MENTSAL HEALTH IRELAND
Promoting Mental Health and Wellbeing

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AUDITORS
JPA Brenson Lawlor,
Argyle Square,
Morehampton Road, Dublin 4.

DATE OF INCORPORATION
As a company limited by guarantee
22nd November, 1966.

PLACE OF INCORPORATION
Dublin, Republic of Ireland

REGISTERED OFFICE
Mensana House
2 Marine Terrace
Dun Laoghaire, Co. Dublin.

BANKERS
Bank of Ireland,
Smithfield, Dublin 7
And
AIB Investment Managers Ltd.,
Percy Place, Dublin 4.

AUDITORS
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Argyle Square,
Morehampton Road, Dublin 4.

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foreword from chairperson

I am delighted to present this Strategic Plan for Mental Health Ireland, covering the period 2015 to 2017.

As we in Mental Health Ireland approach our half-century in 2016, it is clear that there has never been a greater need for organisations and professionals working in the field of mental health. The pressures and challenges faced by many in our society are significant and increasing, and more people are experiencing mental ill-health. Sadly, this is particularly prevalent amongst young people, and research published by the RCSI in 2013 showed that by the age of 13 years, one in three young people in Ireland is likely to have experienced some type of mental disorder, a rate which will have increased to over 1 in 2 by age 24. And by this age, up to 20% of young people will have experienced suicidal ideation – a truly shocking statistic which is, unfortunately, backed up by the evidence of suicide rates nationally.

In Mental Health Ireland, our role has traditionally been to work with statutory providers to address the needs of local populations in respect of mental health. Through our network of more than 100 local Mental Health Associations, we have worked hard in delivering training and education initiatives in a range of settings. At national level, we provide information on mental health issues and we actively campaign and advocate to improve national mental health policy and service provision.

Fundamental to our strategic approach is our desire that we, the people of Ireland, should regard mental health as being an essential part of wellbeing, and our belief that those experiencing mental health difficulties must be respected and supported. We want to see a major reduction in discrimination associated with mental health, and we will be actively involved in helping to ensure that mental health issues are dealt with openly and frankly in our society, at all levels.

This focus and these aspirations have been central features in the development of our Strategic Plan, and will continue to be the main influencers for Mental Health Ireland in years to come. Over the next three years, we plan that MHI will emerge as Ireland’s premier national organisation supporting and advising on the importance of maintaining good mental health.

None of this could be achieved, of course, without the active support of a wide range of organisations and individuals who work with us. On behalf of the Board, I would like to thank our Chief Executive, Orla Barry, and her team of professional and committed staff; the more than 100 Mental Health Associations around Ireland, who are involved in a wide diversity of work and fundraising; the partner organisations in the statutory, voluntary and community sector who work with us; and our donors within the community, who contribute generously to our funds.

Thank you all.

Maria Molloy,
Chairperson,
Mental Health Ireland

1. Royal College of Surgeons in Ireland, 2013: The Mental Health of Young People in Ireland: A report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group
Welcome to the Strategic Plan for Mental Health Ireland for the three-year period from January 2015 to December 2017.

In setting out our plans for the next few years, we have undertaken a searching analysis of the activities and initiatives in which we are involved across Ireland, against a backdrop of ongoing reductions in funding and changes in the way our statutory funders engage with voluntary sector organisations. We take nothing for granted, and we recognise that funding for some of our work is going to be limited, and that the public expect to see not just good value for money, but also the highest standards of ethical probity from charities. In addition, the State is moving to a much more businesslike model of service commissioning, with defined quality standards and outputs required in return for contracted prices, and we need to be in a position to respond to those requirements.

Mental Health Ireland is up to these challenges. Fundamental to our strategy is the need for MHI to continue to add real value through high quality work in health promotion, education, training and research. We will also continue to enhance and strengthen the capacity of our volunteer network of more than 100 local Mental Health Associations to support the recovery and social inclusion of people who experience mental health difficulties and the development of peer-led initiatives. We are a committed presence across Ireland involving families, carers, professionals and service users promoting mental health and wellbeing in local communities.

Of course, in challenging times for charities and the wider economy, our core priority is to ensure that we are financially stable and that our business model is sound. This requires changes in the way we do things, and in some of the activities in which we engage, but in many ways these modifications will also reflect changing demands amongst our stakeholders and in society as a whole. And as an organisation which is predominantly funded by the Health Service Executive, we need to ensure that Mental Health Ireland complements and supports the statutory services and role of the HSE and other public agencies.

In many ways, the three-year period of this Strategic Plan will represent a turning point for Mental Health Ireland. As we approach our half-century in 2016, we will be a stronger organisation responding to changing demands, whilst maintaining our focus and our independence to meet the needs of our stakeholders with the same spirit that applied when we were founded in 1966.

In conclusion, I wish to thank the Board for its support and vision in developing this strategy; the highly-committed team of staff at Mental Health Ireland; the local Mental Health Associations across Ireland, who undertake such valuable work; our funders within the HSE and elsewhere; Crowe Horwath who worked with us in the development of the strategy, and everyone who has supported us over the years.

Orla Barry,
Chief Executive Officer,
Mental Health Ireland
The mission of Mental Health Ireland is as follows:

> Mental Health Ireland promotes positive mental health and wellbeing to all individuals and communities, and through our network of Mental Health Associations, we support people who experience mental health difficulties on their journey of recovery.

Our vision is:

> MHI’s vision is for an Ireland where mental health is valued as being an essential part of personal wellbeing and the health of the nation.

MHI will lead the way in informing Irish society’s understanding of mental health and fostering a culture where people with mental health difficulties are respected and supported.

Our values and beliefs underpin everything we do:

> We believe that everyone is entitled to inclusion in society and opportunity for personal fulfilment;

> We believe in the right of everyone to be treated with dignity, respect and equality;

> We believe in the right of those experiencing mental health difficulties to be supported in their recovery;

> We are committed to transparency in our work and compliance with the highest ethical standards.
Origins and History

Mental Health Ireland is a national voluntary organisation which promotes positive mental health and wellbeing. It is a company limited by guarantee with a voluntary Board of Directors representative of local Mental Health Associations (MHAs) and people with expertise in relevant areas.

There are more than 100 local MHAs currently affiliated to Mental Health Ireland, and through them we support people who experience mental health difficulties on their journey of recovery. Whilst they are autonomous, they share the mission of MHI and participate in projects organised at national level. Local MHAs are active in assisting to meet the mental health needs of the population of their own areas. MHI is affiliated to the World Federation for Mental Health and to Mental Health Europe.

We were originally established in 1966 as the Mental Health Association of Ireland. This followed the publication in that year of the report from the Commission of Enquiry on Mental Illness, which recommended the creation of a “National Voluntary Organisation which would be representative of all workers and associations concerned with the care of the mentally ill and whose prime function would be to ensure that the needs and rights of the mentally ill are at all times kept before the public mind.” Indeed, the report noted that:

“A national association can do much to influence public opinion and to ensure that the services for the mentally ill obtain a fair share of the national resources. It can also provide a common forum for the different professional and other workers in the field of health and persons interested in the problems of the mentally ill. It can organise seminars and meetings, issue booklets and pamphlets for the information of the public, arrange for the distribution of suitable films and, in general, help to advance the cause of the mentally ill. The Commission recommends that full support should be given to the formation of a national voluntary body.”

Against that backdrop, our original mission was to develop local voluntary arrangements to provide support and befriending to persons with a mental illness, their families and carers by identifying their needs, advocating their rights, and promoting positive mental health to the general population. We did this by developing a network of MHAs throughout Ireland. Originally, the MHAs were designed to meet the specific needs of the local mental health service users and population, with initiatives including social clubs, rehabilitation clubs, social housing, and public talks.

We also produced a series of short films to educate people on various mental health issues.

In the 1970, 1980s and 1990s, the then Health Boards actively supported us either with funding for the employment of Regional Development Officers or by the secondment of staff to MHI to work in that role.

In 1981, a National Public Speaking programme to educate young people at secondary school about mental health issues and promote positive mental health was developed. This has continued each year to the present. At its height, some 300 schools participated annually. Building on this success, a national art and photography project for schools was subsequently developed which has also proved very popular with young people.

MHI has always been a very active contributor to public policy, and major submissions were made by the organisation to Government during the consultation processes around such major initiatives as Planning for the Future(1984), Shaping a Healthier Future (the 1994 national health strategy), Quality and Fairness - A Health System for You (the 2001 national health strategy), and A Vision for Change (2006), the current Government policy framework for mental health services. We also made substantial contributions to the framing of new mental health legislation by the Department of Health during the 1980s, 1990s and 2000s.

At an international level, we have been actively involved in the World Federation for Mental Health since the 1970s. In 1995, we hosted the World Mental Health Congress at which delegates from 67 countries attended. MHI played a major part in the establishment in 1985 of what is now called Mental Health Europe and was a founder member of its Board. We hosted its biannual conference in 1986.

Over the years local MHAs have become an integral part of many communities, helping to reduce the stigma surrounding mental illness, commenting and advocating on local mental health issues, and becoming the “go to” local organisations to provide initiatives on promoting positive mental health.

3. Ibid., Para 188
Our Current Functions

MHI is involved in a range of activities at both national level (through its Head Office and its Development Officers based across the State) and within the local MHAs. These include:

> Development and delivery of a broad range of mental health promotion activities, in conjunction with the HSE and other statutory agencies;

> Supporting more than 100 Mental Health Associations in their work by providing information and training and through a network of Development Officers working around the country;

> Providing an information service on issues relating to mental health through information fact-sheets, the MHI website and direct contact;

> Undertaking occasional research on mental health topics, including previous national surveys on stress and the public attitudes to mental illness;

> Organising conferences, courses, workshops and seminars on a wide variety of issues relating to mental health. MHI also promotes and co-ordinates activities to celebrate World Mental Health Day on the 10th October each year.

Further detail on our forward strategy in respect of each of these areas of work is presented later in this Strategic Plan.
Structures and Governance

Mental Health Ireland Limited is a company limited by guarantee, not having a share capital, incorporated in Ireland on the 22nd November 1966, under the Companies Acts, 1963 to 1983, registered number 0078897Q.

The objectives of the Company are charitable in nature with established charitable status (Registered Charity No. CHY 5594. All income is applied solely towards the promotion of the charitable objectives of the Company.

The Board of Directors of Mental Health Ireland currently comprises:
Chairperson Ms. Maria Molloy
Deputy Chairperson Mr. Seamus McNulty
Honorary Secretary Mr. Neil Hughes
Honorary Treasurer Mr. Brendan Madden
Other Directors Ms. Alice Murphy
Mr. Charles Burke
Mr. John Fitzmaurice
Mr. P. J. Murphy
Mr. Brian Glanville

The organisation is run on a day-to-day basis by Ms. Orla Barry (CEO) and her team of 7 staff at MHI Head Office in Dun Laoghaire, with a further 7 full-time and 3 part-time Development Officers based across Ireland. (The map shown on the right depicts the locations where our Development Officers are based, alongside HSE administrative regions – each of the Development Officers covers a geographical territory which includes their office or home location and adjoining areas.)
The role of mental health Ireland

The Policy Background
Within MHI, we recognise the policy context and structures within which we and our statutory partners operate, the six main elements of which are:

> A Vision for Change: the national policy for mental health services launched in 2006, which details a comprehensive model of mental health service provision, and sets out a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental illness;

> The work of the National Office for Suicide Prevention, including their oversight of the implementation of Reach Out, the National Strategy for Action on Suicide Prevention which was launched in 2009;

> Healthy Ireland, a new national framework for action to improve the health and wellbeing of the population over the coming generation, reflecting the international experience of a new commitment to public health, with a focus on prevention;

> The National Primary Care Strategy published by the Department of Health in 2001;


These core elements represent the framework for the development and delivery of mental health services in Ireland, and embrace important themes and concepts such as mental health promotion, recovery, and social inclusion - all of which are central to the thinking of Mental Health Ireland, and underpin our strategy for developing our work at both national and local levels.

We look forward to continuing to work closely with our colleagues in the Health Service Executive, the National Office for Suicide Prevention, and other statutory and voluntary agencies to play a full role within this policy context.

Building Upon Our Heritage
The 1966 report of the Commission of Enquiry on Mental Illness, which led to the creation of what is now Mental Health Ireland, recognised the need for a non-profit organisation which would influence public opinion and to ensure that the services for the mentally ill obtain a fair share of the national resources.

This remains part of the central focus of MHI: representing the voice of those who experience mental health difficulties, and their families and carers, whilst also working closely with statutory service providers and other agencies to ensure that we can help to make a difference at both national and local level.

We will continue to do this, and to strengthen our work across all areas - in health promotion, education and training; in providing information and advice; in undertaking research; and in supporting the vital work of our network of MHAs across Ireland.
Maximising the Value of Mental Health Promotion.

Ensuring the sustainability of Mental Health Ireland.

Managing the development of our organisation.

Strengthening the Grassroots.

Supporting Recovery.

Maintaining national and international perspectives.

Evaluating our outcomes.

Developing our relationships with our external partners.

Developing our Volunteer Base.

Close engagement with other non-profit organisations.
Maximising the Value of Mental Health Promotion.

We recognise the importance of developing a range of mental health strategies to increase public awareness and understanding of the importance of maintaining positive mental health.

In this regard Mental Health Ireland will focus on mental health as a potentially positive outcome and as a resource for life rather than as a deficit state, focusing on competencies, protective factors and resilience.

We will develop robust and timely campaigns and education initiatives to promote mental health across the population, in line with national policies and strategies, working closely with our statutory funders to ensure that the value of this work is maximised.

Supporting Recovery.

Within MHI, we recognise that a ‘recovery’ approach is one of the fundamental principles in Ireland’s mental health policy A Vision for Change (2006-2016). The concept of recovery moves the primary focus from the professional as expert to the person as expert-by-experience. The view that a person can live a productive and meaningful life despite vulnerabilities that may persist informs a personal and social recovery approach to mental health services. Through the activities of the MHAs, we will support the recovery and social inclusion of people who experience mental health difficulties within their local communities. We will also support the participation of experts-by-experience, families and significant others in the development of quality mental health services, in partnership with statutory service providers and clinical professionals.

Strengthening the Grassroots.

We greatly value the relationship between MHI and the 100+ local Mental Health Associations (MHAs) across Ireland, and we commit ourselves to strengthening these connections so that we can add real value in the fields of research, standards and practice, helping to enhance the quality of the work done by our MHAs and their governance structures.

Developing our Volunteer Base.

We recognise that our volunteers are the lifeblood of the MHI family, and that they contribute substantially to our work across the country, through fundraising, support, advocacy and other activities. We will seek to grow our volunteer base in every location where MHI is present and in every local association, and we will also offer a significant level of national support to the volunteer network in areas such as standards, quality, and information.
Ensuring the sustainability of Mental Health Ireland.

As a charity, we are highly dependent at present on the funds we receive from our statutory funders and – to a small extent – from public donations.

We must still operate in a business-like fashion and manage our scarce resources in a manner which gives us the best possible chance to maximise our impact, all of which will require close scrutiny and proactive, innovative thinking over the lifetime of this strategic plan.

This will include an ongoing and active commitment to seek new sources of funding from statutory agencies, the general public, commercial organisations, and potentially from philanthropic sources.

Developing our relationships with our external partners.

We will work closely with our statutory funders to ensure that we are delivering services to a high standard of quality, whilst also looking at future opportunities where Mental Health Ireland can add value.

Close engagement with other non-profit organisations.

We will also liaise with other organisations engaged in mental health issues, in order that client needs can be properly co-ordinated in a complementary manner which limits overlap and enhances economy, efficiency and effectiveness.

Evaluating our outcomes.

In an era of tighter funding and competition, we will be increasingly required to formally evaluate the work we undertake, including the identification of outcomes – how we make a difference.

MHI wholeheartedly embraces this approach, and we are building in a structured programme of evaluations to strengthen the confidence of our funders and to ensure that we maximise the value of what we do.

Maintaining national and international perspectives.

We will stay attuned with developments and influencing factors in the non-profit sector at national, EU and international levels to ensure that we remain compliant with the developing regulatory framework for Irish charities and that we keep abreast of mental health policy developments and best practice within Ireland, the EU and – where relevant – further afield.

Managing the development of our organisation.

To achieve all of the objectives set out in this strategic plan, we recognise that we have to develop and change as an organisation – within our management and governance structures, in our staff training and development, in our systems and processes, and in how we engage with clients and our external stakeholders.
Taking into account our key challenges for the next three years, we have identified a small number of core objectives on which the organisation must focus. We have deliberately kept these few in number, in order that we concentrate our energies on reaching these objectives, all of which are critical for our future, and for our stakeholders.

Each of these objectives is carried forward into our specific service plans by functional area, as presented in the next section of this strategic plan.
OUR CORE OBJECTIVES ARE AS FOLLOWS:

<table>
<thead>
<tr>
<th>CORE STRATEGIC OBJECTIVE</th>
<th>TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects, Initiatives and Services</td>
<td>We will strive to ensure that our projects, initiatives and services are delivered to the highest possible level of quality and in a professional manner, meeting the expectations of our funders, and aligning with recognised best practice and with national regulations. We will keep at the centre of our attention those who experience mental health difficulties, their families and those within their immediate circle. We will consult them regularly in respect of the ongoing development of our projects, initiatives and services to ensure that their needs are adequately being met, whether by Mental Health Ireland or by other agencies and organisations. We will consult with our volunteers to ensure that we understand the needs of local communities and the effectiveness of our education, training and advocacy initiatives. We will conduct and share our research into best practice within the field of mental health promotion, in order to support our professional staff and our network of volunteers within the MHA, so that they may aim to maximise the value of their work. We will support the development of peer initiatives and the participation of people with mental health difficulties within social, cultural and economic environments.</td>
</tr>
<tr>
<td>Financial sustainability</td>
<td>In order to ensure our future financial sustainability, we will work to diversify our income streams and to develop new sources of revenue. We will ensure that we optimise the cost-effectiveness of our work, in line with good corporate governance and the expectations of our funders.</td>
</tr>
<tr>
<td>Developing our Network</td>
<td>We will put significant effort into developing our network of MHAs, starting with a baseline study which will identify the range of activities in which MHAs are engaged. We will work to strengthen the MHA network in order to provide greater mutual support, with MHI’s role being focused on adding real value to the network through research, quality standards, information and support. We will invest in volunteer recruitment, training and project development, increasing the capacity of the MHAs to add value to the community mental health services by supporting the recovery and social inclusion of people with mental health difficulties.</td>
</tr>
<tr>
<td>Building for the future</td>
<td>We will develop our organisation structures to support service delivery at all levels, including the Board, management, and staff. This will entail improving our processes and support arrangements, and enhancing the training and development of all of our people. We will continue to strengthen the Board and our governance arrangements, including introducing new Board members with skill sets and experience which can add real value, updating as necessary our Memorandum and Articles of Association and associated Board processes. We will also ensure that we develop a collegiate culture within the Board, and will move to full compliance with the Charities SORP, the Governance Code for charities, and the new regulatory arrangements for charities.</td>
</tr>
</tbody>
</table>
To measure our corporate performance over the period 2015-17, Mental Health Ireland will use the Balanced Scorecard system, which sets out our key objectives and timescales over four quadrants, representing the main areas of our focus as an organisation – our commitments to our funders and stakeholders; our plans for learning and developing as an organisation; our responsibility to maximise the value of the work we undertake; and our arrangements for sound financial management and good governance. Use of the scorecard provides both Mental Health Ireland and our external stakeholders with a clear and straightforward mechanism for measuring our performance in the areas which are of greatest strategic importance.

The Core Strategic Objectives presented earlier in this document have been grouped under themes within the four quadrants (depicted above), with a short series of targeted activities and outputs, alongside clear timescales, in order to facilitate ongoing monitoring of progress and measurement of our performance.
core strategic objectives – scorecard breakdown

Responding to the challenges set out above, the strategic objectives for Mental Health Ireland in 2015 to 2017 against each of our main areas of service delivery are as follows:

### STRATEGIC OBJECTIVE: MAXIMISING THE VALUE OF OUR WORK

<table>
<thead>
<tr>
<th>SCORECARD QUADRANT</th>
<th>ACTIVITY</th>
<th>OUTPUT</th>
<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Delivery</td>
<td>We will develop our national work in research, quality standards, information and support</td>
<td>Development of new roles and support arrangements for sign-off by MHI Board</td>
<td>Ongoing during 2015, for final sign-off by MHI Board by end Q2 2016</td>
</tr>
<tr>
<td></td>
<td>We will focus on mental health as a potentially positive outcome and as a resource for life, focusing on competencies, protective factors and resilience.</td>
<td>Service Delivery Plans for inclusion within our annual Business Plan</td>
<td>Service Delivery Plans prepared in Q3 / Q4 each year</td>
</tr>
<tr>
<td></td>
<td>We will develop a national training and education programme across the lifespan and in targeted settings.</td>
<td>National Training and Education Programme</td>
<td>Programme to be launched in Q1 2015</td>
</tr>
<tr>
<td></td>
<td>We will develop robust and timely campaigns and awareness raising initiatives to promote mental health across the population.</td>
<td>Communications Strategy for inclusion within our annual Business Plan</td>
<td>Communications Strategy prepared in Q3 / Q4 each year</td>
</tr>
<tr>
<td></td>
<td>Through the activities of the MHAs, we will support the recovery and social inclusion of people who experience mental health difficulties within their local communities.</td>
<td>Service Delivery Plans for inclusion within our annual Business Plan</td>
<td>Service Delivery Plans prepared in Q3 / Q4 each year</td>
</tr>
<tr>
<td>Financial and Corporate Management</td>
<td>We will ensure that we optimise the cost-effectiveness of our work, in line with good corporate governance and the expectations of our funders.</td>
<td>Quarterly financial / management accounting reports to the MHI Board, and to external funders as required</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Clients and Stakeholders</td>
<td>Through our network of MHAs, we will engage closely with service users, their families and advocates to ensure that we remain focused on making a difference for those who need us</td>
<td>Collation of feedback through National Convention, for inclusion in our annual Business Plan and Service Delivery Plans</td>
<td>Collation of feedback and preparation of plans in Q3 / Q4 each</td>
</tr>
<tr>
<td>Learning and Growth</td>
<td>We will support the participation of experts-by- experience, families and significant others in the development of quality mental health services, in partnership with statutory service providers and clinical professionals.</td>
<td>Detail to appear within Service Delivery Plans for inclusion within our annual Business Plan</td>
<td>Service Delivery Plans prepared in Q3 / Q4 each</td>
</tr>
</tbody>
</table>
Responding to the challenges set out above, the strategic objectives for Mental Health Ireland in 2015 to 2017 against each of our main areas of service delivery are as follows:

### STRATEGIC OBJECTIVE: DEVELOPING OUR NETWORK

<table>
<thead>
<tr>
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<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Delivery</td>
<td>Development of a Baseline Study which will provide a comprehensive description of all MHA’s activities, membership, resources, client support, etc.</td>
<td>Baseline study to be completed in Q2 2015 for sign off mid 2015</td>
<td>Complete in Q2 2015</td>
</tr>
<tr>
<td></td>
<td>We will strengthen the MHA network so that MHI’s role is focused on adding real value to the network through research, quality standards, information and support.</td>
<td>Definition of new roles and support arrangements for sign-off by MHI Board, and presentation to National Convention</td>
<td>Ongoing during 2015, for final sign-off by MHI Board by end Q1 2016</td>
</tr>
<tr>
<td>Financial and Corporate Management</td>
<td>Following on from the Baseline Study, we will assess the optimum model for MHA’s.</td>
<td>Report to MHI Board</td>
<td>Submit report during 2016</td>
</tr>
<tr>
<td></td>
<td>We will examine the financial relationship between MHI and the MHA’s, with a view to determining the level of membership subscription which might be levied, to reflect a greater range of value-adding services and supports being provided by MHI to the MHA’s.</td>
<td>Report to MHI Board</td>
<td>Submit report during 2016</td>
</tr>
<tr>
<td></td>
<td>We will review the use by some MHA’s of the MHI charity number (CHY) with a view to ensuring that this is in compliance with good practice and with relevant legal agreements.</td>
<td>Report to MHI Board</td>
<td>MHI Board decision by end Q2 2015</td>
</tr>
<tr>
<td>Clients and Stakeholders</td>
<td>As part of the further development of our network, we will establish an MHI National Convention in order to provide a representative forum for MHA’s to oversee and contribute to policy development, to advise the MHI Board, and to provide an essential link between our volunteer grassroots and MHI’s decision-making processes.</td>
<td>Terms of reference for National Convention to be agreed in early 2015, with a view to its first meeting in mid-2015.</td>
<td>National Convention formed by end of Q2 2015.</td>
</tr>
<tr>
<td>Learning and Growth</td>
<td>As part of our development of competencies, standards and quality measures, we will seek to assist MHA’s within our network to enhance their learning and growth.</td>
<td>Initial identification of learning and growth needs within the Baseline Study, followed by development of an Action Plan.</td>
<td>Completion and sign-off of Network Learning and Growth Action Plan by the MHI Board during Q2 2016, for presentation to the National Convention Q3 2016.</td>
</tr>
<tr>
<td></td>
<td>We will undertake significant work on the development of our volunteer network at local and national levels.</td>
<td>Plan for volunteer development to be presented to the National Convention for consultation, and then to the MHI Board for approval</td>
<td>Plan to be developed during 2015, for approval by Q2 2016.</td>
</tr>
</tbody>
</table>
core strategic objectives – scorecard breakdown

Responding to the challenges set out above, the strategic objectives for Mental Health Ireland in 2015 to 2017 against each of our main areas of service delivery are as follows:

**STRATEGIC OBJECTIVE: ENSURING OUR SUSTAINABILITY**

<table>
<thead>
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<tr>
<td>Service Delivery</td>
<td>We will strive to ensure that our projects, initiatives and services are</td>
<td>Service Delivery Plans for inclusion within our annual Business Plan</td>
<td>Service Delivery Plans prepared in Q3 / Q4 each year</td>
</tr>
<tr>
<td></td>
<td>delivered to the highest possible level of quality and in a professional</td>
<td>Annual review of service delivery against targets / standards / regulations, in conjunction with funders</td>
<td>Annual reviews to be conducted in Q1 each year</td>
</tr>
<tr>
<td></td>
<td>manner, meeting the expectations of our funders, and aligning with</td>
<td>Independent evaluation of our service delivery on a five-year rolling basis</td>
<td>Ongoing, with evaluations likely conducted in Q1 / Q2 each year</td>
</tr>
<tr>
<td></td>
<td>recognised best practice and with national regulations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial and Corporate Management</td>
<td>So that we may ensure our future financial sustainability, diversify our income streams and establish new revenue sources, we will develop an Income Generation Plan for approval by our Board.</td>
<td>Income Generation Plan with clear revenue targets from public sector, commercial and other sources.</td>
<td>Sign-off of Income Generation Plan by MHI Board no later than end of Q1 2015.</td>
</tr>
<tr>
<td></td>
<td>In order to focus on the sustainability of MHI as a whole, we will assess</td>
<td>Annual break-even review of each activity area, and reports to the MHI Board</td>
<td>Q3 / Q4 of each year, in line with annual business planning process</td>
</tr>
<tr>
<td></td>
<td>the break-even position of each of our main activities on an annual basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients and Stakeholders</td>
<td>We will engage closely with the HSE (the main funder of our work) to ensure</td>
<td>Regular meetings with HSE National Directorate for Mental Health – report to Board of MHI</td>
<td>Every six months (subject to agreement)</td>
</tr>
<tr>
<td></td>
<td>that the value of what we do is maximised, within the context of evolving</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>national policy and practice in mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning and Growth</td>
<td>We will actively engage in the evaluation of our work and the outcomes</td>
<td>Independent evaluation of our service delivery on a five-year rolling basis, and development of Learning Plan from each evaluation</td>
<td>Ongoing, with evaluations likely conducted in Q1 / Q2 each year</td>
</tr>
<tr>
<td></td>
<td>associated with it, so as to help strengthen MHI across all activity areas</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**corporate objectives to support our national and regional initiatives**

The achievement of the above objectives presented by service area will be dependent upon Mental Health Ireland meeting a series of highly important goals in 2015-17, designed to support our overall organisation and ensure its future viability and continuity, as follows:

<table>
<thead>
<tr>
<th>SCORECARD QUADRANT</th>
<th>ACTIVITY</th>
<th>OUTPUT</th>
<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Delivery</strong></td>
<td>We will continue to strengthen the Board and our governance arrangements, including introducing new Board members with skill sets and experience which can add real value</td>
<td>New Board members to be added by end of 2014, and Board makeup to be kept under review</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>We will update as necessary our Memorandum and Articles of Association and associated Board processes</td>
<td>Revised Memorandum and Articles of Association and associated Board process documentation</td>
<td>Sign-off by MHI Board in Q1 2015</td>
</tr>
<tr>
<td></td>
<td>We will move to full compliance with the Charities SORP, the Governance Code for charities, and the new regulatory arrangements for charities</td>
<td>Quarterly compliance report to MHI Board by CEO</td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Financial and Corporate Management</strong></td>
<td>We will develop our organisation structures to support service delivery at all levels, including the Board, management, and staff.</td>
<td>Ongoing refinement of MHI organisation structures - detail to appear within our annual Business Plans</td>
<td>Business Plans prepared in Q3/Q4 each year</td>
</tr>
<tr>
<td></td>
<td>We will improve our business processes and support arrangements across all areas of our work, in line with new initiatives and approaches.</td>
<td>Development of new business processes and support arrangements for sign-off by MHI Board</td>
<td>Ongoing during 2015, for final sign-off by MHI Board by end Q3 2015</td>
</tr>
<tr>
<td></td>
<td>We will enhance the training and development of all of our people, including the Board, management, and staff.</td>
<td>Training and Development Plan</td>
<td>Submission to MHI Board for approval by end Q2 2015</td>
</tr>
<tr>
<td><strong>Clients and Stakeholders</strong></td>
<td>Through our network of MHAs, we will engage closely with service users, their families and advocates to ensure that we remain focused on making a difference for those who need us</td>
<td>Collation of feedback through National Convention, for inclusion in our annual Business Plan and Service Delivery Plans</td>
<td>Collation of feedback and preparation of plans in Q3/Q4 each year</td>
</tr>
<tr>
<td><strong>Learning and Growth</strong></td>
<td>We will enhance the training and development of all of our people, including the Board, management, and staff.</td>
<td>Training and Development Plan</td>
<td>Submission to MHI Board for approval by end Q2 2015</td>
</tr>
<tr>
<td></td>
<td>We will keep a close focus on developments in mental health services, policy and practice in Ireland and internationally, in order that we can make best use of that knowledge to enhance the work of MHI</td>
<td>Participation in events within Mental Health Europe and the World Federation for Mental Health</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collation of learning into annual Business Plan and development of the next MHI Strategic Plan</td>
<td>Collation of feedback and preparation of plans in Q3/Q4 each year</td>
</tr>
</tbody>
</table>
risk management

The strategic objectives included within our Balanced Scorecard set out the priorities for Mental Health Ireland between now and the end of 2017, and reflect the ambition and intent of the Board and Management Team to deliver on its mandate. In preparing this Strategic Plan, a range of significant / strategic risks facing Mental Health Ireland were identified. This will be detailed in a formal Risk Register due for completion by the end of 2014, and the suggested risks presented below are reflective of the uncertainty facing many voluntary sector organisations in Ireland, and in particular address the challenges as outlined in the Strategic Plan.

<table>
<thead>
<tr>
<th>RISK TYPE</th>
<th>NATURE OF RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgetary and financial resources</td>
<td>Insufficient or inadequate budgets to meet service delivery costs in context of service plans and funds required</td>
</tr>
<tr>
<td>Changes in funder requirements</td>
<td>One or more funders change their service requirements (e.g. cessation of service, major changes in nature of the work required, etc) which results in Mental Health Ireland having to discontinue service provision and downsize our service offerings / staff resources</td>
</tr>
<tr>
<td>Reputational</td>
<td>Impairment or loss of reputation of Mental Health Ireland, or loss of confidence of the public, in the work of Mental Health Ireland as a result of any failure to deliver effective services</td>
</tr>
<tr>
<td>Personnel</td>
<td>Changing requirement in level of staff knowledge, skills and competencies required to meet changing client needs, statutory and donor requirements</td>
</tr>
<tr>
<td>Inter-agency relationships</td>
<td>Failure to achieve joined up approaches to address cross-cutting issues within the field of mental health services. For Mental Health Ireland to be fully effective, we need to foster robust relationships with the HSE, other State agencies, our network of MHAs, other non-profit organisations, and our external stakeholders.</td>
</tr>
<tr>
<td>Policy and Operational</td>
<td>Failure to ensure that the strategic and operational policies of Mental Health Ireland are properly developed and implemented, and that targets are met.</td>
</tr>
</tbody>
</table>

Mental Health Ireland will, over the life of this Strategic Plan, evaluate the above risks and will ensure that all actions and initiatives undertaken manage these challenges proactively, with risk mitigation / minimisation actions being identified and implemented without delay, so that our mandate to our clients can be pursued and effectively delivered.