

CONTACTS



M O'Connor

WE'RE MOVING WITH THE TIMES . . .

No, not the *Irish Times* but **CONTACTS!**

We're now re-directing our image to promote a brighter more colourful informative magazine for staff.

Continuous surveys show that **CONTACTS** is being read by more and more staff throughout the Board and now has a cross-section readership of c. 3,000 of administrative, clerical, hospital and medical staff.

We want to continue and improve our readership and formally establish **CONTACTS** as the only official communications link between all the staff of the EHB.

Remember, **CONTACTS** is for every level of staff and as such is available to all members as a vehicle to express opinions, submit articles, drawings, photographs, advertisements etc.

Future issues will incorporate a *Letters to the Editor* page, and suitable features from staff along with any suggestions are more than welcome.

In the next issue, classified ads may be placed free of charge, and in future issues a nominal charge may apply. This offer, of course, refers to staff only.

The most vital element of **CONTACTS** is that it is a staff magazine about staff, for staff and hopefully written by staff and to that end every member is sincerely encouraged to participate and ensure the continued success of our magazine.

M O'Connor
Editor

Articles, ads, photos, drawings, suggestions etc, can be submitted at any time to the Editor, Contacts, 1 James's Street, Dublin 8

Volume 14 No. 3

JULY/SEPTEMBER 1988

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Bob Geldof

Photo courtesy Independent Newspapers

Geldof visits Dr Steeven's

Bob Geldof and some colleagues from the film world recently visited Dr Steeven's apparently on a mission to locate a suitable site for a scene in an upcoming new film.

Geldof and his crew spent over an hour touring the buildings and were accompanied by our own Pat O'Rourke from Secretariat.

It appears that they were delighted with the location and we can expect another visit soon.

Pat O'Rourke denies emphatically that the film's title is **Rambo 103** and that he has been offered the starring role. Watch out Sly!

DIARIES 1989

The EHB Yearbook and Diary for 1989 is being compiled and we are assured it will be available early next December. Requisition forms have been sent to staff who usually order diaries and these forms should be returned to Printing Dept immediately so that adequate supplies are obtained from the publishers.

Are you a member of an EHB sports club/patient comforts fund/drama group/pensioners association/mental health group/fund raising association/historical research society/horse buying syndicate (there is one!) etc?

Next year's diary will include a list of such groups in the Board. There are so many that it would be impossible to contact each individually. However, if you would like to tell the rest of us about your group's activities, please complete the information sheet enclosed with this issue and return it before 28 OCTOBER 1988.

Only groups who let us have the information in time can be included in the list.

Chairman's Report

1987/1988

At the conclusion of her second year as Chairman of the EHB, Mrs Dymphna Clune, in her report reviewed developments during her term of office. In the course of her remarks Mrs Clune listed the major advances which occurred within the Board's various Programmes/Functions.

Special Hospital Care Programme

PSYCHIATRIC SERVICES

- Significant new mental health centres have been opened at Crumlin and Tallaght. The contract for the new psychiatric unit at Naas General Hospital was signed on 21 June 1988.
- The former staff home at St Loman's Hospital has been re-developed as a psycho-geriatric unit.
- The new Mental Health Centre at Artane was opened recently. In addition, a large house at Maryfield Avenue in Artane was acquired for use as a hostel for 12 residents.
- Two houses at Tonleegge Road were developed as a training centre.

A ten-point *Code Against Cancer* has been developed by a group of cancer experts from EEC countries. The Health Promotion Unit of the Department of Health in association with the Irish Cancer Society has developed and circulated widely an imaginative leaflet on the Code.

'If the ten European Commandments are followed it has been predicted that there will be a 15% reduction rate in cancer deaths in the European Community by the year 2000,' say the group of cancer experts.

EUROPE AGAINST CANCER

CERTAIN CANCERS
MAY BE AVOIDED
IF YOU:



Do
not
smoke



— In the St Brendan's Hospital catchment area two new 32-bed units at Clonskeagh Hospital have been completed.

— A new out-patient facility has been developed at Mount Pleasant Square in addition to the new psychiatric out-patient clinics operating from Baggot Street Hospital.

— The de-centralisation of St Brendan's Hospital, which commenced with the closure initially of units L, M and N, and ward 9, has continued.

Mental handicap services

In the Mental Handicap Service significant progress has also been made.

- A bungalow was built on the site of Maryfield Industries, Swords, to accommodate eight of the trainees attending the workshop.
- Two local authority houses were acquired in Balbriggan and have been in operation since early this year as a hostel for eight residents.
- Dunshane Camphill Community for Mentally Handicapped Adolescents was also opened last year catering for approximately sixteen residents and twenty day attenders.

Child Psychiatric Services

— Alternative facilities have been developed in the community - the residential unit at Court Hall, Mulhuddart, with supporting hostels at James Connolly Hospital and Mulhuddart which have recently been brought into use.

— A new service has been established in Co Kildare with clinics at Naas, Athy Kildare and Maynooth.

— The facilities for the autistic service have been enhanced by the purchase of houses at Sandymount and on the North Circular Road and by the opening of a second house on the Dunfirth complex at Enfield, run by the Irish Society for Autistic Children.

General Hospital Care Programme

— The new extension to St Columcille's Hospital, Loughinstown, was completed and opened.

— The first phase of the development of Naas General Hospital comprising a new psychiatric unit, boilerhouse and ancillary accommodation has commenced.

— In the District Hospital, Wicklow, a general practitioner access scheme has been introduced and work on the construction of a new day room has commenced.

— The mobile day hospital catering initially for north Kildare and north County Dublin commenced operations earlier in the year.

— The unit for the young chronic sick and disabled, *Cuan Aoibhean*, was an important addition to the range of services provided by our board.

— Following the closure of Baggot Street Hospital as a general hospital, our board concluded a licence agreement for the use of the premises. We have provided 50 beds for the elderly, a high support daycare unit and a number of clinic services e.g. child health, psychiatric and allergy.

— A licence agreement has also been drawn up with the Board of Trustees of the Drogheda Memorial Hospital, Curragh, Co Kildare, under which our board assumed formal responsibility for the financing and operation of services at the hospital with effect from 1 June 1988.

— There have been a number of significant developments in the care of the elderly with the focus on care in a community setting. The Task Force on the Elderly, the Community Ward Scheme, the Live Link (alarm system) Scheme and the pilot project with Dun Laoghaire Corporation and the National Council for the Aged aimed at a co-ordinated approach to the development and provision of services for the elderly at local level.

Community Care Programme

— New health centres have been opened at Inchicore, Blessington, Bamdarrig, Meadowvale and Skerries together with an extension to the health centre at Malahide. Buildings and sites for health centres have been acquired at Edenmore, Swords, Dalkey and Athy. Geraldstown House Family Resource Centre was opened during 1987.

— The former children's home at Tivoli Road will provide a much needed headquarters for Community Care Area 1.

— Our board, with the co-operation of the Catholic Social Service Conference, is operating a community development project in the greater Blanchardstown area (population 55,000).

— New day care centres have been opened in Cabra West and at Baggot Street Hospital.

— The home care assistance service (which works with our public health nurses) is being extended in co-operation with FAS.

Finance and systems development

During the past year we have

— introduced an arrangement for payment of Disabled Persons Maintenance Allowance through the net work of post offices operated by An Post.

— Our computer network has been significantly enhanced especially with the coming on stream of the new hardware at Gandon House.

Personnel

— The career break scheme has been extended and a job-sharing scheme introduced. At present there are 485 staff availing of career breaks and a further 40 job-sharing.

— Last year the concept of voluntary redundancy was introduced to the public service and, in particular, to the health services for staff aged 50 or over. So far this year 80 staff, representing most categories, have been allowed to avail of the terms of the scheme.

— Last year our Board rationalised its four psychiatric nurse training schools and it now has a central training centre for both basic and post-graduate training.

— The harmonious integration of staff of James Connolly Memorial, Baggot Street and Drogheda Memorial Hospitals into the Eastern Health Board following our Board's assuming responsibility for the management and control of these hospitals is regarded as a very positive staff relations exercise.

Mrs Clune also referred to two particular developments which had taken place recently:

— The first was the Health Board's successful acquisition of the former Dr Steevens' Hospital. I look forward to its conversion into a new headquarters and accommodation for services and staff which are fragmented in various unsuitable premises at present.

— The second was the Health Board's prospective involvement in the WHO Healthy Cities Project.

*Recent
appointments
. . certificates
. . awards*

The Minister for Health has appointed a new board to Beaumont Hospital. Among those appointed were Mr Kieran Hickey, Acting Chief Executive Officer, and Mrs Dymphna Clune, Board Member.

Cllr B Briscoe TD, Lord Mayor, Cllr A. Groome, Chairman, and Mrs D Clune have been appointed members of Tallaght Hospital Board.

Mrs B Bonar, Board Member, has been appointed to St James's Hospital Board. The Minister for Health has also appointed Mrs B Bonar and Ms Aine Flanagan, SAO, Emmet House, to be members of the new Drug Treatment Centre Board.

Congratulations to Michael Cody of Emmet House, and Brian Burke, Internal Audit Section, James's Street, who each received a Certificate in Systems Analysis from the Institute of Public Administration recently. The Institute is an accredited certificate awarding body of the National Computer Centre (UK) which designs the course syllabus and monitors the quality of course delivery.

The course, which aims to familiarise participants with traditional methods of analysis and to equip them to design and implement new systems, is a demanding one, running over five months with five week-long modules of class work leading to written and oral examinations.

Gerry Hughes



Congratulations to EHB telephonist, Gerry Hughes, who has been nominated for a Spirit of Dublin award.

The Sunday Independent and Superquinn organise the Spirit of Dublin awards to honour those people in Dublin who serve the public in an outstanding way.

Kildare Man is New Chairman of the EHB



Cllr Austin Groome

Cllr Austin Groome last week made history by becoming the first Kildare man to be elected Chairman of the EHB since its establishment in 1971.

Cllr Groome who has been a member of the EHB for the past twelve years and has been Vice-Chairman of the EHB for the past two years and has been Chairman of the Board's Special Hospital Care Committee since 1985.

A year ago Cllr Groome was elected as Chairman of the Meath Hospital Board for a three year term. And to round off a very successful year for Cllr Groome he was also last week notified by the Minister for Health of his appointment as a member of the Tallaght Hospital Board.

Cllr Austin Groome has represented the Clane area on Kildare County Council since 1974 and was Chairman of the County Council in 1978/79. It is interesting to note that Cllr Groome is keeping up an old family tradition as his father, Terence P Groome, was also a member of the Kildare County Council and of the Kildare Board of Health for the same electoral area, from 1938 to 1945.

Cllr Groome is married, has a family of four sons and two daughters and lives in Dreenane, Carbury, Co Kildare.

Gerry, who is partially blind, will be well known to most staff in James's Street at least, as that amiable and helpful voice at the Switch, whenever assistance is required.

Gerry's name will now be going forward to the judges with others who have been nominated. In the meantime, he received a specially designed pin reserved for people who have been entered in the awards.

We wish him every success.



New Psychiatric Unit
for Naas Hospital

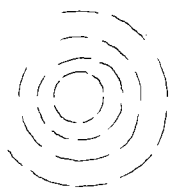
Development of Psychiatric Services in Kildare

'The new psychiatric service in Co Kildare will present the EHB with a unique opportunity for developing a community based service and perhaps pioneering a number of new approaches to the care of the mentally ill', said Dr Rory O'Hanlon TD, Minister for Health, when he and the Chairman of the EHB, Councillor Austin Groome recently laid the foundation stone for the new psychiatric clinic at Naas General Hospital.

The psychiatric unit will operate in close association with the proposed service headquarters at St Jude's in Kildare town and a range of back-up hostels, day hospitals and other facilities from Castledermot up to Kilcock.

The construction of the psychiatric unit is part of the first phase of the development of the Naas General Hospital and will cost £2.5 million approximately.

Most Rev Dr Laurence Ryan, Bishop of Kildare and Leighlin blessed the foundation stone.



Avoid
excessive exposure
to the sun



In the course of his address, Dr O'Hanlon said: *'The location of in-patient psychiatric services at general hospitals has many advantages for both patients and service providers and helps to break down the barriers which unfortunately exist between psychiatry and other branches of medicine. The psychiatric unit at Naas General Hospital will be a key element in the provision of a total psychiatric service in Co Kildare.'*

However, a psychiatric unit cannot be effective unless there are appropriate community based facilities available such as sector headquarters, day centres, workshops, supported hostels and community residences, and unless it is fully integrated with these services. Capital facilities have been made available by my Department to enable a network of such facilities to be developed throughout Co Kildare.'

Councillor Austin Groome, Chairman, EHB, in his address said the day was an auspicious occasion in the long history of Naas Hospital which had served the community since 1843. Continuing, the Chairman stated: *'the overall development control plan for the hospital which was presented to the Minister for Health in 1986 recognised that the transformation from a 95-bed to a 209-bed hospital will have to be on a phased basis to allow the hospital to continue to be operational at a satisfactory level during the development.'*

In 1986 also, the Minister had announced that it was his intention that the psychiatric unit would be provided without delay as the first phase of the hospital development ... the inclusion of a psychiatric unit is in keeping with the philosophy contained in the Government Report 'Planning for the Future' and the policy of the EHB.

The psychiatric unit will contain 30 in-patient beds together with 20 day places and the associated treatment and therapeutic facilities.

The overall development control plan for the hospital provides for the following phases:

- Psychiatric Unit/Boilerhouse and ancillary accommodation*
- Accident and Emergency and Out-patient Department. Post-surgical services.*
- Full surgical services and back-up facilities including Intensive Care Unit.*
- Medical Services including geriatric assessment and Cardiac Care Unit.'*

Mr Kieran Hickey, Acting Chief Executive Officer, EHB, thanked the Minister and Mrs O'Hanlon for coming to Naas, and Bishop Ryan for performing the Blessing. He said that it had been a pleasure for him to chair the Project Team and paid tribute to Mr Seamus O'Brien, Acting Programme Manager who had taken on that task more recently, and the Department representatives who had been extremely helpful and co-operative. He was grateful to all who had contributed to the success of the day.



Dr Gerald Gorman

The sudden passing of Dr Gerry Gorman of Vergemount Hospital and St Brendan's Hospital will bring deeply felt sorrow, not only to all his colleagues - medical, nursing and administrative - in the Psychiatric Service, but to the many hundreds of his patients scattered around Ireland.

It is but a few weeks ago since he supervised and helped to run the Undergraduate Final Examinations in the Royal College of Surgeons in Ireland. He was one of those rare breed of psychiatrists who had a passionate enthusiasm for medicine. He was extremely modest about his abilities and his achievements, but the fact will always remain that for many years he was one of the best ambassadors for Irish psychiatry.

He qualified in 1956 in UCD and shortly afterwards moved to England. As a student, he was Secretary of the Medical Society in UCD.

While in England he worked in London as Registrar in Psychiatry in University College Hospital, Shenley Hospital and St George's Hospital. He was appointed Senior Registrar to the area Department of Psychiatry, Oxford, and also lecture in Psychiatry to the University of Oxford, England in 1963.

He returned to Ireland in 1966 and worked as Medical Director to the C. & Polio and After-Care Association for eighteen months. On appointment as Clinical Director in the EHB in 1968, he moved to Dublin and was appointed Senior Lecturer in Psychiatry in the Royal College of Surgeons in Ireland the following year.

He was also a first-class athlete, being the Irish Universities One-Mile Champion and Record Holder from 1950 to 1955, and was also Irish National 800 Meters Record Holder 1954-1955. He competed in recent marathons run in Dublin, Belfast and London.

To his wife Sheila, his daughters Catherine, Susan and Mary, and his son Gerald, we extend our most sincere sympathy on their tragic loss.

Tom Lynch

HEADWAY

Association for the Head Injured

HEADWAY, Ireland, the National Head Injuries Association was established in 1985. Whilst predominantly a family organisation, its membership includes professionals who are working in the area of head injuries and its management committee is representative of both groups.

Speaking on 'Services for the Head Injured: a Health Board view' at Beaumont Hospital, Mr K J Hickey, Acting CEO, observed: 'In the planning of services for the disabled generally, the EHB has taken the community as its focus and hospital and institutional services are regarded as supporting the community network. A co-ordinated approach is necessary if the range of individual needs is to be satisfactorily met.

The objective of services for the disabled should be to restore the individual to, and maintain him at, the maximum attainable level of function. To achieve this a structured approach is necessary involving multi-disciplinary assessment, primary and secondary rehabilitation, planned discharge, placement in a proper environment and sensitivity to the expectations and needs of the individual and family.

Special after-care services for the head-injured, as distinct from general services for the disabled, have not been developed. The scale of need for special services and the dispersion in terms of location of those with special need requirements would have a bearing on this and these need to be established.

Special interest groups representing a number of different forms of disability, other than head injury, have established various levels of special support and other services to meet special needs. The establishment of such special need services for the head-injured seems an appropriate objective for HEADWAY, now that it has been established in Ireland.

Concern has been expressed about deficits and unmet potential in terms of rehabilitation of persons following head injury. The EHB would be prepared to consider the establishment of a pilot



Our picture shows Mrs O'Callaghan (centre), wife of a patient in Brú Chaoimhin, presenting a cheque for £1,700 to Matron, Mrs Bonnie Gormley with Mr T Mernagh, Hospital Administrator, looking on.

Mrs O'Callaghan is an old age pensioner, and her husband is a patient in Brú Chaoimhin. She is so impressed with the care that her husband is getting there that she has organised a few fund-raising events for the Patients' Benefit Fund. Her most recent venture was to partake in the Mini-Marathon and she raised the sum of £1,700 in the process. Congrats. Mrs O'Callaghan!

project aimed at establishing in a selected population, unmet potential for restoration to normal living and gainful employment of those who have suffered head injury'.

The problems to be faced in the view of HEADWAY are:

Incidence

An estimated 5,000 families in the Republic are handicapped as a result of head injury. Each year some 70 adults and children will suffer severe head injuries in accidents on the road, at work, at play or in the home.

Survival Rate

Not too long ago, a severe head injury might well have resulted in death. The mortality level, either at the time of the accident or during the initial period of hospital care, is still too high but because of major advances in medical treatment, most now survive and will have a normal life expectancy.

Rehabilitation

The ability to rehabilitate the head injured varies greatly and will often depend on the availability of specialist facilities. In the worst cases, the outcome can mean a dependence on hospital and family care for years or even permanently.

Brain Damage

It is difficult to realise the damage that can result from a head injury. The brain is not something that will heal in the same way as a broken bone. It controls every aspect of our lives. It has far more functions than the most sophisticated computer. The linkages between the different parts of the brain are just as important. Sometimes these too are damaged by the head injury and this makes the task of rehabilitation even more complicated.

Sense of Helplessness

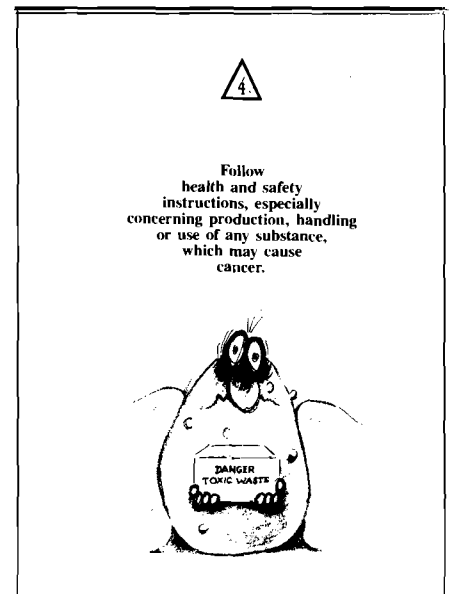
The families are often overwhelmed at the enormity of the lems. They can be confronted with the completely changed individual who has become just as dependent as if he was a small child. At present hospitals can offer very little in the way of aftercare; nor are there any specialist community services available to give relief.

Family Stress

The immense stress on families can cause illness and in some cases marital breakdown. Sympathy from the wider community and the authorities is not enough.

Education/Employment

The severely head injured who are still at school will have their education seriously disrupted. The problem for those at work is that many will never be capable of returning to their job.



MR P W FLANAGAN, Secretary, Dept of Health, addressed the opening of the Annual Conference, Mental Health Association of Ireland recently.

MENTAL HEALTH FOR ALL

How? At what price? and How soon?

Some years ago the World Health Organisation adopted a major programme aimed at raising the overall level of health by the year 2,000. This programme was drawn up because it was quite clear that, despite the great advances in pharmacology and medical technology, people's level of health was far lower than it could be. WHO was also concerned over the inequalities of health between and within countries. Now, I know that when a large world organisation such as WHO speaks of inequalities it is referring mainly to differences between the developed countries and the Third World.

Nevertheless, it is not exclusively so and in a country such as ours there is, I feel, much to be learned from a study of the programme.

YOUR GENERAL HEALTH
WILL BENEFIT
FROM THE FOLLOWING:



Frequently
eat fresh fruits,
vegetables and cereals
with a high fibre
content



Health - the Wider Dimensions

More recently, the Department issued a discussion document entitled 'Health - the Wider Dimensions'. This was a step on the way to producing a health policy designed to address the health needs of this country up to the end of the century. I say health needs because too often policy statements have been concerned only with sickness or ill-health.

The document was not in itself a statement of policy. It set out the areas of greatest concern in the national pattern of illness and the principal factors associated with some of these. It examined the possibility of a healthier future if we made certain changes in our life-style. Of course, it did not suggest that we would not need hospital services in the future. Quite clearly there will be such a need. It did, however, question whether we should continue to have to resort to hospital in-patient services as we have been doing at a growing rate in recent years. It suggested that management of the health system should ensure that each health problem is matched with the most appropriate care setting.

One can apply that approach to many health problems but it is particularly appropriate to the psychiatric services.

Policy of 'Planning for the Future'

You know that policy in relation to the development of the psychiatric services is set out in great detail in the report 'Planning for the Future'. The policy has two main objectives:

- the establishment of a comprehensive service which will be capable of dealing with all the psychiatric problems of the community in a way that is caring and professional, and
- the rehabilitation of persons who are long-term residents in the psychiatric hospitals so that they may return to a normal community environment.

The whole thrust of the present developments in the service is to ensure that the service we provide for a person with a mental illness offers a high level of care in the most appropriate setting.

For the great majority this does not mean hospitalisation. Indeed, it is already clear from certain areas in the country where implementation is most advanced that in-patient needs can be met with less beds than the report suggests.

If we provide the necessary facilities such as day hospitals, clinics, day centres and hostels of various kinds, most people needing care need not enter hospital at all. They will thus avoid the stigma which unfortunately is still attached to admission to psychiatric hospital. More importantly, they will avoid the risk of becoming long-stay patients which happened all too frequently in the past.

The will to help

While we must avoid creating a new long-stay population we must not forget those who are today still in hospital after ten, twenty or more years. Many are still in hospital only because we have not done enough for them. Many are not physically or mentally ill but a combination of their illness and the long-stay in a large institution has resulted in the loss of social skills and personal esteem. We don't need advanced pharmacology or high technology to help them. The main requirement is the will to help. I am glad to say that last year 300 people left our psychiatric hospitals to live in houses in the community. This shows that, where there is the will to help, much can be done.

However, it is unfortunately true that in some places the commitment to helping patients is minimal or even non-existent. Until we have programmes in every ward aimed at developing each individual patient's potential we are not doing enough. Retraining in social skills is the essential requirement in a programme of rehabilitation of the long-stay.

Rehabilitation and the Mental Health Association

Rehabilitation does not end with discharge from hospital. The first phase is aimed at enabling the patient to leave the institution for the more normal setting of a house in the community. If he has no home of his own. The process of rehabilitation continues after discharge to help the ex-patient integrate into the community. This is the stage in the rehabilitation process where the help of the community itself is so important. This is the stage where the work of the local Mental Health Association matters.

I know that local associations are very directly involved in various ways in helping the psychiatric patients, some in visiting them before discharge to establish links, some in the management or even the provision of the hostels, but all are engaged in influencing the local community, helping to dispel the archaic concept of mental illness which still so widely prevails. This is a role which is particularly suited to the associations, one in which they can accomplish things that the hospital authorities or the health boards cannot as readily achieve.

If I might refer back now to the theme of this Conference, 'Mental Health for all - how, at what price and how soon?', the answers to these questions are complex.

If we ask 'How?' there is no simple answer. There is no immunization against mental illness but there are good health practices which make us healthier over-all and, therefore, better able to cope. There are activities in which we can take part which provide interests on our own or in groups which are beneficial in prevention. Indeed, your participation in the Mental Health Association probably benefits you as well as those you set out to help.

The price to be paid, again, is complex. Whatever the price is we cannot continue to lock away people who have difficulty in or have failed to come to terms with the ups and downs of life. We must not write off those whose mental illness seems intractable. Some of that price may be expressed in financial terms but I would suggest that a large part of the price can be expressed in how much we care about people with troubled minds. The price might be our compassion, our understanding or our commitment to helping them.

Cont. page 14 . . .



Our picture shows Canice, wife Marie and family, with Mr Fred Donohue, Programme Manager, Community Care (left), Mr JJ Nolan, retired CEO, EHB (right), and Mr K J Hickey, Acting Chief Executive Officer.

On Friday 1 July last, Canice Mansfield, SAO, Community Care Programme received presentations from his colleagues and a number of voluntary organisations with which he had been associated at a presentation held in the Staff Restaurant, St James's Hospital.

Michael Hanratty, Community Welfare Section, took charge of the proceedings. It was a tribute to the esteem in which Canice was held that there were so many people from outside organisations present - people representing the National Rehabilitation Board, the Rehabilitation Institute, the Irish Wheelchair Association, St Vincent de Paul, TRUST, and also from the Association of Health Boards.

A large number of his friends and colleagues attended the Presentation to bid him farewell and later on retired en masse to the Sports Complex to give him an appropriate send-off! We are sure Canice will lead a very active retirement, and give best wishes for the future to him and his family.

Retirements



Bobby Jordan

The Board's Financial Accountant Mr Frank Williams presided at an enjoyable function in St James's Hospital Staff Restaurant on 20 July last to mark the retirement of Mr Bobby Jordan of the Finance Department.

Frank sketched out Bobby's long career from his start with the Grangegorman Mental Hospital Board to date, mentioning Mr Eamon Sheehan 'who thought the world of him'.

'His work in the Finance Department involved very substantial responsibility for the large amounts paid out - things went very well and we were all happy that where Bobby was in charge the funds of the EHB were safe ... he was never disagreeable in any way, and that made for a very smooth running of the services' said Mr Williams.

Many people paid tributes to Bobby, including Mr Seamus O'Brien (Acting Programme Manager, General Hospital Care), Mr Liam Kavanagh, (Personnel Officer), and Mr Martin Gallagher (Finance Officer), who made the presentation to Bobby.

Bobby, expressing his thanks said that he had enjoyed working with everyone and issued the customary summons to Kennys!

We wish Bobby, wife Sheila and family every good luck in his retirement.



Gerry (centre front) and wife, with some of the staff and colleagues who attended his presentation.

Gerry Brennan, Grade V, of Community Care Area 5, was another who left the fold recently when he opted for early retirement.

A group of Gerry's friends and colleagues came together at a function held in Cherry Orchard Hospital to mark the occasion. Patsy Curtain, Area Administrator, presided. Many present who had worked with Gerry down through the years paid tributes to him, including Paul Woods SCWO, Michael Cummins - Hospitals Dept, Frank Williams - Financial Accountant, and Canice Mansfield SAO, who conveyed to Gerry the good wishes of Fred Donohoe, Programme Manager, who was unable to attend.

Dr Ailís Quinlan, Acting Director of Community Care said she had found Gerry to be a very conscientious loyal person with an outstanding knowledge of sport; she had enjoyed discussing many rugby finals with him and wished him a long and happy retirement - as do we all Gerry!



Avoid becoming overweight and limit your intake of fatty foods.



ADDING LIFE TO YEARS

*Extracts from a circular issued by the
National Council for the Aged*

In recent decades, in Ireland as elsewhere, there have been tremendous changes in the position of the elderly. Up to this century people by and large didn't age - they died. Now people are living longer. At age 65 in Ireland at the moment, for example, a man has a life expectancy of 12 years and a woman 15 years. There has been a significant increase in the numbers living to age 75 and beyond, and this is predicted to be the fastest growing sector of the elderly population. The elderly are healthier now. A leading Irish geriatrician has estimated that over half those aged between 75 and 85 are free of health problems which need special care or curb their activities.

Up to this century people by and large didn't age - they died!

Another indication of the health of the elderly may be seen from the fact that of the 370,000 people in Ireland over the age of 65, 5% are in institutional care and of these 30% are there for social rather than for medical reasons. A further 20% are being cared for at home by members of their own family, or other carers. This leaves three-quarters of those aged over 65 who, it is reasonable to conclude, are capable in varying degrees of leading active and independent lives - not of course in quite the same way as when they were younger - but nonetheless as full and valuable members of the community. Better social welfare benefits for pensioners and more widespread private pension schemes have eased the financial insecurity of many - but not all - elderly.

Another factor beginning to become evident here, and already much more evident in the UK and other European countries, is the change in working patterns by which people are, through early retirement, redundancy, unavailability of jobs, dropping out of the work force earlier, thus increasing the *retirement* phase of their lives. In the

UK, for example, the percentage of economically active males between the age of 60 and 64 has come down from 80% in 1973 to 50% now.

'... as years are added to life more attention must be given to adding life to years.'

Yet these stereotypes still persist. Very many people, both the elderly themselves and those in younger age groups, have a predominantly negative view of what it means to be elderly; a negative attitude to life after 65 and the process of ageing.

NCA Studies

The national Council for the Aged certainly found this in a number of studies which we sponsored with the objective of gaining insight into what it is like to be elderly in Ireland today. One of the findings was the passivity of so many elderly people - a passivity almost bordering on fatalism - and the tenuous nature of the



links they have with the community around them. While some elderly expressed regret that life was passing them by, they did not appear to have the will to participate actively in life.

All these factors - a healthier and more potentially active elderly population - should dispel the traditional identification of being old with being ill and the linking of being retired with disability and decrepitude.

A French study on the retired members of a French pension fund found that about 30% of the pensioners were *'passive spectators, withdrawn from life, eating, sleeping, worrying about their health and sitting in front of the television waiting for death'*. We are inclined to think that if a similar study were carried out amongst Irish pensioners the findings would not be very different.

One of the main findings of our own study *'The World of the Elderly - The Rural Experience'* was 'the difficulty which elderly people found in becoming and remaining integrated into the mainstream of the life of their communities. They feel marginal in that they do not see themselves as playing an important part or making an important contribution to local life'.

This is particularly so, although not confined to, the lower socio-economic groups who experience stronger feelings of job deprivation for example, than do members of say professions and managerial groups.

'... passive spectators, withdrawn from life, eating, sleeping, worrying about their health and sitting in front of the television waiting for death.'

A study we carried out to ascertain the views of young people about ageing and being elderly showed that predominantly negative images of elderly people prevailed among more than half of the young people interviewed. Social cohesion and communication between the age groups seemed particularly weak. While the elderly, no more than those of other ages, are not a homogeneous group, I think it can be concluded that there is a low level of participation by the elderly in the community and this is a cause for concern. Whether this is due to the nature of modern society which has little time for those economically active or because the passive attitudes of the elderly are born of negative circumstances in the past, the need to encourage more positive attitudes to life after 65 is clear and ways must be found to encourage greater participation by elderly people in the life of the community. As the WHO put it *'as years are added to life more attention must be given to adding life to years'*.

The Vienna International Plan of Action on Ageing suggests that the principal ways in which older people find personal satisfaction are through:

'Continued participation in the family kinship system, voluntary service to the community, continuing growth through formal and informal learning, self-expression in art and crafts, participation in community organisation of older people, religious activities, recreation and travel, part-time work and participation in the political process as informed citizens'

In view of the fact that older people from less privileged backgrounds are less likely to participate in many of the activities just listed, there may be a special need to identify ways in which such people can be as active as possible in their later years.

Why a National Day on Ageing?

It is against this background that the NCA decided to promote the idea of a National Day on Ageing:

- to focus attention on the potential of elderly people and to emphasise the positive aspects of ageing;

- to highlight not what is being done for the elderly but rather what the elderly can do, both for themselves and for the community in which they live.

The objective is to try to dispel some of the myths surrounding old age - the idea that somehow the elderly are a dependant species; to promote more positive attitudes to life after 65; to get across the concept that old age is potentially a time of opportunity, particularly for those who enjoy reasonable health and feel secure, to take greater charge of their lives, take responsibility for their health, increase their independence and participate more actively in society.

ACTIVE AGE WEEK 1988

Organised in conjunction with

NATIONAL DAY ON AGEING

9 - 16 October 1988

This year, *Active Age Week* will basically be a grass roots event, planned and run by local organisations.

The programme will vary from community to community but based on the experience in 1987, there will be:

- Formal functions such as Mass and Church services, seminars, social functions.
- Talks for the elderly on health, finance, preparing for Winter etc.
- Projects aimed at encouraging the community to be active for the aged - exhibitions, talks, displays, posters, newsletters, information centre.
- Activities aimed at encouraging retired people to remain active - Golden Age Art Exhibition, demonstrations of indoor bowling, boule, etc., establishment of active retirement groups etc.

Active Age Week which will be held in some parts of the country will be organised in conjunction with and ending on National Day on Ageing.

RUTH ENNIS, Dietitian for the Elderly, St Mary's Hospital, gives a general advice sheet for the elderly, plus a tasty recipe.

As *Dietitian for the Elderly* in the EHB, my role is to increase nutritional awareness and highlight the importance of diet in the overall care of elderly people. This must be done by working with those who are in direct contact with the people themselves, whether hospital or community-based.

To date I have been collating information on diet for elderly people and putting together information in the form of handouts and pamphlets which will soon be available. These will be distributed through the ten Community Care Areas.

I can be contacted at St Mary's Hospital, Phoenix Park, tel 778132 ext 185.

Whether young or old, good dietary habits are important, and below is some general advice on proper eating habits.

TAKE 3 MEALS A DAY

Don't skip meals. You may satisfy hunger pangs later on by taking high calorie low nourishment foods ie crisps, chocolate.

'GIVE YOURSELF A BREAK'

Have a good breakfast. You'll think, concentrate, and work better, eg wholegrain cereal with milk or an egg, wholemeal bread, fresh fruit or fruit juice if like.

TAKE SOME PROTEIN FOOD TWICE EACH DAY

Protein foods are meat, fish, egg, cheese, or vegetarian dish, based on nuts or pulses (beans, peas, lentils or barley).

USE FRUIT EACH DAY

Fresh fruit preferably. Fruit is a good nutritious snack.

HAVE VEGETABLES AT LEAST ONCE A DAY

(Use fresh or frozen vegetables)

USE WHOLEMEAL BREAD

rather than white bread.



THINK AHEAD

and try to plan your meals - it will help give variety to your diet. The more variety you have the better the chance your diet will be balanced.

FLUIDS ARE VERY IMPORTANT

particularly if you work in a warm environment. Take 7-8 cups of fluid minimum each day.

Here is a quick, tasty, meal which can be prepared in less than thirty minutes.

The sauce can be made with or without meat, with meat (Bolognese) or without meat (Pomadoro).

If you wish you can re-refrigerate the sauce for 2-3 days, or freeze it. If you do this do not add the mushrooms until it is being reheated.

Pasta is made from flour, water, and salt, sometimes there is an egg included. Most importantly, contrary to popular belief it is not fattening if used as a substitute for potato.

There are many types of pasta to choose from including spaghetti, tagliatelli, rigatonefarfalle (butterflies), to name but a few. They can all be prepared in the same way although some may need more cooking than others (see each packet for details of cooking). Pasta is now widely available in supermarkets and shops, either packet or fresh.

The recipe serves four people and can be accompanied by a green salad.

Tomato/Meat Sauce
6 oz minced beef (optional)
1 medium onion
1 tblsp. oil
1 clove garlic
14 oz tin tomatoes (chopped)
1 dessertspoon tomato purée
¼ teasp basil
¼ teasp thyme
2 teasps. soya sauce
Pepper and salt to taste
4 oz mushrooms (washed & chopped)
2 dessertspoons red wine (optional)



Demand for Over 55s in the Developing World

. . . The Senior Executive Service

A new service, designed specifically to harness the talents of the over 55s for short term assignments in the developing world, was launched by APSO, the Agency for Personal Service Overseas, in Dublin recently.

Called the *Senior Executive Service*, it will allow retired early-retirement and redundant senior personnel from the public and private sectors to offer their expertise to developing countries at senior level. The service, which will begin later this year, brings Ireland into line with a number of other western countries where similar services operate very successfully.

The assignments will be from three weeks to six months duration, and will include such areas as feasibility studies, appraisal and evaluation of projects, intensive training of local personnel overseas and advice on policy direction.

APSO's Field Officers in Africa have been asked to identify suitable assignments, and any physically fit, retired, early-retirement or redundant man or woman with senior level experience, interested in such assignments, are invited to contact the Overseas Register at APSO Headquarters, 29 Fitzwilliam Square, Dublin 2. Telephone (01) 614411.

Put meat into a heated pan with no fat, fry for 2-3 minutes, stir to avoid meat from sticking. When sealed, add the finely chopped onion and if necessary some oil.

Add crushed garlic, fry for 2-3 minutes.

Remove from heat, pour off any excess fat.

Add tomatoes, tomato purée, basil, thyme, soya sauce, salt and pepper. Simmer for 15 minutes.

Add the mushrooms, cover and simmer for a further 10 minutes.

While the sauce is simmering cook the pasta.

12 oz pasta

2-3 oz parmesan cheese

Fresh parsley (optional)

Boil 2-3 pints water.

When boiled add 1 tblsp oil and a little salt.

Add pasta. Check packet for cooking instructions.

Stir pasta occasionally during cooking.

When pasta is becoming soft, strain through sieve, and pour boiling water over pasta.

Serve immediately.

Put pasta on a warmed plate.

Place 1½ ladles of sauce

on top. Add a teaspoon

of parmesan cheese and

sprinkle with fresh

chopped parsley.



ASTRA'S 21st

See page 15 . . .

Jacquie Duggan and Ann Costello (supporting Joe Collins)



Vincent Treacy
Master of
Ceremonies,
Teresa Downes,
and Michael
Noble



(l-r) Sheila
Timmons, Lily
McGovern,
Mary Glennon,
and Maeve
O'Connor
enjoy a (not-
too-quiet) chat



John Keppel showed off his lovely
new Missus!



Mr Sandeman (Tom Mernagh) and
Marilyn Monroe - well nearly!
(Susan O'Mahony) presented spot
prizes



Emmet House were well represented
by PJ Hogan, Cathy Doran and
Norah Greene



Tom Gorey and
Ray Keane take
a well-earned
break from the
bar.



'The bare necessities of life
will come to you-o-o . . .'
Duetists Liam Kavanagh
and Mary Kelly with an
underwhelmed Matt
O'Conner



Pat Murphy
Computers Dept.



Some of the Astra Committee
(the rest were under the table)



MORE CANCERS
WILL BE CURED
IF DETECTED EARLY:



See
a doctor if you
notice a lump, or observe
a change in a mole,
or abnormal
bleeding



BIG Health is Business!

The modern public health service has become a very large and complex business operation handling the expenditure of very large budgets relative to many business enterprises in the private sector. The EHB's budget for direct expenditure on service provision in 1987 was 183 million plus an indirect expenditure budget (GMS Scheme and Voluntary Hospitals and Homes for the Mentally Handicapped) of £222 million.

Investment in the necessary management and support structures and in training and development has not been commensurate with the requirement of such a large and complex business operation.

Thus states the EHB's lengthy submission to the Government's Commission on Health Funding. The submission examines the questions of funding under various headings broadly detailed below.

Overall corporate objective of Health Boards

In terms of overall objectives, the Dept of Health in the document 'Health - the Wider Dimensions' adopted the World Health Organisation's suggested objectives viz:

- (i) to ensure equity in health by removing the present gaps in health status between different groups.
- (ii) To add life to years by ensuring the full development and use of people's integral or residual physical and mental capacity to derive full benefit from and cope with life in a healthy way.
- (iii) To add health to life by reducing disease and disability.
- (iv) To add years to life by reducing premature deaths and thereby increasing life expectancy.

These objectives have been considered and welcomed by the EHB.

Sources of funding

Figures published by the Dept of Health for the year 1985 show that the total cost of statutory non-capital health services amounted to £1,169 million. The Exchequer provided £1,069 million or 91.4% of the cost of these services. These funds were raised mainly through taxation or borrowing by the Government. Health contributions by non-medical card holders came to £76.7 million or 6.6% of the total cost of the services.

A complex system of funding the health services has developed over the years involving taxation/borrowing, health contributions and charges for services. The collection of income from the latter two sources has been inefficient and in terms of administration costly. The EHB favours the incorporation of all such funding into a single system.

Funding an equitable health service

The EHB considers that in approaching this issue certain basic principles should apply:

- (i) access to the various health services should be dependent on need and not on ability to pay;
- (ii) true needs and not demands should be met by the public health services; the services should be delivered at the lowest level of complexity and in the most cost-efficient manner;
- (iii) all members of the community who receive a net income above a certain level should contribute to the cost of the public health services. This contribution should be on a progressive basis according to their level of income;
- (iv) contribution towards the cost of public health services would convey a fixed entitlement but should not preclude any individual from arranging or availing

of private health services. In such event public sector subsidy would be reasonable if the private care arrangement were made within the ambit of the public services. Otherwise an individual would be free to arrange or avail of private health services without public subsidy.

The submission goes on to consider the present system of financial resource allocation to health board and other agencies, and says it is not clear.

'The key to long-term planning in health boards is the commitment of funds to services over a number of years (say three to five) and the development of budgets on the basis of a yearly instalment of long-term plans.'

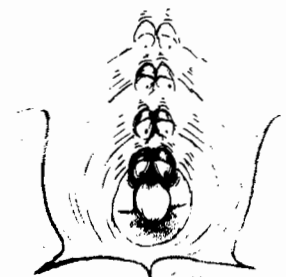
Hospital funding arrangements

By far the largest consumer of Exchequer resources allocated to the Health Services is the General Hospitals Programme. In 1985, £63,7.212 million

Cont. page 12 . . .



See
a doctor if you
have persistent problems,
a persistent hoarseness,
a change in bowel habits
or an unexplained
weight loss.



... from page 11

or 54.5% of net non-capital expenditure was spent on General Hospital Services. The most important control device to control hospital spending is the imposition of cash limits based on budget allocations.

The present system of budget allocations for General Hospitals is rather arbitrary and budget figures are generally based on the previous year's allocation. There is a need for a more rational resource allocation process related to approved levels of activity in hospitals and to efficient use of resources allocated.

Under a Diagnostic Related Grouping (DRG) system for control and funding of the acute hospitals sector, hospitals are paid a fixed price per case treated, based on the costs of the most efficient hospitals. Under the the DRG system which originated in the USA, standard costs are generated for each procedure undertaken. The rationale of this system is to motivate hospitals to economise in their use of resources. If actual costs are lower than the standard costs set for particular treatments the hospital may keep the difference. On the other hand where hospital costs exceed the standard the hospital must absorb the loss. It is considered that the funding of acute hospitals should be related to approved levels of activity and that the budget for such activity should be costed along the lines of a DRG type approach.

The development of long awaited management and financial information systems currently in train must be regarded as an urgent priority if the funding of hospitals is to be related to the approved levels of activity therein and if cost-effective use is to be made of such funding.

Management and organisation of Services

- structures and relationships

The structure of the medical and other health professions and their roles and

relationships are areas worthy of review eg the role of the primary care medical practitioner and his relationship with hospital based medical consultant specialists. The hierarchical medical structure within hospitals led by the consultant could also be included here ie the balance between consultant and non-consultant medical staff so as to ensure that all patients receive a high level of consultant attention.

At primary care level considerable emphasis needs to be placed on the establishment of group practices utilising practice nurses who should have responsibility for minor ailments. Similarly in relation to Dental and Ophthalmic Services, practitioners should be encouraged to utilise technicians to handle more routine aspects of their work. A policy of positive incentive for the encouragement of group practice formation is required.

In general, if the emphasis in the future health services is to be in the area of primary health care, significant re-organisation and definition of roles is required. The ethos of a 24-hour a day, 7 day week type of service must also be developed. The maximum co-ordination and sharing of response to needs must be striven for between the primary care system and the hospital system, avoiding duplication of effort.

Organisation and co-ordination of Services

The delivery of Health Services should be integrated and co-ordinated as fully as possible. This suggestion entails the dismantling of the programme structures within the health boards and their replacement with a population catchment area structure. General Managers, as opposed to Programme Managers, should be made responsible for the delivery of the totality of health services within their particular areas. It is contended that this type of structure would co-ordinate more effectively the services provided and also facilitate more rational planning.

Side by side with this recommendation is the desirability to establish uniform standards of control and accountability for all health services. An inherent part of this would be the development of adequate financial and management information systems.

Within the Dublin region the EHB does not have full control over acute hospital and mental handicap services. In many instances these services are provided by voluntary hospitals and homes without any specific requirement to co-ordinate their services with the overall responsibilities of the EHB.

Differing accounting standards also prevail within the health sector. The EHB is subject to audit by the Local Government Auditor and voluntary hospitals are audited by professional

HELP WANTED!

Recent events in the Sudan and in Bangladesh have once again highlighted the plight of underdeveloped countries when confronted with natural or indeed manmade disasters.

We are at present in the process of setting up a charitable fund to which all EHB staff will be invited to contribute by way of deduction from salary. While the main beneficiaries of the fund would be third world charities, we realise that there are many deserving charities here in Ireland and a proportion of the fund would be set aside to help those causes.

Watch out for further details.

**Vincent Treacy
Jim Hurley**

accountancy firms in accordance with approved auditing standards. Concern has been expressed regarding the standard of audit and level of accountability to other voluntary bodies. There is a strong case to be made that the provision and funding of all health services within its functional area should be co-ordinated by the EHB.

There is also scope for economies of scale in relation to the rationalising of administrative overheads. Payments to voluntary bodies on the basis of a contract for the provision of a specified quantum of service needs to be further developed.

Additional considerations in this regard are the establishment of compatible computer systems within health boards to eventually allow for centralising nearly all accounting functions. In addition to the development of systems, the value for money aspect requires considerable attention to be given to organisational structures and arrangements for delivery of services. The efficient and cost-effective management of services also requires the development of management expertise in those responsible for managing the services at all levels.

Other issues

Other, more detailed and complex issues relating to funding dealt with in the submission include pre-paid group plans, incentives and disincentives, modifications in the Limited Eligibility Refund of Drugs Scheme, subventions to Private Hospitals and Nursing Homes, and the appropriate Public/Private mix of services.

FOR WOMEN:



Have
a cervical
smear test
regularly



A Profile of ANNE YOUNG Matron

St Kevin's/St James's
Hospital
1950 - 1972



Our picture shows Professor I Howie; Cllr Ben Briscoe TD, Lord Mayor; Ita Hanley, Asst Matron, St James's Hospital; Tom Ryan, President, RHA; Dr James Kavanagh, Auxiliary Bishop of Dublin; and Nuala Corcoran, Group Tutor, St James's Hospital, at the unveiling of the portrait of Anne Young on Saturday 3 September last at the School of Nursing, St James's Hospital.

Anne Young was born in Rathcabin, Co Tipperary on 5 August 1907. Her parents were farmers. She had two brothers and two sisters. She was educated at Rathcabin National School and St John's Secondary Convent School in Birr.

She completed her General Nurse Training at Yarmouth Hospital in England in 1930 and qualified as a midwife in 1932. She worked as a sister on day and night duty at Great Yarmouth and London from 1933 - 1935. In 1935, she obtained a Diploma in Nursing from Leeds University and in 1936 obtained a Certificate in Housekeeping from University College Hospital. From 1936-37 she was a Nurse Tutor in Maidstone.

In 1937 she returned to Ireland and worked as a Nurse Tutor at Sir Patrick Dun's Hospital until 1939. She then worked as an Assistant Matron at that Hospital until 1945. During that time she was regarded as a very dedicated teacher and although a strict disciplinarian she was a most kind and understanding person.

In 1945, she became Matron of Jervis Street Hospital where she remained until 1950. Coming from a teaching background she brought with her many ideas for the improvement of Nurse Education in Jervis Street Hospital. It was she who started the first Preliminary Training School in the Hospital which enabled student nurses to get an orientation in the theory and practice of nursing before commencing duty on the wards.

In addition to her administration duties as Matron, Miss Young was also tutor to the second and third year student nurses - an area in which she excelled. She was a strong advocate of post-registration and continuing education for nurses and was quick to recognise nurses who had ability and potential and helped and encouraged them in self-development.

Miss Young became Matron of St Kevin's Hospital in 1950. At that time a major reconstruction of St Kevin's Hospital began and continued until 1969 when the Hospital emerged as a modern general hospital. Miss Young's contribution and achievements during her time as Matron of St Kevin's/St James's Hospital were extensive. The achievements for which she will best be remembered are the establishment of the General Nurse Training

School in 1967 and the Midwifery Training School in 1970.

Regrettably the Midwifery Training School closed in September 1987 as part of the Department of Health programme for the rationalisation of the Health Services.

In 1968, she was appointed as Director of Nurse Education for the Dublin Health Authority in addition to her post as Matron of St Kevin's Hospital. Miss Young has been described as a 'woman with great vision' and a 'woman ahead of her time'. There is no doubt about the validity of these statements from a review of her many professional endeavours and activities. These included the drawing up of a syllabus of training for registered nurses for the mentally handicapped and the organisation of 'Back to Nursing' courses for married women.

In an Irish Press report of 18 April 1970, the Minister for Health, Erskine Childers praised Anne Young's scheme for refresher and retraining courses for married nurses. She also organised study days for qualified nurses and started the first 'Line Management' courses for nurses in conjunction with the College of Commerce in Rathmines. She made the first proposal for a Group Nurse Training School for St Kevin's and Cherry Orchard Hospitals and she also favoured the establishment of a Central School of Nursing to be situated at a building on Usher's Island.

Miss Young was a member of An Bord Altranais and was instrumental in designing the Bord Altranais Badge with Mr Keogh. She also acted as an examiner for An Bord Altranais. She was a member of the Florence Nightingale Committee and also a member and President of the Irish Guild of Catholic Nurses. She represented the nursing profession at many international meetings and conferences. She was also a member and President of the Irish Matron's Association.

In addition to her many professional activities Miss Young was most dedicated to caring for the handicapped, the old and the lonely, and never spared herself in helping with problems of the less fortunate. She was also a member of Newland's Golf Club and was always very happy to see nurses involved in social activities outside their work environment.

A professional colleague of Miss Young's describes her as follows: '*She was a lady of infinite variety who combined professionalism, efficiency and determination with sincerity, kindness and serenity.* The overall picture was of a lady of great charm and grace. She was also an educationalist of the highest calibre and had the satisfaction of achieving her two main aims for the then St Kevin's Hospital - the establishment of the General and Midwifery Training Schools. The success of these is a living proof of the vision, foresight and tenacity of purpose of this outstanding lady. One of Anne Young's most endearing virtues was her concern, sympathy and understanding for those who found life's burden too difficult.

Her admirable qualities are best summed up on Emily Dickinson's memorable lines:

'If I can stop one heart from breaking,
I shall not live in vain.
If I can ease one life the aching,
Or cool one pain,
Or help one fainting robin
Unto his nest again,
I shall not live in vain'.

Anne Young retired from St James's Hospital in July 1972.

She died in June 1976.



Check
your breasts regularly
and, if possible, undergo
mammography at regular
intervals over the
age of 50.



Charity Jump for MENTAL HEALTH ASSOCIATION

Well done, Roger and Denise!



Roger Kennedy and Denise Delaney after their jump for the Mental Health Association

Congratulations to Denise Delaney, Grade III, and Roger Kennedy, Hospital Administrator, St Brendan's Hospital, who made their first parachute jumps with the Naas Falcon's Parachute Club recently.

Denise was asked to describe her first parachute jump for the magazine: 'I always thought of doing a jump, it was a challenge to me. At first I was very nervous as I didn't know what to expect but the training was

great. Those guys down there really know their job. We spent the whole day training. We were taught everything from how to exit the aeroplane and steer the parachute to using the reserve parachute and how to land. You practice quite a lot but it was really great fun.

When the time came to do my jump I was scared but it's amazing how the training pays off. Leaving the aeroplane was indescribable. The parachute is automatic and starts opening the minute you leave the aeroplane. I didn't really feel a sensation of falling or any jerk from the parachute opening, as I thought I would. It was all so smooth. I felt great up there. The sensation was incredible and you have the most fabulous view coming down. Steering the parachute was good fun. They fit you with a walkie-talkie radio to direct you down. The ground comes up quicker than you think, but I did my landing roll and had a soft landing. All in all it was certainly a thrill of a lifetime, it was just fabulous, hard to put into words. I'd a great day and hope to do it again.

Both Roger and Denise took part in our sponsored parachuting programme presently being run in aid of the St Brendan's Mental Health Association. The MHA is a voluntary organisation which looks after the social, recreational and educational needs of thousands of people suffering from mental illness.

You will be trained by the Naas Falcon's Parachute Club, who prides itself on having the best sky-diving demonstration team in Ireland. Their instructors are the most highly trained and experienced who attend instructor meetings and conferences worldwide through the Federation Aeronautique Internationale.

Training takes place every weekend throughout the year. Anyone wishing to do a parachute jump can do so by raising a minimum of £150 towards our patients' needs.

Just contact myself or Philip Cunningham of Nursing Personnel, St Brendan's Hospital, tel 385844.

We will provide you with all the information you need and sponsorship cards.

Larry Sheahan
Nursing Personnel
St Brendan's Hospital
(also)
Naas Falcon's Parachute Club

Conquer Cancer photo competition success

Congratulations to Ward Sister Nora Burke, St Clare's Home, Griffith Avenue, whose entry in the Conquer Cancer Campaign *One Day for Life in Ireland* held on 7 May last, got through to the final 250 photographs chosen for inclusion in a commemorative book of photographs.

There were 36,000 entries submitted and this figure was then reduced to 300. Each of the 300 entrants were notified, and were then asked to write a resumé on their photos ie why they took the photo, what it meant to them, why did they take part etc.

Of the 300, 250 were finally selected for inclusion in the book which is now retailing for £16.95.

Sr Burke's photograph was of a pavement artist in the GPO Arcade and is on page 86 in the book.

The original photographs will be mounted for a country-wide exhibition later on.

A thought: the book would make a very nice Christmas present as well as helping to support the Conquer Cancer Campaign!

Lord Mayor's award goes to Paddy O'Reilly

One of the last actions of Lord Mayor Alderman Carmencita Hederman before she left office was to present the Lord Mayor's Award in recognition of outstanding achievement to Mr Paddy O'Reilly, Supervising Environmental Health Officer.

In making the presentation the Lord Mayor said: 'As a technical officer our recipient monitors and analyses the air in the city and pin-points problems and potential problems which must be dealt with by other departments. He has built up a great deal of expertise in this and has diligently devoted himself to this area.'

I speak of Paddy O'Reilly, Dublin's Air Pollution Officer who deals with air and noise pollution throughout Dublin City.

Paddy measures the number of air pollutants, sulphur-dioxide, oxides of nitrogen, and atmospheric lead to establish if they do not exceed permitted EEC levels. There are seven lead monitors and twelve smoke and sulphur dioxide monitors, located throughout the city so that a representative sample of lead content is obtained.

The reduction of lead in petrol has considerably reduced the dangers from this type of pollution. High lead levels in the past would have had an adverse health effect, particularly in young children.

Other duties carried out by Paddy included surveys in connection with pollution from vehicle traffic, including traffic in Co Kildare as well as the City.

The award given to Paddy was a bronze replica of Dublin's City Seal (13th century), in recognition of outstanding achievement during his time with Dublin Corporation.

... from page 6

'How soon?' is easier to answer. It cannot be too soon for us to provide the kind of service we know will be most beneficial to patients and at the same time uphold their dignity. The only place for caution is in respect of long-stay patients who are being rehabilitated. We will not discharge patients merely to close hospitals. We must discharge patients who have recovered but we must ensure that they can live in reasonable circumstances after discharge.

In many of the activities I have touched on you will see a role for local Mental Health Associations. It is an essential part of the future psychiatric service, to be integrated into the overall structure.

FOR SALE

Casio CT 360 Keyboard

10 months old

12 sounds/12 rhythms
+ recording facility

PRICE £150

Hockey Club News

by E Matthews

Our first season in existence started on a hopeful note with the availability of indoor training facilities at St Mary's Hospital, Phoenix Park.

The Club's campaign for the first time at Junior B level was a meritorious one. The old (and occasionally young) reliables with the welcome addition of the brothers 'Lane' maintained an unbeaten sequence for much of the season, but points dropped needlessly to Pembroke and St Brendan's, and subsequent disastrous defeats by St Brendan's and old foes Carlow left the team with too much to do and they finished in runners-up position to Carlow, just two points in arrears - so near and yet so far.

The season ended on a fine note when a depleted side journeyed down to Carlow and defeated them 1 - 0, only the second time in five years they had been defeated at home. Great credit must be due to Liam Plunkett, Captain, and his aide Pat O'Donoghue for their inspirational leadership throughout the year. Liam Holland who made an impression towards the end of the season, Brendan McKeown, Noel Colcough, Sean and Sheamus Lane, James Maloney, Dermot O'Neill, and Kieran Halton - all gave total effort to the team throughout the year.

Pride of Place, however, must go to the team who soldiered in Minor B League under the guidance of Tom Mernagh and Jim Hurley. After a somewhat shakey start during which time the team acquired the reputation of draw specialists they quickly hit a rich vein of form which culminated in a fine 3 - 0 victory over their rival YMCA. Shortly afterwards while the boys were winning easily against Glennane, YMCA lost dramatically to Railway Union and the league was ours. No team deserves more

credit for this achievement; sometimes against the odds and with other demands of the 1st Team in mind they continued to show great team spirit and an ability to upset the odds. This highly successful season came about through a mixture of experience (vintage) mixed with youth (almost) which had the desired effect.

The old reliables Pat Cassidy, Declan Finlay, Joe Doolin, Jack Kennedy and the youngsters Rob Corr, Steve O'Leary, Colm Carolan, Fred Hegarty, Mick McCormack and Paul Dunne, with the middle-aged Dave Warren certainly produced the goods on many a day and deserves our congratulations on keeping up the record of the club winning a trophy on each season of our short existence.

After the euphoria of the previous season when the Minor Cup was won, the season just past was always in ways bound to be an anti-climax.

After two fine victories the 2nd Team exited at the Quarter Final stage from the Minor Cup defeated by a fine James's Gate Eleven.

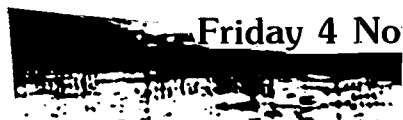
The Irish Junior Cup saw the 1st Team score a highly meritorious victory over St Ita's II, who play their trade in Inter A only to lose 3 - 2 to James's Gate I from Middle A after leading on two occasions. Still we gave them a fright.



have invited the Abb
players to stage a portr
in drama, verse & s

FAI

Staf
St Jai



Friday 4 No

In conju
there will be a staff art
fr
Refreshmer

Tickets £4 (available from any

Committee: John Sweeney (Chairman), Joh
Joyce Mahon, Angela Doyle, Ka

. . . from page 10 -

The Group held a very successful Party (as can be seen from the photos on page 10!) as part of it's 21st celebrations on 30 September last in the EHB's new headquarters in Dr Steeven's. The 'do' was also held by way of introducing the staff to their new HQ. Approx. 250 people attended. The Committee are very grateful for the co-operation they received in the organisation of what turned out to be a fairly large-scale venture.

The Committee wishes to thank Vincent Treacy, who was Master of Ceremonies for the night, and to John Bruton, Bill Tisdall and ex-

some of the entertainment.

Special thanks are also due to Transport Section without whose co-operation we would have had big problems indeed! To Kieran Gorey (Tom Gorey's brother) who provided excellent bar facilities; to the Eastern Health Staffs Sports Complex and the LGPSU for providing spot prizes throughout the night, and to Paddy Brennan, Porter in Dr Steeven's, who very kindly came in the following Saturday and helped in the clean-up operations.

In the Leinster Junior Cup the team defeated Monkstown 3 - 2 in a highly charged and explosive (ie M Tyson) match. However, it was a great disappointment when the team lost at the quarter final stage to a highly skilled Clontarf team who went on to win the trophy.

In the Walter's Cup which we had won two seasons previously the team under the able leadership of Fred Hegarty and James Maloney and managed by Tom Mernagh scored a highly satisfying victory over St Brendan's in the second round and an equally satisfying one over Monkstown in the quarter final. However, it was fated that the team should lose 1 - 2 to Pembroke who fielded a most experienced side with many strange faces. However, on the day the best team won.

Our final fixture of the season was the annual challenge against Glennane held at Grange Road which was duly won 5 - 3 with a little help from

an unknown fellow called Frankie Byrne. As we won it has now been decided in conjunction with Michael Kenny to provide a trophy to mark the occasion - a boozing session will undoubtedly ensue.

In the upcoming season we are as always looking for new, young (or old) blood to take up hockey on the 1st and 2nd Teams. Any interested individuals should contact any of the incoming committee. Coaching will be provided.

COMMITTEE

President: Eddie Matthews, Tel 045/97221

Hon. Secretary: Tom Mernagh, Tel 542011

Treasurer: Declan Finlay, Tel 385844

Club Captain: Liam Plunkett

Committee Members: Fred Hegarty, Tel 537951

James Maloney
Pat O'Donoghue

ACROSS

1. A harp gone out of tune in an institution (9)
6. Plane crashed in mountainous district (5)
9. I am held by Fred, then discharged (5)
10. Speed boats by the lough (9)
11. Amateurish prose fails with noun misused (14)
13. Silly chatter about right Roman ruler (8)
14. A male spy (5)
16. Girl is almost entirely ordinary (5)
18. Una's pace is agitated, but is useful in kitchen (8)
20. Desirable object to gather, or place at top of mountain (10,4)
23. Strengthen and control power (9)
24. Upper-class twits can form a larger body (5)
25. Horses spoil two points (5)
26. Finished - consumed too much food perhaps? (9)

DOWN

1. Away on the Green? That's disconcerting (10)
2. Small Turkish coin, a favourite for the bank (7)
3. We are unanimous, and therefore, tell the whole of America (3,2,3,3,2,2)
4. Company supports Alfred and almost all the others in the fresh air (8)
5. The jugs belong to you, we hear (5)
6. Race gear. A kilt, perhaps? (8,7)
7. The anterior part of the deceased clergyman (7)
8. See the good man astray (4)
12. Holy man with one mother and son. He works with hard materials (10)
15. Lane goes all over the place. Americans use it . . . (8)
17. . . . anyway, Rome and Rio are bigger (7)
19. A country lover, Paddy is down on loose living (7)
21. Goods to make vehicle work (5)
22. What's unpleasant in studying Rimbaud? (4)

**As there was no correct solution last time,
the prizemoney this time will be a whopping £10!**

Prizes for Crossword, *Contacts*, 1 James's Street. £10 to first correct solution opened on Friday 25 November '88.
Prizes for Crossword are sponsored by Astra and St James's Social & Sports Club.

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Information for inclusion in EHB Yearbook & Diary 1989 (see front page of Contacts)

STAFF ORGANISATIONS WITHIN THE BOARD

Information Sheet

Name of organisation:

Secretary/organiser

who may be contacted at

.....

Purpose of organisation:

.....

Are new members welcome?.....

Details of membership fees, etc

Other information:

.....

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Please return completed sheet to

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EHB
1 James's Street
Dublin 8**

to arrive not later than 28 OCTOBER 1988