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CONTACTS

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IVOR SHORTS, Clinical Psychologist in the Board's Forensic Psychiatric Service, undertook research into which factors helped or hindered unemployed and alienated youths to adapt to an industrial training course. He sets out some of his findings.

Apathy and alienation - what's to be done?

Young people with little or no work skills are increasingly being identified as an important priority group in need of special measures. The Youth Employment Agency in April last estimated that the true youth jobless level is probably around the 73,000 mark.

Those coming from disadvantaged socio-economic backgrounds tend to be over-represented among this expanding young unemployed, unskilled group.

Far from being just restless and angry, some recent research suggests that many disadvantaged youth can best be characterised as feeling increasingly alienated, apathetic and detached from their surrounding social environment.

Little interest is shown in wanting to improve their life prospects, or in actually escaping the dead-end jobs their lack of skills open to them.

Also it is frequently suggested that the deteriorating unemployment trend contributes to, or is in some way associated with increased juvenile lawbreaking and drug abuse.

Training Centre

It was against this background that the Industrial Training Centre at Usher's Island was set up some four years ago. It is managed jointly by the Eastern Health Board and AnCo. Dr John McCormack, Consultant Psychiatrist, is in charge of the day-to-day running of it.

The objective is to provide training for these youths in the development of their potential talents and aptitudes and to equip them for employment. So the training programme includes an introductory course in woodwork, metalwork, electrical work and mechanical drawing, as well as arts and crafts and reading skills. Individual and group counselling form an integral part of the programme. In addition, a very successful job placement service is operated.

Selecting trainees

There are two courses now running with ten trainees per course. Austin Wynne and John Whitehead are the training instructors.A course lasts three months. Around forty to fifty applicants are interviewed for the courses.

Some of these applicants would have been in trouble with the law and would be referred by the Probation and Welfare Service of the Department of Justice; others would be advised to apply by social workers and quite a few would just hear about it and go along.

The interviewers don't accept only the obviously easy cases.

Although there are some drop-outs, the vast majority complete the course. Most of the 'completers' adjust well. Some, however, do not adapt well.

Research

Two of the objectives were:

1. To determine what factors associated with the trainees (prior to taking the course) were capable of predicting a trainee's adjustment or maladjustment on the course.
2. To suggest corrective preventive measures that could help to facilitate adjustment by 'at risk' trainees on future courses.

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Data collected

A sample of 38 trainees (average age 16) across four courses was assessed for the following: personality characteristics; general aptitudes; experiences at school, home and in the community, interpersonal behaviour, as well as officially recorded and unrecorded lawbreaking.

Staff rated the trainees' general behaviour and work performance throughout each course and a record of attendance and suspensions was kept.

The Centre's staff at the time of the study - Christopher Hogan, Malachy Doyle, Terrie Kearney, Larry Buggy and Tim Fitzgerald, - deserve special acknowledgement for their invaluable help in data collection.

Summary of findings

In brief, failure to adapt well on the course was predicted very accurately for trainees who, at the start of the training period

- had a history of offending or usually mixed with juvenile lawbreakers
- had friends or siblings who dropped-out of school;
- were not involved in organised youth activities, sports etc;
- had problems getting on either at home or at school;
- had poor results on a test of aptitudes, which could also reflect lack of interest.

Conversely, trainees who did well on the course failed to significantly show these features.

When only trainees with criminal convictions were studied as a sub-group, it emerged that those who adjusted well to the course

- had friends who were not engaged in lawbreaking;
- were currently a member of a social/sports/youth club;
- had not had a marked school truancy pattern;
- perceived himself/herself as happy as others;
- had a liking for same-sex parent's occupation.

Personality characteristics significantly failed to predict pattern of response to the course.

Thus, whether a trainee responded well or poorly during the course could, in most cases, be predicted by aspects of his pre-course behaviour and experiences, especially in his social and home life.

Proposals

A number of proposals are being considered to help the trainees reduce their involvement with anti-social friends and activities and relate better with their family and others.

Photograph taken at the presentation of certificates to members of the catering and wards staffs in Cherry Orchard Hospital. The certificates were awarded to: Kathleen Byrne; Eileen Keegan; Gabrielle Horan; Sidney Holtby; Jacqueline Rollo; Angela Kelly; Breda Jones; Eileen Tyrrell; Sylvia McGrane; Bernadette May; Angela Keogh; Annette McManus; They were successful in the written and oral examinations following the Principals and Practices of Food Hygiene Course.

The Course was run by the Board's health inspectorate in consultation with Miss Taaffe, Matron, Miss O'Keeffe, Catering Officer, Cherry Orchard Hospital, and Miss McDonagh, Supervising Catering Superintendent. The aim of the course was to develop positive attitudes towards hygiene in general, and also to create an understanding of the contribution that each individual makes in controlling the spread of infection in the hospital.

CERT and the Irish Hotel and Catering Institute contributed to the course content. Mr Kavanagh, Personnel Officer, addressed the group and the certificates were presented by Mr Colm Manweiler, President, Irish Hotel and Catering Institute.

One of the proposals entails finding out, at an initial interview, the trainee's interests and what he would like to do if he had the opportunity. An attempt could then be made to build on these; for example, if his main interest was soccer but he wasn't involved in the sport, then every effort should be made to facilitate his participation in this activity.

The study highlighted the need to compile a comprehensive list of available leisure-time, social/youth activities throughout the city.

Again, it is proposed to attempt to bring about change in anti-social attitudes through group meetings with past 'graduate'trainees who, like themselves may have been previously regarded as at risk, but who now have adapted more satisfactorily. Social skills' groups should also be arranged in order to improve relations with others, particularly with parents and authority figures.

Equally important, it is also recommended that a counselling group be set up for interested parents of some of the trainees at risk - where clearly home relationship problems exist.

It was suggested that some curriculum changes may be indicated which would be directed at increasing trainee motivation and interest especially in those at risk.

Conclusions

The need to provide meaningful and useful youth training programmes is increasingly receiving social and political recognition. In this regard one of the most pressing priorities must surely be to attract and motivate those growing number of young people variously described as alienated, troubled and anti-social in attitude and behaviour.

The thrust of this study has pointed out some factors which appear to affect adjustment during training. Unless those trainees who clearly continue to show various aspects of alienation can be enabled to resolve these pressures and conflicts, then such factors seem likely to hinder general adjustment both during and following training.

Programme to help young children in deprived areas

Adjusting the balance

The Board, in collaboration with the Child Health Department of Bristol University, is running a project for mothers of young children in deprived urban areas. The object is to enable the child to reach its full potential.

It is intended to show, by means of detailed research and evaluation of the results, that the special intervention methods developed at the Child Health Department of Bristol University and applied to young mothers in the most deprived urban areas, will achieve exceptional results.

The project director is Walter Barker of Bristol University. He is implementing the programme in the UK as well as in Dublin.

Sister Philomena, her staff and the local people jointly have transformed St Colman's to a modern hospital with a day centre and sheltered housing

A haven in the Wicklow hills

Sister Philomena came to St Colman's Hospital, Rathdrum, as Matron in 1969. She had been in St Columcille's, Loughlinstown, for many years and was very happy there. She knew little about Rathdrum.

Now, fourteen years later, only a few stones remain of the grim old buildings that she came to; and even these have assumed a gentler role as they repose amid the tumbling aubretia in the rockeries.

Looking back, Sr Philomena sees that it was a good time to enter the scene.

Prior to 1970, health services were administered by departments of county councils, as are road services, public lighting, etc. In the larger cities there were health authorities, but these too were under the umbrella of corporations and county councils.

The Health Act 1970 changed all this. Health services at last came into their own with the setting-up of health boards which had the sole function of providing health services.

The time was ripe for St Colman's to undergo radical change.

Sr Philomena set about replacing the old buildings with a new structure, purpose built to the needs of geriatric patients. She got every help and encouragement from Mr Swords, General Administrator of the Hospitals Department.

The staff of the hospital rallied round too and came up with some very good ideas, which is why the toilets are placed conveniently between each pair of wards; and there are ramps instead of steps and wide aisles to facilitate wheelchairs.

The building programme started with a new kitchen. The 86-bed hospital was commenced in September 1972 and was occupied by September 1974 which, by any standards, was good going. The old sanatorium of 46 beds was reconstructed in 1977. The sod-turning ceremony for the new Unit D day centre was held in November 1978 and completed the following year.

In all, the new St Colman's, started in 1972, was finished in 1978.

Money

Sr Philomena never worried much about money. On the theory that faith can move mounts, when she needed money to send four patients to Knock she backed a horse and financed the trip with the winnings!

The local people are very involved with the hospital. Since 1970 they have raised between £10,000 and £12,000 each year. This money was used to send patients on holidays in Carne, Co. Wexford and generally improve conditions around the hospital.

Sheltered houses

Sr Philomena finds that as one problem is solved another one surfaces. Some of the elderly people who attended the day centre were living in isolated areas with neither electric light, running water or indoor toilets. They were not in need of hospital treatment, but they did need better living conditions and the security of on-call medical care. 'You can put up with a lot when you're young,' she says, 'but not when you're old. The criterion should not be what a person is used to, but what they really need.'

So, in 1980, she assembled her team of staff and local volunteers. They decided they would build twelve little houses in the hospital grounds for these people.

They organised auctions of sheep, ducks and farm produce, flag days, sponsored walks, sales of work, air displays, bingo (made £1,000 per night!), pony rides. And they're still at it. Over the recent Whit weekend they held a fete in the grounds and netted £15,000.

Building started in May 1982 and the houses were occupied in December 1982. The total cost was £182,000. They got a grant of £12,000 from the Dept of the Environment and £10,000 from the EHB towards the furnishings. The rest of the money was raised voluntarily. With the exception of £4,000, all the bills have been paid.

The houses are more impressive than many a show apartment. A roomy hall with built-in presses leads to a living room with Parkray fire, television, breakfast bar and fitted kitchen. There's also a good size bedroom and toilet with washbasin. They are carpeted throughout and tastefully decorated.

The residents, who are mainly in their seventies, are charmed. They enjoy life to the full and look with anticipation to a visit from their friends, be it Sr Philomena, an old neighbour or a new one. The kettle is on the hob and the conversation is complemented by the cup of tea. They look forward to having more neighbours with the prospect of building a further ten or twelve houses.

Special care unit

The next badly needed facility is a small special care unit for young terminally ill patients. At present, patients from Wicklow have to go to Dublin. This means that their last days are spent away from family, friends and familiar landscape.

A self-contained unit of six beds would be adequate with overnight accommodation for visitors.

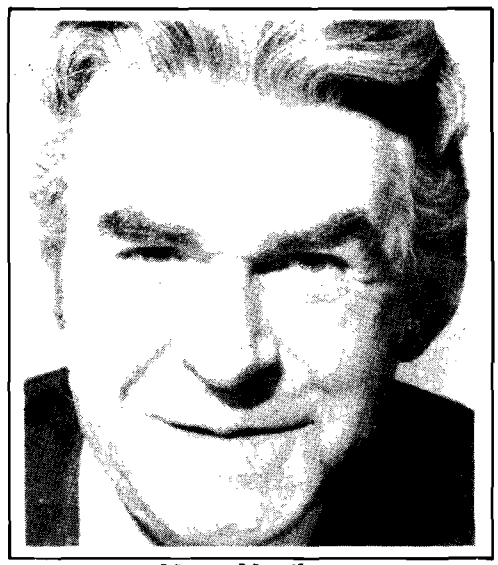
St Colman's is a lovely place now. There are plenty of leisure-time activities including bingo - which is also attended by local people, occupational therapy etc. They make colourful toys and cushions for the sales of work and take pride in the high standard of the products.

The care and evidence of sheer love of troubled humanity pervades every nook and cranny. This is Sr Philomena's great gift to St Colman's.

Soon she will be leaving to take up her new appointment in Portland Row, Dublin. Her staff, patients and her many friends in the area will miss her dreadfully.

We wish her every success and happiness.

Out & about with Morny Murrihy



Morny Murrihy

Morny Murrihy, one of our community psychiatric nurses, has been directing the *Out and About Association* (OANDA) since its inception. OANDA operates from St John's House, Seafield Road, Clontarf, Dublin 3 (tel 399266), and deserves to be much better known.

OANDA is concerned with combating agoraphobia. In fact, until OANDA was established nine years ago the problem was never even touched on in Ireland.

The most commonly used definition of agoraphobia is a fear of open spaces. Morny considers this a bit misleading.

'I feel that a more accurate description is that it is a fear of public places, or places of assembly, or in fact any situation where one is likely to encounter other people.

Now this is not to say that sufferers are afraid of people as such, but they are over-conscious of what other people might think or say if sufferers allowed their feelings of anxiety to get the better of them, and they did something "silly" like fainting or maybe screaming.

The truth is that I have yet to meet a sufferer who did make a fool of himself in public, because the first thing agoraphobics will do when they go into any anxiety-type situation is to make sure they can get out quickly when the going gets too unbearable.'

One of the initial difficulties is the problem of being agoraphobic without knowing what it is, and the misery that accompanies this state of mind.

All the worries about the imagined brain tumour, or heart attack, or the doubts people have about their physical wellbeing! When they are given a clean bill of physical health, people are sometimes referred for psychiatric aid which, in most instances, seems only to confirm the sufferers' greatest fear - that they are going insane!

Morny points out that Dr Laurence McGibben is on record as saying: 'Personally, I think of agoraphobia not as a mental illness, but as a sort of psychological allergy. Every person in the world has a physical allergy of one sort or another - some are sensitised to particular detergents and their hands become red and sore, others eat strawberries or shellfish and break out in rashes ... The agoraphobic has a nervous system which is sensitised to certain situations in which the psychological mechanism starts to work and panic ensues.

With agoraphobia, the more one goes out, the more desensitised one becomes. The further one goes from home (at first maybe with a friend, and later alone), the less likely you are to experience a panic attack.'

There is a widespread unawareness of the extent of the problem in Ireland. An initial survey carried out in 1976 revealed that 55% of people who had contacted OANDA in its first few years had been suffering for over twenty years.

Many of these people are now living happy and useful lives again and no longer need help, while others are giving their services in a voluntary part-time capacity to aid other members of OANDA, as well as supporting new members.

One of the principal ways, apart from direct counselling, in which OANDA assists agoraphobics is by issuing a monthly newsletter, to which sufferers write about their problems and receive appropriate advice in response.

Initially responsibility for the newsletter was due to Ben Bono, a social therapist in the board's service, now retired. The task of producing the newsletter now is just another one of Morny's responsibilities. Apart from articles by himself, notable contributors from time to time have included Dr Mark Hartman and Dr Laurance McGibb

Contact by newsletter service is one of the most effective and universally accepted treatments for sufferers from agoraphobia.

The Out and About Association has received not just local but international recognition. Morny recalls with pride a function which took place in 1977 in Dublin. 'Mrs Valentin Iremonger, wife of the Irish Ambassador to Luxembourg, presented the Association with a cheque for £1,556 which was donated by the Committee of the International Bazaar of Luxembourg.

We'll meet again . . .

A very successful staff re-union was held on 9 June last in the Staff Restaurant, James's Street, for all ex-Child Health and retired Child Health staff who worked in Lord Edward Street through the years.

As may be imagined, the age groups covered a considerable time span -approx. 30 years - so there was much chatting and a lot of ground to be covered in just over three hours.

The evening started at 7.30 pm with a sherry reception followed by a truly delicious dinner. (Many thanks to Miss McDonagh). Afterwards, a musical session was provided by Michael Cummins to whom we are most grateful. Eileen Horgan Supt. PHN, encouraged the brave ones onto the floor for a *damhsa*.

The star of the evening was undoubtedly Miss Maura Lysaght, 61 yrs. old retired nurse, who arrived most elegantly dressed, and graced the proceedings for the rest of the evening with her wit and charming personality.

At the end of the evening there was a free raffle. Prizes were anything ranging from scotch whiskey to Parazone bleach - the latter being won by Amy Holly from Lord Edward Street who truly entered the spirit of things by not minding in the least - so a pair of rubber gloves was thrown in with the prize for luck!

The success of an occasion can be gauged by the feedback received afterwards, and judging by the general response our first staff re-union will prove to be the instigator of more in the future.

JOE MCEVOY outlines the ESRI paper on the economic and social circumstances of the elderly in Ireland by B J Whelan, Senior Research Officer, ESRI, and R N Vaughan, Lecturer in the Department of Political Economy, University College, London.

How the elderly manage

This report should be of interest to the staff of the Board's Community Care Programme.

It stresses the needs of the elderly living alone and there is a strong suggestion that a tiny fraction of the elderly population (65 and over) are living in absolute, as distinct from relative poverty.

State pensions, wealth

'State pensions are of critical importance in determining the living standards of old people', the report states. Contrary to popular belief these pensions have more than kept pace with inflation over the years. The number of beneficiaries, the range of benefits, and the average amount paid have all increased even when allowance is made for inflation. As a result, total real expenditure on pensions increased almost six-fold between 1950 and 1978.'

Health, social contact, aid

With regard to health, over three-fifths of persons over 65 reported some longterm illness, physical disability or infirmity. There were more frequent visits to the doctor, and about two-thirds had taken some medicine or pills recently. The report indicates that there was a fair amount of social contact between the elderly and others - most had talked to someone recently.

In urban areas a majority had at least one child living within ten miles of the home. About the same was true for rural areas. The type of person with whom the elderly appeared to have most contact was a friend or neighbour. Contact with children was next most significant.

There appears to be a marked contrast between the amount of aid available to old people living alone and those living in other type of household. Over four-fifths of elderly householders stated that another member of the household would care for them in the event of illness, and only about one in twenty said they would have to go to hospital.

Neighbours

Neighbours play a particularly important role in the care of old people living alone - about a quarter mentioned neighbours as their main source of help with various everyday tasks.

Future trends

A factor likely to improve the position of the elderly in the future is the increasing number of employees who will be eligible for an occupational pension. It is estimated (Irish Association of Pension Funds 1982) that some 75% of the current labour force is covered by such a scheme. However, if high rates of inflation continue in the future, they are likely to erode the value of these pensions.

Illness

While almost two-thirds of the elderly reported some form of persistent illness, only about one-third reported that their capacity to perform a number of everyday tasks was thereby impaired - the majority of elderly people appeared to be quite active.

Isolated people

Few isolated people lacked contact for an extended period, but this does not imply that chronically isolated people do not exist. Given their comparative rarity, the problems of the chronically isolated would seem to be best dealt with by State or voluntary community work aimed specifically at locating them and alleviating their difficulties. The 'Alone' organistion is doing good work in this area.

'Free' schemes

The study indicates that 40% of persons over 65 availed of free electricity, about 14% of free solid fuel, about 63% of free transport and about 32% of the free television licence.

The reports states that among those not availing of the various 'free' schemes, very few among the elderly had not heard of them, and the bulk of those not availing of these schemes appear to be those who are not eligible. In short, the 'free' services appear to be most often availed of by those groups with high levels of need.

The report is well worth a study in depth.

ECONOMIC AND SOCIAL CIRCUMSTANCES OF THE ELDERLY IN IRELAND can be obtained from the ESRI, 4 Burlington Road, Dublin 4, price £6.50

Late Frances Heenan

(Formerly Chief Nursing Officer Newcastle Hospital)

The sudden death recently of Frances in Lourdes shocked her colleagues in the EHB and, in particular, Newcastle Hospital. Frances only retired as CNO just three years back but continued her good works up to the end and was working as a nurse with the Armagh pilgrimage when the Lord called her.

Frances was a lady at all times. Everyone who had the pleasure of working with her was in some way inspired by her kindness, understanding and dedication. She was gentle to her finger tips and at all times put her patients first.

Her career started in Salford Hospital in Lancashire. She then moved to Hope Hospital and Epsom. On her return to Ireland she worked in Ardee, St Ita's, Clonmel and Newcastle.

To her relatives and friends we extend our sympathy and only hope we can carry her example with us during our careers and private life.

Ar Dheis Dé go raibh a hanam.

Richard Bennett

MR BARRY DESMOND TD, Minister for Health, in a major speech to health boards, explains why health services will have to alter direction in the near future

Commitment to change

Mr B Desmond TD
Minister for Health

As members of health boards, you know better than most that we have emerged from a period of rapid development into a sharp recession. Our health services are feeling the effects of that recession at least as much as any other social service. It is worth reminding ourselves of the extent of the development that has been achieved in the health services over the last ten to fifteen years. A survey of health care costs in the EEC over the period 1966 to 1976 found that the real cost of non-capital service had risen fastest in Ireland. Between 1976 and 1980, expenditure on the health services as a percentage of Government expenditure rose from 15.3% to 16.3%. In the same period, expenditure on education fell from 14.1% to 13.3% and on social welfare from 15.1% to13.4%.

If we look at the average annual percentage increase in real public expenditure on the social services in the period 1971/72 to 1977, we find that education enjoyed a rate of 4.5%, social welfare 7.2% and health 7.1%. In the same period, the average annual percentage increase on housing was 1.4%. If we look at the numbers of staff employed in the health services from 1974 to 1981, we find that overall there was an increase of 46%. Within that increase, medical and dental staff rose by 67%, nursing by 35%, para-medical staff by 91%, clerical and administrative staff by 72% and catering and domestic staff by 58%.

In 1983, gross non-capital expenditure on health services will be £1,070m. Capital expenditure will be £53m. On the non-capital side, we will spend:
£762 million on institutional services;
£88 million on the general medical services scheme;
£137 million on community health and welfare services.
The total expenditure on drugs and medicines in all branches of the service will be about £100 million.

'..for all the public and media attention given to expenditure on general medical services and on drugs, the really expensive service is provided in institutions.'

It is clear that, for all the public and media attention given to expenditure on general medical services and on drugs, the really expensive service is provided in institutions. When, for example, the suggestion is made that a capitation system of payment should be introduced in the GMS it may not be fully understood that such a step could, very easily, not only fail to achieve any significant savings but may, in fact, introduce a two tier system of delivery of health care.

The increased level of expenditure on health services in recent years cannot, of course, be interpreted as a spending binge by the health services. It reflects the commitment of governments and the agencies supported by government to improve the quality of health services for the people and to improve the conditions of service of those employed in the health services. Nevertheless, it is a reminder to us of the very rapid rate of growth which we have enjoyed and it makes more understandable the shock which the system is now having to undergo as we have moved rapidly from growth to stabilization.

May I now move on to consider the question of the level of health services and the priorities within the services during the second half of the 1980s and beyond.

There are some signs that the international recession may have bottomed out and that we may be about to begin a slow climb back to economic growth. It would, however, be prudent to assume that there may not be a very rapid rate of return to the era of substantial annual growth rates. Our country may yet face particular difficulties in benefiting fully from the upswing and in coping with the particular set of socio-economic circumstances which now confront us.

I think, however, there is a more fundamental question which we must face. I think it would be wrong to assume that future economic growth is necessarily going to be fully reflected in additional funds for health services as such. Other areas of social expenditure will make heavy demands on government for attention. There is a growing view that there will not be optimum health in a future society unless the ill effects of poverty and social deprivation have been reduced by action outside the health care system.

Our health services will come under increasing pressure to clearly demonstrate results for the expenditure being incurred and, in the the countries which have advanced their health and social services furthest, questions are now being asked regarding the desirability of putting additional funds into institutional health services even if such funds are available.

'..institutional health services must be controlled by supply rather than demand.'

I think these are factors that must be reflected on by both politicians and personnel involved in the health services. I think that Ministers for Finance and health economists will take the line that our institutional health services must be controlled by supply rather than demand. Questions will also be asked, and rightly so, both from without and within the services about the way in which resources can best be deployed so that people are given a service that is both effective and efficient.

It think, however, that it is dangerous to focus on services and thereby miss a major part of the real job which Health Ministers and health agencies will be expected to discharge between now and the end of the century. As you know, the World Health Organisation has been giving a considerable amount of attention to the focus which countries should take in order to maintain and improve the health of their populations. In their recent publication 'Health Crisis 2000' they have identified three basic steps which every country can take.

In this strategy, they see three inseparable themes:
- health as a way of life;
- prevention of ill health;
- community care for all.

To quote from the publication 'the three strands of the strategy in fact represent a political credo, which emphasizes the value of the individual in a caring family and community framework. The implication is that health is the responsibility of the whole state and all its citizens.'

Now if we think about the images which the words 'health services' now conjure up or look at the structures through which we support the services, or the way in which we spend the money made available for such services, we will quickly see that the adoption and implementation of the strategy advocated by WHO involves considerable changes in structures, priorities and attitudes. Ministers for Health and health agencies are not going to be relieved of the burden of ensuring that services continue to be available. However, they are being asked and, in my view, rightly so, to take on an additonal role and to look in a fundamental way at the priorities within the services which they administer.

The challenge of making a reality of health as a way of life is not just to the individual citizen and the family. That would be a sophisticated form of 'victim blaming'. Neither should it be a recipe for still more intervention by the State in the lives of the citizens. The challenge is, in a very comprehensive way, to educate and encourage people about the advantages, not in the future but in the present, of pursuing a healthy lifestyle. It would be wrong to sell this as an insurance of longevity; the benefits should be obvious and attractive to people as they live their lives from day to day and week to week. All of this, however, is rather meaningless if people do not have the basic necessities of life or if they are forced to live and work in conditions which are positively inimical to health.

What then is the new challenge for those of us who accept leadership responsibility in the health services? The first responsibility is to realise and act on the fact that health for many people is a product of lifestyle and environment. This means that Health Ministers and agencies must take a lead in gaining the commitment and co-operation of citizens, of public bodies and private organisations in ensuring that they take health as a factor fully into account in deciding on their personal lifestyles, their policies, priorities and practices.

We have long been conscious of the need to prevent infectious diseases; we must now become conscious of the many factors which go to create a healthy environment whether it is in our homes, in our work places, at places of leisure or in the total environment all around us.

Yet, one has to admit that just now we do not have at either national, regional or local level any structures which are likely to facilitate this process. The Health Education Bureau has taken some important initiatives in bringing together in conferences and seminars people from various backgrounds with a view to interesting them in this concept and understanding how, even in small ways, they can contribute.

This, however, is scarcely enough and I would see that this particular problem is one which I, as Minister, will have to address in the near future. I would not only be relying on the co-operation of my colleagues in cabinet and on the officers of their Departments, but on a great multiplicity of agencies and professionals throughout the country. The way in which an architect designs a building, the way in which an engineer constructs a road, the way in which the farmers dispose of refuse - all of these have important health implications.

'..increasing pressure to clearly demonstrate results for the expenditure being incurred..'

The second theme which the World Health Organisation has highlighted is the prevention of ill health. I think that one can argue with conviction that the opportunities for improving health by the prevention of disease are at least as great and possibly even greater than can be made by improvements in treatment and by the provision of more services. They are not, however, easy to realise and can often be very difficult to prove. The opportunities for prevention fall under a number of headings. We can prevent ill health through socio-economic improvements; through modification of personal habits such as not smoking, being moderate in the use of alcohol, avoiding addictive drugs, dieting carefully and taking appropriate physical exercise; by protection against trauma; by control of infection and pollution; by population screening; and by prophylactic medication. I think it would be a very worthwhile exercise for every health board to review its present programmes or the action which it takes in co-operation with other agencies under these broad headings.

Public health, however we describe it, is as important to-day as it was fifty years ago; the problems and components may have changed but the role has not changed in its importance. In considering prevention, I would particularly ask that careful attention be given to the steps which can be taken to prevent mental illness, a subject that is often forgotten in the preventive context.

'The compromise now must be to provide the most for the most and not everything for a few.'

The third theme of the WHO strategy is community care for all. This brings us to a consideration of the services we provide and the priority which is given to the different kinds of services. In considering services, I have been particularly struck by some comments made by Sir George Godber, the former Chief Medical Officer of the Department of Health and Social Security in England, at a conference in 1982. Although it is a little bit lengthy, I think it is worthwhile quoting:

'Quite a short time ago the rhetoric of health care seemed to assume that society had a duty to provide all the health care from which each of its members could conceivalby benefit. The idea might have been tenable in the middle years of this century when technical complexity was less and costs were far below those now obtaining - though certainly no country reached that level of provision even then. Now such a goal is beyond the reach of any nation, partly through lack of means and partly because an open-ended commitment would always lead to some hypothetical, marginal benefit from care or probability in diagnosis that would offer minimal return for the effort expended. As a result, some form of rationing exists for almost everyone either by ability to pay or by queueing for a share of a limited service to which everyone has access. Excessive zeal in either

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/continued
from overleaf

diagnosis or therapy may indeed be inimical to the well-being of the individual. Iatrogenic illness or excessively distressing procedures of doubtful benefit to the patient are more common than many physicians will admit, and some diagnostic procedures have been applied to population screening with greater regard to satisfying curiosity in the observer than to improving the life prospects of the observed. The objective of providing all possible care strictly in accordance with need must remain. The compromise now must be to provide the most for the most and not everything for a few.'

Coming from such an eminent and experienced source, that gives real food for thought. I think it is all too easy to look at costs of different services and draw conclusions about the apparent inbalance between expenditure on acute hospitals and other services. Clearly, costs in acute hospitals will always be significantly higher than other forms of care. It should be genuinely specialist care and the most important decision to be taken about any person in relation to such care is whether or not it is necessary for that person to have access to it. I think there is the further point that health boards, hospital managements and, indeed, the professions should exercise the most intense analysis in availing of the mass of expensive hospital technology.

'..I am envisaging a far different role for the Department of Health ..in the area of health promotion.'

I have already stated my intention to publish a paper which will look at the shape and thrust of the health services between now and the year 1995. I do not want to anticipate in any detail the proposals that are likely to be put forward but you will know that I am strongly of the view that we have to effect a shift in resources to enable us to provide primary health care and community care that is as effective and efficient as possible. This policy shift will enable us to improve the quality of the services available to the psychiatrically ill and the mentally handicapped. It will enable us to improve the personal social services available for young children, for families and for the old.

In very broad terms, therefore, I am envisaging a far different role for the Department of Health and its agencies in the area of health promotion. I see a need for a much more active and widespread approach to prevention. I envisage a switching of resources between acute hospital and other services. This will be no more than a statement if those involved do not have the commitment, the plans, the energy, and the stamina to ensure that it happens. I would, therefore, like to conclude by outlining some ideas which I have with regard to how we might go about effecting these changes.

'The political demand for a new hospital .. is often approached in the same spirit as the seeking of an advance factory for the town.'

I think it is no accident that the sense of crisis which has been induced by the present recession has provided an opportunity and a need for you as health board members to open up major issues. The normal conduct of affairs all too often mean spending the time on important but relatively minor issues compared to apparently settled issues. This conference is proof of your awareness and willingness to look at the services in a fundamental way.

This process and other debates which have taken place - for example, at your boards in connection with estimates - will no doubt make you all collectively more aware of problems. Contrast on such occasions the relatively little discussion of community services, not because they are neglected but because they lack public visibility. A hospital is an institution for creating drama. If a ward has to be closed, this is a highly visible and, indeed, controversial issue. Community services lack such major visibility. An elderly person fading away from lack of human contact is a far less dramatic subject than the technology and skill of a new operating theatre. The kind of changes about which we have been talking will not be made possible no matter how committed or professional your officers may be unless the political agenda reflects a commitment to change.

One issue which ca ses me grave concern is the abysmal attitude within our political parties and often within professional interests in our health boards to the provision of acute hospital services. The political demands for a new hospital, or an extension to an existing hospital is often approached in the same spirit as the seeking of an advance factory for the town!

One can readily appreciate local needs and local demands for industrial infrastructure for new and existing jobs. But to use the same criteria and pressures for the delivery of health services is to show a profound misunderstanding of the purpose and function of our health services. And for politicians at local and national level to cave in to such intense pressures, as seems almost always the case in my experience, is to abuse scarce resources and to induce a deep cynicism among even the most committed in the delivery of our health services. I would appeal to all politicians of all parties to respond to such pressures in an objective and rational way. There should, if it were possible, which it is not in a democracy, be a statutory law on election and bye-election political promises for the provision of new or extended hospitals.

I am suggesting, therefore, that it is very necessary to think through on how attitudes can be changed, on how structures need to be adapted at national, regional and local levels in order to bring about change, on how officers and professionals need to be supported in their efforts to effect change. Initially, you may h depending very heavily on the enthusiasm and dedication of the few.

I am most anxious that at departmental level, at health board level and in close consultation with the voluntary hospitals collectively, management and professions should be given every possible support in the difficult task which they have of meeting expanding demand with limited resources. The choices to be made cannot be done just at a general, political or management level; the expenditure is commited on the basis of individual decisions made by clinicians and others about the needs of the individual and the steps which have to be taken in order to meet those needs.

I would hope that when my discussion paper is circulated lat this year it will provide a opportunity for discussions with all concerned and give everyone the chance of expressing their views with regard to both problems and possibilities.

The membership of health boards represents a unique mixture of professionals and public representatives. The boards are in a special position to demonstrate, in practice, how people with differing perspectives can work together in the common interest. I would hope that this conference will help you in this regard and I look forward to working very closely with you all in the next few years in taking the first vital steps in bringing about the kinds of changes which I have outlined.

Astra AGM

The AGM of the Astra Theatre Group was held on Thursday 19 May 83. The following officers were elected:

Chairman: Pat O'Rourke
V. Chairman: Pat Rust
Secretary: Catherine Bealin
Treasurer: Keelan Boyle
PRO: Patricia Genocky
Committee: Maureen Gilmartin, Liam Sweeney, Margaret Power, Annette O'Dell, Catherine O'Neill.

Lack of activity on the performance front at present is compensated for by the preparations for the summer old folks' outings, the first of which will take place on 11 June to Bray. Any willing helpers should contact Pat O'Rourke at ext 2891 in Personnel, or any committee member. The committee are also planning the group's productions for the coming year, details will be announced as soon as possible. All would-be Fred Astairs, John Travoltas, Ginger Rogers etc take note and start practising.
Membership remains at an amazingly low £1.50 for the coming year so hurry and get yours before stocks run out. New members are more than welcome, especially active ones.

Big Jim Reilly retires

A presentation was made on 9 June 1983 by the Ambulance and Transport Personnel to James Reilly who was employed in the service as an Ambulance Attendant.

Jim, or 'Big Jim' as he was known to friends, joined the service way back in 1950 when it was the Dublin Board of Assistance. Having worked in the various hospitals here in James's St. as a Hospital Attendant he joined the Ambulance Service in the late fifties. He has seen many changes in the service. As he says himself, when he came to the Ambulance Service first the fleet consisted of three ambulances, and today there are eighteen ambulances and eight minibuses not to mention the commercial vehicles based here in James's St.

Jim will be missed by his many friends in the service and although he had several years to go to official retirement age, ill health has forced him to call it a day.

We all wish Jim, his wife and family every happiness for the future.

Are you aware that it can be recycled?

We are looking for all types of waste paper. For example - computer paper, x-ray folders, newspapers, old files, documents, etc.

We are prepared to collect and pay for the different grades.

So why not call

PETER GANLY at 460966

for further details.

Arts Club for EHB and St James's?

A number of people have expressed an interest in forming an Arts Club in the EHB.

Arts, contrary to a widespread impression, is not just for elitist groups. It is hoped that the club, when it gets going, will attract a wide membership from all staff. Those who do not engage in active art work, such as amateur painting, sketching, sculpture, photography, but who enjoy viewing works of art, are especially welcome.

Sketching outings could be arranged, bringing packed lunches, to places of scenic or historic interest.

It is not intended to confine the club just to those who are interested in the visual arts. Many members of our staff enjoy music of all kinds, from classical to jazz, and musical evenings could be arranged from time to time.

Theatre outings for groups could also be organised, possibly combined with a visit to a reasonably-priced restaurant before or after the visit to the theatre. Those whose time schedule would prevent them from going to a restaurant could join the group for the play or film only.

Staff who are interested in books and literature - they do not have to be bibliophiles! - could join the proposed Eastern Health Board and St James's Hospital Arts Club, and discussion groups on a particular writer, or writers, could be arranged. Guest speakers could be invited from time to time.

Would people who are interested please complete the form below as soon as possible and return it to *Arts Club, c/o Contacts, EHB, 1 James's Street, Dublin 8.*

Proposed Eastern Health Board and St James's Hospital Arts Club

I am interested in joining the above club, if formed, and would be glad if you would let me have any further information with regard to it.

Should a general meeting be called to discuss the proposal, my preferred evening for attendance at the meeting would be .....

Signed .....

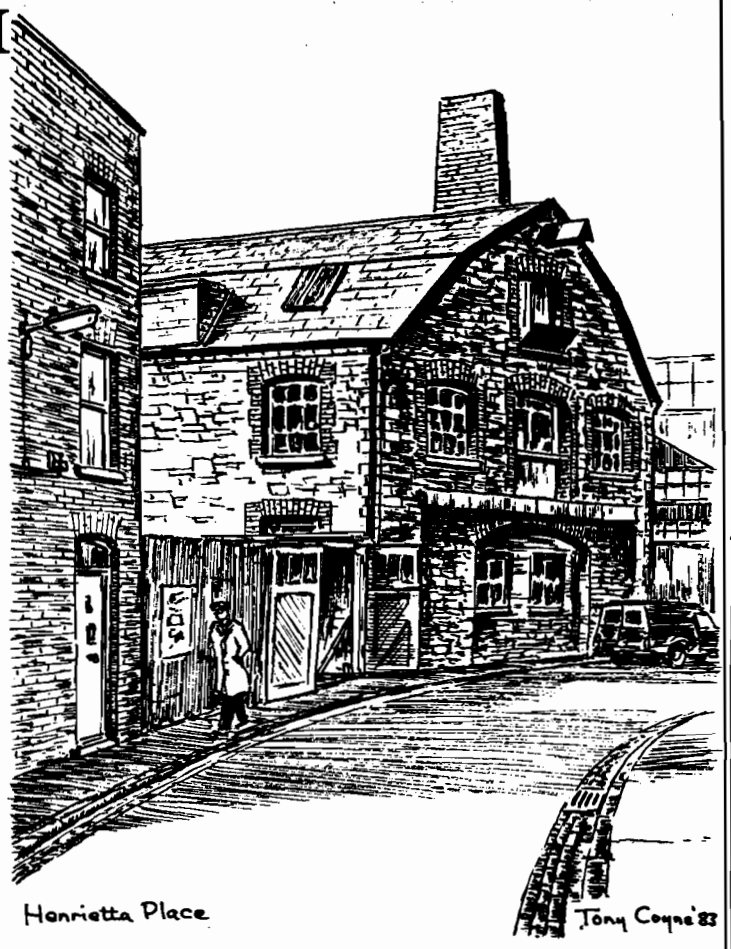
Address in Eastern Health Board/St James's Hospital:

.....

..... Date: .....

SKETCH PAD

by Tony Coyne



Henrietta Place

LETTERS

Dear Sir

I agree with Chris Connolly (Contacts Mar/Apr 83). Job-sharing appears to be an enlightened view and one which should be optional to the Public Service.

Whilst job-sharing may interest both men and women, obviously mothers of children - especially young children - would greatly benefit by this commonsense approach.

The only difference between women and men who engage in work outside the home is that, by and large, men have the good offices of that most sophisticated of 'mod-cons' as a back-up to his activities, namely - a wife. A woman working outside the home is totally deprived of this 'mod-con'. In racing lingo, this adds up to an enormous handicap on the married female in the workforce.

A woman has to be three times as competent as her male colleague by reason of her sex-role to achieve the same efficiency - the reason being that she has three (3) jobs to do. Ever noticed how few married women with children get promotion? Would men, if they had her work load?

Our Constitution speaks of 'cherishing all the children of the nation equally'. How about taking the step in that direction by introducing job-sharing so that women may pursue their undoubtedly most patriotic role -that of rearing the next generation. Surely it is rather blinkered not to see the sanity in the Aer Rianta approach?

Yours etc.

Alice Johnson, BDS NUI

A Chara,

In reply to Chris Connolly's letter on job-sharing I wish to make a few points:

(i) Two concepts are often confused - (a) job-sharing, and (b) work sharing. In (a) two people share one job, take responsibility for and reap the benefits of that job, in equal proportion to the hours worked. In (b) all workers work less hours, have longer holidays, do not work overtime, thus allowing more people share the available work.

(ii) Job-sharing in the public sector, would be a cheap form of redundancy. Two people with full-time jobs would agree to share one full-time job between them, leaving one unfilled - thus meeting the present Government's policy of reducing jobs in the public sector.

(iii) It would practically be impossible for an unemployed person to share a job. To date, only people who have worked together full-time have adopted the practice. Therefore, job-sharing would not take anyone off the dole. It would only reduce the hours worked and the spending power of those already in employment.

The real problem to be tackled is wealth-sharing and increasing the wealth-creating capacity of the economy. Perhaps this and the whole area of sharing could be explored in a future issue of Contacts.

Mise le meas

Carmel Dunne

Clondalkin Health Centre

EHB Pensioners Association

Management Committee 1983-84

Chairman Mr F Elliot
V/Chairman Mr H Dunne
Hon Secretary Miss T Egan
Asst. H/Secretary Mr A Balfe
Hon Treasurer Mr H Dunne
Asst H/Treasurer Mr T Flynn
Hon. Auditor Mr J F Reynolds

Mrs K Beausang, Dr M Hamill, Mr Ben Byrne, Mr B Hannon, Miss B Blaney, Mr D Hennessy, Mr Barney Byrne, Miss N Healy, Dr V Coffey, Mr P Healy, Dr P Dunlevy, Miss M A Keenan, Mr P Melinn, Mrs M Maher, Miss W McKeon, Mr J Nolan, Mr J J Nolan, Mr E O Caoimh, Mrs M Owens, Miss N Reen.

AFTERNOON OUTING

Coach drive Blessington Lakes and visi
Russborough House, (Art Gallery)
Thursday 21 July 1983
at 2 pm
Assembly point Gate Lodge
St James's Hospital
(James's St entrance)
Cost £3 Booking no later than Thurs 7 July

*** This is the only notification that will be given.***

To
T Egan, H/Sec.
Registry, EHB, 1 James's St.

I enclose £3 for afternoon outing on 21 July

Signed .....

St James's Social & Sports Club

As summer descends upon us the club enters probably its most active period of the year with an abundance and variety of activities for its members to participate in. In early May the club held its inter-departmental 7-a-side hockey tournament with a skillful microbiology side beating a spirited dental team 2.1 in an exciting final.

As ever there seems to be a great interest in hockey and once again the club has three teams fighting for honours in the inter-hospitals leagues. The club's mixed basket-ball competition is presently reaching its climax with St Ita's Portrane looking hot favourites to emerge as winners from a highly competitive entry of 20 teams. In tennis the Elm Shield has commenced and this will be followed throughout the summer months by the club's singles and doubles competitions.

There is no summer break for the foot-ballers either with 3 men's teams and the ladies' team having started their respective campaigns in the Civil Service Leagues. The football sub-committee are also hoping to run off the annual Brendan Boland 7-a-side tournament sometime in June. And now to the superbrains of the club's chess team who, led by Brendan Carr captured the Bodley Cup in an enduring campaign. Our heartiest congratulations to them.

On the social front the club held its first disco of the year in Club Nassau in late April. Despite some minor problems over 300 people attended and an enjoyable night was had by all. Our second disco is planned for 28 June in Club Nassau.

Finally the club is proposing to form its own running team to take part in the Dublin City Marathon in October next with the intention of raising money for some worthy cause yet to be decided. Anyone interested should contact myself or indeed any member of the committee.

- Colin Kavanagh

Changes in telephone nos.

Ballyboden Mental Handicap Centre - new nos are 908943 & 900074

Baltinglass Hospital - new no. is (0508) 81255

Interdepartmental hockey tournament

The Central Pathology Laboratory team (pictured right) were the winners of the interdepartmental seven-a-side hockey tournament. Seventeen teams took part over three nights at the Leinster Branch grounds at Firhouse Road, Templeogue.
Back row (l-r): Aideen Connolly, Sue Grima, Inga Hunter, Noela Greene.
Front: Victor Shaw, Charlie O'Neill, Michael Carr, Kieran Hannon.

Pictured left are the Dental team who were beaten 2-1 in the final.
Back row: Rosemary Kenny, Ann Holahan, Carmél McAndrew, Carmel Moran, Siobhan Holmes.
Front: Hazel Stokes, Jim Hurley, Michael Jordan, Liam Hicks.

John Keppel entertains another miss.

In the Business Houses Mixed Hockey Competition the EHB team beat Gilbey's (4-0), J S Lister (1-0), Northern Bank (1-0) and in the semi-final lost to the Bank of Ireland (1-0).

To Mr Joe Curtis, Gardener

During my stay here
It has been a privilege and a pleasure,
To meet a man who to the barren ground
Brings a multitude of treasure.

For flowers bloom in his wake,
To colour his shadow with their beauty;
And he caresses each one with his loving touch;
As he goes about his heavenly duty.

All he wishes is that we might find joy
With God's children he loves as his own;
And with the colours of love displayed in their faces,
This guardian of the flowers will never be alone.

- An admirer of himself and his work

(Joe recently had a spell in hospital and we hope to see him back on the job soon).

The first annual Dinner Dance of the EHB Ambulance Service will be held in the Dalkey Island Hotel on 25 November next. They expect a big crowd so book early.

INTERVIEWITIS
Some helpful hints for the hopeful

Suggested reading material:

How to Win Friends and Influence People by Kay Reene

The Rats and Mice Destruction Act by Tom and Gerry

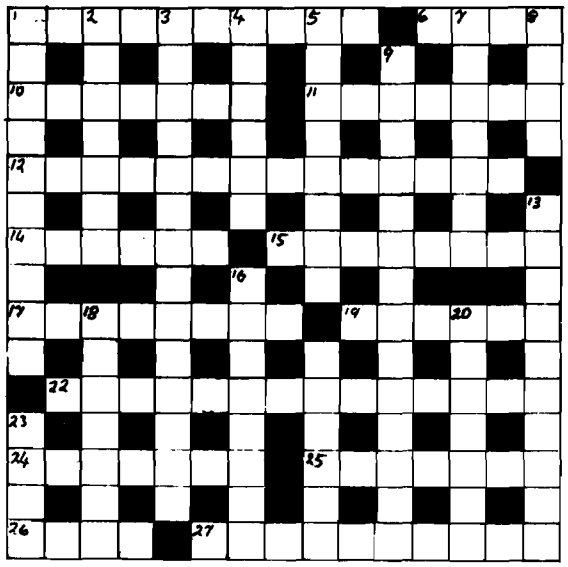
The Self-Destruction Act by Anon (Ishouldhavegotitthistime)

Technical reading:

Is Computer Small Talk Micro Chip Chat?

The Yak Report

CROSSWORD 43



Name: .....

Address: .....

.....

Entries to Crossword, *Contacts,* 1 James's Street. £5 to first correct solution opened on 18 July. (Prize sponsored by Astra and St James's Social Club.)

ACROSS

1. *Rome, for instance, settles what draws country folk (4, 6)*
6. *Capital city of cosmos - London? (4)*
10. *Distinct point in agreement. Clear it somehow (7)*
11. *Dishonesty of Jack at outskirts of Raheny (7)*
12. *Hide fortress, and savagely fight us too (4, 3, 2, 5)*
14. *In reply, swear angrily about a point (6)*
15. *Old fellow is splendid parent (8)*
17. *Lie stuck in a mess. That's most fortunate! (8)*
19. *Sound of entreaties delight (6)*
22. *Don't care to lend freely (4, 2, 8)*
24. *A rack broken and almost hid in Indian city (7)*
25. *Go, play on haphazardly without a design (7)*
26. *The season to take back publication without component (4)*
27. *Steed on the crest of a wave (5, 5)*

DOWN

1. *Star of old films sounds like office worker on top of wall (5, 5,)*
2. *Staggers the accountants (7)*
3. *Grounds for dismissal are insufficient grounds (4, 2, 8)*
4. *Poor quarters get hot in disorder (6)*
5. *Become inflamed from wild fake rite (4, 4)*
7. *See the deer's head boiled (7)*
8. *Only fifty lacking ten stone (4)*
9. *Heath has fifty on the race for the country's wellbeing (8, 6)*
13. *Regard traced, even when altered (10)*
16. *Crazy hat on sis to cause amazement (8)*
18. *Conducted meeting - cleaning woman had one with Edward (7)*
20. *Vindicator of craven German (7)*
21. *Upset to pink fluid container used with old pens (6)*
23. *Short funny piece in the cook's kitchen (4)*

Solution to Crossword 42

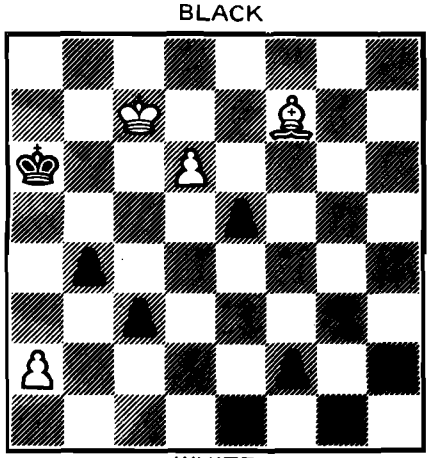
Across
1. Gusto 4. Chairman 9.Fiasco 10. Sad songs 12. Earlier 13. Travail 14. Swear to secrecy 16. Bottle of Scotch 20. Impress 22. Eatable 23. Tailored 24. Runner 25.Engineer 26.Hotel
Down
1. Gaffer 2. Sparrow 3. Once in a blue moon 5. Heart 6. In search of truth 7. Mandate 8. Nasally 11. Grotto 15. Sister 16. Bristle 17. Tipping 18. Cabinet 19.Petrol 21. Swede

Winner: MICHAEL MURPHY, Hospitals Section, 1 James's St

CHESS

Problem No 25 White to play and win.

BLACK



WHITE

The only *correct* solution received was from (again!) **Basil Long, Newcastle Hospital, Co Wicklow.** We hope he is declaring his income from this magazine in his tax returns.

The correct solution was:

1. P-K7+; KxP.
2. P-R7; R-Q2.
3. K-K3; K-Q1.
4. P-R8(Q)+; K-B2.
5. QxP+; K-Q1.
6. N-B6++

£5 (donated by St James's Social Club) to the sender of the first correct solution opened on 18 July 1983. Entries to Chess Competition, *Contacts,* 1 James's Street, Dublin 8.

The millionaire losers

In the January issue of *Contacts* we advertised for people interested in taking part in the Irish Management Game. The following team from the EHB competed -

Conrad Cooper, Emmet House;
Derek Keyes, Emmet House;
Terry Murphy, St Brendan's;
John Bruton, Accounts;
John O'Sullivan, Personnel;
Maurice Hayden, Management Acct;
Brendan Carr, Computer Dept.

Five teams competed in their section of the first round and the EHB team won with a profit of $4.4m. They were pipped at the post in the second round, having led all the way, and so didn't qualify for the all-Ireland semi-finals.

Its hard luck when they were doing so well but its only a game.