





# THERE ARE HIDDEN BLESSINGS IN EVERY STRUGGLE

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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 October 30, 2021.

The report explains the following:

- The general profile of the foundation
- The core values, mission and vision
- The governance of the foundation
- Hurricane Irma and COVID-19 effects on the care provided
- The policies, production, and performances
- Quality Care and Production
- The Financial Checks and Balances
- Finally, the conclusion and a way forward

Eileen Healy, Projects Mental Health Foundation 2021

# Introduction

Mental health conditions are increasing worldwide. Mainly because of demographic changes, there has been a 13% rise in mental health conditions and substance use disorders in the last decade (to 2017). Around 20% of the world's children and adolescents have a mental health condition, with suicide the second leading cause of death among 15-29-year-olds. Approximately one in five people in post-conflict settings have a mental health condition.

Mental health conditions can have a substantial effect on all areas of life, such as school or work performance, relationships with family and friends and ability to participate in the community. Two of the most common mental health conditions, depression and anxiety, cost the global economy US\$ 1 trillion each year.

Despite these figures, the global median of government health expenditure that goes to mental health is less than 2%.

In 2019, WHO launched the <u>WHO Special Initiative for Mental Health (2019-2023): Universal</u> <u>Health Coverage for Mental Health</u> to ensure access to quality and affordable care for mental health conditions in 12 priority countries to 100 million more people.

WHO Mental Health Action Plan 2013 to 2020: 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 always preserved
- Freedom for all people

The Mental Health Foundation St. Maarten, during and after disasters maintained available to its patients and the public in general. The newly introduced Patient Care Dossier allowed virtual contact with the patient and staff also reverted to WhatsApp to maintain contact with patients and relatives as much as possible.

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.

#### The objectives of the report

'To account for the upholding the Mission and Vison of the foundation'

#### **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



In order to comply with the foundations Mission, Vison and Core Values the foundation developed a Multi Annual Plan (MAP) in 2019, for the period 2019-2024. The MAP projects a new building to be able to improve the care provided also in anticipation of future demands.

In support of the future needs the foundation submitted a project plan to the Trust Fund, established after the passing of Hurricane Irma.

The Trust Fund is governed by a <u>steering committee</u> composed of one representative from each of the three parties: Sint Maarten Government, Netherlands Government and the World Bank. The steering committee decides by consensus on the allocation of funds to short-, medium-, and long-term recovery projects, capacity building activities, and analytical work. The steering committee meets twice a year and, on an ad-hoc basis to approve projects and monitor the progress of the activities financed by the fund. (*Source the St. Maarten Trust Fund*)

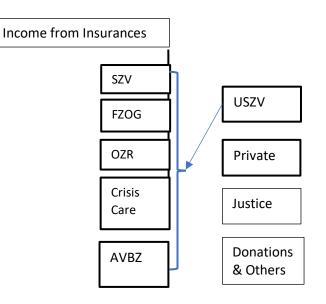
At the end of 2020 MHF was approached by the World Bank to discuss the submitted concept project plan and after some positive discussions the final project plan.

# I. The organization

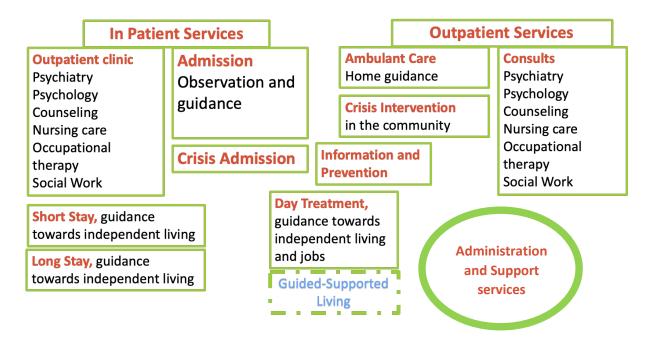
# Income sources

The foundation is budgeted by USZV based on the actual costs of providing the for the care needs of patients, care takers and community. The budgets are issued based on 2 Care Agreements (Care Contracts) signed by both parties USZV and MHF.

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 2019 and 2020. Private insurances are billed separately as is the Justice Department. Donations and other funding organizations such as "Samenwerkende Fondsen" also contribute to the care products.



# Care is management



The Charts above illustrates those resources that are shared between departments for instance, crisis care is provided in the community by the ambulant nurse and if admission is necessary the admission department takes over the crisis. Patients in Admission, Sort and Long Stay also utilize the Day Treatment programs, providing continuity of care and efficiency for the patients from one care product to the other.

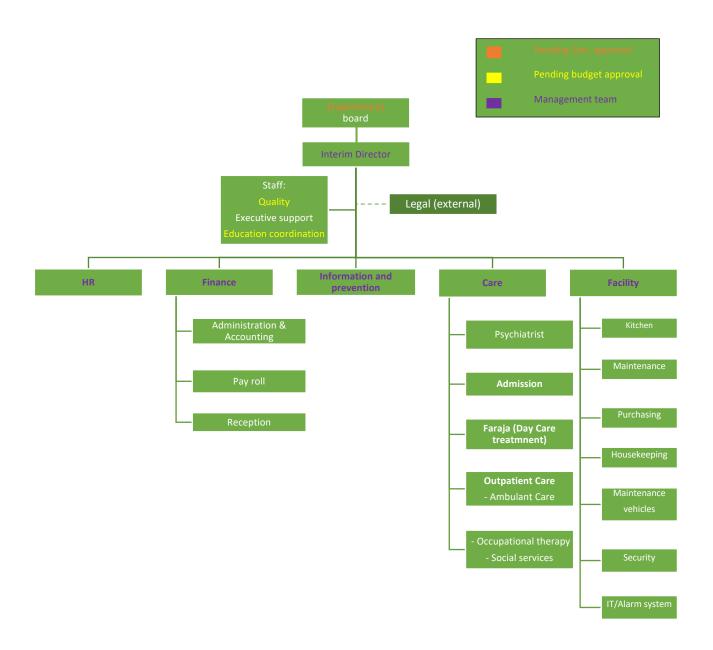
- USZV manages the SZV, FZOG, OZR and Crisis funds.
- SZV is the compulsory medical insurance for private organizations for persons with an income range set by SZV
- o FZOG is Government pensioners medical insurance
- OZR is the government workers medical insurance
- The Crisis fund is the fund that by law covers all persons in a psychiatric crisis, once stable the patients' medical insurance or private insurance/payment is applicable

It is important to know that when you apply for AVBZ:

- All patients must have a medical insurance in order to be entered into AVBZ care.
- o AVBZ Care insurance only covers care, not medication and medical care
- All persons who are residents of St. Maarten and have medical insurance can apply for AVBZ care after being in care by MHF longer than 90 days'

# In the organization structure

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 (s).



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 care coordinators are the focal points of the MHF and are supervised by the director and psychiatrists. 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. Our Organization's 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

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

# Improve effectiveness and efficiency

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

# Build relationships with stakeholders

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

# Financial sustainability & growth

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

# Update information system technology across the institution

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

# A new facility

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

# III. Governance

# 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

The board met 13 times in 2020 of which 2 were extra ordinary meetings. The financial committee met quarterly in order to advise the board regarding the budgets and the Multi Annual Plan (MAP) progress.

The intention is to form a board of directors in accordance with the Corporate Governance Code (CGC). We are waiting for the Minister of VSA to approve the transfer of the present board into a supervisory board, in accordance with the CGC. Following that transition the board can start planning the procedures to recruit and nominate new supervisory board members in accordance with the Laws.

# The board consisted of the following persons per December 31, 2020

Secretary		
Treasurer		
Member (Insurance & Banking)		
Member (Legal)		

2 Vacancies

To be nominated by Government

# Interim Director

On October 1, 2020, the board agreed to nominate Dr. Kitty Pelswijk psychiatrist interim director.

#### Local cooperation agreements

MHF works together and has signed agreements with:

- 1. Turning Point Foundation for addiction
- 2. Prison, Police (KPSM) and other Justice entities
- 3. White Yellow Cross Foundation
- 4. Department of Labor Affairs and Social Services
- 5. St. Maarten Medical Center
- 6. Safe Haven
- 7. SJIB Stichting Justitiële Inrichtingen

#### Other cooperation agreements

Are with:

- 1. Capriles Clinic in Curaçao (Now GGZ Curaçao), they have supported MHF from the onset in setting up a Mental health Facility on St. Maarten and till date supports MHF when needed
- 2. Mental Health Caribbean MHC (Saba, St. Eustatius, and Bonaire) MHF for Crisis Intervention and Admission Care for Saba and St. Eustatius

#### MOU's with other relevant organizations

- 1. Parnassia Bavo in the Netherlands over the years has provided the foundations with technical as well as medical support, by means of conferencing, technical advice regarding construction etc.
- 2. Novadic Kentron also in the Netherlands has been instrumental in providing the MHF psychiatrists with an exemption to the BIG law allowing them to be able to work on Saba and St. Eustatius, which are Dutch, municipalities

#### Attempts to formalize agreements

- 1. The Justice Department for which MHF provides many services over the years never reacted to request to agree to protocols regulating the roles of players and providing safety to the patients. This on a regular basis does result in unsafe or risky situations.
- 2. St. Maarten Medical Center: cooperation agreement with MHF is not yet in place for providing care services, however, a facilities agreement is in place.
- 3. Miss Lalie Center Youth detention when functioning makes (Was closed after Hurricane Irma) use of MHF services.
- 4. Attempts are ongoing for a better cooperation with the French side, which is delayed due to COVID-19.
- MHF also has contact with GGZ Altrecht in Utrecht. Discussion is ongoing to formalize support in getting AGIO's for MHF. AGIO's are Medical Doctors specializing to become Psychiatrists, who can do part of their program on St. Maarten. This will require acknowledgement of the Mental Health Foundation as an educational institute.

# IV. Quality care and production

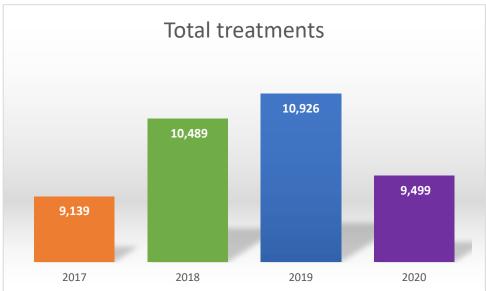


Chart 1.

# The total amount of patients/clients registered in 2020 was 809.

There is clearly a care need and MHF is aware that by far not all those in need are treated till date. The decrease in treatments is due to the Covid Pandemic whereby consultations were limited, MHF did provide digital services, but many clients either did not have the means available or were not comfortable with these services.

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

# 4.1 Admissions Department

OBJECTIVE

• The major objective of the department is to provide integrated treatment and support for clients with a mental disorder.

<u>The admission department</u>: is the inpatient unit that provides 24/7 treatment. The department as 9 beds in 3 rooms due to COVID-19 admission was restricted. Only one (1) Crisis room is available. In 2020 only 5 beds could be used due to the COVID-19 measure, which had to be taken for safety reasons. This department has 9 staff members and a call up team of 10 nurses is also available when needed as well as 24/7 security is inhouse for support of the staff.

<u>Short and Long Stay</u>: Clients from other care products continue to use short and long stay rooms while approved under AVBZ day care or ambulant care to work on independent skills. There has been a slow flow of clients in 2020; due to the COVID-19 pandemic and limited space for quarantine (bathroom and dining area are shared-space).

2020 Goals of the admissions department.

- Provide excellent patient centered care that is compassionate, appropriate and effective care for the treatment of their relevant health problems
- Strive to ensure that clients are nursed in a safe and supportive environment
- Strive to ensure that all clients receive comprehensive holistic care, as well as individualized care
- Creating a healthy team culture that promotes extraordinary customer service staff will be made aware of customer service practices through educational presentations and role play
- Develop and maintain a positive relationship with all clients and their families use of a patient advocate and maintaining the family support meeting
- Support the wishes of the clients for more input in their treatment

#### Quality care achievements:

The following protocols were completed and implemented:

- Policy for uninsured clients
- Contribution to Covid-19 protocol/guideline
- Treatment with respect and dignity is being promoted to staff

Due to the global pandemic, physical trainings and educational sessions were hampered. Some staff participated in online courses to keep themselves updated.

#### Other Achievements

Family support meetings were maintained to June, due to the pandemic physical meetings the June meeting was done virtually. As this was not well supported and for some it was too complicated no further meetings were held in 2020.

# 4.2. Day Treatment (Faraja Center)

- <u>OBJECTIVE</u>
  - To guide and motivate clients with a mental health challenge to achieve self-confidence and skills needed to actively participate in society regardless of personal challenges.

<u>Day Treatment Center</u>: In 2020, the average clients visited the day center were 16. Due to COVID-19 this number is significantly lower than previous years. To reach the clients Meals on Wheels was introduced, which was positively received.

Faraja has 6 staff, and a driver is available to transport clients, 4 volunteers also assist with activities (Covid had limited this considerably)

Goal is education and resocialization; many of the clients would like to have a job and be able to support themselves.

# 4.3. Ambulant Care

OBJECTIVE

• Treatment, guidance and support of patients and clients in the community as well as to support their independence and prevent relapse

<u>The Ambulant Care team</u>: This team exist of four nurses, which each have a case load of patients while they also rotate according to schedule being on call for crisis (24-hour availability).

The ambulant client numbers are over the capacity set for AVBZ ambulant care increased from 20 clients to an average of 31 clients. There continues to be great need of rendering psychiatric services in home setting (especially during the pandemic)

# 4.4. Crisis intervention

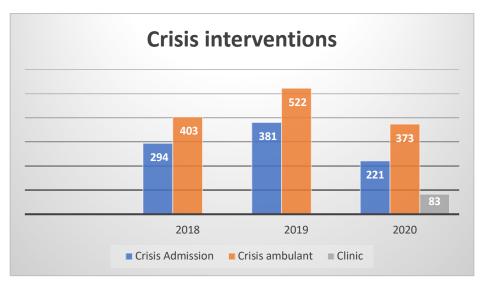
OBJECTIVE

• Treatment and stabilization of patients in a crisis and who are in some cases a danger to self and others.

<u>Crisis intervention</u>: The protocol for crisis is that the nurses are called and with the assistance of the Police tend to the crisis in the community. Upon evaluation of the situation patients are stabilized at home or admitted to MHF. The ambulant nurses rotate being on call 24/7 for this service

Having only one crisis room is very problematic and makes it difficult for staff to prioritize crisis admissions.

There is an overall decrease of 66 in ambulant crisis patients this could be contributed to the lock down due to COVID, MHF caters to many tourists. Admissions was restricted as well for prevention reasons.



# 4.5. Outpatient Care

# OBJECTIVE

• Outpatient care strives to diagnose, treat and care for patients referred to by medical professionals or person in need of mental support.

# Psychiatry

MHF had 2.5 FTE psychiatrist until July 2020, as the 0.5 FTE psychiatrist resigned call-up psychiatrist were applied to provide for the necessary care.

# Psychology

MHF has 3 FTE psychologist of which 2 are studying for their doctorate and 1 of them was on pregnancy leave for the most part of the pregnancy due to the complications.

# Care

2 FTE Nurses in the clinic do the initial intakes and then triage the patients to be seen according to the urgency.

**Occupational Therapy** Total Sessions: 119

Total Number of Clients: 41

- Acute/ Inpatient: 7
  - Outpatient: 34

Occupational therapy enables people to achieve health, wellbeing, and life satisfaction through participation in occupation (WFOT 2013, p48).

# The focus for Occupational Therapy in 2020 was to:

- 1. Increase Staff Knowledge of the Occupational Therapists (OT) Role
  - a. Presentations and meetings were held with each care product department on the role of the OT.
  - b. OT assessments
- 2. Purchase the MOHO and COPM assessments among others.
- 3. Establish Referral Process
  - a. Clients would be referred via any MHF staff member of the Clinic, Faraja or Admissions teams.
  - b. <u>Revamp Services traditionally Related to Occupational Therapy Practice</u>
  - c. Review the activity program of the Faraja Center (Day Treatment).

*Covid-19 situation has made these efforts more challenging than would have been anticipated.* 



#### Social Work

The role of social work is to assist clients with their taxes, insurance updating, social security income, applications or renewal. The Social worker supports clinic, ambulant, admission and day treatment 4.7clients.

#### 4.6. Incidents and complaints

Incidents 2020		Complaints 2020	
Disruptive/ Aggressive behavior by staff (including sexual, verbal, other)	1	Delay/ difficulty in obtaining communication/ assistance from MHF management team	12
Unsafe / inappropriate environment (including waste)	4	Physical/ verbal aggression by management team	1
Client calamity	1		
Client accident	1		
Physical/ verbal aggression by client	3		
Communication failure- with client/parent/ caretaker	5		

All incidents and complaints have been resolved with parties receiving a letter from the

INCOM committee on their advisory decision on the specific matter.

4.7. AVBZ indicating committee

The coordinator of the Day Treatment meets with the Indicating committee to discuss, new admissions, evaluate and/or extend AVBZ care of existing clients and to discuss ongoing matters

# 4.8. Financial committee

The financial committee meets quarterly to evaluate and prepare the quarterly reports and consist of an external specialist, the administrator and a board member.

# 4.9. Family support meetings

As mentioned in achievements page 14, Admissions department

# V. In-direct Care Services (non-patient care)

### 5.1 Human Resource management

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

Subject	2018	2019	2020
Staff	41.55	50.5	51.25
Medical functions	26.8	21.8	23.8
Non-medical functions (support)	14.75	28.25	28.5
Dutch nationality	32	37	36
Non-Dutch nationality	10	13	15
Permanent residence permit	5	9	12
Temporary residence permit	2	4	3

# 5.2 Information and prevention

Information and prevention cover a broad spectrum of activities; from press releases to, public activities, assisting and organizing staff training sessions as well as maintaining the protocol book when new or changes protocols have been approved. During COVID-19 this function was extremely important for the information to the public in general.

In July however this worker left the foundation and was not replaced due to the unsure situation since the commencement of COVID-19.

#### 5.3 Facilities

Facilities is responsible for maintaining all assets of the foundation and well as controlling the assets keeping the inventory list up to date and contiguously checking the availability of staff needs and advising on replacement if necessary.

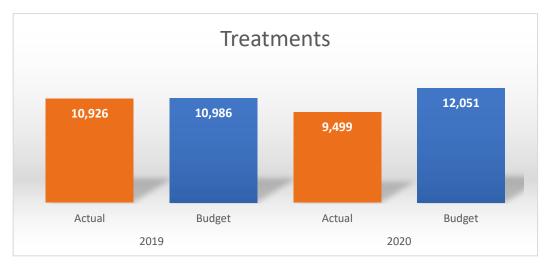
Maintaining safety and communication means is of the utmost importance to the organizations in order to be able to safely provide care.

Facilities also supports activities and is famous for organizing happy hours, celebrating birthdays and baby showers etc. for the staff. COVID-19 has made much of this difficult in 2020

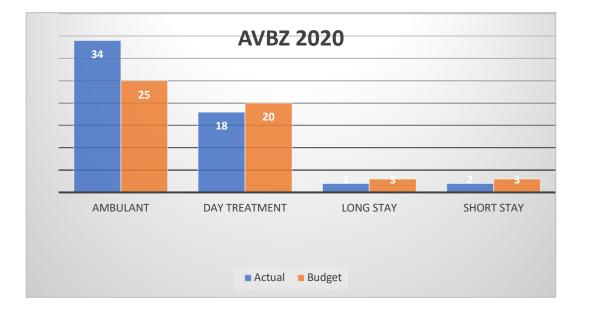
# VI. Administration

Administration had the daunting task of managing the budget of the foundation during a COVID-19 pandemic. Communication needed to be advanced and PPE equipment ordered, more home visits were scheduled in order to meet the patients' needs and meals on wheels started because the Day Treatment could not handle all clients in the small location. Patients and Staff schedules were adapted to the be able to maintain social distancing.

The transfer from the old electronic patient care registration system to a new one commenced in March, not expecting a pandemic of the magnitude of COVID-19, solving the necessary glitches was more of an effort than anticipated.



Regardless the foundation managed to provide for the necessary care.



# VII. Conclusion

For everyone it was a challenging period after barely recovering from hurricane Irma in September 2017, and then a Pandemic that for a long period brought uncertainty.

Mental Health care's resilience and adaptability was challenged regardless, the many efforts were reworded and patient care continued uninterrupted.

With COVID-19 the foundation's building was certainly the biggest challenge, in facilitating social distance regardless staff managed by increased scheduling, creating flexible workspace and unitizing digital options.

The final challenge was a barrage of negative publicity and breach of client's confidentiality, undeserving to the conscientious hard work of the team of the foundation. Regardless, the foundation has managed and is looking forward to a brighter future.

