart v/d Meijden Coordinator for Information and Prevention Department.

In February 2019 Ms. Kimberly Maria was appointed as Facilities Operations Officer responsible for the Maintenance, Kitchen and Housekeeping sections.

In July 2019 Psychologist Mrs. Stephanie Haseth was appointed as Coordinator for the Outpatient Department consisting of the Ambulant Care and Clinic sections for one (1) year.

Subject	2018	2019	
Staff	41.55	50.5	
Medical functions	26.8	21.8	
Non-medical functions (support)	14.75	28.25	
Dutch nationality	32	37	
Non-Dutch nationality	10	13	
Permanent residence permit	5	9	
Temporary residence permit	2	4	

In 2019 MHF employed 50.5 FTE, which were 51 persons consisting of 5 staff members working on a part-time basis.

Furthermore, the foundation had 12 call-ups (replacement) nurses with a 0 hours contract on the payroll. Other positions that are outsourced- security (3 FTE), cleaning (1 FTE) and IT (on demand).

Due to the resignation of the resident psychiatrist the Foundation contracted 1 replacement psychiatrist working 20 hours a week on a service agreement. In addition, June through December 6 psychiatrist signed service agreements to work on a rotation schedule from Suriname, the Netherlands and Curacao.

In 2019 the following staff mutations took place:

**Human Resources Managers (2);** (due to the resignation of the Human Resources Manager in February 2019 this function became vacant. First HR Manager was hired in March 2019 and due to his resignation in June the present HR Manager was hired in July)

**Social Services Assistant;** candidate from Sint Maarten left to continue her studies.

**Registered nurse Outpatient;** due to the increase in clients an additional clinic nurse was hired candidate from Trinidad

**Social Psychiatric Assistant;** additional to the team, due to an increase in demand – from the Netherlands with local family and studying for Psychiatric care left to continue her studies

**Psychologist;** Local candidate started to work while completing her studies in the USA via online with specialization in Forensic Care

**Bus Driver;** Local candidate transportation for clients to and from the Clinic for Faraja and providing messenger services

**Occupational Therapist;** former employee, local candidate completed studies in England

**Psychiatrist;** replaced Dr. Gandotra working fulltime-formed part of the rotation psychiatrists in December from Suriname with Dutch Nationality.

In 2019, 7 employment agreements were terminated in various functions, and for various reasons:

1. **Human Resources Manager** Resigned to a new opportunity
2. **Human Resources Manager** resigned to return to the Netherlands
3. **Psychiatrist** resigned to move to the UK for a new opportunity
4. **Psychiatric Registered Nurse** resigned to return to the Netherlands.
5. **Social Services Assistant** Resigned to further her studies
6. **Psychiatric Assistant** contract was not renewed due to attitude
7. **Social Psychiatric Assistant** contract was not renewed due to no Van 'Rechtswege' permit completed and to complete studies in the Netherlands.

Subject	2018	2019
Vacancies submitted to the labor office	8	6
Vacancies advertised	8	6
Total incoming applications (including open applications)	84	15
Total interviews conducted	48	10
Total new staff	9	9
Total leaving staff	4	7

## Union

In August 2019, the foundation's staff participated in a referendum to elect ABVO as their Union. This referendum took place at MHF on August 27, 2019. The final report was issued on August 29, 2019 and stated as follows:

- I. Number of Ballots counted was 43.
- II. Number of employees qualified to vote was 39
- III. Amount showed up to vote and casted their vote was 32.

Management welcomed the new union board.

ABVO Board members are Myra Sprott, Grace Scott, Nigel Wilson and President Shalon Catalina. MHF Shop stewards are Kimberly Maria, J. Carlos Zacarias, Stephanie Haseth and Tracy John.

## Performance management system and staff satisfaction

Performance management cycle was again executed.

- I. The Year End results as follows: 32 employees received 100% of their bonus.
- II. Employees who worked half the year received 50% of the bonus.
- III. Bryan Hodge received 50% of his bonus for his efforts as Client and Employee.

## Fun and staff events

- I. In 2019, some fun activities were organized in an attempt to maintain and increase team spirit.
- II. The foundation has a designated committee for this in place: the MHF party committee. The committee consists of an administrative staff member, Facilities Officer, a case-manager and a psychologist.
- III. This committee meets on a regular basis to discuss the organization and planning of events.
- IV. Happy hours were held at local Restaurants and a Gala Christmas Dinner was held for Management, Board members and staff at the Sheers Restaurant where lots of prizes were won.

## 5.2 Information and Prevention



### INFORMATION & PREVENTION

Information & Prevention aims to inform the general public on mental health information and education in order to prevent mental health issues from happening in the first place.

### MHF protocol book

The MHF has been working with protocols from the start. These protocols describe the guidelines, rules, and procedures which are to be followed by the MHF staff in specific medical and work-related circumstances. They require regular updating for all departments, protocols were reviewed and where necessary adapted. Previously each department had separate protocols, a uniform style was developed and compiled into one book for the whole organization, it is digitally available to all.

### MHF new house style

Logo, heading and banners were designed and implemented as well as new brochures for stake holders

### Video campaign

A video campaign regarding the MHF care products was made possible by Peter Sagnia Productions and was completely sponsored by the WIB, FWG, Rotary club of St. Maarten-Mid Isle, Philipsburg Pharmacy, MP Claude Chaco Peterson, VNP & Samenwerkende Fondsen.

### Family Support Group

The members of the family support group (FSG) wholeheartedly expressed their appreciation for these sessions and the opportunity to vent and learn from each other. Numbers of attendees increased from 5-10 in 2018 to 20-25 in 2019 persons. Staff participated in topics that the participants requested.

**Website** Attempts to upgrade the website did not succeed in 2019 **the** Facebook page of the foundation however has been increasingly visited and has become a communications platform with the foundation.

### **News letter**

In October 2019, the project was started to bring out an MHF quarterly newsletter. To provide more content about health on St. Maarten, the W&YCCF collaborated in this event.

## **Events**

### **New Years reception**

MHF New Year's Reception on the 30th of January at the Mental Health Foundation. All mental health partners were invited to celebrate the New Year together.

### **SXM Doet**

For the annual volunteer event SXM DOET, the MHF had two projects in 2019.

The first one was held on Friday the 15<sup>th</sup> of March and entailed a Client Grooming Day, clients were pampered with, facials, nail and hair care.

On the 16<sup>th</sup> of March, the MHF organized a facility facelift. Fifteen volunteers showed up, including radio DJ SuppaKid, all helping out from 8 am to 3 pm to completely paint the outside of the facility. A graphic designer created a mural on the outside wall with the new MHF logo!

### **Pink Parade**

On the 4th of October, the Positive Foundation & Elektra Lytes hosted its annual pink parade again. Clients and staff participated.

### **Nagico Health and Fitness fair**

The MHF was represented at the annual Nagico Health & Fitness Fair on the 5th of October 2019.

### **World Mental Health Day**

The 10th of October was a huge Happiness event that attracted 250 persons

#### Overview of activities by booths:

MHF: Can you estimate your friend's Happiness score + Happiness tree

APAP: Happiness booster menu, Happiness challenge box + happiness gifts

FitwithBerit –Health Jeopardy quiz

FireFitGym – Multiple Health Challenges

AUC – Happy board, Happiness journal & Social Scavenger hunt

K1 Britannia – Questionnaire, Happiness box & videos about social Happiness & Volunteering

WIB-> special monopoly aimed at learning how to budget/long term happiness

The Positive foundation: Silent Disco

SZV -> A journey towards Insured Happiness, including a quiz, demo, and feedback.



## Communications

Since June, the I&P Coordinator also posted a weekly YouTube video on Facebook, which provides information about several fields and topics within Psychology called: Crash Course Psychology. In the last year, our followers on Facebook grew from barely 600 to 1680.

### 5.3 Facilities

One of the daunting tasks of Facilities is to maintain an ecological physical environment for the staff and clients that is conducive to providing treatments to the clients. In the present building this has not been an easy task, but Facilities had maintained as much as possible an acceptable working environment by continuously repairing and painting the building.

The facilities manager supervises:

- Cleaning staff
- Maintenance
- Security guards

The facilities manager is also responsible for:

- Stock control of all supplies including furniture
- Management of IT provisions such as Laptops, monitors, printers and phones as well as mobiles.
- Is a member of ESF6 for hurricane and disaster management
- Supplies staff with MHF ID and access cards including Hurricane passes

In 2019 MHF Had numerous happy hours to enhance the team spirit amongst the different departments, as well as a successful end of year Christmas dinner were successfully organized by the facilities coordinator.

Due to the lack of space to provide counseling and consultations to the patients Flex spaces needed to be created, for the staff it is difficult working by moving around but adequate space was created.

In 2019 MHF received a great donation from Rotary club Mid-Isle who funded the renovation and tiling of the kitchen and cleaning storage.

In 2019 maintenance has been teaching and guiding the clients on how to wash cars where they were paid a compensation for the initiative in taking part in the daily activity.

In 2019 the kitchen staff successfully completed weekly cooking classes with the clients where they learned how to make finger foods, cakes and bakes.

In 2019 the kitchen organized the following events for the clients;

In April 2019 an Easter tea party

In November 2019 a Thanksgiving Lunch

In November 2019 a St. Maarten's day breakfast and Lunch

## VI. Administration

### 6.1. Analysis of the Statement of Financial Position

#### Non- Current Assets:

##### *Intangible & Tangible Assets:*

In 2019 there was a slightly increase in the intangible fixed asset due to the upgrade of the financial management system to access new features, to enhance security and to improve system performance.

#### Current Assets:

##### *Receivables:*

At the end of December 2018 the Accounts Receivables total were ANG 243,515 compared to ANG 252,040 as of December 31, 2019 (Table 1). This slightly increase is a result of an increase in the outstanding invoices of private insurances, primarily caused by overseas clients admitted without a local insurance.

Table 1.

<b>Account Receivable 2018-2019</b>		
	<b>2019</b>	<b>2018</b>
Total Account Receivable	252,040	243,515
Allowance for doubtful accounts	(168,328)	(138,288)
<b>Net Account Receivable</b>	<b>83,712</b>	<b>105,227</b>

##### *Cash & Cash Equivalent:*

Table 2 shows the cash and cash equivalent amounts for the period 2019 compared with 2018. The budget 2019 was approved in May 2019, whereby it was not possible to adjust the salaries retroactively starting January 2019 as per the budget 2019, which caused a slightly increase in the cash & cash equivalents.

##### *Restricted Cash:*

Further the restricted cash is reduced from ANG 634,773 to ANG 216,000 for the disbursement of the settlement amount of ANG 418,773 owed to SZV for the period 2011-2017. The Balance of ANG 216,000 is the restricted reserve amount, which consisted of 6 months WIB mortgage payments.

Table 2.

<b>Cash and cash equivalents 2018 -2019</b>		
	<b>2019</b>	<b>2018</b>
Cash in bank	555,616	62,399
Restricted cash (WIB loan)	216,000	216,000
Restricted cash (SZV settlement 2011-2017)	-	418,773
<b>Total cash and cash equivalents</b>	<b>771,616</b>	<b>697,172</b>

Liabilities:

**Current Liabilities**

The current liability amounts to ANG 1,627,155 in which 43% is related to the SZV 2018 and 2019 settlement (MHF is in negotiations with SZV to reserve this amount for future use on the New Building), 39% is other payables and accrued expenses, consisting of Vacation Allowance, professional fees and other cash restrictions, 11% are accounts payable, 6% taxes & social security premiums.

**6.2. Analysis of the Statement of Operations**

**Income**

MHF's income comes from two main sources, AVBZ contributions & USZV, which distribution is based on production figures associated with the expected expenditures for the year 2019. The charts below give an overview of the different funds for the year 2019. Chart 1 provides an overview of the main sources of income and chart 2 provides an overview of USZV by funds type.

Chart 1

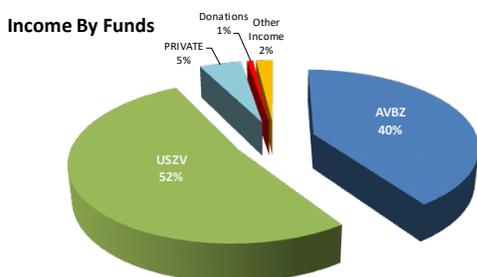


Chart 2

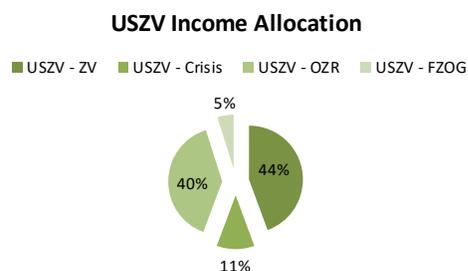


Table 3, shows the revenues for the year 2019 in the amount of ANG 5,897,238 compared to ANG 4,484,902 in 2018, an increase of 31%. The increase is mainly associated with the adjustments of salary and wages, which will be discussed in the expense section.

**Summary Annual Financial figures 2019 vs 2018**

	2019	2018	Increase / (decrease)	2019 in % of total income	2018 in % of total income
<b>Income</b>					
Income from consultations & contributions	5,556,614	4,170,304	1,386,310	94.2%	93.0%
Other Income	340,625	314,598	26,027	5.8%	7.0%
<b>Total Income</b>	<b>5,897,239</b>	<b>4,484,902</b>	<b>1,412,337</b>	<b>100%</b>	<b>100%</b>
<b>Expenses</b>					
Salaries & Wages	2,806,322	2,475,183	331,139	47.6%	55.2%
Social Securities & Contribution	353,683	315,026	38,657	6.0%	7.0%
Other Personnel Expenses	416,899	418,407	(1,508)	7.1%	9.3%
Professional Expenses	373,022	101,892	271,130	6.3%	2.3%
Housing Expenses	442,772	437,890	4,882	7.5%	9.8%
Office Expenses	113,494	108,578	4,916	1.9%	2.4%
Client Expenses	165,236	227,219	(61,983)	2.8%	5.1%
General expenses	795,250	791,886	3,364	13.5%	17.7%
Amortisation & Depreciation	161,509	148,876	12,633	2.7%	3.3%
<b>Total Operating Expenses</b>	<b>5,628,187</b>	<b>5,024,957</b>	<b>603,230</b>	<b>95.4%</b>	<b>112.0%</b>
<b>Operating result</b>	<b>269,052</b>	<b>(540,055)</b>	<b>809,107</b>	<b>4.6%</b>	<b>-12.0%</b>
Financials expenses	(74,361)	(95,430)	21,069	-1.3%	-2.1%
<b>Surplus / Deficit</b>	<b>194,691</b>	<b>(635,485)</b>	<b>830,176</b>	<b>3.3%</b>	<b>-14.2%</b>

Table 3.

## Expenses

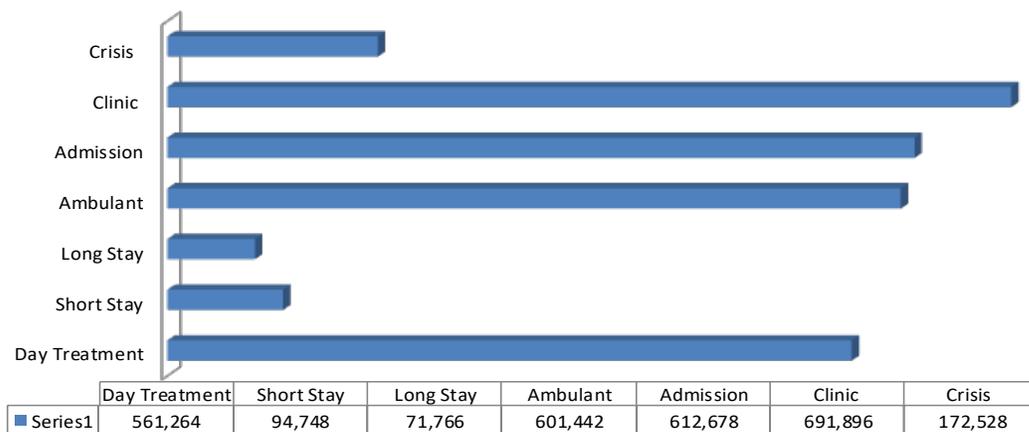
MHF operational expenses for the year 2019 amounts to ANG 5,628,187, whereby 50% is expenses related to Salaries & Wages. The salaries & wages in 2019 amounts to ANG 2,806,322 compared to ANG 2,475,183 in 2018, this is an increase of 13% due to the hiring of extra staff and salary adjustments effective June 2019. The following vacancies were filled in 2019:

- 1FTE Psychologist
- 1 FTE Occupational Therapy
- 1FTE Clinic Nurse
- 1FTE Social worker
- 1FTE Admission Nurse

Chart 3 shows salaries allocated to each care product.

Chart 3:

### Salaries & Wages by Care Product



6.3. Overview Cost Allocation

The actual production is used as a base to allocate expenses to the contributors of each care product. Chart 4 shows the 2019 and the 2018 production and chart 5 shows the 2019 production Actual vs. Budget.

Chart 4.

### Production 2018 & 2019 comparison

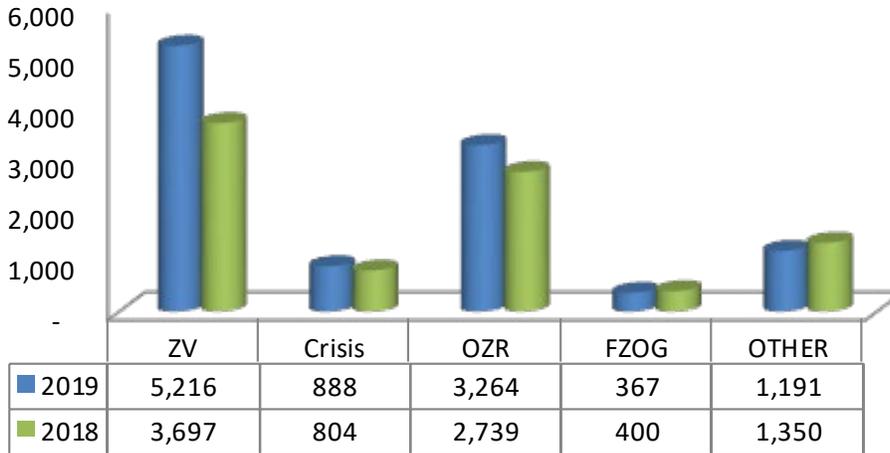


Chart 5.

### 2019 Production Actual vs. Budget

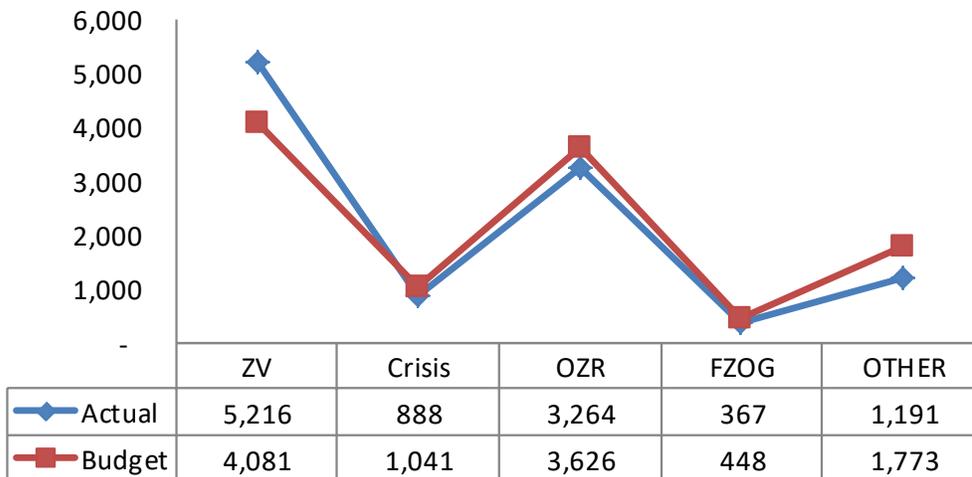
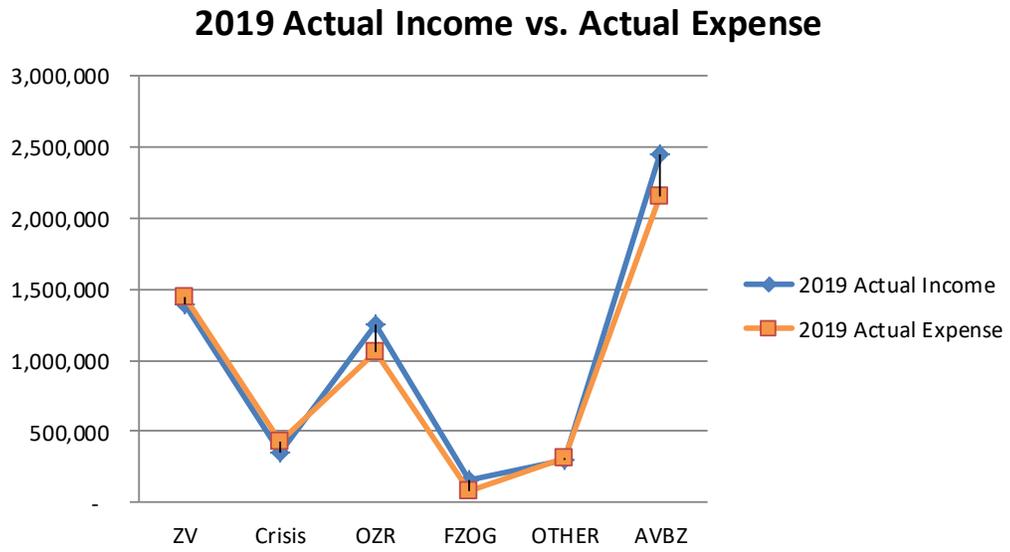


Table 4 shows the summary report of the allocation of income and expenses per funds and Chart 6 shows the trend. For the detailed allocation report, we referred to the Appendix in the audit financial report.

**Table 4.**  
Summary Income and Expense by Funds

Revenue and Expenses by Fund			2019 January - December						
			Actual						
			Total	AVBZ	ZV	Crisis	OZR	FZOG	Other
<b>Income</b>									
510	Income from Consultations & Contribu		5,556,613	2,199,787	1,362,280	347,612	1,210,383	149,603	286,949
520	Other Income		340,625	254,014	32,108	5,897	37,486	1,766	9,353
	<b>Total</b>	<b>Income</b>	5,897,239	2,453,801	1,394,388	353,509	1,247,869	151,369	296,302
<b>Expense</b>									
010	Salaries & Wages		2,806,322	996,287	806,136	172,528	588,439	41,273	201,658
015	Social security contributions		353,683	134,228	95,973	21,500	71,912	4,237	25,832
020	Other Personnel Expenses		416,900	182,345	114,815	20,547	66,657	7,606	24,931
025	Professional Expenses		373,022	165,100	86,913	40,138	55,355	5,444	20,073
030	Housing Expenses		517,337	237,266	97,973	69,761	83,458	5,726	23,152
035	Office Expenses		113,495	51,072	22,547	15,889	17,464	1,442	5,080
040	Client Direct Expenses		165,242	141,401	5,043	14,024	3,170	2	1,602
045	General Expenses		215,463	74,667	33,684	23,230	74,333	2,211	7,338
050	Amortisation & Depreciation		161,511	73,419	29,807	23,030	26,295	1,795	7,166
055	Miscellaneous Income & Expenses		579,767	228,283	207,550	37,624	92,831	16,345	-2,867
060	Interest income		-204	-88	-59	-10	-33	-4	-11
	<b>Total</b>	<b>Expense</b>	5,702,538	2,283,981	1,500,382	438,262	1,079,882	86,077	313,955
		<b>Balance</b>	194,700	169,820	-105,994	-84,752	167,987	65,292	-17,653

Chart 6



## VII. Conclusion

Regardless of the challenges in 2019, the staff must be commended for a job well done, regardless of not having a permanent psychiatrist patient care was provided for without much problems. The challenges were prescriptions, diagnosis and support when treatment needed to be adapted to the changes were observed by the patients.

It is difficult to comprehend the complexity of psychiatric care without involvement or at least listen and try to understand the challenges. We sincerely hope for enhanced Government involvement in the future.

Thanks to the endurance of those involved not only were the budget goals achieved but also many of the strategic goals:

- The increased budget of SZV made possible that recruiting and retaining qualified health professionals became possible as well as increase opportunity for personal development of the staff.
- Engaging staff by communicating accomplishments and challenges also contributed to retaining staff and creating a good overall environment in the organization
- Relationships with stakeholders' including patients and family is ever increasing
- Financial sustainability and growth were accomplished, information systems technology throughout the organization was improved
- Steps are ongoing for a new facility

MHF hopes to continue this trend to improve the care need of the patients and has prioritized "Guided Living" for those in desperate need of housing and to preserve their dignity at all times.

EH