

Annual Report & Financial Statements







Introduction

St Patrick's Mental Health Services (SPMHS) aspires to provide the highest quality mental health care, to promote mental health and to advocate for the rights of those who experience mental health difficulties. The achievement of such high standards of quality is made possible by our dedicated, highly-skilled, expert workforce.

During 2016, in line with our Empowering Recovery Strategy, 2013-2018, and as Ireland's leading not-for-profit mental health organisation, we continued to work towards our founder Jonathan Swift's vision of holistic and human rights based care for people with mental health difficulties.

Today, the majority of those using our services are seen in their communities through our Dean Clinic community-based network, in close liaison with primary care providers. Our Dean Clinics, all but one of which are based off-campus, have seen an increase of over 125% in clinical

activity from 2010 to 2016, when there were almost 17,000 visits. During 2016, there were over 3,000 admissions to our in-patient services and in excess of 14,200 day-care attendances, a further increase on the previous year's record figures.

We are keenly aware of and committed to our not-for-profit status and philanthropic purpose, as intended by our founder and laid out in our Charter. In 2016, St Patrick's provided a philanthropic contribution of €1million towards providing access to care and treatment. We continued to support other NGO's and charities doing important work in the area of mental health. In 2016, SPMHS continued our vital work in raising awareness of mental health issues nationwide and advocating for a society where all citizens are given equal opportunity to live mentally healthy lives.

Our Walk in My Shoes campaign reached into more communities than ever before, while our new #mindyourselfie campaign targeting younger people trended for 48 hours on social media, with a Twitter reach of 2.6 million people.



We continue to encourage active service-user participation in SPMHS through our Service Users and Supporters Council - SUAS. In 2016 the attendance of the service-user nominee at the Board of Governors increased from quarterly to six meetings per year.

In an effort to promote understanding of mental health issues in the classroom, SPMHS continued to provide support for primary and secondary school teachers nationwide through resource packs, training days and new online materials promoting mental wellness.

During 2016, a contract was signed and work started on the implementation of a new Electronic Health Record system, a key transformational project for the organisation that will further enhance the quality of care provided and the empowerment of service users. SPMHS remains committed to teaching, learning and research. We continued to progress our strategic objectives in these areas throughout 2016.



Report of the Chairman of the Board of Governors

It is my pleasure and privilege, on behalf of the Board of Governors, to present the 2016 Annual Report of St Patrick's Mental Health Services.



Our joint efforts are securing the financial wellbeing of the organisation and ensuring the highest quality care is provided to our service users.

We are working to meet the hugely ambitious targets set in our Empowering Recovery 2013-2018 strategic plan and considerable progress has been made at every level in the organisation over the last twelve months. The ultimate goal of this strategy is to provide the highest quality of mental health care to as many people experiencing mental health difficulties in Ireland as possible.

International leaders in mental health care provision

Through the hard work and commitment of our strong management team and Board of Governors, and our dedicated staff and volunteers, we continue to maintain our position as one of the leading providers of mental health care, not only in Ireland, but internationally.

In addition to expanding and consolidating our existing services, and introducing a number of new initiatives, the organisation has been very active in raising public awareness of the problems faced by people with mental health difficulties and advocating for their rights while continuing with research and training, and developing service user participation.

The many changes introduced into the new Mental Health
Commission (MHC) inspection system
(Judgement Support
Framework) in 2015 were successfully managed during 2016, and we continue to strive towards full compliance with MHC regulations and standards in line with our commitment to provide the highest quality care to our service users.

Charitable Trust established in 1746

St Patrick's Mental Health Services is governed through a charitable trust set out by a Charter established in 1746. It receives no direct government funding or grant aid, and is independently governed by a voluntary Board of Governors who receive no remuneration for their services.

The Board is charged with the responsibility of administering the Trust on a not-for-profit basis.



The Board, its five sub-committees and management, invest considerable time to ensure that St Patrick's Mental Health Services maintains the highest standards of corporate governance.

During 2016, the Board, which is comprised of 12 non-executive voluntary Governors, met 10 times.

The Board delegates the day-to-day management of the organisation to an outstanding executive management team. This is led by the Chief Executive, although policy matters are reserved for the

Board's decision. Our joint efforts are securing the financial wellbeing of the organisation and ensuring the highest quality care is provided to our service users.

Each month, the Board appoints one of its members as Visiting Governor, who visits a specific area or service, and reports to the Board at the next meeting.

A service user representative also attends a meeting of the Board on a quarterly basis, and members of staff are invited to present various issues and topics to the Board.

Immense contribution of Governors of St Patrick's Mental Health Services

I would like to take this opportunity to acknowledge the immense contribution made by the Governors of St Patrick's over the past year:

The Most Revd. Dr. Richard Clarke,
The Most Revd. Dr. Michael Jackson,
The Very Revd. Canon Victor Stacey
(who resigned in April 2016),
The Very Revd. Dermot Dunne,
Mr. Marcus Beresford, Mrs. Bernadette
Godley, Mrs. Caroline Gill, Dr. John Hillery,
Mr. Danny Kitchen, Mr. Conor Killeen and
Prof. Joyce O'Connor and the Very Revd.
William Wright Morton.

I also wish to extend my gratitude and appreciation to the donors, supporters and members of the St Patrick's Hospital Foundation for their invaluable input and sterling effort on its behalf.

Mrs. Caroline Preston, Chairman





Chief Executive's Report

Grounded in human rights, St Patrick's Mental Health Services continue to work towards a society where all citizens are given the opportunity to live mentally healthy lives.



Advancing our mission and strategic goals is only made possible through the dedication of our Board, staff and volunteers, through the continued trust placed in us by service users and through maintaining our independent status.

During 2016, we consolidated our efforts to achieve the aims of our Empowering Recovery Strategy, 2013-2018, which was developed to build on our determination to provide the highest quality mental health care to as many people experiencing mental health difficulties as possible in Ireland.

Through our Strategy, we continued to work towards ensuring that:

- The highest quality care is made available to more people who need it
- The rights of people experiencing mental health difficulties to appropriate services and supports are adequately enshrined in legislation
- · Stigma and discrimination are reduced
- Awareness among young people of mental health is enhanced
- Those experiencing mental health difficulties are treated as equal partners

There was an increase in most clinical activities across SPMHS in 2016, particularly in our adult inpatient services and Willow Grove Adolescent Unit. More care agreements were formed with HSE Regional Services for the provision of adolescent care with the aim of reducing national waiting lists.

Our inpatient recovery programme was expanded across the organisation, and this expansion will continue during 2017.

We remain committed to the achievement of full compliance with the Mental Health Commission Inspection following the identification of some issues that were assessed as non-compliant in 2016.

Advocating for the rights of people experiencing mental health difficulties has become a central aspect of our strategic aims at SPMHS and we made numerous submissions in this respect during 2016, including a submission to and subsequent appearance by the Chief Executive, Medical Director and Director of Services at the Oireachtas Committee on the Future of Healthcare.





Cork Mental Health Fair (l-r): Alan Shortt, Kathleen Lynch, Grace Mongey and Paul Gilligan

Through our Empowering Recovery Strategy, we have committed to many philanthropic actions. This includes providing a small, but significant amount of care on a free-of-charge basis, expanding our support and information service, and continuing to support innovative research into the causes and most effective treatments for mental health difficulties.

We also continue to support other charities and organisations doing vital work in the area of mental health and rights promotion.

Led by our Chairman, Caroline Preston, the organisation continues to adhere to the highest corporate governance standards. As we enter 2017, we will seek to build on the significant achievements.

Advancing our mission and strategic goals is only made possible through the dedication of our Board, staff and volunteers, through the continued trust placed in us by service users and through maintaining our independent status.

As we enter a new strategic phase, we remain





Medical Director's Report

During 2016, St Patrick's Mental Health Services continued to promote our vision of a national health strategy that places mental health front and centre, and is based on a human rights and recovery ethos.



As the largest centre for the training of mental health disciplines in the country, we have been investing heavily in training people to the highest professional standards to work in the Irish mental health services.

More people are impacted by mental health difficulties in this country than any other health problem, which is why we believe mental health should not only be essential to any meaningful health strategy, but perhaps the most significant element. In 2016, we saw an increase in people presenting to our services with anxiety, depression, stress-related disorders, and occupational stress. We also saw a rise in addiction and substance misuse disorders, particularly in women.

Over the last ten years, this organisation has seen the value of providing a multidisciplinary service based on a recovery model that imparts skills to service users for living well when they return to the communities. We provide a wide range of innovative therapeutic programmes and support our patients to continue their recovery journey through our day services and network of Dean Clinics around the country.





As the largest centre for the training of mental health disciplines in the country, we have been investing heavily in training people to the highest professional standards to work in the Irish mental health services. Our Pharmacy Department were delighted to sign a memorandum of understanding with Trinity College in 2016 establishing teaching, research and clinical links between the two organisations.

We were also delighted to enter a formal agreement with the Royal College of Surgeons in Ireland (RCSI) to facilitate the clinical training of undergraduate medical students at St Edmundsbury Hospital from October 2016.



MOU signing (l-r): Tom Maher, Prof. Kieran C. Murphy (RCSI), Prof Jim Lucey, Prof. Hannah McGee (RCSI) and Paul Gilligan

Our organisation is one of only a small number of health service providers who publish an annual outcomes report which highlights the very real difference that we are making to the lives of our service users.

Founders Day

The theme of our very successful 2016 Founder's Day, which took place in October, was Youth Mental Health and Gender Dysphoria: Surviving Transitions. The conference explored the area of youth mental health transitions - from adolescence to young adult - and the personal, social and medical transitions which may be chosen by young people to manage gender dysphoria. Speakers included Dr Polly Carmichael, a gender dysphoria expert from the UK, and Professor Patrick McGorry, psychiatrist and Professor of Youth Mental Health at The University of Melbourne.

Leading the Field of Research

St Patrick's Mental Health Services, in conjunction with the TCD School of Psychiatry, have developed a vigorous and broad-based programme of clinical research over the past 30 years. The research department, in collaboration with TCD, is currently running a clinical trial on the use of ketamine to prevent relapse in depression, and a project investigating the use of supportive text messaging for co-morbid alcohol use disorder and depression, among other projects. For a full list of peer reviewed research, see Appendix A on page 29.

Professor Jim Lucey, Medical Director

Founders Day 2016 (l-r): Prof Jim Lucey, Prof Patrick McGorry, Dr Lesley O'Hara, Vanessa Lacey, Dr Aileen Murtagh, Dr Paddy Power, Dr Polly Carmichael, Prof Jogin Thackore, Dr Natasha Prescott.





Director of Services Report

The consistent delivery of high quality mental health services would not be possible without a highly dedicated, committed workforce. SPMHS is fortunate to have staff who willingly strive to improve and enhance the services we provide on a consistent basis, facilitating the continued development and enhancement of these services during 2016.



At St Patrick's, our services and programmes are continually reviewed, changed and updated where necessary to ensure our service users can take advantage of the latest innovations.

The SPMHS range of services incorporates in-patient and day services, and the Dean Clinic network, ensuring continuity of the most appropriate care and treatment for our service users on their journey to recovery.

Excellent care

The central focus of St Patrick's Mental Health Services has always been and continues to be the delivery of excellent care and treatment to those in need of care. In 2016, St Patrick's continued its commitment to provide the highest quality care attainable.

Consistent maintenance of high quality care demands an on-going insistence on the highest standard of clinical governance. In June 2016, the Mental Health Commission implemented version 3 of the Judgement Support Framework as a guidance document to legislative requirements for Approved Centres.

The Framework provides detailed criteria for inspection under the headings of defined processes, training and education, monitoring and evidence of implementation. During 2016 the organisation worked to meet the requirements of the JSF and achieved high compliance ratings.





Nurses' Graduation 2016

In-patient Care

St Patrick's and St Edmundsbury
Hospitals and the Willow Grove
Adolescent in-patient unit provide
high quality, 24-hour care and
treatment for people who are
acutely ill and need in-patient
care. Ward-based nursing
care is an essential
component of inpatient care within
an approved centre.
Our service users
access both group

access both group
and individualised
therapy through a variety of
programmes, and individual sessions
with mental health professionals.
Services are provided through
multidisciplinary teams.

During 2016, there were 2,441 admissions to St Patrick's University Hospital, 512 admissions to St Edmundsbury Hospital in Lucan, and 74 admissions to Willow Grove Adolescent Unit.

Day Services and Community-based Services

The Wellness and Recovery Centre provides an alternative to admission for many service users. In 2016, our day services continued to facilitate service users in their on-going journey towards recovery, following or during an in-patient stay or as a more intensive intervention after an assessment in one of our Dean Clinics.

The type and range of our day services were expanded in 2016 with the enhancement of existing programmes and the addition of nurse-led and psychology-led interventions. There has been a 59% increase in day service attendances at our Wellness and Recovery Centre over the lifetime of the eight-year Mental Health Matters strategy, with treatment provided by multidisciplinary teams of highly qualified professionals. Calls to the Support and Information Service have increased significantly over this time-frame also.



Dean Clinics

Over the lifetime of our Mental Health Matters strategy starting in 2008, we have extended the range and quality of our services substantially through our community based mental health service (a network of community-based clinics called the Dean Clinics). The clinics have seen a more than 125% increase in clinical activity from 2010 to 2016.



Key Developments in 2016

No mental health service can remain static and still aspire to provide the highest quality mental health care. At St Patrick's, our services and programmes are continually reviewed, changed and updated where necessary to ensure our service users can take advantage of the latest innovations.

The care we provide is continually monitored through audit, review and research to ensure quality is maintained. We have outlined some specific developments which are highlighted opposite.

NALA - Literacy Friendly Initiative



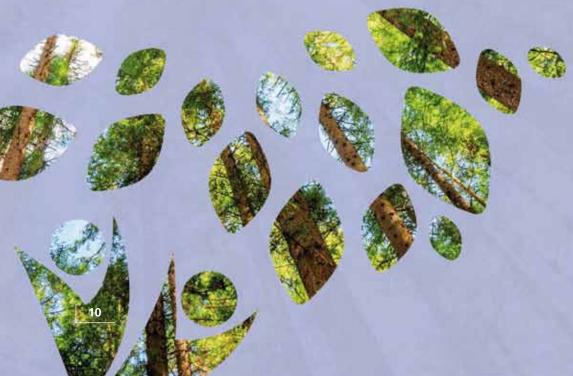
In 2016, St Patrick's Mental Health Services committed to becoming a more literacy friendly organisation and ensuring

accessible information was made available to all service users. We recognised that many adults who use our services have literacy and numeracy needs and having accessible information can empower service users in their mental health recovery.

SPMHS is striving to be a literacy friendly organisation by committing to:

- Increasing the awareness within SPMHS of the literacy needs of our service users.
- Removing unnecessary literacy and numeracyrelated barriers to accessing and participating in our services.
- Using plain English in our written and verbal communications when possible.
- Ensuring our staff have the knowledge and skills required to deliver a literacy friendly service.
- Regularly evaluate and continually improve our literacy friendly service. A Literacy Committee meets quarterly comprising multi-disciplinary, senior management, communications, facilities, finance and service user representation.

In 2016, the Pharmacy Department in SPMHS become the first hospital pharmacy in Ireland to be awarded the Crystal Clear Pharmacy Mark from the National Adult Literacy Agency (NALA) in 2016.





Lithium – Patient Information









Lithium Patient Information

- Lithium can be used to treat bipolar disorder
- The health checks needed before starting lithium treatment
- How to take lithium

St Patricics

- The tests needed whist taking lithium
- The possible side effects of taking lithium
- The signs of a high level of lithium in your blood
- The causes of a high lithium level
- The need to discuss with your doctor if you become pregnant

Pharmacy Innovation

In 2016, the SPMHS Pharmacy was awarded the winner of the Innovation and Service Development Award for the project, 'Optimisation of Lithium Therapy - Exploring Innovative Ways to provide Medicines Education'.

The objective was to develop an online resource package that was accessible to all service users, carers and their family relatives, providing information on lithium therapy.

Results suggest that providing lithium education through a multimedia format with a combination of visual and verbal methods increased knowledge and understanding of lithium treatment for those undergoing treatment with lithium.





Outcomes Measures Report

Outcomes Report Summary 2016

In 2011, SPMHS began a process of assessing and monitoring the efficacy of its services through the measurement of outcomes with a view to publishing an Outcome Measures report. The 2011 Outcomes Report was the first of its

type produced by a mental health service in Ireland.

This report represents an attempt to collate, analyse and synthesise information relating to the hospital outcomes with respect to its clinical care pathways, clinical governance processes and clinical outcomes.

We continued to collect and collate outcomes data in 2016.

We have expanded the range of services and programmes that produce outcome measures. One particular highlight of the 2016 report is the continued improvement in the quality of experience reported by our service users.

New Opportunities

In 2016, a number of service agreements were made with local mental health services within HSE. These are commercial agreements under which SPMHS provided services where resource and capacity challenges within the particular HSE service prevented the delivery of local outpatient child and adolescent mental health service and adult inpatient services.

In addition, the organisation commenced exploratory discussions with a number of not-for-profit, independent and private organisations to provide mental health services to its staff, service users and students. It is hoped to progress a number of these service proposals in 2017.

SPMHS understands that our capacity to build networks, partnerships and collaborations with other organisations who hold a shared vision and interest in delivering quality mental health services, is an important aspect of how we work and will support our future relevance and sustainability in the mental health sector. We will continue to identify and cultivate these relationships in order to realise our vision and strategic purpose of improving national standards in mental health service delivery.

Tom Maher,
Director of Services







Communications and Advocacy Report

The Communications Department continued to raise public awareness of mental health issues in 2016, while taking measures to ensure that SPMHS retained its reputation as the top mental health service provider for referring GPs, the public and media.



A major new initiative for 2016, the Mind Your Selfie campaign targeted second and third level students with the aim of sparking social media conversations

2016 was an important year for the Communications Department with the St Patrick's brand of *Thought Leadership* enhanced by an increased level of activity throughout the year, made possible by a strengthened working team. Internally, a period of consolidation was required to capitalise on initiatives formally managed by the St Patrick's Mental Health Foundation. Communications,

marketing and advocacy
activity focused on new
developments, particularly
the incorporation of the Walk
in My Shoes brand under the
SPMHS umbrella; the new focus for
the organisation's fund-raising activity,
and the integration of all digital media activity.







GP Activity

GPs remain the top referrers to SPMHS and during 2016; we succeeded in almost doubling the number of GPs signed up to our online network from 382 to 553.

GP activity for 2016 included:

- · A monthly mail-out
- Restructuring of the quarterly GP e-newsletter to make it more GP focused
- · Running five GP study events three in Dublin, one in Cork and one in Galway
- Establishing a new dedicated GP LinkedIn group featuring relevant blog posts and information.

Walk In My Shoes Campaign

From January 2016, the Walk In My Shoes campaign was refocused as an awareness raising campaign with the objective of reaching into more communities throughout the country. The campaign had a wider reach and saw an increase in levels of public interactions in 2016.

Key WIMS activities 2016:

• We continued to provide support for primary and secondary school teachers by launching new Mental Health information packs (#MindYourSelfie) and translating them into Irish, Spanish, French and Italian.



- Schools and colleges were encouraged to continue with the popular Funky Shoe Days awareness campaign.
- The 'Chats for Change' roadshow of third level institutions was run in November in partnership with USI (Union of Students in Ireland) and PleaseTalk.
- A Student Union Welfare Officer Training Day was held in August with the aim of educating new SU Officers on mental health and how to promote wellbeing on campus.



Key Achievements 2016

Mental Health and Wellbeing Fairs

A series of free public Mental Health and Wellbeing Fairs were held in Cork (above), Galway and Dublin. At each location, SPMHS, Walk in My Shoes and the local Dean Clinic had an exhibition stand. There were talks from mental health experts and a number of workshops in mindfulness, yoga, laughter yoga and drumming were delivered at each fair.

270th Anniversary **Animation Film**

To mark the 270th anniversary of the foundation of St Patrick's University Hospital, a short animation film documenting the history of St Patrick's was created and added to the email signature of all staff members for all external emails for the duration of the year.

Self-harm Awareness Conference



onference

with Pieta House to hold a conference on self-harm in SPUH on February 29, the day before Self-Injury Awareness Day. The aim of the conference was to instigate a conversation on self-harm, to celebrate and disseminate best practice, and to identify and prioritise the areas for additional exploration and development.

In 2016, SPMHS partnered







WIMS Radio launch 2016 (top l-r): Shay Byrne, Rebecca Horan, Aisling O'Loughlin, Dustin the Turkey, Corina Grant, Jon Whelan. (bottom l-r): Nuala Carey, Alison Canavan and Ciara Whelan

Walk in My Shoes Radio

Following on from the success of Walk in My Shoes Radio in October 2014 and 2015, the SPMHS pop-up radio station returned for Mental Health Awareness Week in October 2016. In 2016, a financial sponsor was sourced to assist in funding the initiative. With a clear objective and established brand, WIMS Radio had a wider reach and higher listenership figures than previous broadcasts. Ireland AM broadcast their entire show from SPUH on World Mental Health Day on October 10.





Key Digital Media Activities 2016

#Mind Your Selfie

A major new initiative for 2016, the Mind Your Selfie campaign targeted second and third level students with the aim of sparking social media conversations. New resource packs were designed to appeal to a younger audience and were launched on Safer Internet Day, February 9, 2016.

The #mindyourselfie campaign was hugely successful with a Twitter reach of 2.6 million people. It trended for 48 hours with the help of SPMHS staff and public figures such as Hozier, Adam Clayton and Kodaline.

SPHMS and WIMS maintained a strong online presence on Facebook and Twitter, Instagram and LinkedIn through daily updates, blog posts, tweets and messages.

- Over 200,000 people visited the St Patrick's website in 2016
- The content on the *Stpatricks.ie* website was revised and updated, leading to a 7% increase in traffic
- We fulfilled our aim of keeping people on the website an average of two minutes
- There were 300 downloads of information packs
- The WIMS site had 39,604 new visitors (20.7% of whom visited more than once)
- The St Patrick's site had 19,784 new visitors (32.8% of whom visited more than once)
- We reached over 7,000 followers (a 40% increase) on the WIMS account and had 10,900 likes on the Facebook page
- The St Patrick's Twitter account gained 1,200 followers in 2016, bringing it up to a total of 4,700.
- An eNewsletter was sent quarterly
- The WIMS website was redesigned in September 2016, and there was an increase of 67% in traffic compared to 2015
- There was an increase of 67% in traffic in 2016 (compared to 2015)

Tamara Nolan, Communications Manager





ICT and **Data Protection Report**



A stakeholder communication plan was developed with the Communications Department to ensure that key messages are received by staff, service users and relevant external agencies, including the Mental Health Commission at all key stages of the project

Information and Computer Technology (ICT) Developments

2016 was an extraordinarily busy and productive year for the organisation's ICT function which focused on delivering a range of enabling projects and technologies to support our core clinical services and our business support functions in finance, procurement, facilities and HR.

eSwift - Transforming Mental Health Care and Mental Health Information



The year 2016 was a milestone year for SPMHS with the implementation of our eSwift Electronic Health Record system commencing. This project represents the

most significant investment in health Information Technology the organisation has ever made. Following a rigorous procurement process, the organisation signed a five year contract in June 2016 with a UK-based company, Servelec HSC in June 2016. SPMHS chose to work with an EHR vendor that has domain expertise and proven capabilities in the mental health sector, with over 50 Health Trusts using their EHR. SPMHS is the first in the country to work with a vendor to deliver a mental health EHR.

eSwift is a key transformational project for the organisation that is on track to go live by the end of 2017 moving the organisation from a primarily

paper-based clinical record system to an electronic-based one. There are numerous benefits to be realised from the introduction of eSwift which will be measured over time, including the accessibility of records in real time across all SPMHS sites, and an improvement in the quality of clinical information available to SPMHS staff and service users.

The EHR will improve mental health outcomes for our service users, empowering them to manage their own mental health and recovery by providing them with appropriate access to their eSwift record. It will also position the organisation to deliver improvements in clinical processes, informatics capabilities and work flow efficiencies. The high performing cross-functional eSwift team consists of an ICT programme manager, a seconded clinical design advisory with a consultant psychiatrist, a chief pharmacist, and a clinical nurse manager. The team is technically resourced by systems, network, integration and business intelligence engineers, while project management is resourced through business analyst and project manager roles who work collaboratively with our vendor Servelec.





A Senior ICT Trainer joined the team in 2016 and following an organisation wide training needs analysis, an IT Training plan commenced in November 2016 and will continue right through 2017.

There is a strong appetite at all levels within the organisation to embrace the eSwift project in a positive way. A stakeholder communication plan was developed with the Communications Department to ensure that key messages are received by staff, service users and relevant external agencies, including the Mental Health Commission at all key stages of the project. A very clear governance approach has been in place since commencement of the project and is managed through an EHR Steering Committee which meets weekly to ensure the project stays on track. The Steering Committee is made up of all SPMHS Directors and CEO alongside project leads who focus on making timely and effective decisions to support the project being delivered within scope, within budget and on time.

Updating and Integrating our Business IT Systems

In addition to the eSwift Project, the organisation made a strategic investment decision in 2016 to procure and implement an IT system which integrates the functions of finance, procurement, facilities management and HR. On foot of a competitive tender process, SPMHS signed a five year contract with a vendor and partner to implement an Electronic Resource Planner Solution. Work commenced in October 2016 and is progressing well to meet challenging implementation milestones. The project is on track to go live in Q3 of 2017.

Modernisation of SPMHS Technical Environment

In parallel to the eSwift and ERP implementation Programme, a number of strategic and enabling

technical projects were commenced in 2016 to ensure the organisation has a modern, high performing and simplified ICT environment. These technical modernisation projects include the upgrading of our wired and wireless networks across all service sites, the simplification of our virtualised storage and server infrastructure and the standardisation of all SPMHS computer devices.

To ensure all of the above technical project and investment decisions are managed well, a robust ICT governance framework is overseen by the ICT Strategy Committee which met on a monthly basis in 2016.

Building Organisational Competence in Health IT

The implementation of complex health information technology projects has prompted the emergence of new roles for clinical and technical staff in SPMHS which will become strategically more important for the organisation in positioning itself as a leader in the health IT domain. The organisation will continue to build these new competencies in 2017 and leverage them into other functions and projects as required.

Data Protection

Data protection continues to be an important operational, legislative and compliance imperative for the organisation, particularly as we are responsible for handling the personal and sensitive information of our service users who entrust their care and information to us.

In 2016, our Data Protection Office received 238 data access requests, which involved close liaison with service users, clinicians and a range of external agencies, to ensure that all relevant information made available was done so in a prompt, transparent and secure way. Given the sensitive nature of the data SPMHS holds, it is important that staff remain vigilant at all times as to how they obtain, store and share information. To support staff's data protection awareness, the DPO developed and published an e-learning module in 2016.

In addition, the organisation began work on assessing its readiness to meet EU General Data Protection Regulations (GDPR) which come into effect May 2018.

Orla Gogarty, Director of ICT, Development and Data Protection



Human Resources Report

In 2016, the Human Resources Department commenced the rollout of our Human Resources Management (HRM) strategy, 2016-2019, which provides a road map for the management of the organisation's human resources strategy.



HR continued to lead and support the organisation in meeting recruitment challenges across all departments and disciplines against the backdrop of an increasingly competitive labour market.

During the course of the year, we held briefings for management and staff as we focused on commencing delivery of the six key pillars of the strategy recruitment, management, motivation, reward, communication, learning and development.

The HRM strategy encapsulates the vision and mission for HRM in St Patrick's Mental Health Services which is:

"St Patrick's Mental Health Services'
Human Resources Strategy 2016 - 2019 has
at its core the creation and maintenance
of a work environment within which all
staff are empowered and encouraged
to reach the fullest extent of their
potential.

To realise this vision, the Human Resources Department is committed to working in partnership with the wider SPMHS organisation to provide leadership, support and guidance in the development and implementation of the policies, procedures and practices required to assist SPMHS in the achievement of our clinical and commercial objectives."

Recruitment

In tandem with our colleagues in Nurse Management, we devised a recruitment strategy to ensure that the organisation could recruit and retain nursing staff in the face of increased competition.





This proved to be a very successful initiative and at a time when other organisations were struggling to staff their services, SPMHS met our nurse recruitment targets and ensured the continued high standard of service user care across the organisation. HR continued to lead and support the organisation in meeting recruitment challenges across all departments and disciplines against the backdrop of an increasingly competitive labour market. During the course of 2016, SPMHS advertised 126 positions of which 17 were new roles with the balance being replacement posts. Overall staff turnover for 2016 stood at 6.1% which represents an increase on 2015 of one percentage point.

Employee Engagement Survey

During the course of 2016, the HR Department led on the development and delivery of our own inhouse staff engagement survey. The 2016 survey was conducted amongst the Administration Department and received a very high response rate. All three priority drivers identified by staff received very favourable ratings - Direct Supervisor/Manager Leadership had a 75% favourable response; Pay and Benefits had a 72% favourable response and Work/ Life Balance received an 86% favourable response. Overall 86% of staff employed in the Administration Department would recommend the organisation as a place to work. It is planned to extend the survey to three further departments during the course of 2017. These departments will be clinical departments.



Education and Development

As a teaching hospital aligned with Trinity College Dublin, SPMHS invest heavily in staff education and development, most particularly in respect of clinical and allied professional staff. The HR Department is also responsible for the coordination and delivery of a wide range of in-house and external training programmes.

In 2016, HR led on the development of a management training programme that covered the areas of industrial relations, core management skills and training for the newly appointed manager.

The training was delivered by external partners overseen by the HR department and by HR personnel. The aim of the training is to ensure that our managers and supervisors possess the skills required to perform their roles well in an increasingly complex and legislative environment.

The HR Department also supported ongoing CPD, nurse training and external training programmes. A key strategy objective of the HR Department is that our learning and development processes and procedures are aligned to support staff in delivering the overall mission of the organisation.

HR Information System (HRIS)

The HR Department sourced a HR Information System in 2016 to assist in the more effective and efficient delivery of HR services to the organisation in terms of both management and staff. HRIS will also support the gathering and reporting of key HR metrics to assist the organisation in HR decision-making processes. During 2016, HR personnel worked with colleagues in ICT and the system vendor to design the HRIS content and the system is on schedule to be deployed in mid-2017.

Human Resources continues to play a key role in St Patrick's Mental Health Services. We are looking forward to the continued delivery of the HRM strategy over the course of 2017 to further support our objective to be the preferred employer of choice in our sector, and ensure that we have the talent required to deliver on our overall clinical and commercial objectives.

Brendan Power, HR Director



Finance Director's Report

Our Empowering Recovery strategy sets out ambitious objectives for the five-year period 2013-2017, and 2016 marked another year of progress in the achievement of those objectives.



Further progress was made during the year as we continued to expand our services while consistently delivering high quality services in keeping with our strategic objectives

As an independent not-for-profit organisation that receives no statutory funding from Government, a key enabler in the achievement of this plan will be to maintain and improve our financial position to ensure those objectives are realised, and that new service initiatives and existing services are delivered in a financially sustainable manner.

Further progress was made during the year as we continued to expand our services while consistently delivering high quality services in keeping with our strategic objectives. This is a significant achievement for an organisation with limited financial resources and is a testament to the commitment of all stakeholders to our shared objectives, not least our staff and the service users that continue to place their trust in SPMHS.

Financial Results

During the year, demand for our services continued to grow resulting in an overall increase in clinical activity levels that together deliver a high quality integrated mental health care service. There were in excess of 3,000 admissions to inpatient adult and adolescent services and the total number of bed days increased by 1.3% on the previous year.

Daycare services visits
amounted to more
than 6,500 full day care
attendances, which was
lower than the previous
year by 8% due to a
restructuring of certain day
care programmes. The Dean Clinic
network of community-based services
recorded continued growth during 2016 as
activity levels for our seven clinics throughout the
country increased by just under 4.5% overall with
total visits in excess of 15,300 for the year.

Overall patient income increased by $\in 1m$ or 1.6%. In addition, services delivered at no cost or reduced cost to services users amounted to $\in 1m$, similar to the previous year.

The financial results for the year show that the organisation achieved an operating surplus of €1.9m compared to a surplus of €2.6m for the corresponding period in 2015. Overall income amounted to €65.7m (an increase of 1.4% compared to 2015 income) and total expenditure and charges amounted to €64.2m, resulting in a modest net surplus for the year of €1.5m, a decline of 33% on



the previous year. The increase in expenditure is largely driven by an increase in salaries and wages (+€1.9m or 4%) as a result of continued investment in our services by employing more staff. Overall staff numbers increased by an average of 4% during the year and whole time equivalents (WTE) amounted to 654 at year end.

Our balance sheet position as measured by net assets (excluding pension liability amounting to €39.2m). Once the pension liability of €13.6m is included, the overall net asset position amounted to €25.6m at year end. The pension liability deficit at year end increased from €9m for the previous year due to changes in accounting treatment, lower corporate bond yields and the payment of contributions under the funding agreement between

Scheme.

It is important to note that the scheme continues to be in surplus under the minimum funding standard basis but significantly, has declined based on the ongoing funding basis as at December 31, 2015.

the Hospital and the Pension

The defined benefit pension scheme is now closed to future service accrual since January 1, 2014 and all current pension costs for the organisation are on a defined contribution basis. Subsequent to the year end, a decision has been taken to wind up the Defined Benefit Pension Scheme and this process will commence during 2017.

There was an improvement in the net cash position amounting to €12m at the end of the year compared to the previous year of €11m, due to the improvement in the underlying operating surplus and other components of working capital. During the year, a decision was made by the Board to maintain €4m as a reserve amount as noted below.

The remaining funds will be re-invested in our services and will be used to fund key capital investment projects including an electronic health information system.

Reserves Policy

The organisation reviewed its reserves policy during the year with a view to establishing an appropriate level of reserves having due regard to the operational circumstances, capital commitments, certainty of future income and the risks and sensitivities likely to face the organisation. The term reserves refers to the funds that are available to the organisation on a discretionary basis that are easily converted into cash funds to cover planned future events and unforeseen events or changes in its operating circumstances. The Board of Governors has deemed it appropriate and prudent to maintain a level of reserves to safeguard against any unforeseen events into the future while balancing the various competing demands on its limited financial resources.

The Board of Governors, on the recommendation of the Finance and Audit Committee, reviews and considers on an annual basis the certainty of future income and associated expenditure, (in case they are different from the budgeted, planned activity levels and risks facing the organisation), planned activity levels and risks facing the organisation. As part of its review for the forthcoming year, the Board has also considered the current working capital profile of the organisation, available banking facilities and likely future capital commitments, and set a reserve level of €4m for the 2017 financial year. The review and setting of the reserve policy is an integral part of the organisation's planning, budgetary and forecasting cycle and is a matter reserved for the Board of Governors. Bank borrowings reduced during the year as scheduled interest and capital repayments were made. Total long-term bank borrowings at the yearend amounted to €1.9m, of which €1.15m is repayable after one year.

During the year, capital expenditure amounted to €3.7m, and related to the continued upgrading and refurbishment of the organisation's facilities and assets, and continued investment in communications and technology infrastructure. Extracts from the audited financial statements for the year ended 31 December, 2016 are set out later in this report. However, this report and the extracts should be read in conjunction with audited financial statements and accompanying notes together with the Governors' and Auditors' reports that are available on our website.



In addition, our Outcomes Report for 2016 sets out in greater detail information relating to clinical activity levels and related outcomes and is also available on our website.

Outlook 2016

Demand for our services continues to be strong during 2017. To meet the objectives of our

Empowering Recovery strategy, now in its final year, we will remain focused on delivering high quality services in a cost-effective and efficient manner to ensure greater access to our services by more people in the future.

Frank Byrne, Finance Director

St Patrick's Mental Health Services by Numbers







Day Care -Full Day Attendances













Income & Expenditure Account

for the year ended 31 December 2016

Extract from Financial Statements

	2016 €'000	2015 €'000
Income - continuing operations		
Maintenance and treatment fees Other income	65,168 483	64,158 598
	65,651	64,756
Expenditure		
Salaries and wages Establishment and administration expenses Other operating costs Depreciation	(50,423) (8,637) (2,832) (1,887) (63,779)	(48,519) (8,840) (2,849) (1,926) (62,134)
Operating surplus	1,872	2,622
Grant on disposal of financial asset	-	81
Surplus before interest and pension	1,872	2,703
Interest receivable and similar charges Interest payable and similar charges Pension finance charge	17 (39) (324)	(46) (394)
Surplus for the year	1,526	2,271

Statement of Comprehensive Income

for the year ended 31 December 2016

	2016 €'000	2015 €'000
Surplus for the year Remeasurement of net defined benefit pension liability	1,526 (5,252)	2,271 645
Total comprehensive (expense)/income for the year	(3,726)	2,916



Balance Sheet

at 31 December 2016

Extract from Financial Statements

	2016	2015
	€'000	€'000
Fixed assets	28,123	26,279
Financial assets	4	4
	28,127	26,283
Current assets		
Stocks	63	71
Debtors	12,162	13,291
Cash at bank and on hand	12,035	11,035
	24,260	24,397
Creditors:		
Amounts falling due within one year	(12,074)	(10,479)
Net current assets	12,186	13,918
Total assets less current liabilities	40,313	40,201
Creditors:		
Amounts falling due after more than one year	(1,155)	(1,871)
Net assets excluding pension liability	39,158	38,330
Net pension (liability)	(13,590)	(9,036)
Net assets	25,568	29,294
Capital and special funds	AND THE RES	
Capital account	25,568	29,294



Statement of Changes in Equity for the year ended 31 December 2016

	Capital Account €'000	Total €'000
Balance at 1 January 2015	26,378	26,378
Total Comprehensive income for the year		
Surplus for the year Other comprehensive income	2,271 645	2,271 645
Total comprehensive expense for the year	(2,916)	(2,916)
Balance at 31 December 2015	29,294	29,294
	Capital Account €'000	Total €'000
Balance at 1 January 2016	29,294	29,294
Total Comprehensive income for the year		
Surplus for the year	1,526	1,526
Other comprehensive expense	(5,252)	(5,252)
Total comprehensive expense for the year	(3,726)	(3,726)
Balance at 31 December 2016	25,568	25,568



Cash Flow Statement

For the year ended 31 December 2016

Extract from Financial Statements

	2016	2015
	€'000	€'000
Cash flows from operating activities		
Surplus for the year	1,526	2,271
	1,320	2,2/1
Adjustments for:		
Depreciation, amortisation and impairment	1,887	1,926
Interest receivable and similar income	(17)	(8)
Interest payable and similar charges	39	46
Gain on disposal of financial assets		(80)
Pension finance charge	324	394
	3,759	4,549
Decrease/(increase) in trade and other debtors	1,129	(289)
Decrease in stocks	8	1
Increase in trade and other creditors	1,519	1,118
Decrease in provisions and employee benefits	(1,022)	(1,022)
	5,393	4,356
Net cash from operating activities	5,393	4,356
Cash flows from investing activities		
Proceeds from disposal of financial assets		163
Interest paid	(39)	(46)
Acquisition of tangible fixed assets	(3,731)	(1,412)
Net cash from investing activities	(3,770)	(1,295)
Cash flows from financing activities	(440)	(677)
Repayment of borrowings	(640)	(673)
Interest received	17	8
Net cash from financing activities	(623)	(665)
Net increase in cash and cash equivalents	1,000	2,396
Cash and cash equivalents at 1 January	11,035	8,639
Cash and cash equivalents at 31 December	12,035	11,035



Appendix A - Peer Reviewed Research

Research Report

Prof Declan McLoughlin
PhD MRCPI MRCPsych FTCD
Dept of Psychiatry and TCIN,
Trinity College Dublin
St Patrick's University Hospital

Web page: http://www.medicine.tcd.ie/psychiatry/research/projects/depression-neurobiology.php

- Research within SPMHS is aligned with the organisation's Empowering Recovery strategy, with a focus on improving patient care and clinical outcomes as well as obtaining a better understanding of the biology of major mental health disorders.
- Our research is multidisciplinary and involves medical doctors, psychologists, nurses and basic scientists working on a wide range of topics, including mood disorders, addiction, eating disorders, and translational molecular neuroscience.
- Our work is also supported by Trinity College Dublin, which provides laboratory facilities in the Trinity College Institute of Neuroscience (TCIN), information and communications technology, and administration expertise.
- We are developing a new one-year degree course with TCD - the Certificate in Biological Psychiatry.
 We expect this new course will attract high-calibre psychiatry trainees from Ireland and abroad to work in SPMHS.

Recent Funding

MRCG/HRB Joint Funding Scheme 2016 (application MRCG-2016-23)

Declan McLoughlin (PI)

Title: Ketamine for Relapse Prevention in Recurrent Depressive Disorder: a randomised, controlled pilot trial (The KINDRED Trial)

Duration: 2 years, Oct 2016-Oct 2018

Value: €139,980

2014 NARSAD Young Investigator Grant, Brain & Behavior Research Foundation (USA)

Karen Ryan, Declan McLoughlin (Sponsor)

Title: MicroRNAs and the antidepressant response — towards novel biomarkers for depression

Duration: 2 years, 2015-2017

Value: \$50,000

Health Research Award 2014, Health Research Board (HRA-POR-2014-604)

Declan McLoughlin, Andrew Harkin

Title: Ketamine for depression relapse prevention following electroconvulsive therapy: a randomised pilot trial

Duration: 2.5 years, 2014-2017

Value: €286,000

Health Research Award 2014, Health Research Board (HRA-POR-2014-598)

Conor Farren, Vincent Agyapong, Declan McLoughlin (co-applicant), Cathal Walsh

Title: Single blind randomised trial of supportive text messages for patients with alcohol use disorder and a comorbid depression

Duration: 3 years, 2014-2017

Value: €330,000



Recent Publications

(2017) Anodal transcranial direct current stimulation of the left dorsolateral prefrontal cortex enhances emotion recognition in depressed patients and controls.

Brennan S, McLoughlin DM, O'Connell R, Bogue, J, O'Connor S, McHugh C, Glennon M. J Clin Exp Neuropsychol May;39(4):384-395. doi: 10.1080/13803395.2016.1230595. PMID: 27662113.

(2017) Electroconvulsive therapy modulates plasma pigment epithelium-derived factor in depression: a proteomics study.

Ryan KM, Glaviano A, O'Donovan SM, Kolshus E, Dunne R, Kavanagh A, Jelovac A, Noone M, Tucker GM, Dunn MJ, McLoughlin DM. Transl Psychiatry March; 7(3):e1073. doi: 10.1038/tp.2017.51. PMID: 28350398.

(2017) Letter to the Editor: Electrode placement in electroconvulsive therapy - bilateral is still the 'gold standard' for some patients: a reply.

Kolshus E, Jelovac A, McLoughlin DM. Psychol Med. 2017 Mar 9:1-2. doi: 10.1017/S003329171700006X. [Epub ahead of print] PMID: 28274297.

(2017) Bitemporal versus high-dose right unilateral electroconvulsive therapy for depression: a systematic review and meta-analysis of randomised controlled trials.

Kolshus E, Jelovac A, McLoughlin DM. Psychol Med Feb; 47 (3): 518-530. PMID: 27780482.

(2017) Electroconvulsive stimulation transiently enhances the permeability of the rat blood-brain barrier and induces astrocytic changes.

Ito M, Bolati K, Kinjo T, Ichimura K, Furuta A, McLoughlin DM, Suzuki T, Arai H. Brain Res Bull Jan; 128: 92-97. PMID: 27915091.

(2017) Impact of crime victimization on initial presentation to an early intervention for psychosis service and 18-month outcomes.

Fisher HL, Roberts A, Day F, Reynolds N, Iacoponi E, Garety PA, Craig TK, McGuire P, Valmaggia L, Power P. Early Intervention in Psychiatry, 11(2), 123–132.

(2017) Five-fold increased risk of relapse following breaks in antipsychotic treatment of first episode psychosis.

Winton-Brown TT, Elanjithara T, Power P, Coentre R, Blanco-Polaina P, McGuire P. Schizophrenia Research 179, 50-56.

(2016) Neighbourhood social deprivation predicts relapse and outcome in first episode psychosis.

Power P, Coentre R, Blanco Polaina P, Fontes S, Fisher HL, Reynolds N, Valmaggia L, Iacoponi E, Garety P, Craig T, McGuire P. Early Intervention in Psychiatry, 10, 109.

(2016) The Impact of a specialised inpatient and day patient group programme on clinical outcome in older adolescents and young adults with mental illness.

McCrossan P, Ryan A, Connellan M, Power P. Irish Journal of Psychological Medicine pp. 1–6. doi: 10.1017/ipm.2016.12.

(2016) Ketamine for depression relapse prevention following electroconvulsive therapy: protocol for a randomised pilot trial (the KEEP-WELL trial).

Martha Finnegan M, Ryan K, Shanahan E, Harkin A, Daly L, McLoughlin DM. Pilot and Feasibility Studies Aug 3; 2:38. DOI 10.1186/s40814-016-0080-0 PMID: 27965856.

(2016) MicroRNAs as biomarkers for major depression: a role for let-7b and let-7c.

Gururajan A, Naughton ME, Scott KA, O'Connor RM, Moloney G, Clarke G, Dowling J, Walsh A, Ismail F, Shorten G, Scott L, McLoughlin DM, Cryan JF, Dinan TG. Transl Psychiatry. Aug 2;6(8):e862. PMID: 27483380.

(2016) Response to Kellner and Farber: Addressing Crossover of High-Dose Right Unilateral ECT to Bitemporal ECT.

McLoughlin DM. Am J Psychiatry. Jul 1;173(7):731-2. PMID: 27363554.

(2016) Task shifting - perception of stake holders about adequacy of training and supervision for community mental health workers in Ghana.

Agyapong VA, Osei A, McLoughlin DM, McAuliffe E. Health Policy Plan. June 31(5):645-55. PMID: 26608584.

(2016) Bitemporal versus high-dose unilateral twiceweekly electroconvulsive therapy for depression (EFFECT-Dep): a pragmatic, randomised, noninferiority trial.

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(2016) Autobiographical memory specificity in major depression treated with electroconvulsive therapy.

Jelovac A, O'Connor S, McCarron S, McLoughlin DM.
] ECT Mar; 32: 38-43. PMID: 26252557.

(2016) Exploring the Role of Implicit Cognition in Suicidal Ideation.

Hussey, I., Barnes-Holmes, D., & Booth, R. Journal of Behaviour Therapy and Experimental Psychiatry, 51, 1-9.

(2016) Evaluation of Radical Openness: A Skills-only group intervention for Emotional Over-Control, Practice Innovations.

Keogh, K., Booth, R., Baird, K. & Gibson, J. 1, 129-143.



(2016) Internet Use Among Young People With and Without Mental Health Difficulties.

Mullen, G., Dowling, C. & O'Reilly, G. Irish Journal of Psychological Medicine 1, 1-11.

E: Improving Ghana's mental healthcare through task-shifting- psychiatrists and health policy directors perceptions about governments commitment and the role of community mental health workers.

Agyapong V, Farren C, McAuliffe. Globalization and Health., 12:57, 2016. DOI: 10.1186/s12992-016-0199-z.

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O'Donovan SM, Dalton VS, Dunn MJ, McLoughlin DM. Current Proteomics 12(4): 227 – 235.

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Masood B, O'Ceallaigh S, Thekiso T, Nichol M, Kowalska-Beda P, Murphy M, Creedon J, Maher T, McLoughlin D, Kennedy N. Ir J Psychol Med: September 2015; doi:10.1017/ipm.2015.32.

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Allen AP, Naughton M, Dowling J, Walsh A, Ismail F, Shorten G, Scott L, McLoughlin DM, Cryan JF, Dinan TG, Clarke G.

] Affect Disord Nov; 186: 306-311. PMID: 26275358.

(2015) SEQUENCE: a service user-centred quality of care instrument for mental health services.

Hester L, O'Doherty LJ, Schnittger R, Skelly N, O'Donnell M, Butterly L, Browne R, Frorath C, Morgan C, McLoughlin DM, Fearon P. Int J Qual in Health Care Aug;27(4):284-90. PMID: 26082461.

(2015) Neurocognitive remediation therapy for depression: a feasibility study and randomised controlled pilot protocol testing.

Semkovska M, Lambe S, O'Lonargáin D, McLoughlin DM.
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(2015). Intervening Early in Young People with Bipolar Disorder: A Review of the Clinical Staging Model.

Power P. Irish Journal of Psychological Medicine, 32 (01), 31-43.

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E: Task shifting of mental health care services in Ghana: Ease of referral, perception and concerns of stakeholders about quality of care.

Agyapong VIO, Osei A, Farren CK · McAuliffe. International Journal for Quality in Health Care 08: 1(7), 2015 DOI:10.1093/intqhc/mzv058.

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Computerised cognitive behavioral therapy for alcohol use disorder: A pilot randomized control trial

Farren CK, Milnes J, Lambe K, Ahern S. Irish Journal of Psychological Medicine, 32: 237-246, 2015.

E: Experiences and Perceptions of the role and scope of practice of community mental health workers in Ghana.

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Thekiso TB, Murphy P, Lambe K, Milnes J, Curtin A, Farren CK. Behavior Therapy, 46 (6): 717-728, 2015. Doi: 10.1016/j.beth.2015.05.005.

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Appendix B

As noted in the Chairman's report, The Board, its sub-committees and management invest considerable time to ensure that St Patrick's Mental Health Services maintain our high standards of corporate governance.

The implementation of the voluntary governance code was completed during the year and in conformance with that code the following matters are now set out opposite. We comply with the Governance Code for community, voluntary and charitable organisations in

We confirm that a review of our organisation's compliance with the principles in the Code was conducted during 2016. This review was based on an assessment of our organisational practice against the recommended actions for each principle. The review sets out actions and completion dates for any issues that the assessment identifies need to be addressed.

In 2016, the Director of Human Resources took up the role of secretary to the Board.



The Governance Code: Principles of Good Gover

We, the Board of Governors (the governing body), of St. Patrick's Mestal Health

- run ny.

 Agreeing our vision, purpose and values and making uzes that they remain relevant;
 Developing, resourcing, menitoring and evaluating a plan to make sure that our organization
 subheres its subset purposes;
 Managing, supporting and holding to account staff, volunteers and all who act on behalf of the

- sponding to stakeholders' questions or views about the work of our organisation and be run it;

de 4 Working effectively

- this by: Making sare that our governing body, individual board members, committees, staff and volunteers understand their; role, legal daties, and delegated responsibility for decision
- making.

 Making sure that as a bound we carries our audioctive responsibility through board so that are efficient and effective;
- mat are efficient and effective;
 Making sure that there is soltable board recruitment, development and retirement
 processes in place.

- Me by:

 Being bucest, fair and independent;

 Understanding, declaring and managing conflicts of interest and conflicts of loyalities;

 Protecting and promoting our organisation's reputation.

We confirm that our organisation is committed to the standards outlined in those principles. We commit to reviewing our organisational praction against the recommended actions for each principle.





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Attendances 2016

Name	Board of Governors Meetings	Finance & Audit Committee	Quality Governance Committee	Campus Development PSG Committee
Mrs Caroline Preston, Chair Board of Governors	10/10	2/3	3/3	3/4
Mr Danny Kitchen, Chair Finance & Audit Committee				
and Campus Development Committee	7/10	3/3		1/4
Mrs Caroline Gill	8/10		2/3	
Dr John Hillary	6/10		2/3	
The Very Revd. Victor Stacey	1/3			
The Very Revd. William Morton	1/2			
Professor Joyce O'Connor	6/10			
Mr Conor Killeen	5/10	3/3		4/4
Mrs Bernadette Godley	0/10			
The Most Revd. Dr Michael Jackson	0/10			
The Most Revd. Dr Richard Clarke	0/10			
The Most Revd. Dermot Dunne	3/10			
Mr Marcus Beresford, Chair Quality Governance Committee	7/10		2/3	
Mr Paul Gilligan, Chief Executive Officer	10/10	3/3	3/3	4/4
Professor Jim Lucey, Medical Director	9/10	3/3		3/4
Mr Frank Byrne, Director of Finance	10/10	3/3	3/3	4/4
Mr Brendan Power, Company Secretary	2/4	1/1	1/2	1/2
Mrs Aisling O'Connell, Acting Financial Controller		2/2		
Mrs Tara O'Hare, Financial Controller		1/1		
Mr Tom Maher, Director of Services			3/3	4/4
Mrs Evelyn McCarthy, Director of Nursing			3/3	
Mr Robert O'Farrell, Project Manager				4/4
Mr Brendan Ruddy, SUAS*	3/5			





