REPORT ON CONSULTATIVE PROCESS ON WOMEN'S HEALTH

EASTERN HEALTH BOARD

FEBRUARY 1996

EXECUTIVE SUMMARY OF REPORT ON CONSULTATIVE PROCESS ON WOMEN'S HEALTH

The two main objectives of the consultative exercise were:

1. to fill the gaps, if any, in the Women's Health Document, and

2. to indicate the priorities for service planning and development.

Both of these objectives were in focus and were highlighted throughout the process.

A rough estimate of the numbers of women who participated in the process, directly or indirectly, is 6,000 to 8,000. (This includes group questioinnaires, individual questionnaires, written submissions, meetings, workshops, customer services survey and working women's survey). The analysis of the latter survey to follow this report as supplementary report.

The recurrent themes arising in the questionnaires, meetings, workshops and submissions were in relation to guiding principles of the consultative process, barriers to accessing services due to socio-economic factors, methods of dissemination of information and promotion of healthy behaviour, qualitative measures of evaluation of service delivery and close participation of women's organisations in the planning, on-going monitoring and evaluation of the processes and service provision.

The main areas seen as barriers to healthy behaviour were financial cost, time and lack of facilities with cost being the biggest factor. The cost of services featured in the responses of greatest concern, i.e. information, childcare, depression, screening, support for carers. Again, the need for locally based services were mentioned frequently. Poverty and access were the most recurrent themes throughout the questionnaires' responses.

The demand for more resources of every kind is almost universal but there are two other themes running through the whole process which are equally if not more important to women. They are:

A. **the demand for a health service and health professionals which have the following attributes: understanding, friendly, efficient, professional, sympathetic and sensitive.**
B. **a very widespread feeling that women want, not only more alternative/complementary health remedies, not only an alternative style of**

health service and health delivery, but that they want to "own" it through self-help schemes, activities and organisations, positive lifestyle projects and that they want more power over their own health as part of the process of gaining more power over their own lives.

Self-empowerment reduces stress and stress came through directly and indirectly as one of the most powerfully destructive factors in the health of women.

PRIORITIES

The following are the main service themes which emerged from the participating women:

1. Adopt the principles of the Irish Association for Improvements **in Maternity Services** and the practice followed in the Coombe consultative exercise on an ongoing, generalised basis.
2. Run regular **breast-feeding** promotional campaigns in maternity hospitals/units, health centres, through GP's and in the media with the aim of achieving at least the average EU rate in Ireland.
3. In disadvantaged areas increase levels of education on contraception and promote improved access to **family planning** services with free access to non-

directive pregnancy counselling, either through the mainstream health service or indirectly through grants to organisations specialising in this area.

4. Provide widespread information re **HRT** and side-effects free of charge.
5. Adopt Rotunda procedure re promotion of **continence** questionnaire in all maternity hospitals/units.
6. Provide resources, where required and within reason, and other practical support for self-help groups like Bray Cancer Support Group. Monitor research and continuing debate on effectiveness of various types of cancer screening to ensure optimum use of resources.
7. Training health care professionals and staff/volunteers in women's refuges in the needs of victims of **violence** and working towards a "one-stop shop" approach at local level.
8. Identify ways of reaching most vulnerable sections of young people and targeting them with special education programmes within and outside the education system, with a view to minimising teenage pregnancies.
9. Develop and promote **Community Mothers Scheme** and ensure that training of PHN's includes a strong emphasis on focusing on the mother's needs as least as much as on the child's.
10. Health Service providers to identify what are the health needs specific to **lesbian** women and ascertain, in conjunction with lesbian women/representative organisations, how they can be met. The provision of a freephone line for life-saving services is the main priority.

11. Department of Health to liaise with Dept. of Finance and representatives of **carers** to examine how best to relieve their financial burden.
12. Provide sensitive counselling and choice of service in addition to existing medical support system for **Hepatitis C** women.
13. Build on the success of the female **drug users** SAOL project by establishing similar projects in areas of greatest need or by establishing female only support groups and services within other drug/AIDS clinics, which also need to be increased in number; implement recommendations of EHB study on **Carers** of Drug Users.
14. Establish or assist in the establishment and maintenance of self-help support groups for **HIV** positive women and appropriate education in schools.
15. Shift the emphasis in the treatment of **mental illness** among women away from prescribed drugs and psychiatric treatment (without discarding these treatments when they are most appropriate) and towards the less expensive and more beneficial alternatives of sensitive counselling and holistic medicine.
16. Adopt a professional approach to **information** aspects of service; look at successful approach of other organisations in this area e.g. Department of Social Welfare and adapt as appropriate to Health Board needs.
17. Taking more responsibility for one's own health is part of the philosophy of those qualified to provide **alternative holistic** services - this needs to be integrated into the EHB philosophy. Facilitating women in disadvantaged areas to learn about and gain from complementary health care approaches is a priority.

18. Ensure that women are not denied access to necessary **dental** treatment or that they face undue delay due to lack of finance; investigate the accessibility and the acceptability of the Dental Treatment Services Scheme as a means of improving the oral health of women in deprived areas.

19. More rigorous monitoring and visiting of **nursing homes** by Health Inspectors and the insistence on minimally acceptable standards of care.

20. Each form of **disability** has its own set of priorities. A common theme is the need for specialists for each area of disability combined with an approach which aims to maximise the integration of all disabled women into the community, to maximise their access to health, social and public services generally as well as maximising accessibility to the physical environment.

21. Pilot an improved nationally-standardised **traveller** client record-keeping system with the option of it being held by the patient/client and easily transferred between health boards. A Traveller identification facility should be introduced on notification of births, deaths, hospital admissions, morbidity and maternal and perinatal statistical records. A peer-group needs assessment survey should be conducted in each location.

22. Investigate the feasibility of adapting the EHB SAOL Project model for women drug users to the needs of **prostitutes** (sex workers).

Executive Summary

1. General

Women strongly welcomed the consultation process and indicated that they wanted a greater input both into the planning of services and into decisions on individual care plans for women.

The Health Services need to become more women friendly. The following are the recommendations for a women friendly service:

a. Services should be provided by staff who have a positive attitude to women and a sympathetic approach to women's problems.

b. Physical facilities in which services arc delivered should be more pleasant generally and should be suitable for mothers with babies and small children and facilities should be accessible to the disabled.

c. Specific appointments should be made for each clinic rather than block booking and the timetable should be adhered to as far as possible.

d. There should be an ample supply of literature and information on health issues which would be readily available.

e. Conditions such as pregnancy, menstruation and the menopause should be treated as normal life events and not be considered as illnesses.

2. Specific Services

The most frequently requested services were cervical smear and mammography screening.

Other services mentioned were as follows;

- **better support for women in crisis e.g. following hospitalisation, domestic violence, carer crisis.**
- **improved housing and physical conditions for those in need.**
- **better access to services for rural women.**
- **a more pro-active approach to all aspects of health promotion and health education for both men and women.**
- **better provision for the needs of physically disabled women.**

- **various types of counselling services should be available through the General Practitioner or through other clinics. This might lead to less reliance on medication.**

Areas which gave rise to the most dissatisfaction include:

Waiting lists, waiting times for appointment in out-patients and some of the issues mentioned above such as the lack of women friendly attitudes by service providers and the fact that life events e.g. pregnancy were often considered an illness, the poor conditions of some Health Board facilities particularly waiting areas and the low levels of support for women in crisis.

REPORT ON CONSULTATION PROCESS IN MID-WESTERN HEALTH BOARD
ON
WOMEN'S HEALTH DISCUSSION DOCUMENT

Executive Summary

On publication of the Discussion Document on Women's Health, Mr. Denis Doherty, C.E.O. of the Mid-Western Health Board established an advisory committee to oversee the process. This committee comprised of women working in the Boards services and women working in areas related to women's health throughout the primary and voluntary sectors. The advisory committee set up three sub-committees which would focus on specific aspects of the document.

Maternity and gynaecological issues and services.
Mental Health, Violence against women, drug abuse and dependency.
Women with particular disadvantages.

Through the media, all women and women's groups were invited to make submissions on the subject of women's health. All female staff, working and retired, in the Mid-Western Health Board, were also invited to make submissions. Submissions were requested in any format either written, oral or taped. Members of the committee also offered to meet with any group who wished to discuss the document and make submissions concerning women's health. These meetings were structured as Focus Group sessions and facilitated by members of the Advisory Committee in partnership with the National Women's Council and women's and community network groups. Five public meeting were held during November, December and January at Thurles, Nenagh, Limerick, Newcasde West and Ennis. A workshop format was used at these meetings and facilitators were again drawn from the womens' groups assisted by Health Board personnel. The Advisory Committee were particularly anxious that women and women's groups who would not usually access consultative process, should on this occasion be included in the discussions. The workshops, focus groups reports and submissions touched on every area raised in the document. Women throughout the Board's area welcomed the consultation process. They found the opportunity to express their opinions on health matters and services a new and exciting experience.

The issues raised most consistently throughout the process fell into two main categories.

Issues of policy and health service provision.

Issues related to health services delivery both in the primary (community) and secondary (hospital) care services.

The following issues emerged as priorities.

INFORMATION:

Difficulties in accessing information which was appropriate, relevant and timely was identified by women as the factor which caused the greatest disadvantage in accessing health care. This lack of or inability to access information was identified as limiting their decision making powers and reducing their options when considering health issues. This problem permeated all levels of the services.

ATTITUDES OF PERSONNEL WORKING IN THE HEALTH SERVICES:

Many positive experiences in dealing with health care personnel were expressed by women. However, a consensus emerged during the consultations that many people working in the health services did not perceive women accessing these services as the primary focus of that process. These criticisms were expressed towards personnel across the spectrum of general practice, hospital and community based services in both clinical and non clinical areas.

WOMEN FOCUSED SERVICES

The Health Services need to become more women friendly and should be provided by staff who have a positive attitude towards women and women's problems.

Other issues which were raised related to transport, poverty, counselling, family planning, menopause and menstruation, maternity services, breastfeeding, mothers needing support, carers, dental services, traveller women, and victims of domestic violence and rape.

REPRESENTATION.

The lack of representation of women in decision making processes was commented on by

many women. The lack of representation effects the type of services which women receive.

RESPONSE TO CONSULTATION.

- All Mid Western Health Board staff will be made aware of the finding of the consultative process. This knowledge will enable staff to plan responses to women's needs.

- The Board's staff will continue this consultative process in developing its policies and strategies.

- Through this ongoing process the Board will endeavour to create a partnership with women in the Board's area.

The aim of this partnership will be to ensure that women perceive their role in relation to health (to quote one participant) "not that of passive recipient of services when sick but rather that of an active informed involvement in the daily process of living".

Mary Healy
Chairperson Advisory Committee.

NORTH EASTERN HEALTH BOARD/

NATIONAL WOMENS COUNCIL OF IRELAND

REPORT OF WORKSHOPS HELD ON

WOMENS HEALTH ISSUES

ON

I3TH FEBRUARY, 1996

&

20TH FEBRUARY, 1996

INTRODUCTION

An Expert Advisory Group on womens health issues was set up by Mr. Donal O Shea, Chief Executive Officer early in 1995 to make a report to him advising on all aspects of womens health and womens services in the North East region and in particular to ensure that womens health needs are identified and planned for in an integrated and comprehensive way, the services women receive are appropriate and responsive to their needs, accessible when they need them and delivered in a manner that respects their privacy, dignity and individuality and that women are consulted at local level regarding their health and welfare needs.

The Expert Advisory Group carried out a detailed consultative process. Seminars were organised in each of the major towns in the North East to which individuals and representative groups were invited to attend and written submissions were invited from the public, local and national organisations and the North Eastern Health Board staff.

This consultative process proved to be very successful and the comprehensive report will be presented to the Chief Executive Officer and the Health Board in the very near future.

During the course of 1995, Mr. Michael Noonan, Minister for Health, introduced a discussion document regarding the development of the policy for womens health. The Department of Health requested the Expert Advisory Group to work with the National Womens Council of Ireland and to invite public discussion on the Minister's document and to make a report to them on the views of the public.

Two workshops were organised in the North East region to discuss the document. The workshops were held on 13th February, 1996 in Navan and 20th February, 1996 in Carrickmacross. Details of the workshops were advertised in all local newspapers, and local radio stations, in addition to which individual invitations were circulated. Four individual

topics were discussed at the workshops each day dealing with reproductive health, women with specific needs, mental health and older women and health. Access for the disabled, creche facilities, signers for the deaf, transport and refreshments were organised for each workshop. The North Eastern Health Board/National Womens Council of Ireland were delighted with the interest generated in the workshops, which was evident from the numbers attending and the level of discussion which took place.

The following is a report of these workshops. It is important to remember that this report should be read in conjunction with the comprehensive report prepared by the Expert Advisory Group in order to gain an overall understanding on the direction needed for womens health in the future in the North Eastern Health Board region.

This report is set out in the same format as the Minister's document.

PREGNANCY & CHILDBIRTH

Ante natal education was seen as important by those attending the workshops. Information should be disseminated to patients regarding choices of pain relief, birthing position, procedures etc. Information should be comprehensive and should include the adverse affects of any form of treatment in order that an informed choice may be made. The availability of ante natal education was identified as essential, but because all classes were held centrally in the acute hospital, access is a problem. The notion of outreach in this service to local health centres was supported.

Women should have an opportunity to choose to have a home birth if they so wish. A register of domiciliary midwives should be drawn up. In addition a realistic fee should be paid for people providing a home birth service.

Mothers should have a choice of hospital stay. Some mothers would like to give birth in hospitals that have the choice of early discharge, i.e. within twelve hours of delivery. Therefore, adequate community support must be available to ensure support regarding breast feeding and other parenting skills.

MISCARRIAGE & STILLBIRTH

Some women spoke from personal experience of their miscarriages and were critical of how they were treated in the hospitals. A "better luck next time" attitude was perceived and communication regarding explanation, empathy and counselling was lacking.

In order to remedy this situation, professionals needed to be more sensitive to the emotional needs of the mother and a facility for counselling should be made available. It was also seen as essential to have a momento, e.g. a photo, an opportunity to see and hold the baby, to have the birth registered and to arrange funeral arrangements as required.

The recommendations made in the Minister's Discussion Document were seen as appropriate.

BREAST FEEDING

The decision to breast feed should be taken in the ante natal period so that necessary preparations can be done. Mothers felt that it was too late to decide when the baby had been born. Society's attitude in respect of breast feeding was seen as a major obstacle. Breast feeding was seen as a primitive form of feeding by many and this image must be changed. A suggestion was made that a "breast feeding friendly" sticker should be made available for restaurants and public places which when displayed would identify support for breast feeding mothers.

MENOPAUSE

Many people going through the menopause feel isolated and a lack of proper information. Some women had suffered in silence and felt the need for support groups. The main aim of these support groups would be to educate people about the recognition of symptoms and what is normal. Psychologically, the support of others who have been through or are going through a similar experience was perceived as optimal.

There is a lack of information regarding the menopause and services available to women at this stage. Women want information regarding menopausal symptoms and treatment available. With regard to the dissemination of information and advice, female doctors or practice nurses were a preferred option. Women felt that male doctors seem embarrassed to discuss the menopause or were dismissive and too often associated womens complaints with "their age, weight or their mother".

Hormone replacement therapy (HRT) was discussed and there appeared to be confusion regarding the pros and cons of such treatment. Patients should be able to make an informed choice before deciding to take HRT.

URO GYNAECOLOGY

Continence was a problem identified as affecting women of all ages. Information on the condition was requested. Women discussed the appropriateness of referring people with urinary problems to gynaecologists and felt that a specialist urology clinic would be more suitable.

SCREENING SERVICES

Screening services were requested to be developed locally to pick up on illnesses such as osteoporosis, stroke, cervical cancer, breast cancer, incontinence, etc. early so that prevention, diagnosis and treatment can be initiated. Women should be given medical help according to their illness and the means test should be made more flexible. If possible, cervical and breast screening should occur at the same clinic. Breast self examination techniques should be taught as routine. Cervical screening services where available are delivered well, but the waiting times for appointment are excessive. The facility of a recall system for regular smears was seen as desirable.

VIOLENCE AGAINST WOMEN & CHILDREN

At present there is only one refuge in the North East region and it is recognised that another one is due to be located in Dundalk. However, all present agreed that the service provided was quite limited and needed to be expanded. In particular it was felt that there was a strong need for outreach facilities possibly from the community in order to help women and children who are leaving refuges and setting up house either at home or elsewhere. There was also a strong feeling that more needs to be done to recognise violence against women and children and that individuals need to be trained in recognising when women and children are suffering violence. Particular attention to this area needs to be paid by concentrating and identifying same in our casualty departments. Very often women are afraid to disclose the extent or the nature of their injuries, particularly if the abuser accompanies them to hospital. Staff need to be trained to recognise the situation and to guarantee women that they are safe and that they could make disclosures.

There is a notable absence of rape crisis facilities within the North Eastern Health Board region. The need for specialist clinics with the availability of counselling services was identified. Rape crisis victim support groups are also urgently needed in the area.

It was proposed at the workshops that the extended family of those affected by violence could be supplemented financially to take the affected family into their home. It was also proposed that adequate resources be made available to implement the Child Care Act.
Women also suggested that rehabilitation programmes be made available in prison for perpetrators and on discharge back to the community.

TEENAGE PREGNANCIES

Education regarding basic anatomy, physiology and relationships were seen as imperative. It should be started in the early years of secondary school or even in the latter years of primary school. Contraception should be discussed with information about where to go for advice. All education of this kind should be directed to both boys and girls and should include discussion on responsibility, respect and self esteem.

CARERS

Carers are predominantly female. There is a very strong feeling that the means test for the carers allowance should be abandoned as carers were entitled to this remuneration in their own right. There was also a strong feeling that carers need more support in the community and that there is a need for more respite care for patients. Respite services should be flexible and responsive to the needs of carers as they arise. There was general agreement that supporting carers and training them appropriately and providing them with respite facilities will save the health services considerable money, which may be put towards the provision of support services.

Women also felt that the public health nurse does not have enough time to spend with the patients. More back up services geared towards keeping the dependant elderly at home should be made available.

It was emphasised that young disabled people need appropriate carers at home. Women also requested that classes/training should be developed for carers of those looking after people with hearing loss.

With regard to carers allowance, it was requested that this allowance be given to the recipient of care in order that they may employ their own carer.

DRUG DEPENDENCE

There was general agreement that the problem of drug dependence for women was primarily one of prescription drugs. Women were of the opinion that general practitioners prescribed tranquilliser type drugs far too quickly. It was felt that perhaps if the general practitioner listened more to the individual, who had the problem, that they might realise that a prescription was not the answer. Many participants felt that the general practitioners needed to develop their listening and communications skills so as to understand what their patients were saying. They also felt that many general practitioners were over stretched and as a result reached too quickly for their prescription pad. Participants felt very strongly that there was a need for more support services and counselling services to support women who faced various difficulties from time to time. It was also pointed out that very often social work services seemed to be only addressing child care issues. In addition to establishing more support and counselling services, it was also suggested that it might be appropriate to look at the size of the list a general practitioner has at the present. This could be done by placing limits on the number of patients a doctor can deal with or indeed to preferentially favour new doctors coming into the area. It was also suggested the Health Board could perhaps look at the prescription by a general practitioner of tranquilliser type drugs to ascertain if some general practitioners prescribed more than others and if this issue could be addressed directly with him.

Alcohol dependency was also discussed. It was pointed out that alcohol has different affects on women physically and also that women with alcohol problems are less acceptable socially than men. The families of alcoholics were also discussed and it was felt that there was little support services for this group of people. In general, it was agreed that a wider range of

counselling services needed to be provided than is currently available in order to deal with both drug dependency and alcohol dependency. It was also suggested that there is a need to have some degree of monitoring of the problems as they presented in casualty departments.

A good deal of discussion also focused on the lack of support for parents of teenagers, who were addicted to drugs. Counselling services for the whole family are required. This is also true of alcohol addiction.

Women propose that a centre similar to that available in Coolmine should be provided in the North Eastern Health Board region. Emergency services are perceived to be totally inadequate with no out of hours social work/helpline services available. Families need to be able to talk to someone in times of crisis and to be educated about drug taking in teenagers.

WOMEN & HIV/AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

A major cause of concern for women participating in the workshops was the fact that there are no specific centres or facilities available in the North Eastern Health Board region for the management of sexually transmitted diseases and HIV/AIDS. It was felt that the Health Board should develop a service for its own client based group. However, this service should be provided discreetly. In addition, there is general agreement that women needed more practical information about AIDS and that education should not be confined to young people alone, but that it should also be brought to the attention of older people in order that they might understand the issues involved.

MENTAL ILLNESS IN WOMEN

A number of issues were discussed, which relate to mental illness in women.

It was noted that post natal depression was not mentioned in the Minister's document nor were many other mental health issues such as eating disorders, suicide, para-suicide and stress. These are important issues for women.

With regard to the current services available for those suffering depression, it was felt that there is inadequate education and information available. Individuals who are depressed are often stigmatised as lazy or inadequate. Some felt that doctors prescribed medication for depressed people too quickly. There was consensus that more counselling services were required as was support for community groups, which facilitated self awareness/self development.

The fact that women carried multi roles of homemaker, parent, worker, carer was noted and it was felt that stress was very often caused by lack of support in these roles. Women felt that there was an inadequate acknowledgement of the pressures of looking after small children and not enough support for community creches and groups. Lack of access to information about available services was also noted as was the lack of income for some mothers to buy support services.

In relation to eating disorders, it was noted that there is no specialist unit available in the North East region. More research into eating disorders is required at national level.

With regard to self help groups such as AWARE and GROW, financial support was perceived to be inadequate. These groups provide very good literature and could make information more accessible if properly funded. Some members of these groups felt that more attention needed to be focused on the quality of the psychiatric services and consumers views on same.

One quality issue which was noted was the block booking of appointments for psychiatric clinics resulting in undue delays.

Access to information on mental health is important. It was suggested that a "family tree" should be displayed in mental health clinics showing the personnel on the professional team. Access to information should also take into account literacy problems. Help lines for mental health sufferers should be available in addition to "drop-in" centres made available throughout the region.

With regard to the treatment of mental illness women felt that a more holistic approach should be taken. The availability of counselling services should be developed and should include bereavement counselling. Further education should be provided for general practitioners in the treatment of mental health.

Education was recognised as an important factor in preventing mental health. Education programmes should be tailored to meet the needs of women and where possible programmes should receive accreditation. People could be trained as support persons to visit those experiencing mental health problems at home. This would ensure that the client would receive more support and that the self esteem of the woman providing the service would be increased. Assertiveness programmes in schools should be promoted.

Back up services for families of a person suffering from mental illness was requested. These families could be regarded as part of the mental health team in the treatment of a patient. Out of hours services for a person who becomes mentally ill should be available.

HEALTH INFORMATION FOR WOMEN

Despite the fact that a large number of booklets are being published on womens health issues by the Health Promotion Unit and the Department of Health, most participants in the workshops were unaware of these booklets. Women felt that health promotion material was being placed in inappropriate settings. Health promotion messages should be placed in areas where healthy people attend rather than necessarily depending on the general practitioners surgery and the health centres to be the most appropriate places. Post offices, libraries, resource centres for the unemployed etc. could be appropriate places to make leaflet and booklet information available.

The whole topic of one stop shops for women was a subject which generated a lot of discussion at the workshops. There was consensus that there was a need in all the Board's

centres for "one stop shop" information centres. In addition it was felt that it would not be sufficient just to provide information for people, but the one-stop shop should be proactive as well and that it would make contact for individuals there and then. The one stop shop should not only hold information on health board services, but on all voluntary bodies as well that may be of interest to the population. It was also suggested that the one-stop shop should even provide information on alternative medicines.

The Health Board were requested to facilitate seminars on womens health issues to promote awareness and encourage information sharing and support.

The Health Board were requested to appoint an information officer who would be responsible for the dissemination of information leaflets and also educating members of the public on the health services available.

WOMENS EYE CARE

There was surprise by those attending the workshops that eye care was not mentioned in the Minister's document. Women felt that the waiting lists are far too long for treatment and that more extensive ophthalmology services are necessary in the North Eastern Health Board region.

WOMEN IN ADVANCED OLD AGE

Each of the groups consulted with on women in advanced old age objected to the title and suggested that it should be renamed "Older Women". A number of issues were noted which affect the older women.

With regard to complimentary medicine, many women felt that health professionals object to the holistic approach and too often women are confined to the drug therapy route for ailments that could benefit from reflexology, physiotherapy, massage, aromatherapy, etc.

It was felt that women should be encouraged to have greater awareness of their own bodies and to have regular smear tests, mammograms etc. carried out. These services should be available free of charge.

Positive lifestyle programmes should be popularised and promoted.

Older women feel the need for advice on sexuality which they could receive through talks from nurses. Joint accommodation for partners in nursing homes for older people was requested.

Safety of older women was described as a frightening subject. Older people are afraid both in their homes and outside.

With regard to the hospitalisation of older people, there was objections raised regarding the mixing of male and female patients in wards.

People also felt that there is a lack of dignity in some hospitals for the dying. Patients may be in open wards where there are visitors nearby and lots of noise. This can be upsetting for the dying patient and their relatives.

Alzheimer's disease came in for special mention. Women would like extra services for the high risk groups.

WOMEN WITH DISABILITIES

The women consulted proposed that the term "mental handicap" be changed to "learning disability".

Mothers of disabled children feel isolated and requested that more support be made available to them i.e. support groups.

It was also recommended that every mother who has a child with genetic problems should be given the option of genetic counselling when the child is six months old.

WOMEN IN RURAL AREAS

Rural mothers felt that they are disadvantaged in accessing many of the services available in the urban setting, e.g. womens health and childcare services.

TRAVELLER WOMEN

Representatives of the travelling community, who attended the workshops advised that in general they are treated the same way as the rest of the population. There was concern about some doctors, who are reluctant to call out to see travellers at halting sites. Access to services for traveller women and their children could be difficult and there is the great feeling that mobile clinics similar to those provided in the Eastern Health Board area would be very beneficial in the North Eastern Health Board region.

SERVICE PROVISION

The appointment system at out-patients clinic was discussed in detail. Women discussed the excessive amount of time they have to wait in clinics to see a doctor. Individual appointment times were requested.

Facilities provided for those waiting to be seen at clinics should be reviewed with a view to making snacks and creche facilities available.

Customer satisfaction surveys were requested. Women felt that a complaints procedure should be made available with the results of complaint investigations made known to the complainant. If possible a consumer representative should be on the complaints committee.

The presence of waiting lists to be seen at clinics was perceived as undesirable especially in situations where patients suffered from anxiety whilst waiting. This has led to some patients feeling it necessary to seek a private appointment even though they could not easily afford it and were entitled to free treatment. Many services were seen as unresponsive to need. There was general acceptance that delays may in some instances may be unavoidable, e.g. the consultant being called to an emergency situation, but consideration should be given for those waiting and explanations given. This is seen as a basic courtesy.

Women discussed in detail general practitioner services. It was noted that some general practitioners are unwilling to carry out home visits which can cause problems for the patients and their relatives.

MIXED WARDS

The occurrence of mixed wards was seen as highly undesirable and must be avoided. It was felt that mixing, not only in wards but in waiting areas where women feel vulnerable, e.g. prior to going to theatre or in recovery, was also unacceptable

CONCLUSION

The North Eastern Health Board/National Womens Council found the joint consultation process successful and constructive and useful to the future planning of health services for women. Women appreciated being consulted and requested similar opportunities in the future.

Women's Health Discussion Document

North Western Health Board
Bord Slainte on lar Thuaiscirt

WHAT WOMEN HAD TO SAY -

THE CONSULTATION PROCESS

WHAT WOMEN HAD TO SAY - THE CONSULTATION PROCESS

The *National Health Strategy*lays down the principle of consumer satisfaction as being central to the development of the Health Service, and points out the importance of all service development being done in response to consumer need. More recently, *Developing a Policy for Women's Health* has actually pointed out the need for consultation with women as a response to that document.

Consulting with women formed a major element of the work of the Advisory Group in putting together this Report. The consultation process included:

Invitations in the media to women/women's groups to make written submissions in relation to current service provision and future service development.

A series of public meetings, also advertised in the media, in churches and through women's groups to discuss the same issue.

A series of informal interviews with women in out-patient clinics, hospital coffee docks, health centres and community welfare clinics.

Informal interviews with travelling women and single mothers.

A questionnaire to a random selection of the Board's female staff.

We also received the results of surveys carried out by the Glenties Women's Group and the Inishowen Women's Network on health issues for women in those two areas,

The areas of common interest which emerged from the written submissions were as follows:-

- Breast screening.
- Family planning service.
  Cervical smear testing.
  Development of Mother 5c Toddler Groups.
  Complementary medicine and its importance.
  The availability of personal development courses.
  Home births as an option for mothers.
- Maternity services in general.
  Post natal depression.
  Breast-feeding and its promotion.
- Support for parents in child rearing.
- Information on services and entitlements.
  Attitude of health professionals re women's health issues.

The public meetings and the interviews were structured so as to encourage women to consider what the main issues for them were in relation to:

- Services for children
- Services for young women
- Maternity service
- Services for women in middle/late middle age
- Services for elderly women
- Services for women victims of violence
- Services for women on addiction (their own/partner's)

Women who came to the meetings, and women who were interviewed were also given the chance to comment on specific services, such as the GP service, hospital services, welfare services, public health nursing service, and on any other service which was relevant to them.

The themes discussed at the public meetings were also used in the interviews with travellers and single mothers.

Attitude of Women to Existing Board Services

In general, feedback from the women who wrote, attended meetings and answered interview questions in relation to the Board's services was very positive.
Particular satisfaction was expressed in relation to:

- Maternity Services.
- The Public Health Nursing service
- Immunisation Services.
- Care of the elderly particularly in relation to day hospitals, public health nurse care and the occupational and physiotherapy departments.
- Respite care and support for carers (apart from the Carers Allowance)
- GP Service.
- Child development service (particularly in Sligo/Leitrim community care area).
- Addiction coiinselling services (particularly in the Donegal community care area).
- The Board's School Health Education programmes.
- Mother and Toddler Groups, Community and Holiday Playgroups (particularly in the Donegal community care area).
- The Lifestart and Community Mothers' projects (Sligo community care area).
- Cervical screening, which was perceived as having improved significantly throughout the region.

Women's dissatisfaction with Board services focused mainly on:

The lack of information of services and of health issues.

The lack of consideration of women's needs in relation to the timing of clinics, long waiting times in both health centres and hospital clinics. The lack of reasonable access to women GPs (particularly in Donegal community care area).

The lack of female consultants.

The lack of choice in relation to family planning methods, and difficulty in getting tubal ligation.

The attitude of some medical staff in the Maternity Service (particularly in the Donegal community care area).

The attitude of some staff in the community welfare service.

The lack of time available during a visit to the GP.

Not enough counsellors or support groups reasonably available.

The absence of a forum for women to voice their opinions in relation to the services.

The inadequacy of breast saeening and follow-up service.

The lack of on-going ante natal classes throughout the region.

The need for more help for abused women and their children.

- Emergency social services being confined to office hours.

A 'Healthy Woman' not a 'Sick Woman' Service

From the meetings, the interviews and the submissions, it was possible to summarise the demands of women into a number of key points. The most important point relates to the reorientation of Board services for women from 'sick woman' services to 'healthy woman' services.

It is felt that many of the issues relating to women's health are not illnesses as such - they concern life tasks or life stages which women are going through. Women want help to prepare for, understand and deal with these different stages - such as pregnancy, the menopause, or issues around sexual development. They also need support in the major life tasks which are predominantly undertaken by women, such as parenting or caring.

Women also want support for themselves as persons, in their own right, irrespective of the life roles they adopt. As part of this shift in emphasis, women want a 'healthy woman' service which would provide, amongst other things, counselling, advice, support groups and networks, information, appropriate referrals to dietitians, psychologists, education, screening services and pregnancy testing. They felt that this 'healthy woman' approach, if adopted, would change the emphasis on services for women from treatment to prevention and would ultimately be much more cost effective for the **Board.**

Whilst a 'healthy woman' service need not be a stand alone service, but can be developed through existing GP, health centre and hospital provisions, there was a general demand for a number of women's health centres in the region. In such centres (which could be based in or attached to existing health centres) courses could be organised, information could be distributed, back up could be given to support groups, and, if necessary, family planning and menopause clinics could be held. Such centres could have outreach clinics to provide a service to women in more remote areas.

To sum up, women want the Board to be a 'Health Board', i.e. they want support **in** helping themselves and their families to stay healthy. They want help to help themselves.

Other Issues for Women

- **Women want more information. They want information on health issues, and on Board services. At the moment they feel this information is not available, and, if it is, they do not know where to look for it. There was a strong demand throughout the region for a central Information/Resotirce Centre, and a named Information Officer who would be available either on a Freephone or on an 1850 service.**

- **Women are looking for a quality health service, which encourages and facilitates choice, and which gives them the time they need - *'more time, less pills', 'good listening, good explanation'*.**

- **The timing of services such as out-patient clinics, child development clinics, community welfare clinics should reflect the fact that mothers often have commitments in relation to collecting children from school, or working outside the home during the day. Women felt that a lot of hardship was inflicted by the lack of consideration in small areas such as clinic times, unnecessary visits (e.g. to community welfare offices) and the lack of provision for small children in waiting areas. They emphasised the fact that the changes that could make the difference need not necessarily be expensive ones or require new developments/services. A change of attitude, a change of perspective, and more focus on the person doing the service being delivered would make all the difference.**

- **The issue of breast screening and cervical screening was a major topic for discussion in all the forms of consultation, and there was a general demand for an extension of breast screening and mammography services, and the promotion of cervical screening to all women in the region.**

There was a general demand that the health service be more 'friendly towards complementary medicines and treatments, and that treatments such as acupuncture and reflexology be given more recognition.

Women want real liaison between the Health Board and voluntary and com munity groups. They see this as a particularly useful way in developing health education courses and in the provision of leisure pursuits and activi ties for teenagers.

- Allied to this, they want services that are delivered at local and at community level.

- Women were very Happy at being consulted in relation to service developments in the Board. They felt that there is not nearly enough consultation with the users of the Board's services, and that this type of consultation should be done consistently and to all service users - male and female.

In Conclusion.....

Service providers are sometimes apprehensive when it comes to consulting those who use their service. They are concerned that, when asked what they want, people will make inordinate and unreal demands, and will be overly critical.

Our experience *of* the consultation process has taught us that most people are quite realistic and understand many of the constraints under which health services are delivered. Their main concern is the manner in which a service is delivered - the attitude of staff, the small considerations, the humanity of a service. It is how they arc treated as persons that determines their judgement of a service, not how elaborate a building is or how good an allowance is. Since the personal dimension is so important, it is vital that communication links are established and kept open between the managers of Board services and the people that they serve.

We have also learned through this consultation process that the people to whom a service is delivered are the ones with practical ideas for improvement, which often only involve small procedural changes. In many cases, the changes they suggest would actually cut down on staff workload, e.g. proper appointment systems and appropriate timing of clinics would undoubtedly result in better take-up and less 'did not attend' incidences.

Probably the most exciting element of meeting women, either in groups or individually was the extent to which they are interested in taking care of their own health and the extent to which they realise that medicalising every problem is not a solution. They see the value in support groups and networks, and in helping themselves to help each other. In a sense, it's as if the old community" spirit which many of us feel has died out is being reborn in a different way. They have a broad perspective on health, and see it as a resource, as something which will enable them to lead better and more fulfilling lives. At almost all of the meetings the Board was seen as an agent to promote health in the community. They placed a very high value on educating for health and on teaching people about looking after themselves.

In conclusion, it is true to say that the major issues which came through from consultation process were less about the structures and lack of services than about the quality of the services which are already In existence, and how that can be improved. While women highlighted these issues, there is no doubt that they apply not just to women but to all those who use Board services. The consultation process was a worthwhile and necessary one, and the Group would like to thank all women who participated and gave of their time and enthusiasm to tell us what they thought.

Main Recommendatlons arising from the Consultation Process

- A 'healthy woman' service should be provided for women, which could incorporate counselling, family planning, information and advice, and referral to other
  • primary health care services in the region.

- There should be a women's health centre in each community care area with an outreach link to all the health centres in that area.

- The Board should adopt a proactive approach to the dissemination of information and services. This should include the development of a central information point with a freephone number, through which information could be accessed by the public.

A Brief Summary Of:

(i) The Consultation Process and

(ii) The Main Recommendations following consultation with women's groups and other organisation in the South Eastern region.

The Consultation Process

Following the publication of the discussion document *Developing a Policy for Women's Health* by the Minister for Health in the summer of 1995 the South Eastern Health Board were asked to co-ordinate the consultation process with women's organisations and any other interested bodies or individuals in the region who might wish to comment on the discussion document. A Senior Executive Officer attached to the Community Care section was appointed as Regional Co-ordinator.

As the consultation process was to be in partnership with the National Women's Council of Ireland, contact was made with the NWCI's National Co-ordinator in early November. Following discussions with her it was decided that the NWCI would nominate a representative from each of the four Community Care areas in the South East to act as co co-ordinators with the Senior Executive Officer in organising the consultation process. This group was joined by four representatives of the South Eastern Health Board each representing the various programmes within the Board and this group became the informal co-ordinating group for the consultation process.

The consultation was operated along two strands. In early November advertisements were placed in each of the ten local newspapers circulating in the region inviting women's organisations and individuals to make submission in either written or taped form on the discussion document. Subsequent to the placing of those advertisements over 160 women's organisations and other interested groups were written to by the South Eastern Health Board inviting them to make submission on the discussion document. Each of these groups received a copy of the document as well as numerous copies of the Department of Health's Executive Summary of this document.

A total of 43 written submissions were received. No taped submission were received. Submission were accepted up until the 26th January 1996.

In parallel with the written submissions, informal co-ordinating group decided on a format for workshops throughout the region. It was decided to hold workshops in each of four venues, namely Kilkenny, Clonmel, Wexford and Waterford. The workshops were to be run on a half

day basis and the co-ordinating group decided on five working titles for workshops. The workshop titles were as follows;

Cancer Prevention in Women
Issues Particular to the Reproductive Health of Women
Prevention of Domestic Violence
Promoting Mental Health
Access to Health Services by Women with Specific Needs

Although having rather specific titles, nevertheless the first part of each workshop was devoted to what women considered to be the general influences on their health and that of their families either in a positive or negative way. They were also asked to consider in what ways the local environment affected their health, as well as the delivery of health services. Each of the NWCI representatives were to organise a number of facilitators from the various women's groups in each Community Care area and the South Eastern Health Board also organised a number of facilitators. All facilitators were briefed as regards the format of the workshops, the questions to be asked etc. Each workshop group was given a feedback sheet on which their priority recommendations were to be included.

Workshops were organised for the 9th, 10th, 16th and 17th January. Again 160 women's groups and other organisations and individuals were written to informing them of the workshop times, format etc. and they were invited to the relevant workshops. The venue for the workshop were all selected on the basis that they provided access and facilities for disabled people as well as the provision of child minding facilities.

Each of the three programmes within the Health Board were also asked to send representatives to the various workshops.

In the four venues a total of 31 workshops were conducted. Almost 100 different groups and organisations were represented at these workshops.

The findings of the workshop together with the written submissions received have been compiled into the Submission Document to the Minister for Health that was prepared by the South Eastern Health Board in February 1996.

SUMMARY OF THE MAIN RECOMMENDATIONS OF BOTH THE WRITTEN SUBMISSIONS AND WORKSHOPS

The establishment of a Resource Centre, incorporating a Well Women Centre, a "One-Stop-Shop" capable of providing in-depth information on all aspects of health services available locally including health promotion and health education and a family planning centre providing comprehensive advise and information on all aspectsof family planning. The Resource Centre should incorporate a comprehensive counselling service as well as child minding and refreshment facilities.

A Women's Refuge should be set up in each Community Care area and be substantially funded by the SEHB. The centre should provide high support residential services for women, with psychological and counselling services available to both women and children. The refuge should also have a fully manned 24 hour help line.

The South Eastern Health Board should be responsible for the education and training of it's own staff and other public servants to ensure that these officials can better understand and have more insight into the trauma and fear associated with domestic violence. In particular, Community Welfare Officers, local authority officials in the housing departments of those organisations, and members of the Garda Siochana dealing with domestic violence, should receive in-depth training on all aspects of domestic violence.

There should be greater recognition of the impact that events and episodes encountered by women in their daily living throughout their lives has on their mental health. Their economic status, their physiology and their personal relationships all influence their mental health.

The under-representation of women on Health Boards was quite a big issue. The general feeling was that provision should be made to ensure more female representation. A common suggestion was the extension of eligibility to nominate members to Health Boards from voluntary organisations.

Screening for both breast and cervical cancer should be greatly expanded, and should be available free of charge to all medical card holders.

Now that the consultation process had begun, most women wanted it to continue in some form. Workshops of a similar nature to what has already taken place in the region should be organised by the Board on a yearly or twice yearly basis. This would provide a forum for women to make a contribution to policy-making on the health issues of the day.

"We've done the talking, now we want to see action". The one message that ran through each of the workshops was that the Department of Health and the South Eastern Health Board had approached women to participate in the consultation process. The women's organisations and individuals from the region have now done so, giving the service providers an insight into what they (the women) perceived as the problems with existing services, inherent gaps in those services, and suggestions and ideas as to how to bridge those gaps. The women of the South East now wanted a response in kind from the Department and the Board.

Southern Health Board
Bord Slainte an Deiscirt

SOUTHERN HEALTH BOARD
WOMEN'S HEALTH CONSULTATION PROCESS

EXECUTIVE SUMMARY

TO: *DR. RUTH BARRINGTON.*
DEPARTMENT OF HEALTH,
HAWKINS HOUSE,
HAWKINS STREET,
DUBLIN 2.

FROM: *MRS. MARYO'FLYNN,*
WOMEN'S HEALTH CO-ORDINA TOR.
SOUTHERN HEALTH BOARD.

DATE: 1 MARCH, 1996.

CONTENTS:

Gouldshill House
Mallow, Co. Cork
Tel. (022) 21484
Fax. (022) **42504**

PROCESS

The Southern Health Board response to the Discussion Document on Women's Health, published by the Dept. of Health in June 1995 was very broad based. The Southern Health Board established an advisory group on women's health and appointed a co-ordinator to undertake the process. It used a workshop approach with added components to maximise participation.

The methodology used was consultation with a presenting sample. A scientific needs assessment was not considered appropriate.

The objective was to offer each woman in Cork and Kerry an opportunity to participate. A major publicity campaign was undertaken in all branches of the media to communicate the consultation process to women, both public and health care providers. Women and women's groups were invited to make submissions on women's health. Disadvantaged women were specifically targeted.

Women's health discussion workshops were held in geographically distributed venues. (See flowchart). Strategies used to broaden participation and be inclusive included disability access, creche facilities and sign language interpretation for the deaf. The Advisory Group focused on six specific aspects for discussion in small groups at each venue: access, abuse, screening for breast and cervical cancer, mental health, reproductive health and health promotion/healthy lifestyles. At each workshop a short introduction was given on the consultation process, after which women organised themselves into groups to discuss their selected topic for one hour. A plenary session followed in which each group reported their views. On workshop completion, women were thanked and informed of what would happen to their contribution and were given information on future workshops. In addition an evaluation form was offered giving each woman the opportunity to elaborate on her views. The process was greatly welcomed by women in Cork and Kerry.

Using approaches which presented themselves the consultation process took in a Women's Health Seminar which was held on the 20th - 21st January, 1996 in Cork. Freephone Women's Health was held daily from the 22nd to 26th January 1996 from 12.00 p.m. to 2.00 p.m. and it was staffed by two members of the Women's Health Advisory Group. In response to the recognition of a deficit in the process a questionnaire was developed for use with sexual workers.

DEPT. OF HEALTH

* Discussion Document of Women's Health 1995.
* National Co-ordinators Committee.

SOUTHERN HEALTH BOARD

* Advisory Committee.
* Co-ordinator.
* Consultation Process

National Women's Council
Public
Health care Providers

DISTRIBUTION OF WOMEN'S HEALTH DISCUSSION DOCUMENT
1,400 Copies

WRITTEN SUBMISSIONS
* Public = 89
* H.C.Providers = 51
* Total = 140

DISCUSSION WORKSHOPS

* Topics	No. Held
1. Access	25
2. Abuse/Violence	27
3. Screening for Breast & Cervical Cancer	23
4. Mental Health	25
5. Reproductive Health	24
6. Health Promotion	32
7. Special Needs & Deaf Women	2
TOTAL NUMBER	158

* Public	* Health Care Providers
19 Venues	12 Venues
1,032 Attended	241 Attended

* Evaluation Forms	Offered	Completed
Public	1,032	479
Health Care Providers	241	186
TOTAL	1,273	665

FREEPHONE WOMEN'S HEALTH
Week 22nd - 26th Jan. '96
35 Responses

WOMEN'S HEALTH SEMINAR
* S.H.B. Stand.
1,800 Attend

SOUTHERN HEALTH BOARD REPORT

DEPT. OF HEALTH REPORT

OUTCOMES: Key Messages

The main issues which emerged from the process were:

1] Information and education (locally based):

Health (physical, psychological, social), health promotion, health services.

* **Treatment, and options for treatment.**
* **Availability of services.**

2] Access:

Consistency and equity in access to service.
Demand for one tier public/private system.
Uniformity of standards of eligibility for
- service entitlement - Receipt of services.
User friendly Services
- Out-Patients Dept. - Appointment system.
Locality based services.

3] Health Centres & Hospitals

* Women friendly.
* Modern conditions and facilities.
* Creche/Baby changing facilities
* Refreshment facilities - 24 hours a day in hospital.
* More positive health image.

4] Reproductive Health.

* Midwifery led, women centred - choice and control, research based care.
* Decentralisation of maternity units - mobile units.
* Teenage service/pre-conceptual /family planning
* Provision for domiciliary midwifery.
* Implement National Breast Feeding Policy.
* Epidural service - 7 day, 24 hour.
* Pregnancy loss service - accommodation/counselling.
* Infertility service in S.H.B. area.
* Free ante-natal classes/earlier post-natal home care.
* Better hospital/community liaison - mothers/babies on discharge.
* Development of continence promotion service - Health Care Staff.

5] Counselling.

* Properly qualified counsellors.
* Wide range of issues, from professionals providing specific services.
* Directly accessible/Available on medical card.

6] Mental Health

* Treatments/therapies other than/together with prescription drugs.
* Post natal depression: Earlier identification, Mother/baby treatment units.

7] Carers.

* More support.
* Provision of information on support groups and voluntary organisations.

8] Abuse/Violence.

* Request or need for research based information and education.
* Education to start at primary school, transition year.
* Why do men abuse?
* 24 hour freephone helpline.
* Emergency health board staff (7 day week, 24 hour day)
* Local information, promotion of Rape Crisis Centres/crisis accommodation.
* Enable early disclosure.

9] Women in the health services.

* A choice of female G.P., consultant obstetrician and gynaecologist.
* Better representation of women at senior level.

10] Sign language interpretation.

11] Improved inter-professional and transagency links

- health, education, justice, environment, social welfare.

12] *Health care providers* - favourable work conditions - more flexi-time, easier access to job-sharing, stress management, creche, leisitfe/dining facilities, free health services.

Similiar issues were identified by women (public and health care providers) unless indicated.

WESTERN HEALTH BOARD

DEVELOPING A POLICY FOR WOMEN'S HEALTH

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The Western Health Boards area comprising of the counties Galway, Mayo, and Roscommon covers over 13,801 square kilometers. This Board's area covers one fifth of the total area of the State.

Demographically, the area is characterised by low population density, and a high dependence ratio. 14% of the population are aged 65 years and over, as against the national average of 11%.

Taking this into account, and other issues such as high levels of emigration, poor infrastructure and many social problems, the difficulties facing the Board are self-evident.

The Health Strategy of 1994 is underpinned by three key principles, equity, quality of service and accountability. Ensuring equity of access, irrespective of gender, location or means, is and will continue to be one if the Boards main priorities.

Process of Consultation

After meetings of the co-ordinating group and after consideration as to how, as many, and as broad a spectrum, of women could be reached (given the time frame and resources available) the following approach was agreed.

LETTER INVITING SUBMISSION

A letter requesting a submission(s) from women's groups , along with a copy of the discussion document, was sent to approximately one hundred groups in the region. The letter invited a submission in any format, or on any topic which impinges on women's health.

Six secondary schools were selected at random and asked to contribute, suggesting that it may be an interesting project for transitional year.

In relation to women with a disability groups with a special interest in this area were contacted through the Boards co-ordinating committees and invited to offer their views. Written submissions were slow in coming in, three reminders having to be issued to many of the groups. However a large number of interesting ideas and proposals, were received by the end of the process. Appendix 1. Regrettably none of the schools replied.

WORKSHOPS

The Board held four workshops ;

No. 1	Halla Tir na Fhia, Lettermore, Co. Galway	16th November 1995
No. 2	Downhill Hotel, Ballina, Co. Mayo.	22nd November 1995
No. 3	Abbey Hotel, Roscommon, Co. Roscommon.	27th November 1995
No. 4	Galway Ryan Hotel, Galway City.	6th December 1995

Table 1. Workshops

These workshops were run in collaboration and consultation with the Western Women's Link. The workshops were constructed so as to integrate health promotion into the consultation process. Health promotion aims to :

* build healthy public policies,

* create supportive environments

* strengthen community action,

* develop personal skills,

* re-orientation of health services,

Appendix 1 sets out the details of attendance, appendix 2 illustrates the time table and format of our workshops.

LISTENING DAYS

The idea behind the listening days was to give women,(who may or may not be part of a community group) to voice their opinion on a one to one basis, with a Health Board representative.

The listening days typically ran from 2 p.m. to 7 p.m.. Giving working women and women with other commitments the opportunity to drop in for as little five minutes, or as long as an hour, to let us know what their health care priorities were.

As women presented at the listening day we explained what the consultation process involved, and provided them with a copy of the document. The numbers that attended varied, and the attendance in some areas was quite poor. However, women that attended suggested that if these events were to become more regular, and were to incorporate information sessions, that they could be a useful two way process, i.e. the public informing the Health Board of their needs and opinions and the Health Board providing information on health care and support for local groups.

The listening days were publicised through :

1. Newspaper Advertisements, giving dates and locations of the event, and advising the public that copies of the document were available from the Health Board and welcoming all submissions.

2. Newspaper Articles, prior to each listening day we ran an explanatory article in the local press.

3. Parish News letters.

4. Local Radio Advertisements,

5. Local Radio Interviews,

6. Posters, in most public places.

They were held in the twelve locations:

No. 1	Castlebar Family Centre, Co. Mayo	10th November 1995
No. 2	Belmullet Health Centre, Co. Mayo	14th November 1995
No. 3	Clifden Health Centre, Co. Galway.	16th November 1995
No. 4	Co. Clinic, Roscommon	17th November 1995
No. 5	Claremorris Health Centre, Co. Mayo	20th November 1995
No. 6	Plunkett Home, Boyle, Co. Roscommon.	22nd November 1995
No. 7	Tuam Health Centre, Co. Galway	24th November 1995
No. 8	Ballinasloe Health Centre, Co. Galway	29th November 1995
No. 9	Westport Health Centre, Co. Mayo	1st December 1995
No. 10	Shantalla Health Centre, Galway City	4th December 1995
No. 11	Mervue Health Centre, Galway City	6th December 1995
No. 12	Inis Mor Health Centre, Aran Islands	21sl February 1996

Table 2. Locations

Questionnaires

A large sample of the boards female staff were asked to return questionnaires on the subject of women's health. Approximately 250 questionnaires were returned.

Similarly we circulated our list of women's voluntary groups , about 50% of which were returned.

Questionnaires were a popular option, a formal written submission to the Health Board may have been off putting for many groups, but ticking boxes and perhaps writing a paragraph was a much more feasible option.

Priorities

Throughout the report we have sought to present the views, opinions and outlooks of the women of the west of Ireland in as undiluted a fashion as possible.

While hundreds of issues were raised, two themes emerged at almost all events and in relation to practically every topic. These themes were :

A) The true determinants of Health are not considered in the document at all (poverty, housing and education). The document is very much a medical model.

B) The manner in which the services provider delivered the service,

C) A sense of isolation, both physical and emotional.

Below we identify the top ten concerns that emerged, however these two themes are at the core of all of these priorities.

The top 10 health issues identified by women in this Board in order of priority are:

1. Breast Cancer
2. Pregnancy/childbirth
3. Cervical Cancer
4. Stress
5. Support for Carers
6. Menopause.
7. Gynaecological problems.
8. Support for mothers.
9. Mental health.
10. Family Planning.

Within these top 10 areas of concern the issues that emerged are:

I, Breast Cancer

- Women would like to see compulsory provision of breast screening and are concerned about the lack of accuracy of results, and the true benefits of mammograms *in* terms of saving lives
- The cost of attending GPs preventing some women from getting a suspect "lump" checked out.
- Self examination classes should be widely developed starting with young women.
- Counselling.
- County based breast clinics.
- Home help support for cancer patients.
- Creche facilities in hospitals for young children to facilitate women going for a check up.
- More information on treatment options.

2. Prcgnancv/Childbirth

- Lack of consistent information in the area of childbirth.
- Lack of an appointment system in an Out-Patients Department.
- Lack of privacy.
- Longer maternity leave and paternity leave needed.
- Lack of choice as to type of birth and pain relief.
- More encouragement for home births if woman's wish.
- Extend ante-natal classes to all rural areas.
- Refreshment facilities in Maternity Departments.
- Promote breastfeeding in both English and Irish.
- Lack of post natal back up and support.
- Post natal exercises to prevent incontinence in later life to be taught. P.E. classes in schools could include pelvic floor exercises.

Teenage Pregnancy

- More accessible non-directive counselling before and after pregnancy.
- Post natal checkups to incorporate advice on contraception.
- More advice on rights and entitlements for single mothers.
- Set up group for mothers in similar circumstances can meet.
- Sexuality and relationships education in schools.

3. **Cervical** Cancer

- Access to smear clinics for rural areas still a problem.
- Procedure not on GMS - a disadvantage.
- Take up with poorer and older women still slow.
- Support services needed such as home support, counselling and information.
- Research on benefits of cervical screening to be considered.

4. **Stress**

- Alcohol abuse and impact on women needs further attention. Men's use of alcohol is a huge problem for women, poverty violence etc.
- Low income, unemployment.
- Isolation.
- Lack of opportunities and amenities.

5. **Support for** Carers

- More respite facilities - encourage consideration of Home Respite Carers Groups needed to be strengthened to provide outreach services to isolated areas - e.g.: sitting service.
- Need for improved Carers allowance and removal of means testing.
- Improved rates for Home Helps and more training. [Home Help Service for Carers should be mandatory].
- More Home Helps.

6. Menopause

- Menopause is not a medical "problem" except in a minority of cases.
- Well Woman Clinics to provide information and support.
- Regular information nights to be set up by Health Boards with a view to setting up self help groups at the end of the sessions.
- GPs attitude sometimes "trivialises" the complaint.
- New developments in HRT seen as positive.

7. **Gynaecological Problems**

- Lack of female consultants.
- Waiting lists and lack of proper appointment systems in Out-Patient Clinics.
- Lack of explanation by Doctors regarding gynaecological issues.
- Patients still report not being consulted about having medical students for examination.
- Women are aggrieved that the gynaecology Ward is closed in Mayo to save money and that the service is provided in another ward.
- More urogynacology clinics not the answer.
- More education for young girls in school from 12 years onwards. Sexual health is as important as diet etc.

8. Support for Mothers

- Community based creches.
- Mothers to have opportunity to meet together and with Health professionals on matters of interest. Focus groups would be a usefull format.
- Need to raise standards of living.
- Shortage of money to avail of social activities.
- Lack of economic recognition for the worthwhile work in the home.
- Registration of child care facilities.
- Lack of transport.
- Infrequent access to remedial classes.
- Assertiveness courses, so that women will use part of their share of the family income to feed themselves!

9. Mental Health

- More informal counselling clinics needed. ~ '
- More appropriate locations for those suffering from post-natal depression.
- More support/outreach services needed with people who can identify with women's situations (even by phone).
- Increase publicly funded beds specifically for eating disorders.
- Increased support by Health Boards for self help groups.
- Provision of psychotherapy for sufferers and their family.
- Women's mental health is seriously affected by men's behaviour. This is not addressed in the document.

10. Family Planning

- Compulsory sex and emotional education in all schools for all young men and women.
- More information on side effects of the "pill".
- More professional approach to natural family planning for those who wish to avail.
- All contraception free of charge.
- At least one well woman clinic in each major town.
- A register of GPs with special training in family planning.
- Increase training in communication and attitude of GPs.
- Family Planning for people with disabilities - more information with greater sensitivity.
- Genetic counselling should not be seen as Dublin based.

Rarely has there ever been such a concentration of effort to seek the views of the public as this consultative process afforded women in the Western Health Board. The consultative process involved 162 groups represented at workshops, 70 attending "listening days", 25 written submissions and 301 responses to questionnaires, affording women from all walks of life and background an opportunity to have their voice heard.

The Way Forward

This Board needs to consider its response to the concerns raised. We will be need to evaluate those areas that the Programmes of Care can respond to as soon as possible, in consultation with the health care professionals, and those issues that would/will be supported provided the resources can be made available. Also, we need to critically analyse the existing services and evaluate outcomes and pose the question "Are resources directed in an effective way at present? could the money be spent differently?

The Next Steps

This Document will be forwarded to each of the Programme Managers and General Managers for consideration by each of the Standing Committees. The committees will prioritise those areas where they believe their programmes can respond positively. They can also assess the cost implication of those areas that require financial support to advance. Each Programme Manager and General Manager will then collate these findings and these will be notified to the Co-Ordinating Committee.

However, the themes of isolation, and manner in which services are delivered will be considered in relation to every aspect of care. In this regard consumer satisfaction will be monitored on a continual basis.

Future Consultation

In order to measure the satisfaction levels of services to women within the Board and to ensure that the Board remains focused to the issue of women's health, the workshop model will be maintained so that before the end of each calendar year a workshop will be held in each county to be fed into the service planning cycle. The Co-Ordinating Committee will review its membership to ensure that it has appropriate representation and will meet twice a year.

This consultation has been an important first step into the area of strategic planning in conjunction with the community. It has been a valuable exercise, and this group hopes that in the future that some of the points raised by The Women of The West Ireland will form the basis of a positive change and improvement for all.

APPENDIX 1

Attendance's at Workshops :

1. Halla Tir na Fhia, Lettermore. Total Attendance 45

Groups represented .

- Letir Caladh
- Recess
- Tra Bhain
- Ceathra Rua
- Ballvconneelv
- Tirnia
- Western Woman Link
- Clifden
- Carna
- Forum, Letterfrack
- Maam
- Leitir Mor
- Leitir Meallain
- Tuairim
- Western Health Board

Downhill Hotel, Ballina. Total Attendance **45**

Groups represented :

- Moygownagh
- Crossmoliina
- Cooneally
- Mayo Rape Crisis Centre
- Parkside Parents Group
- Keenagh

Kilfian
Community Development Diploma (Ballina)
Coiste Pobal Ballina
Castleconnor
Killala
Claremorris
Heritage Centre

Abbey Hotel, Roscommon. Total Attendance **24**

Groups represented :

- Roscommon Womens Group
- Community Skills Group
- Tulsk Parish Committee

Roscommon Travellers Group
Centre for people with disabilities
Western Health Board

Total Attendance **48**

Galway Ryan Hotel.

Groups represented :

- Westside Resource Centre
- Galway Careers Association
- Young Women Organisation
- Travelling Woman Groups x 2
- Moycullen Adult Education
- Day Women Group
- Rahoon Women Groups
- Cerebral Palsy Ireland
- Hillside Womans Group
- Women in Media and Entertainment
- Westside Lone Parents
- Bohormore Ladies Club
- Westor Woman Link
- Maternity Department UCHG
- Neighbourhood Youth Project
- IF A Farm Family Committee
- MS Women Group
- AIDS Help West

APPENDIX 1

Listening Days :

Total attendance approximately 70

Groups represented :

- Carers Groups
- Cancer Careers Groups
- Centre for people with disabilities
- Travelling Women
- Elderly
- Lone Parents
-Teachers
- Rural Women
- Parents of the disabled
- Maternity Groups
- Rape Crisis Centre
- Students
- Women Refuge Centre
- Overeaters group
- Island Women

Written Submission :

1. National Groups :

- Bodywhys Limited
- Irish College of General Practitioners
- Home Birth Centre

Local Groups:
Women of the North West Limited
Resource Centre
The Galway Association
Irish Wheelchair Association
Rape Crisis Centre
Western Health Board Workshop
Western Health Board Dental Surgeon
St. Brendan's Training Centre
Women in the Media and Entertainment
UCG Lone Parent Group
Western Health Board Public Health Nursing
ICA
MS Ireland, Galway Branch
Galway Lesbian Line
Brothers of Charity
The Galway Association for Mentally Handicapped Children
Support Organisation for Trimosy
Submissions from individuals not attached to a group (4)

Total 24

Questionnaire :

Western Board Employees	248	
Voluntary Groups and Others	53	Total 301

TIMETABLE WORKSHOP ON WOMEN'S HEALTH

10.30 Registration, Coffee, etc.

11.00 Introduction (consultation process, divide into small groups of 8 people.

10.45 - 11.00 **Brainstorm:** Introduce the brainstorm by defining health in a holistic way (physical, social, mental, emotional, spiritual). Have a list of the key determinants of health as defined by the W.H.O. (gender, nutrition, housing, poverty, wealth, education, services, etc.)
Ask the question: *"What things do you think influence your health and the health of women in your family/social circle in a positive or negative way?"*

11.00 - 11.15 In small groups, discuss key legislation and policies that affect their health (e.g. maternity leave, breastfeeding, creches, paternity leave).
What do we need more of/less of?
What new legislation would be good for women's health?

11.15 - 11.30 Feedback

11.30 - 11.45 BREAK

11.45 - 12.15 *"Does your local environment and services promote your health?" and*
"In what way does your local environment and services negatively affect your ***health?"***

12.15 - 12.30 Feedback

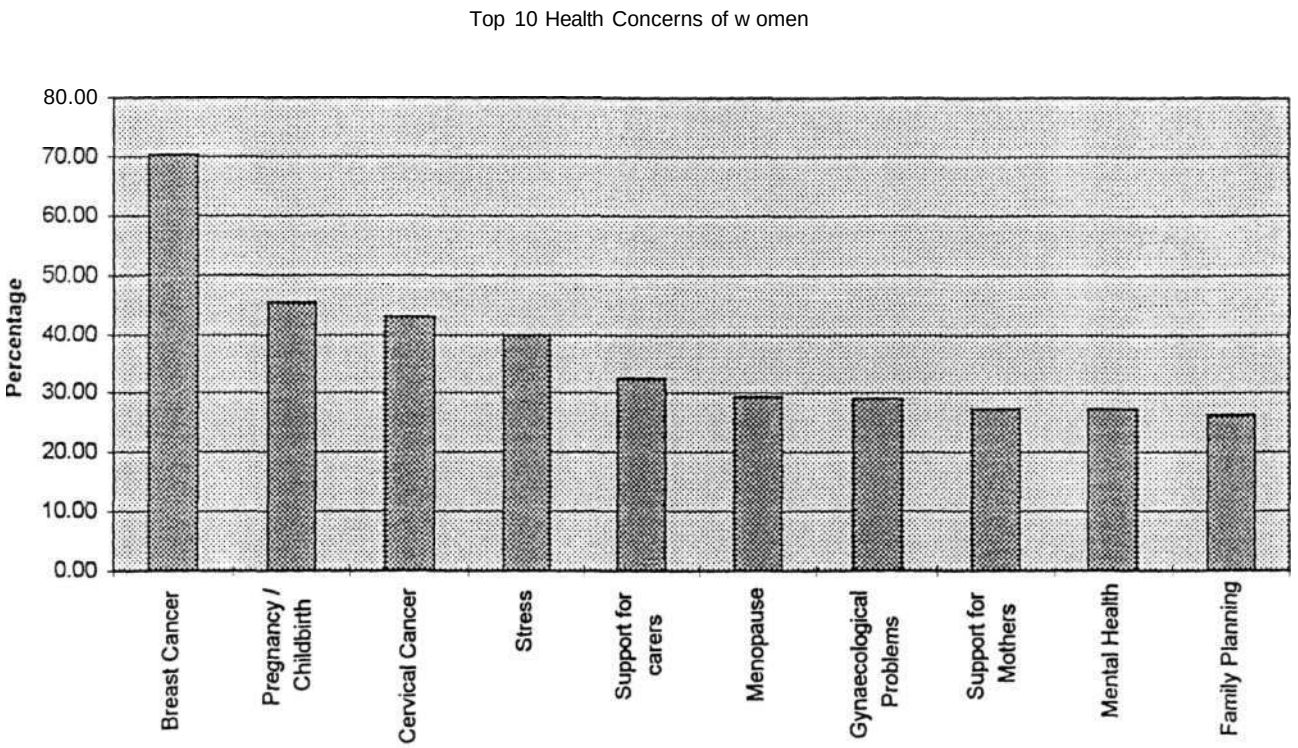
12.30 - 01.00 In large group (8),
"In what way do existing services need to be improved?"
"What new services need to be set up?"

01.00 - 02.00 LUNCH
(during the break, each facilitator finalises flip chart sheets with the groups answers to all above - 4 sheets to each group of 8. These are displayed on the wall)

1.00 03.15 Plenary Session: Each woman responds to what's displayed in relation to the following Q:
"To what extent does the document on Women's Health recognise and address the perceived needs?".

3.15 03.30 Close and Evaluate day.
Future consultations?

APPENDIX 3



Graph 1. Women's top 10 health concerns

Issues Listed as Most Important	**Percentage**
Breast Cancer	70.39
Pregnancy / Childbirth	45.25
Cervical Cancer	43.02
Stress	39.66
Support for carers	32.40
Menopause	29.61
Gynaecological Problems	29.05
Support for Mothers	27.37
Mental Health	27.37
Family Planning	26.26
Health Information	24.58
Miscarriage/Stillbirth	18.99
HIV/AIDS/STD	18.99
Teenage/Unplanned pregnancy	16.76
Weight Control	11.73
Periods	11.17
Isolation from Services	11.17
Smoking	10.61
Breastfeeding	10.06
Drug Dependence	10.06
Alcohol Mususe	10.06
Dental Care	8.38
Infertility	7.82
Bladder/Kidney Problems	7.26
Genetic Counseling	**4.47**
Hepatitis C	**4.47**
Abortion	3.35

Table. Percentages of important issues

Attended	Percentage
Chemist	12.29
Family Planning Clin	0.56
G.P.	81.01
Hospital	10.61
Specialist Clinic	6.15
Accupuncturist	2.79
Aromatherapist	1.12
Chiropodist	1.68
Dentist	9.50
Reflexologist	2.23
Homeopath t	1.12
Optician	2.23
Physiotherapist	0.00
Public Health Nurse	1.12
Other	3.35

Table. Last visited

	WHB	Non WHB
% Prefer Female	49.72	44.00
% Prefer Male	5.03	4.00
No Preference	44.69	44.00
Choice (yes)	79.89	48.00
Isolation & No choice	2.79	20.00

Table. Prefer Female & Choice

	Health Board Employees				
	Very Satisfied	Satisfied	No opinion)	Dissatisfied	Very Dissatisfied
Information given	42.5	50.8	2.8	**4.5**	0.0
Listened to	46.9	**42.5**	**5.0**	**4.5**	1.7
Attitude	**44.7**	**49.7**	2.8	2.2	0.6
Treatment Given	46.4	45.8	2.2	**4.5**	0.6

	Non Health Board Employees				
	Very Satisfied	Satisfied	No opinion	Dissatisfied	Very Dissatisfied
Information given	0	52	0	24	**12**
Listened to	0	24	**16**	40	**8**
Attitude	0	**44**	4	28	**12**
Treatment Given	0	64	0	20	**0**

Tables. Satisfaction Levels

PERCENTAGES

(NON-WHB)	IAlways	Occasionally	Rarely	Never
Cost	**56.00**	**32.00**	**4.00**	**0.00**
Time	**32.00**	**60.00**	**0.00**	**0.00**
Lack of Facilities	**56.00**	**28.00**	**4.00**	**0.00**

Table .Barriers to doing more to keep healthy - Non WHB personnel

PERCENTAGES

(WHB)	Always	Occasionally	Rarely	Never
Cost	**10.06**	**37.99**	**13.97**	**20.11**
Time	**39.11**	**48.60**	**5.59**	**3.35**
Lack of Facilities	**9.50**	**28.49**	**26.82**	**17.32**

Table. Barriers to doing more to keep healthy - WHB personnel