

CONTACTS

NOV/DEC 1984

DR CHARLES SMITH, acting Clinical Director, Forensic Psychiatric Service, asks crime victims to contact him.

It might come as a surprise for some to learn that the Forensic Psychiatric Service plans to open a clinic for the victims of crime in the near future.

Traditionally, Forensic Psychiatry has focused its attentions on the problems of those detained in prisons and in security hospital settings. The service is frequently involved in the psychiatric assessment of accused persons before their trials; and reading Books of Evidence in the preparation of reports brings one very much in contact with the physical and psychological trauma suffered by victims. The planned clinic is a reflection of concern about this group, and of course it reflects broader societal unease about the total crime problem, and the human misery involved.

Becoming a victim finds most people totally unprepared for the experience - despite the increasing likelihood of it happening, and generally the trauma leaves considerable personal distress and morbidity. Psychiatry is rightly concerned about this type of human suffering, and the Forensic Service feels that it has a role in the development of treatment strategies and interventions.

The intention to set up the clinic has already been publicised, and we are hopeful of attracting 150-200 individuals for initial psychiatric assessment at the EHB Day Centre, Usher's Island. While we are more likely to get people who have not yet recovered from the experience, nevertheless, we are equally keen to see people who have achieved recovered status. We would hope that comparing both groups would identify victim and recovery profiles, and at some stage it might even throw up some prevention suggestions.

There is quite a bulging literature, a lot of it American, on the sequelae for the victims of sensational crime. Kidnapped victims have been studied and reported on to the point where a whole strategy of management of the kidnap situation has emerged. Most people now know about the *Stockholm Effect*, and the *Negative Stockholm Effect* and the crucial significance of the negotiator in kidnap situations.

Helping the victims of crime

Forensic psychiatrists in England have contributed substantially to successful outcomes in infamous situations like the Balcombe Street siege, the Spaghetti siege and more recently the Iranian Embassy siege in London. Victims of chronic intimidation such as prisoners of war, and concentration camp internees are, late in the day, attracting concern and better understanding and rightly so.

In recent years, rape victims in Dublin have a Centre to appeal to for help and understanding, and the Rape Crisis Centre is increasingly busy. Sexual assault victims in general are coming into focus as a group that needs a lot of planned care, and hopefully they will get the attention they deserve.

The ordinary victim of crime has not proved so newsworthy, and the fact that he or she has not clamoured for attention suggests a tolerance for obscurity that is in part worrisome.

We all know, however, of individuals who have suffered considerably, and even permanently after what might seem as trivial criminal insult. Bag snatching, for example, can leave some individuals

psychologically crippled, and of course every victim of house-breaking will tell you of its lasting damaging consequences.

The Forensic Psychiatric Service wants to interview these people to get as it were a psychiatric fix on the extent and the nature of the problem. We are interested in the victims of minor crimes as well as major crime victims, and we would anticipate confidently that our enquiries will have no harmful effect. Over the years we have built up a lot of experience assessing and treating the problems of the detained individual, and I think we can bring some new insights into the difficulties experienced by victims.

I see no reason why we will not, in time, work out prevention strategies as well as recovery strategies. The prospects for useful clinical work and research seem limitless, and I hope the Clinic gets the referrals it deserves. The contact person at Usher's Island is Dr John McCormack, tel. 776946. I can be contacted at the Central Mental Hospital, Dundrum, tel. 984328, and my colleagues there, Dr David Gunne and Dr Enda Dooley complete the Clinic team.



Dr Charles Smith

Eamonn Coughlan Mark II?

Powering along -
Noel Byrne of Clonskeagh



Noel Byrne is a young man with the world at his feet, but he's keeping his head high enough above water to ensure that in the event of his lower extremities failing him there is always the skill implanted in his upper half to see him through life. He has recently qualified as an electrician having served his time in the Clonskeagh Engineering Base but is now determined to follow in the path of such notables as Eamonn Coughlan and John Tracy in making the grade as an international athlete - *he wants to run for Ireland.*

He started running competitively when he was only nine but by thirteen his interest had waned. Starting again at seventeen he joined Donore Harriers, and due to the encouragement of his club mates and under the coaching of Eddie Hogan he began to believe in himself and the possibility of going abroad for professional coaching but not until he had qualified in his trade.

Earlier this year a former Donore man, Ronnie Carroll, noticed him and asked a few interested parties in America to take a look at Noel. It resulted in him being offered a scholarship to the University in Austin, Texas.

He headed out there in September on a package that affords him not only a four year degree course in Electronic Engineering, a grant of \$250 a month, free tuition, books and accommodation, but also access to some of the best training facilities in the world under the supervision of professional world class coaches. Any ability he possesses will be exploited fully, harnessed and channelled in the right direction.

He knows that it's going to be hard and that it's a very long road, but he's hoping the road will lead him all the way to Seoul, and a chance to don the green for Ireland. We wish him luck.

- Stephen Harding

40-Bed unit for young chronic sick

Work started recently on the extension and upgrading of an existing unit in St Mary's Hospital, for use by the young chronic sick. Two ten-bed wings are being added to the unit in question, Unit J, and when this work has been completed, it is hoped to convert the original unit, thus giving a total of 40 beds, for use in 12-15 month's time.

It is generally intended to cater for persons under 65 years of age, active physically and/or mentally, who are not suffering from any illness associated with old age. Residents of the unit will most likely be those suffering from illnesses such as multiple sclerosis or spina bifida or, perhaps those confined to wheelchairs following road traffic accidents etc. Such persons, who require a high degree of care and attention, may be cared for at home when they are young but often are in need of residential care at a later age.

It is estimated that there is a demand at present for about 100 beds in the Dublin area, and this development in St Mary's Hospital, along with existing facilities in the Royal Hospital, Donnybrook and elsewhere, should largely fill this need. Information was requested recently from various hospitals

regarding patients who might come within this category, and this information will enable admission procedures, operational details etc. to be worked out.

The provision of this unit in the hospital grounds will allow it to avail of existing services such as occupational therapy, physiotherapy and social work departments, and medical facilities would be close at hand, as necessary. The facilities will include single and multi-bed wards, day-rooms, visitors reception area, verandahs etc., and it will also be in close proximity to the Cara Cheshire Home, who provide services for persons with similar conditions.

Another important point is the willingness of nursing and other staff in St Mary's to become involved in this area of care.

With the continued goodwill and co-operation of all concerned (particularly the Finance Officer!), this unit will no doubt provide a much needed service to a group of people, perhaps not so much in need of sympathy and treatment, but rather more in need of the facilities and support to lead semi-independent lives.

- Kevin Ward

On staying Sober, Belted and ALIVE



'As many as 50 lives would be saved and 1,000 injuries avoided on the roads each year - one life and 20 injuries every week - if all drivers and front seat passengers wore their safety belts. At present only about one in three do so.'

This was stated by the Minister of State at the Department of the Environment, Mr Fergus O'Brien TD at the launch of the joint Garda/NRSA Christmas Road Safety Campaign in Dublin.

This year, the Campaign focuses on the use of safety belts and on the terrible injuries sustained by unbelted accident victims. Research by An Foras Forbartha has shown that for unbelted drivers and front seat passengers in a two-car collision, the risk of being killed is three times as high as when belted. Last year, two-thirds of the car drivers killed and eight out of nine of front seat passengers killed were not wearing their belts.

The main emphasis of the Campaign is to point out the seriousness of the injuries which unbelted car users could sustain in an accident and how easily these injuries could be avoided by wearing a belt. One of the key elements is the involvement of the medical profession. Every brain surgeon and every plastic surgeon in the country has given the Campaign full support.

Supt. Tom Ryan of the Garda Traffic Branch stressed that the

enforcement of all aspects of the Road Traffic Act would be stepped up again this Christmas.

Supt. Ryan drew attention to the maximum fine for non-seat belt wearing, which was increased earlier this year from £20 to £150. Courts now considered the non-seat belt wearer to be guilty of 'contributory negligence' and often reduced compensation claims by as much as 20%.

'People do not wear their seat belts for a variety of reasons,' said Mr Jim Kelly, Director, NRSA, speaking at the launch. There is a huge number of people who are open to being convinced by the facts about the importance of seat belt wearing. With others something more is required.

Mr Kelly outlined the tremendous success of the compulsory seat belt law in the United Kingdom where 550 lives, 7,000 serious injuries and 16,000 minor injuries had been saved in one year because everyone wore their belts. Road accidents are costing the community £200 million each year and contribute substantially to insurance costs which continue to rise. A simple measure like wearing one's seat belt could save a lot of pain and grief not only for oneself but also for one's family and friends. To get the great benefit available does not cost a penny, nothing has to be given up and there is no great effort involved.



by Gabrielle Brocklesby
Publicity & Information Officer
National Road Safety Association

So often we stand helpless in the face of air disasters, famine, or floods, yet it's all so far away and there's little we can do. Every year about this time, a full-scale Irish disaster passes almost unnoticed. 1,500 deaths and injuries evoke no pity, no mass outrage, no public enquiry, no front headlines. This is a disaster which occurs right on our doorsteps, one which we can all play a part in helping to prevent.

If this is an average Christmas, about 1,500 people will be killed or injured on the roads over the two-month festive period. Drink will be a factor in many of these accidents. This is the 'other' side of Christmas, only too well known to accident and emergency personnel. Very seldom if ever will the alcohol factor be mentioned in the headlines, and never the seat belt, despite the fact that it might very well have saved the victim from death or a lifetime of agony.

If you are having a party this Christmas, perhaps a little planning is called for, like arranging in advance how people will get there and back (what about a coach, or a taxi-sharing arrangement?). Has the choice of drinks been made with drivers in mind (such as a selection of fruit juices or alcohol-free beers). Is the 'barnperson' aware of the 'Not more than two!' rule for those who insist on drinking and driving (that is, two glasses of beer, or two glasses of wine, or two half measures of spirits)?

PARENTING SKILLS COURSE



Our picture shows Cllr John Sweeney - Chairman, EHB, and Sr Anthony with the Course participants.

A very pleasant function was held recently in the Child & Family Centre, Ballyfermot, when participants who had completed a nine week course in Parenting Skills were presented with certificates of merit by the Board's Chairman, Cllr John Sweeney.

Cllr Sweeney in his address said he was pleased to hear that those who had completed the course had made a very considerable effort and shown a

great commitment in attending the course. He paid tribute to Sr Anthony and the staff of the centre for their dedicated work.

Concluding, he expressed thanks to those mothers who previously attended similar courses and who generously undertook child-minding duties with the children of participants to enable them to attend the course.

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LETTERSLETTERSLETTERSLETTERSLETTERSLETTERSLETTERS

Sir -

For how long is a child who has had whooping cough a source of infection to others - two weeks? six weeks? And what about the other members of the household? Can they carry the germ and infect others?

This subject was hotly discussed recently by a few of my friends, all of whom have very young children. Two of them, who have medical backgrounds, said that after a fortnight a child who had whooping cough could mix safely with other children, and the rest of the family would not be carriers.

Another mother had been told by her doctor that the danger period is six weeks and that the patient's family can be carriers. During that time they should neither visit others nor allow anyone to visit them.

The other women regarded this as nonsense.

As whooping cough is such a dangerous disease and so prevalent, why doesn't the health board run a campaign clearly setting out the preventive measures which should be taken?

*M M, Dundrum
 (Name & address with Editor)*

Dr B O'Donnell, Dublin Medical Officer of Health, comments as follows:

'To answer the questions raised:

A good rule of thumb is to regard the child as remaining infective for four weeks after the time of onset. The child may continue to cough after the end of the four-week period but as a rule he or she is not infectious.

Adult members of the household very rarely contract whooping cough themselves. If they do, they will be coughing and they will be infectious to others. However, an adult who is not ill cannot carry the germ and infect others. This applies to older children who may or may not have been vaccinated.

As regards the infectivity of the disease, it is stated that the risk of catching the disease from someone in the same house is seven times higher than from someone living next door, and the risk of catching it from someone next door is twice as high as from someone living in another house in the same street. This refers of course, to children mixing with each other. The difficulty about the spread of whooping cough is that a child may be infective and coughing up germs in the early stage of his illness but because he has not yet begun to whoop his condition may not be recognised. For that reason, isolating the child after he has begun to whoop may be ineffective because he has already passed the infection on to some other child.

INTERESTING FACTS FROM WHO (WORLD HEALTH ORGANISATION)

There are some: 4,000,000 physicians
 436,000 dentists
 6,500,000 midwives & nurses throughout the world

The physician population ratio varies from 1.1 per 10,000 in Africa to 24.6 per 10,000 in Europe.

Public health killers:

1. Cardiovascular diseases = 40% of all deaths at all ages
2. Diseases of the respiratory system = 18% globally
3. Infectious diseases = 14% globally
4. All forms of cancer = 9% globally

In the developing world the diseases of the respiratory system are first, infectious diseases second, cardiovascular third, and cancers fourth.

Life expectancy: ranges from 35-70, depending on where you were born.

The World Food Council concluded a ministerial session in Addis Ababa on 15 June with a reaffirmation of its belief that 'Hunger can be eradicated in our time'.

Among recommendations designed to achieve that goal, the Council called for sustained efforts by developing countries to increase food production and improve access to food supplies; a major effort by African countries and the international community to resolve the African food crisis. It also called for action to resolve the serious financial problem confronting developing countries, particularly regarding interest rates and 'a commitment to sustained and increased development assistance'.

MANAGEMENT TEAM

MEETING
 ON
 STAFF TRANSFERS

"Where'll we shove him?
 Eeny, meeny, miney, mo ..."

DR JOE ROBBINS, Assistant Secretary, Department of Health, in the absence of the Minister for Health, recently delivered an address on residential care for people with physical disabilities, at a seminar in Ennis, Co Clare.

Disabled people are not sick people

Cheshire Homes

In the course of the address Dr Robbins said that the first real movement towards the provision of residential home facilities came with the introduction into Ireland of the Cheshire Foundation in the early sixties.

"The Cheshire Foundation has now established a number of homes throughout the country and more are planned. I would like to take this opportunity to thank the Foundation for its great work in this area. It is an example of voluntary work at its best."

Survey of physically disabled

Dr Robbins referred to a survey carried out by the Department which set out to establish the number and location of physically disabled under 65 years of age in residential care whose mobility was substantially affected by their disability. The survey's findings revealed that there were about 400 persons in geriatric homes, psychiatric hospitals, and mental handicap centres whose primary condition was a physical disability.

"No Minister for Health could be happy about the situation. I have been told of young men and young women, permanently immobilised by accident or congenital condition, sharing wards and day rooms with geriatric or mentally disturbed persons. We owe them a better life than that. I know they are being well looked after but their environment is hardly the most suitable one for young people no matter what their physical state may be.

I might emphasise that in most of these cases prospects of discharge home or into the community are generally poor and they will require continuing care in a residential home. There is also an unidentified number of disabled persons at present living with their own families who might benefit by care in a special residential setting."

New home in EHB area

Continuing, Dr Robbins said that a breakdown of the figures for those who are inappropriately placed indicates that the majority of them are from the Dublin City and County areas. Where the rest of the country is concerned the numbers requiring alternative accommodation are very small.

At the moment discussions are taking place between the Department of Health, the EHB and the Irish Wheelchair Association regarding the purchase of a small property in the Dublin area. If the proposals were found to be satisfactory, the Minister would hope to allocate the funds necessary to purchase the premises and to operate the new home. Other proposals are at an earlier stage of consideration. As the Minister had said in his Green Paper, it was his intention to make specific provision for projects of this sort in the health capital programme over the next few years.

Future plans

In planning future residential facilities full regard must be given to creating an atmosphere that is in keeping with a home rather than an institution. The homes should be designed to allow the residents to have the fullest possible amount of independence and mobility. Management must take full account of the wishes of the residents. There is no place in an enlightened home for petty rules, restrictions or regimentation.

While we must have due regard for the rights and working conditions of the staff, at the end of the day the homes must be seen to be for the benefit of the residents and not for the convenience of the staff.

The siting of the home is also very important. While a parkland or garden centre certainly adds to the environmental aspects of the home, the first essential is that the homes themselves should not be isolated from the local community."

Conclusion

Concluding, Dr Robbins said, "Disabled people are not sick people. They do not want to be cossetted from morning to night. They want, as far as their disabilities allow, to enjoy a full life.

They do not want to be told what they may do and where they may or may not go.

Many disabled people are capable individually of living a full life in the community if they are given the right sort of accommodation and the right sort of support.

It is a matter for those of you who are working for the disabled, either in a voluntary or statutory capacity to identify in association with the disabled themselves how this can best be done."

Staff respond to Ethiopia appeal

Readers will remember that in the last issue of *Contacts* Sister Genevieve of the Daughters of Charity, St Patrick's Home, appealed for aid for the victims of the Ethiopian famine. The response has been greater than anyone expected - so far, the staff have contributed more than £8,000 and donations are still coming in.

A member of Sister Genevieve's order, Sister Zoë O'Neill, is setting up feeding centres in the Makala and Dakaye districts of Ethiopia. The money has gone direct to her and there are no administration expenses. Sister Zoe writes:

"My gratitude for remembering our people in the Third World whose necessities are luxuries - health, food, clean water, a home to live in, - no mention here of education, furniture, clothes, light or other day-to-day commodities that we from the West take for granted."

Large numbers of people are dying daily of preventable and curable diseases, or surviving with physical or intellectual impairment for lack of even the simplest measures of modern health care.

With even an assurance of one good meal a day, many diseases would be avoided for these people whose resistance is so lowered that they are almost too tired to cook the meal even if they have the wherewithal.

It is devastating to be seeing, watching people in this state continuously and being unable to help, yet with your donations we can do so much with so little."

Wicklow

In Wicklow, John Brehony and John Larkin have been active - we set out below John Brehony's letter to the Editor:

'By now most people will be aware that an appeal has been launched within the EHB in aid of the people of Ethiopia. In fact, it is quite likely that staff in the different locations of the Board have made their own collections for the victims of famine in that country. Why then should they now give any money to the Appeal Fund? The answer is quite simple. The situation in Ethiopia is still critical, the crop has once again failed and there are areas of the country experiencing famine for the first time. Funds are still desperately needed.

Christmas is now approaching. It is a time of rejoicing. What better way to celebrate the message of Christmas than to help those less fortunate than ourselves. We may eat and be merry, they simply hope to survive.

Even if they have given to previous collections, I would ask the Board's staff to send what they can to either myself or John Larkin, c/o EHB, Glenside Road, Wicklow, or Elizabeth Sharkey, c/o Newcastle Hospital, Greystones, Co Wicklow. If they wish, they may transfer their contributions directly to the Ethiopian Appeal Fund, c/o Bank of Ireland, Main Street, Wicklow - Account No. 72922493. The account will remain open until 31 January 1985. If everyone gave just £1.00, then we would raise nearly £7,000. That would indeed be a worthwhile Christmas present.'

The Wicklow Ethiopian Fund has now £2,000 to its credit - about £1,700 of this was raised by the Community Care staff in Wicklow, who organised a 24-hour fast.

Cherry Orchard Hospital

Kevin Whelan, Supplies Officer at Cherry Orchard Hospital, has received more than 500 blankets and they are still coming in. If anyone wants help in organising a blanket collection in their locality please ring 532207.

Kevin has also collected 70 hospital beds and mattresses, 3 delivery beds, an operating table, a complete set of x-ray equipment and 2 portable ECG monitors. He is liaising with the Third World Self-help Development Organisation founded by Fr Eoin Lambert, who is working in Ethiopia.



Pictured above are Sister Marie McAuliffe (*top*) and Sister Teresa Maher, both Little Sisters of the Assumption, who have just left for Ethiopia. They will be working in a hospital at first before taking up work in the field.

Both sisters are Public Health Nurses from Community Care Area 5. Sr Teresa worked mainly in Ballyfermot and for the past ten years Sr Marie has worked in Clondalkin.

We wish them every success in coping with the immense problems which they will meet.

Many of the staff have raised funds through various activities. Those we heard of include

- a 24-hour fast organised in St Ita's by Mrs Mary Carney and Mrs Liz Walsh which raised \$5,500;

- a 24-hour fast organised by Renee Canavan and the nursing staff in the Resocialisation Project in St Brendan's brought in \$1,600;

- a sale of work run by Margaret Quinn of Community Care Area 6, which realised approximately \$1,100;

- the proceeds of the first night of Astra's production of *Sive* which came to \$130 and was donated to Sr Genevieve's fund.

Sketch by TONY COYNE Text by MAUREEN WALL

The exhilarating whiff of Irishtown

In the 15th century a decree was issued by Dublin Corporation that all those persons of Irish blood living within the City Walls were to leave. They were given a short time only to do so, on pain of forfeiture of goods, and other punishments. These unfortunate displaced persons subsequently formed a settlement outside the City on the south side in the place we now know as Irishtown. This happening is mentioned in the ancient records of Dublin.

There is a tradition of glass-making in the area for almost 300 years, which has given employment down to the present day. The existing glassworks are referred to locally as the Bottle House.

The two gigantic gasometers on the skyline are part of the Gas Company which is located nearby - another source of employment for generations of local people. Part of the process involved was the burning of tar, and it was popularly believed that it could be a cure for whooping cough. Many children were brought there, and it was an experience to get an 'exhilarating whiff' from the tar - something to boast about at school!

In a central position in Irishtown are three detached buildings of warm red brick, darkened by weathering. The health centre is in the middle. On the right hand side it is flanked by the Bottle Maker's Hall which was used for recreational purposes by the workers from the Bottle House already mentioned. It is, sadly, no longer in use, and is in a state of neglect. On the other side, at the corner of Stella Gardens, is what was a Methodist Church, now a business premises. In the past it was used as a garrison church for the British soldiers in Beggar's Bush Barracks, many of whom were Wesleyans, and who were paraded to church each Sunday.

Stella Gardens is an attractive group of small houses near the Dodder, built early in the century by Dublin Corporation. We are informed that it was opened by a lady named Stella who was the wife of a Corporation dignitary, and she was presented with a golden key to mark the occasion.

In the middle of a road junction is a grass triangle in which stands a granite monument, of obelisk shape. The inscription reads:

'Erected 1893 by public subscription to commemorate the memory of Dr William Ashford for the valuable service rendered for a period of a half century to the Poor of the Parish'.

Dr Ashford was born in 1810, died 1892. It seems fitting that this memorial to a beloved and respected doctor should stand almost facing the health centre.



Irishtown Health Centre

Tony Coyne



Miss Emily O'Hanlon, LLCM, who was awarded a Benemerenti Medal by His Holiness, Pope John Paul II. The award is in recognition of her work as organist in various churches throughout Dublin, including St Ita's Hospital Chapel and the Blessed Sacrament Church in D'Olier Street.

Emily also arranges music for the organ and has composed a Mass which was sung recently by the patients in St Ita's.

The Papal award consists of a gold medallion with ribbons and a scroll in Latin signed by the Pope. She richly deserves this honour as her music has brought pleasure to many.

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Jimmy at 214143/744545 after 7 pm

The remit of the Ombudsman will cover local authorities and health boards next year. The Ombudsman, Michael Mills, outlines his experience to date in dealing with decisions in the Civil Service.



Ombudsman Michael Mills

Are administrators always fair?

Are the decisions we make in dealing with the public always fair? The Ombudsman, Michael Mills, speaking to the Limerick Rotary Club recently, suggests that unfair decisions are quite often made.

"Many of the complaints to the Ombudsman", he commented, "indicate the need for a regular review of procedures within government departments to ensure that people are dealt with fairly and in a consistent manner.

Due, perhaps, to the pressures of work or even because of the protection surrounding persons in relatively secure employment, public servants might not always be fully aware of the effects of their decisions on other people. This was brought home in a very significant way when complaints were received in the Office of the Ombudsman from retired civil servants about what they saw as unfairness in the system which they themselves had operated without question when they were at work.

Problems do not usually arise in areas where the regulations provide clear black and white lines along which decisions should be made; but there are many grey areas where discretionary powers are involved and where the future well-being of a member of the public can be decided arbitrarily by an individual civil servant. The effects on a person's immediate welfare and even on long term livelihood can sometimes be quite devastating.

Where the original decision is questioned there are indications that higher civil servants can sometimes be very much influenced in later decisions by recommendations made or questions raised at an earlier stage by officers at a junior level. A number of complaints to the Ombudsman's Office have arisen because a doubtful decision by a junior officer should have been questioned and perhaps reversed by higher officers along the line. The earlier verdict was, instead, allowed to continue to influence decisions until the stage where the citizen had no redress except by way of the Ombudsman's Office.

Again, many complaints have brought to light a certain lack of consistency in the decision-making process. A person may receive

approval or be awarded benefit on the basis of one officer's report but another person in apparently similar circumstances will be turned down because of an unfavourable report by a second officer.

It would be impossible to expect that all public servants would react in the same way to a human problem, but unfair decisions, taken without full appreciation of the harm that might be done to the citizens and their families can only alienate still further, people who are already frustrated by what they see as an uncaring bureaucracy.

The decisions are, of course, taken within the law; but as everybody is aware, decisions taken within the law are not always fair. Where decisions are obviously not fair there must always be room for a fresh look at the situation to find out whether, within the same laws it is possible to come up with a more equitable solution. This is what the Ombudsman's Office was created to achieve.

Mr Mills's strictures are aimed at civil servants; can we say that they would not be warranted in our case?

On 4 December last year, the St Ita's Hospital Radio Service was inaugurated, and has been broadcasting every day from 11 am until 4 pm. In October this year a television service was introduced. So far, it too has been very successful with the patients. The idea sprang from discussions between Mark Wheeler ACNO and Tony O'Rourke.

The station is much more than an in-hospital request service. It carries local news and programmes on various subjects which it is felt would be of interest to the patients. Dr M Conway, RMS, contributes a weekly short story. He is cautious about the

Successful year for St Ita's Hospital Radio

long term therapeutic benefits but is pleased that it brings everyone - patients, staff, and the outside community into contact with each other.

EHB clerical/admin staff have been sent on a course on writing plain English with the objective of improving the clarity of letters to the public. But will the course have any effect? KAY DOLAN reports.

Getting the message across

The letter from On High said I was to go on a course on Effective Writing.

Typical, I thought.

If I was a social worker, psychologist or other "professional" bod they'd call it *An In-depth Study of Certain Concepts of Non-verbal Communication*, or suchlike.

And what have I been doing, anyway, all these years but writing? Isn't that what being a clerk is all about? Are they telling me now that they don't think much of my efforts at clerking?

When I got over the hurt of it all I started thinking about writing and the effect of certain letters I have known.

Years ago, they used to send this long letter to applicants for medical cards which managed to *not* tell them that they *weren't* eligible. The recipients would ring us up saying they'd never heard of a General Medical Services Register, and didn't want to go on it and where was their blue card? In those days, the sending of the letter seemed more important than conveying information.

Incomprehensible letters

Eight of us duly attended the course which was led by Ann O'Keefe of the Institute of Public Administration.

She told us that, although the standard of letter writing had improved over the years, there are still too many which are not understood by the public. She blames the writers of these letters for lack of thought and lack of care.

Often staff have to translate complex legislation into layman's language. Ann appreciated this fact but, she said, by putting yourself in the reader's place and recognising what he *needs* to know, it is possible to eliminate unnecessary details. She suggested that instead of telling an applicant that he wasn't eligible for a service because he didn't comply with 'the regulations', he should be told

what the regulations meant and to whom he could make an appeal. A short and clear information leaflet could be enclosed with the letter.

Standard letters are usually bad as the information they give is too general to meet specific situations. She didn't expect individual letters to be issued in every case because of the volume, but there should be a greater range of standard letters giving clear information on the most frequently raised issues.

Caring image

To care for people is the prime function of the health board. The CEO, Mr Segrave, wants all our dealings with the public to convey this image of caring.

In letter writing, Ann said, this meant using a more personal and simple style. We should get away from the "I am directed to inform you .." and "It is considered .." type of phrase. (Sweet memories of government letters that started with the riveting "I am desired by my Minister .."!) We don't talk like that so why, she asked, do we write in this stiff, intimidating way?

We really didn't know, we told her. It was always like that. You looked up the file and copied what was said the last time. If Your Man or Woman signed it then, the chances were it would be signed again.

Apart from the signature on the letter, Ann said that the name of the person dealing with matter should be typed across the bottom of the letter. Some of us felt that once you gave your name, you'd be latched onto for all manner of queries and you'd never get your own work done. She didn't agree - you just give the name and phone number of the person who should be contacted.

Forms

We decided that forms are off-putting and particularly so if they are long. A lot of thought should be put

into making them as clear and short as possible. We discussed the rumour that health board forms are going bilingual. Anyone asking for a form in Irish is, of course, entitled to get one. If the public are having difficulty in understanding forms in English how are they going to manage with bilingual forms with twice the number of words?

Practical work

Ann gave us guidelines for improving our writing ability and showed us how to avoid the pitfalls. We did practical exercises in letter and report writing which, more than anything, made us realise how prone we are to using hackneyed and confusing phrases. They're so much easier than thinking through to the nub of what we're trying to convey.

We criticised each other's efforts and heaped scorn on samples of letters issued by other (anonymous) health boards.

At the end of it all Ann told us that we had improved.

What did we think of the course, she asked. We started out feeling there wasn't a need for a course like this, we said. We agreed that often our letters were not as clear as they should be. Now we are aware of this.

Would the course have any lasting effect? Had any of the staff who had already attended got together to look at their letters and forms?

Not at all, we assured her on both counts. She had convinced us of the need for improvement and we would do our best, but it is staff up the line who set the standard. Were they all going on the course? How many of them felt that they had nothing to learn about writing? If staff below them change to a simple, short, personal style of writing will the senior people agree?

If they don't, then the whole course is a waste of money.

The following were recently successful in the examinations of the Institute of Hospital Administrators, and received their Diplomas in Hospital and Health Services Administration at a reception in St John of God's, Stillorgan, on 24 October last:

Marian Breen, Clerical Officer
Salaries Sect., James's Street

Mary Harte, Asst. Matron,
Cherry Orchard Hospital

Terry Murphy, Clerical Officer,
St Brendan's Hospital

Claire McCarthy, Community
Pharmacist, Emmet House

Joan O'Neill, Asst. Matron,
St Mary's Hospital

Frances Sheridan, Clerical Officer,
St Brendan's Hospital

DR CONWAY
of St Ita's Hospital
prescribes -

Laughter, the best medicine

Fun and humour - what are they - any definitions?
Wit. What is it?

People involved in making people laugh say humour is a very serious business to work at.

Thomas Paine said: '... the sublime and the ridiculous are so often nearly related, that it is difficult to class them separately. One step above the sublime makes the ridiculous, and one step above the ridiculous and you reach the sublime again'.

Humour may be droll, dry, ribald, coarse, sarcastic, satirical and in some cases mercurial.

The late John D Sheridan was an expert in whimsical humour. His philosophy was hilariously insane when dealing out the punchline.

Arnold Bennett, the English novelist, defined humour as being the contrast between how things should be and how things really are.

In that case, we could gauge it in terms of variations in contrasts. Pessimism, if you become used to it, is just as agreeable as optimism. Journalists say a thing that is untrue, in the hope that if they repeat it often enough - it will be true.

Samuel Butler, in his *Apology for the Devil* reminded his readers that we only have heard one side of the case and that was God's, as we all know, and God wrote all the books.

He goes on to qualify this in a flippant way '... God is love but oh what a mischievous little devil love can be ...'. He remonstrated that brigands demand your money or your life. A woman demands both. Feminists may not approve.

Mark Twain the American folk-writer says: 'Its not that he told lies, its just that he bent the truth a little bit every day'. And old Queen Victoria said of her prime minister Mr Gladstone - 'that man addresses me as if I were a public meeting'. George Bernard Shaw satirically said: 'Youth is a wonderful thing - what a pity to waste it on young people'.



Our picture shows the new rota bed which was presented to Sr Canice, Matron, St Vincent's Hospital, Athy. Also shown are (l-r) Dr O'Neill, Medical Officer - St Vincent's, Ernest O'Rourke-Glynn, Joe Mooney, Sr Martha Moore, Liam Scully, Joe Prendergast, Nr. Mary Dunne, Sheila Chandlers, Susan Smyth, Nr Kay Lawlor, and Sr Canice Rice, Matron.

Very few of us go through life without some funny experience.

Back in the good old days in Grangegorman, a man visiting his brother could not read the clock and forgot to leave and stayed. It caused havoc in the head nurse's office with regard to figures and returns.

Another lusty gentleman on liberty in Portrane bothered to ring the hospital every day for weeks enquiring about himself! It was copped on eventually, but boy did he take us for a trot.

The little anecdote that affirms the human being in all his phases, combines kindness, generosity and pathos.

So keep laughing or giggling, whichever you may feel more comfortable at. Because laughter has no biological purpose. It is merely a 'luxury' reflex. It is an innate in-built thing in man and separates our emotions from our thoughts. It is spontaneous and that's what makes laughter the magical sequence that it is. And humour itself is a gift of nature.

FOUNDATION FOR THE PREVENTION OF CHILDHOOD HANDICAPS

As the proceeds of this Draw goes into research to prevent mental retardation and such physical defects as Spina Bifida, Hydrocephalus, Congenital Heart Disease etc, some of our readers might wish to help out and they can do so by joining the above Draw. For further information, contact us as 537951, ext. 2711 in the afternoons.

The Social Committee of Vincent's Hospital, Athy, presented a rota bed and a water bed to Sr Canice Rice, Matron, on 28 November last. The presentation was held in the Day Care Centre at the hospital and the attendance included the local clergy, members of the Urban District Council and the press.

In his address, Mr Ernest Glynn, Chairman of the Social Club gave a brief outline of the Club's aims and activities which included such things as draws, knit-ins, pony races, and the renting of TV sets for the wards. He also announced details of a new '500 Club Draw' being organised in the hope of raising \$2,400.

We wish the Committee good luck in their efforts.

300 CLUB DRAW for December 1984

Winning Ticket No.	Name & Address	Amt.
41	Mr E McSharry 402 Hartstown, Clonsilla.	£150
6	Ms Norah P Grace 4 Northland Grove, Glasnevin.	£100
101	Ms Maureen Belton c/o Accounts Dept, UCD.	£50
50	Mrs J McKinney c/o AIB, Kijburn, High Road, London.	£50
66	Mrs Eithne O'Doherty 43 The Rise, Kellywood Heights, Clondalkin.	£10
106	Staff, VRL UCD, Belfield, Dn 4.	£10
118	Mr M Kennedy 53 Glenard Cres., Salthill, Co Galway.	£10
129	Ms Ellen McDermottroe AIB, Bankcentre, Ballsbridge.	£10
36	Dr Rory O'Moore Ebb Tide, Breffni Road, Sandycove.	£10

Who's for Hockey?

Hockey is a sport with an expanding popularity within the EHB area. For many years now our major psychiatric hospitals - St Brendan's, St Ita's, and St Loman's - have fielded men's hockey teams to the Leinster Hockey Branch competitions with continued success.

The latest entry is a team made up mainly of clerical/administrative staff from various centres - 1 James's Street, St Mary's, Brú Chaoimhin - plus some former staff members of the Board and the FDVH. This is the EHB Hockey Club, who commenced their campaign this season in the Minor C League and have been unbeaten at the time of writing. In fact they have yet to drop a point, winning all matches played so far.

The Chairman of the Club is Eddie Matthews (former soccer mentor), with Tom Mernagh (Club Secretary), Donal O'Brien (Treasurer) and Dermot O'Neill (Club Captain).

All going well the Club hopes to enter two men's teams next season, with perhaps the formation of a ladies section in the near future.

Anybody wishing to join should contact any of the above at the phone numbers listed below.

Remember you don't have to have played hockey before to join the Club - most of the players on the current team have only played one or two seasons so far, and some are playing in their first. So don't be bashful, you'll pick up the game, make new friends and have a bit of crack to boot.

On the sartorial side, this new Club with their designer strip, sponsored track suits and general good looks (see photo), have been described as the best turned out hockey club to grace Leinster hockey for years. So there!

Here are those telephone numbers:
Eddie Matthews, St Mary's Hospital
Tel. 778132

Tom Mernagh, Brú Chaoimhin
Tel. 751005

Donal O'Brien, FDVH
Tel. 532385

ST ITA'S GAELIC FOOTBALL CLUB

Successes down the years

Since entering the Psychiatric Hospital's League in 1974, St Ita's have proven that they play a brand of Gaelic Football that can be matched only by other hospital teams occasionally.

They won the Championship (Connolly Cup) on four occasions - 1974, '75, '77, '79, and were runners-up in 1978. In the league (Antigen Cup) they were winners on five occasions, '75, '79, '80, '83, '84, and runners-up in '78 and '81.

Since the start of the Psychiatric Nurse's Association 7-a-side tournament in 1977, St Ita's have put their name on that cup on no fewer than five occasions. For the statistically minded, in the ten years of participation, St Ita's have been winners on fifteen times and runners-up five times. They won the league and championship double in '75 and '77.

There are still several players playing that were involved at the very beginning. The powerful Harry Keegan who has won every honour in Gaelic football except that elusive All Ireland medal. Harry Rennicks, who may be little in size but not in football ability. Sean McGarry is still there, as is Paul Mulligan and Kevin McGill. Kevin announced his retirement from Gaelic Football this year and will be greatly missed. The only other player still playing from the start is the 'mighty Murphy' - Padraic Murphy who has given as much time and effort off the field in organising everything as he has given on it. He is Vice-Chairperson of the Psychiatric Hospitals League Committee.

There is no lack of commitment in the present 'Naomh Ide' side - John Manton is the holder of a national league medal with Galway. James Daly is a player with enough strength and determination to lift any side. These two players provide a perfect link between youth, maturity and experience.

St Ita's have had some epic encounters with other teams and I don't think anyone would take exception if we were to single out three or four eg St Bridget's (Ballinasloe), St Brendan's (Dublin), St Loman's (Mullingar) and St Davnet's (Monaghan). They also provided excellent entertainment for us after matches.

The staff of the above hospitals also assisted in arranging patients' football matches, a project revived by St Ita's Club some years ago. Special mention must go to Sean McGarry who spent endless hours with the St Ita's patients' team blending them into quite a formidable force.

Credit is due to our RMS, Dr Conway, who was instrumental in setting up an excellent Sports Committee to assist all clubs in Portrane. We must not forget our CNOs and ACNOs from Mr B Hannon and Mr T Anderson to the present CNO, Mr Fleming and Mr J McCormack who have assisted the club in every way possible.

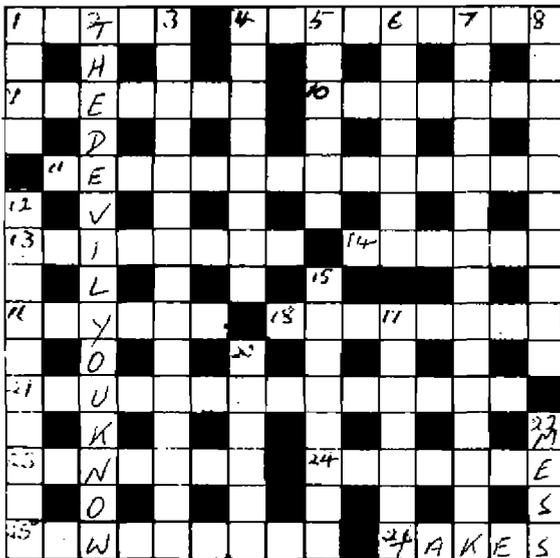
Thanks must go to the sponsors, the Psychiatric Nurse's Association, who provide the outstanding trophies for their seven-a-side. Thanks also to Antigen Ltd and the ITGWU.

- Sean Sweeney



The team wishes all its fans a very happy New Year.

CROSSWORD 52



ACROSS

1. An involuntary response (after work) of the eye (5)
4. Long for fruit and fruit (9)
9. Raw, and about to return more inexperienced (7)
10. Expanding Machine lit road - that's crazy! (7)
11. TV Picture shows distant spots (14)
13. Dented large tin makes a percussion instrument (8)
14. Relatives following almost the entire group get the needle (6)
16. Shout from the wings to cancel the game (3,3)
18. If you have them, you're glad when they are gone; if you're in them, you're laughing (8)
21. Falling group of houses create an obstacle (9,5)
23. One American has gone wild and fiery (7)
24. Dreadful sound of complaint by a few (7)
25. Left to sow broadcast in Suffolk (9)
26. Filings of scenes showing Kate's confusion (5)

DOWN

1. Russian girl presents unsteady target (4)
2. A wicked fellow, you understand, but you could get worse than him (3,5,3,4)
3. Restaurant can sound tidy, if upcoming (7)
4. Left a miserable spit for opening in ship (8)
5. Nakedness, untidy, dishevelled (6)
6. Quickly, everybody, destroy the ogre! (7)
7. Return to the old days, place the beetle and bet (3,4,3,5)
8. The arena is in a mess. Such grossness! (10)
12. What investors may hold until motionless (5,5)
15. Foul gnats are buzzing about worker (8)
17. Hairy little lie turned sour (7)
19. The highest trial takes in everybody (7)
20. Disastrous failure if a tax is not complete (6)
22. Disorder in the army canteen (4)

Name:

Address:

Entries to Crossword, *Contacts*, 1 James's Street, £10 to first correct solution opened on Friday 1 February '85. (Prize sponsored by Astra and St James's Social & Sports Club).

Solution to Crossword 51

ACROSS: 1. Desert Song; 5. Gong; 10. Chignon; 11. Wrestle; 12. Daffodils; 13. Orris; 14. Money for old rope; 16. Community Centre; 19. Regal; 20. Perorated; 23. Tearful; 24. Brained; 25. Deep; 26. Bell the cat.

DOWN: 1. Diced; 2. Stiffen; 3. Run for your life; 4. Sinai; 5. News story; 7. Ontario; 8. Grey scene; 9. Beyond reproach; 14. Macerated; 15. On impulse; 17. Migrate; 18. Titanic; 21. Rebel; 22. Didn't.

WINNER: Michael Murphy, Hospitals Department

CHESS

Problem 34

These are the moves in a recent Division 1 Leinster Chess league game.

- | WHITE | BLACK |
|------------|---------|
| 1. P - K4 | N - QB3 |
| 2. N - KB3 | N - KB3 |
| 3. P - K5 | N - Q4 |
| 4. P - QB4 | N - N3 |
| 5. P - Q4 | P - Q3 |
| 6. P x P | BP x P |
| 7. N - QB3 | B - N5 |
| 8. B - K3 | P - KN3 |
| 9. P - B5 | N - B1 |
| 10. P - Q5 | N - K4 |
| 11. ? | |

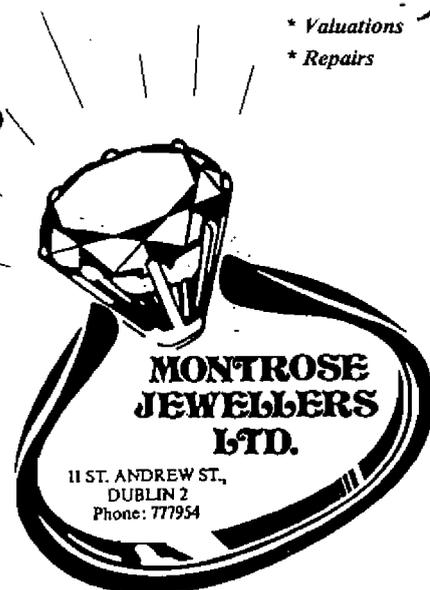
And Black resigned after the 11th move. What was the move and why did Black resign?

There was no correct solution to the last problem.

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