Head Office: Psychiatric Nurses Association of Ireland, Station House Ireland, The Waterways, Sallins, Co. Kildare.
Ph: 045-852300, Fax: 045-855750, E Mail:info@pna.ie, Web: www.pna.ie

A message from Des Kavanagh General Secretary

"At home you are facing the full property tax in 2014, with water charges following on behind; and all this against a background of falling levels of pay and punitive taxes."

Members are now suffering the further cuts and efficiencies demanded under the Haddington Road Agreement. There are still commentators calling for further cuts, like romans baying for the blood of Christians. We, like some other Public Service Unions, try to paint the reality of nurses under appalling pressures at home and at work.

We know many of you are being required to work harder than ever for less and less take home pay. You might well ask : Can it get any worse? Will we ever get back to where we were?

Clearly we are facing two more difficult budgets. You might well say it doesn't matter whether they cut 2.1 or 3.1 billion Euro any further cuts will just make an appalling situation impossible. At home you are facing the full property tax in 2014, with water charges following on behind; and all this against a background of falling levels of pay and punitive taxes.

In your workplace you are experiencing the full extent of the cuts in services, the reduced staffing, the non-replacement of key personnel, the loss of experience, the unending focus of managers on savings, the absence of real focus on quality of care except in so far as you are told to ensure the highest quality of care with less and less resources.

A growing concern for this Union is the number of very serious assaults on Nurses and in some cases the reluctance of managers to ensure nurses are provided with the benefits of those schemes to which they are entitled. At the same time we acknowledge those managers who are respectful and supportive of their injured colleagues. This should be the universal experience. Unfortunately, it is not.

The future looks very uncertain. Politicians tell us we have turned a corner, that there is evidence of the green shoots of recovery, that the economic indicators are positive. Others point to the lack of any real and obvious recovery in our trading partners and the looming threats hanging over the recently booming economies of China, India, Brazil etc. Our own experience tells us that there has been a correlation between the declining amount of discretionary spending available to us and the decline of local business. As more money is taken from us this can only worsen.

Yet we must be positive. We must hope the IMF and others will be successful in convincing government and indeed our other lenders that we must invest in employment. We must shout loudly that current economic policies while necessary in the first instance have now gone too far and are in danger of killing the patient.

The PNA will continue to do all we can to defend our front line staff who are providing crucial services to the public 24/7. We will continue to campaign for the protection of basic pay, weekend and night duty premiums etc. We will continue to fight for the improvement in the conditions of employment of our graduates. We will insist that Government must continue to provide ringfenced monies for the development of Community based teams and other specialists. And we will continue to highlight the plight of our members who are experiencing reductions in take home pay and increases in new taxes.

Improving Acute Healthcare Access for People with Intellectual Disabilities

"The assumption that mainstreaming is merely according people with disabilities access to the same services as the general population is a misleading representation."

Going into hospital, whether it an emergency or planned admission, or even a clinic appointment, can be a daunting and stressful experience for many people. Combine this with having an intellectual disability, and the stress factor can be multiplied many times over.

While mainstreaming allows people with intellectual disabilities the opportunity to access the same acute healthcare services as anyone else, unfamiliar surroundings, unfamiliar staff, communication difficulties, staff not fully understanding your needs are all contributory factors to the barriers preventing people with intellectual disabilities from receiving equitable care in general hospitals.

The National Federation of Voluntary Bodies says of mainstreaming;

'The assumption that mainstreaming is merely according people with disabilities access to the same services as the general population is a misleading representation.

A positive commitment to the policy of mainstreaming recognises that the manner in which services are currently provided to the general population may not suffice for persons with an intellectual disability and that a range of active supports will be necessary.

Furthermore these supports should be delivered, as far as is possible, from the same source and in the same location as for other citizens.

Persons with an intellectual disability must be "designed into" the service development process from the outset.'
The National Federation of Voluntary Bodies (2009)

Since 2004 Mencap (a leading charity based in the UK that works with people with an Intellectual Disability) ha published several revealing reports which have examined the way that people with an intellectual disability are treated when accessing acute hospital services.

Treat Me Right (2004)

Death by Indifference (2007)

Death by Indifference -74 Deaths and Counting (2012)

Treat Me Right-(2004)

This report highlighted some of the difficulties faced when accessing mainstream healthcare. It focused on the experiences of individuals who have faced discrimination, cases of diagnostic overshadowing and lack of professional knowledge in dealing with people with intellectual disabilities.

Death by Indifference-(2007)

This report is a follow on from the 'Treat Me Right' report. It focused on the deaths of 6 people with intellectual disabilities, in acute hospital settings. The report contended that all 6 died unnecessarily due to a lack of understanding of their needs and institutional discrimination by healthcare professionals. It raised serious concerns about the way people with an intellectual disability are treated within the healthcare system.

Death by Indifference -74 Deaths and Counting (2012)

This report is a progress report 5 years on from Death by Indifference-(2007) and identified, to the date of the report, 74 cases of similar deaths due to alleged institutional discrimination.

Due to these Mencap reports a Confidential Inquiry into premature deaths of people with learning disabilities, (CIPOLD), in UK hospitals was held between 2010-2013. The findings, released on 20th March 2013, found that in the deaths of 247 people with intellectual disabilities (233 adult and 14 children), 37% of these were avoidable.

Liaison Nurse

While some NHS hospitals had been employing Learning Disability Liaison Nurses (LDLN) before the Mencap Reports, the urgent need for such roles had been highlighted and by 2012 around 80% of acute hospitals in the UK had a specialist Learning Disability Liaison Nurse in place.

Here in Ireland we are now beginning to realise the importance of such specialist roles in the development of services for people with intellectual disabilities. The move away from the traditional 'medical model' to a more 'social Model' of care has led to a change in how care is delivered. It has also led to a need for change in how the modern RNID can fit into the new care delivery system. The development of Intellectual Disability Liaison Nurse roles within both our Acute Hospital settings and Primary Care settings is a way to ensure that people with intellectual disabilities receive equitable healthcare.

St. Joseph's ID Service (St Ita's Hospital), Portrane, in North County Dublin, has collaborated with Beaumont Hospital to create such a role.

As Beaumont Hospital is the primary acute hospital used by St. Joseph's ID Service, the Directors of Nursing and Nurse Practice Development Depts. from both services developed a post for an Intellectual Disability Liaison Nurse to be based within Beaumont Hospital.

"More efficient, effective and equitable acute hospital journey, for service users with intellectual disabilities."

The purpose of this role is to break down barriers and improve access to acute healthcare for service users from St. Joseph's ID Service.

The role has 4 central elements

- Direct Service User Contact
- Education
- Strategic Development
- Developing Systems

Direct Service User Contact

Pre-admission planning
Individualised care
Innovative problem solving
Risk assessment & management
Sustained personal commitment
Discharge planning

Education

Communication & influencing
Lecturing & ward based talks & education
Act as a resource & point of contact between both services

Strategic Development

Developing policies
Collaborative practice & partnership agreements
Providing accessible information
Evidence based healthcare

Developing Systems

Promotion of Advocacy
Health information 'Passports'
Traffic Light Assessment
Service audit
Easy read information
Risk assessments

Potential Short Term Outcomes

Enhanced awareness and understanding of the needs of service users with intellectual disabilities.

Attitudinal change and skills acquisition by staff in acute health care settings to deal effectively with people with intellectual disabilities.

Service users meeting a familiar face in a different location.

Potential Long Term Outcomes

A more responsive and focused service for people with intellectual disabilities in the acute care setting.

Reduced discrimination towards people with intellectual disabilities.

Greater Social Inclusion.

More efficient, effective and equitable acute hospital journey, for service users with intellectual disabilities.

One of the main aspects of the role of Intellectual Disability Liaison Nurse is working with the service user and carers to identify any particular needs/requirements that may have to be put in place to ensure a positive outcome to their acute hospital visit. This may require changes to the way traditional methods of care is delivered.

This in turn may highlight the need for education for acute hospital staff, and also a degree of flexibility in their work practices

Issues such as

- Recognising intellectual disability
- Dealing with disorders of human behaviour
- Effective communication techniques
- Legal aspects e.g. Capacity & Consent

are all areas that should be included in up-skilling acute hospital staff to increase their awareness of intellectual disability.

The development of roles such as the Intellectual Disability Liaison Nurse highlights the continuing need for more specialist RNID's, in order to improve healthcare service delivery for people with an intellectual disability.

Liam Hamill is the Intellectual Disability Representative on the Officer Board and CNM2 Intellectual Disability Liaison Beaumont Hospital/St Jos. Intellectual Disability Service.

References;

The National Federation of Voluntary Bodies (2009); Vision Statement for Intellectual Disability in Ireland for the 21st Century p11/12 - www.fedvol.ie

Mencap (2007); Death by Indifference.
London: www.mencap.org.uk

Mencap (2004);Treat Me Right.
London: www.mencap.org.uk

Mencap (2012); Death by Indifference:
74 deaths and counting. A progress report 5 years on.
London: www.mencap.org.uk

Heslop, P.; Blair, P.; Fleming, P.; Hoghton, M.; Marriott, A.; Russ, L. .(2013)Confidential inquiry into premature deaths of people with learning disabilities (CIPOLD): final report: Bristol

1913 Lockout –

Not Simply a Dispute about Union Recognition but about CLASS and POWER

Delivered by Dr Brian Hanley at the Psychiatric Nurses Association Annual Delegate Conference April 2013 acknowledged with thanks.

At 9.40 on the morning of Tuesday 26 August 1913 drivers and conducters walked off their trams in Dublin's Sackville Street, leaving them unattended on the tracks around Nelson's Pillar. The men were members of the Irish Transport and General Workers Union (ITGWU) led by Jim Larkin, which was attempting to gain recognition from the Dublin United Tramway Company, owned by William Martin Murphy. Murphy had prepared for a strike, and in response he instructed his 400 colleagues in the Dublin Employers Federation to lock out those employees who refused to renounce membership of the ITGWU. Thousands of men and women declined to sign the so-called 'yellow' anti-union contract; thus began the five-month struggle, eventually involving over 20,000 workers and their families, which gained international prominence as a monumental battle between labour and capital. The Lockout ended in January 1914 with defeat for the Transport Union: those who managed to return to work did so on the employers terms. The defeat had huge consequences for Dublin's workers. Many remained blacklisted, with some ex-Transport Union members ending up in the trenches of Flanders in late 1914.

A few days into the strike, over the weekend of 30-31 August, the Dublin Metropolitan Police had run amok across inner-city Dublin, attacking strikers and their supporters. Two men died after being batoned, hundreds were injured and many tenement homes were wrecked during vindictive police raids; Ireland's first 'Bloody Sunday.' What is instructive was the press reaction to these events. The Irish Catholic newspaper described how *'into these thoroughfares there have poured all the foul reserves of the slums, human beings whom life in the most darksome depths of a great city has deprived of most of the characteristics of civilization. In the majority of instances they are beings whose career is generally a prolonged debauch, seldom broken by the call of labour. Even when sheer necessity compels toil, it is undertaken unwillingly and merely to obtain the means to enable another spell of besotted idleness. They are essentially birds of night, and foul birds at that.'*

The Irish Independent claimed that 'a deliberate attempt is being made to establish a reign of ruffianism in the city. Out of the reeking slums the jail birds and most abandoned creatures of both sexes have poured to vent their hatred upon their natural enemies, the police.' The Unionist Irish Times deplored the 'orgy of lawlessness and cowardly crime. In the worst streets of the city women assisted men in assaults on the police.' A priest who gave evidence at the official inquiry into the violence described how women and children of a 'degraded class' had behaved like 'frenzied lunatics' and asserted that the 'behaviour of the Police was the only redeeming feature

Dr. Brian Hanley, Lecturer in History and Aisling Culhane, Research and Development Advisor, PNA

of what was for a Dublin citizen a really humiliating and disgusting spectacle.' It is worth noting that two of these newspapers, the Irish Independent and the Irish Catholic were owned by William Martin Murphy, but what is clear is that 'respectable' Irish society, much of what today would be called 'middle Ireland'; the press, the Catholic Church, most nationalist and unionist politicians supported the employers in 1913.

Because this was not simply a dispute about union recognition but about CLASS and POWER: which class would dominate self-governing Ireland: the assumption in 1913 being that Dublin was soon to have its own parliament, and Ireland, Home Rule at last. Ireland had been ruled by Britain for hundreds of years, but since 1801 had been officially part of the United Kingdom. The 1800s had brought Famine and mass emigration, and most of southern Ireland had remained a rural society, heavily dependent on agriculture. The Land War had seen the power of the old Ascendency fatally weakened, so that by the early 1900s Catholic strong farmers had emerged as the most important section of society, linked by trade and family to a new class of shopkeepers, publicans, merchants and priests. Farm labourers, whose ranks had been decimated by the Famine still numbered about 200,000 (though down from over one million in 1841).

Around 170,000 people, many of them daughters or occasionally the sons of the rural poor, worked in domestic service as maids, housekeepers, cooks, butlers or drivers. 600,000 people were engaged in industrial work, but half of these were based in Ulster, over 20% of them in Belfast alone. Belfast of course was unique in Ireland, an industrial city on a par with Manchester, Leeds and Birmingham with a population that was 75% Protestant. Outside of Ulster manufacturing industry was limited. There was a growing number employed in white collar occupations: there were over 22,000 teachers and lecturers in 1911 and about 1,400 female nurses. The growth of female employment was also reflected in the fact that Catherine Mahon, a national school teacher, became the first woman elected to the Irish Trade Union Congress executive in 1907. But in 1913 the biggest political question was Home Rule: Ireland was to receive self-government and a new parliament would be based in Dublin.

By 1900 Dublin's population of 300,000 was smaller than that of Belfast. Visitors remarked on how clear the air in Dublin was in comparison to Britain's industrial cities. This was because the great industrialization of the 19th century had passed it by. It was a city of commerce and trade, not manufacture. Only 2,000 workers in Dublin were employed in engineering or iron working. Textile

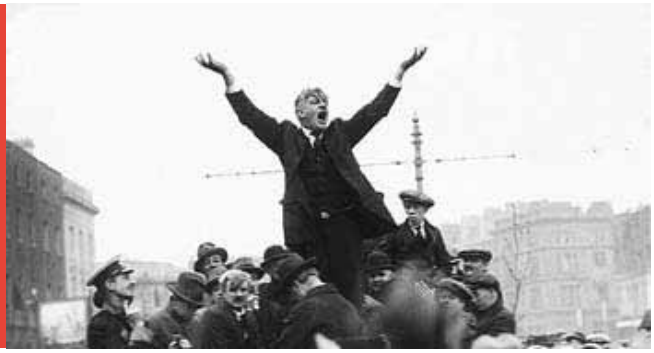
'Larkin explained 'we are going to advocate one society for Ireland for skilled and unskilled workers, so that when a skilled man is struck at, out comes the unskilled man, and when an unskilled worker is struck at, he will be supported by the skilled tradesman.'

factories employed just 1,000 in comparison to 37,000 in Belfast. Aside from Guinness's brewery were 2,000 worked and where jobs were highly valued, and Jacob's biscuit factory, there was little major manufacturing in the city. Much of its business centred on Dublin port, while other employment was provided by Dublin's role as the center for administration and government. The wealthy and aspiring middle classes had abandoned the city center by the late 1800s for the lower rates and fresh air of the suburbs of Rathmines, Clontarf, Glasnevin or Kingstown. What industrial jobs there were remained largely unskilled; casual dock labour, carting and construction for men and domestic service and street trading for women.

But what made Dublin particularly distinctive was its poverty. Over 87,000 of its citizens lived in tenements, 80% of families sharing one room each, 22,000 of them in rooms officially unfit for human habitation. In Belfast in 1903 just 1% of families lived in such tenement housing: in Glasgow the figure was 26%- in Dublin it was over 35%. The great Georgian homes of the 18th century elite were almost all slum housing by 1900. Low wages, poor housing and bad diet combined to give Dublin's unskilled one of the highest rates of infant mortality in Europe. In 1913 children under 4 accounted for 20% of total deaths in the city; TB, measles and whooping cough were among the major killers of inner city children. Poverty brought other social ills. There were perhaps 3-4,000 women working as prostitutes in the city in 1910. Many were country girls, whose careers as domestic servants had been brought to an end, sometimes through pregnancy. Alcoholism among the unskilled working class, men and women, was common. The practice of paying casual labourers in pubs and expecting men to stand a round for their foreman was popularly blamed for the loss of many a days wages; dock stevedores had arrangements with publicans for a cut of the takings. All authorities concurred that the condition of Dublin's poor were particularly wretched. Even Arnold Wright, the employer's historian of the Lockout described how 'the Gothic pinnacles of St. Patrick's Cathedral… look directly down upon the quarter of the Coombe where the degradation of human kind is carried to the point of abjectness beyond that reached in any city in the world, save perhaps Naples.' But this didn't mean that everyone

1913 Lockout – Continued

"Murphy was shocked that what he saw as respectable workers in his Tramway company would want to join forces with what he termed 'scum' like James Larkin."



agreed on the reasons for that poverty, or that they were naturally sympathetic to the poor. Part of the bitterness of the Lockout stemmed from the fact that many feared the idea of the poorest Dubliners were being empowered by the Transport Union.

The roots of the ITGWU lay in Jim Larkin's frustration with the lack of militancy and distance from Irish conditions of the British based leadership of the National Union of Dock Labourers, for whom he had first come to Ireland as an organizer. The Transport Union was founded in 1909 around the idea of the 'One Big Union.' Larkin explained 'we are going to advocate one society for Ireland for skilled and unskilled workers, so that when a skilled man is struck at, out comes the unskilled man, and when an unskilled worker is struck at, he will be supported by the skilled tradesman.' All were welcome in the union's ranks, though it was the large numbers of unskilled, often excluded from other unions and subject to the whims of employers that were initially attracted to it. The ITGWU organized dockers and carters, but also paper-boys and golf caddies, sandwich board men and bill posters. During 1911 the union fought a six-month battle in Wexford town, where workers were locked out by iron foundry bosses. Larkin's sister Delia became general secretary of the Irish Women Workers Union organizing Jacob's biscuit factory. James Connolly and William O'Brien were other prominent officials. In the autumn of 1911 union members blacked goods from Britain because of a railway strike there. When porters were dismissed because of this, industrial action spread, until the Great Southern and Western company locked out some 1,600 men. The strike ended in defeat, with the railway directors so pleased that they issued gifts of clocks to 121 station masters as a token of their having helped resist 'Larkinism.' But business was alarmed. The Dublin Chamber of Commerce met in emergency session and urged employers to unite against what was 'not a strike in an ordinary sense…but the beginning of a social war.'

Employers opposed the Transport Union because it was effective. Observers noted that the ITGWU had 'considerably raised the wages of the various sections of industry that it organised.' The union had 'brought hope to thousands of lower paid workers by adopting a very aggressive policy extending the use of the sympathetic strike.' But its popularity was not simply due to industrial muscle. Through the pages of Larkin's paper, the Irish Worker, which sold perhaps 25,000 copies a week in 1913 (remarkable as most newsagents refused to stock it) workers were given a vision of a new world, in which they and not their 'masters' would flourish. Employers and the wealthy in general were ridiculed. The union's social activities, such as drama, music and dance classes at Liberty Hall and carnivals and fairs at Fairview's Croydon Park, all offered new horizons for some the poorest and most downtrodden. The ITGWU gave workers self-respect, a sense of pride, in a society in which Dublin's unskilled were looked down on by the upper classes, despised by the middle class and often derided by cultural nationalists for their supposed lack of Irishness. Often this was a moral vision: Larkin and Connolly were both teetotalers.

Arguing that strength lay in there being 'no isolation of a quarrel' by 1913 the ITGWU had 20,000 members, winning a violent general strike in Sligo and gaining some support among farm workers in Co. Dublin. But its heart was in Dublin city itself. There Larkin had succeeded in recruiting some of the most insecure casual labourers to the ITGWU. But he knew that the future of the union depended on expanding into those who held more secure employment on the railways and tram lines. In May 1913 a leading shipping company recognized the ITGWU, a move that shocked most of Dublin's employers, who then looked to William Martin Murphy, as president of the Chamber of Commerce to stop the spread of Larkinism. That the union was recruiting among tram workers and in his own Irish Independent newspaper further antagonized Murphy. That the employers were led by Murphy was significant: a devout Catholic and a nationalist, Murphy was leading a Dublin business class that was still largely Protestant. Having made his fortune in railway building in Africa and South America as well as Ireland, by 1913 Murphy owned the Tramway Company, the Imperial and Metropole hotels

and Clery's department store. He also controlled several newspapers, notably the Irish Independent which he had transformed into a best-selling daily. When Unionists asserted that after Home Rule nationalists would never be able to manage a modern economy, Murphy was held up in answer. Murphy claimed he was not anti-union. He tolerated craft unions in his companies provided they accepted strict-codes of conduct laid down by management. Indeed many of the Dublin employers were prepared to deal with some unions- but they absolutely opposed the Irish Transport and General Workers Union. Murphy was shocked that what he saw as respectable workers in his Tramway company would want to join forces with what he termed 'scum' like James Larkin. By the summer of 1913 he was making extensive preparations for a showdown.

Over the five months of the Lockout practical solidarity came from ordinary workers across Ireland and Britain: the first of several shipments of over 60,000 food parcels from British workers arrived in September. The British Trade Union Congress had pledged full support to the Dublin workers after Bloody Sunday and over £100,000 was raised by them during the strike. Radical republicans such as Tom Clarke and Padraig Pearse and writers and artists like WB Yeats and George Russell also expressed their support. But the mass of Irish middle-class opinion, both nationalist and unionist, opposed the workers. In the press Larkin was demonized as a foreign troublemaker, an Englishman and even a 'Liverpool Orangeman.' The Catholic Church denounced 'Godless' Larkinism'. Nationalist MP John Dillon described Larkin as 'a very dangerous enemy to Home Rule.' Even Sinn Féin's Arthur Griffith, while not supportive of the employers, saw Larkinism as a diversion from separatism and opposed accepting support from British trade unionists.

The Lock out was ultimately defeated and defeats should not be romanticized. There will be a temptation for some to remember 1913 this year, feel they have done their bit for labour history and then move on to other commemorations. But Irish labour history did not end in 1913: during 1918-22 general strikes, workplace occupations and 'soviets' took place which dwarfed it in size and regional impact. These should be remembered as well. Having been reduced to around 5,000 in 1914, by 1920 the ITGWU had grown again to over 100,000 members, at least half of them rural labourers in Leinster and Munster. It is also important to remember that Dublin's workers were divided in 1913: in terms of craft, between skilled and unskilled; men and women; Catholic and Protestant; not all supported the strike and some actively opposed it.

Division remains. Today private sector workers are pitted against public: employed against unemployed. Our press continues to be controlled by a handful of wealthy individuals: it is probable that these days Murphy would be lauded as the type of man we need to help make 'Ireland the best small country in the world in which to do business' (though to be fair to Murphy at least he did not reside for tax reasons in Malta). In general the media is no more sympathetic to trade unions effectively defending their members interests than they were in 1913. Commentators compete with each other to tell to the low-paid that they no longer need trade unions or that 'austerity is working'. Indeed some trade union leaders would now argue that the type of union led by Larkin in 1913 is of no relevance to their work. So then, 100 years on still a lot of unfinished business.

'Dr. Brian Hanley has lectured in history at Queens University Belfast, the University of Liverpool, Trinity College Dublin and University College Dublin. He is the author of several books and articles on republicanism and socialism including 'The IRA: a Documentary History' and (with Scott Millar) 'The Lost Revolution

Award Winners 2013

Noel Giblin receives Gantley Award 2013

Eileen King West Cork wins Johnny Gahan Memorial Award 2013

The End of an Era – As the Gates close in St. Brendans – The Phoenix emerges and a new Epoch begins

"The House of Industry, which catered for the poor of Dublin, in the early 19th Century, was under pressure to house all people who presented to its doors, included in this influx, were individuals with mental health issues, from all parts of Ireland."

On the 28th February 2013, a new era in Mental Health began. The significance of the date corresponded with the first ever patient admission to the Richmond Lunatic Asylum, in 1814 (later Saint Brendan's Hospital).

Almost thirty years ago, there was a significant move away from the 'institutional' care of patients suffering with Mental Health issues, to a more Community based care model.

In 1984, Planning for the Future was published and the idea at that time was to establish a care model which would replace the large psychiatric hospitals in Ireland. At the time these hospitals catered, not only for patients suffering with Mental Health issues, but also Intellectual Disability and Psychiatry of Old Age (POA) patients. It was deemed that the former and latter should be cared for in more appropriate care settings.

As a result movement of the patients occurred and this lead to the closure of the bigger psychiatric hospitals.
In 2006, another document was published, Vision for Change. This document/policy provides for accessible community based services for patients suffering with mental illness.

HISTORICAL BACKGROUND

The House of Industry, which catered for the poor of Dublin, in the early 19th Century, was under pressure to house all people who presented to its doors, included in this influx, were individuals with mental health issues, from all parts of Ireland.

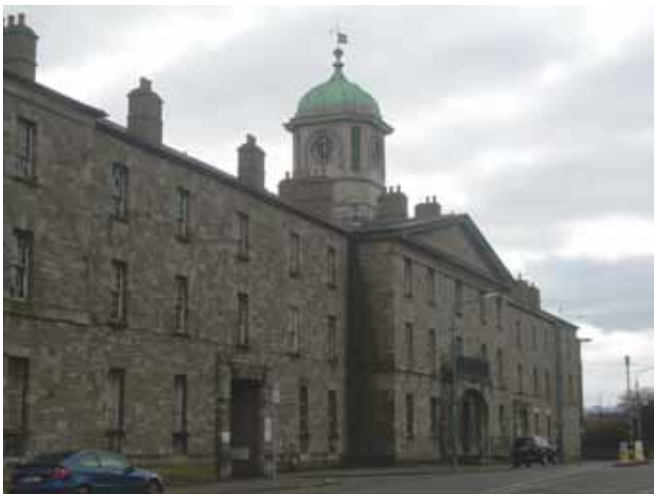
As a result the Governors of the House of Industry applied for and received funding to build an asylum on the lands adjacent to the 'Poor-house'. As a result the building, which later became known as the 'Lower House' was built (when this building was demolished the area was used as a film set for the 'Michael Collins' movie in 1996, directed by Neil Jordan). This was designed and built by architect, Francis Johnson. Only the southern part of this building remains and houses the Richmond Coat of Arms.

It became known as the Richmond Lunatic Asylum, named after Charles Lennox, Duke of Richmond and Lord Lieutenant of Ireland (1807-1813). It was also the first public psychiatric hospital to be built in Ireland and catered for 250 patients.

The first admission to the hospital occurred on the 28th February 1814, apparently a soldier from Cavan, who suffered from 'sadness' due to a woman problem.
In 1816 the Richmond General Penitentiary was completed-this housed both male and female prisoners. When this closed, in 1826, it became part of the hospital. In later years it was used as an administration building. The original clock tower is still there with a weather vane inscribed with the date of 1816.

In 1830, the Richmond Lunatic Asylum's title was changed to the Richmond District Asylum. This resulted in the catchment area of the hospital to include admissions from Dublin City and County, Meath, Wicklow, Louth and Drogheda. (The new facility "The Phoenix Care Centre" has now resorted back to this catchment area and is also classified as a regional Psychiatric Intensive Care facility). In 1925 the hospital's name was changed to the Grangegorman District Mental Hospital.

The number of patients in the hospital steadily rose through the years. In 1896 there were 2,071 and this increased to 2,375 patients in 1898. Land had been purchased in Portrane, County Dublin in 1894, which initially functioned as a farm in order to provide provisions for the patients in the Richmond District Hospital. In 1902 the new hospital, St. Itas, was completed and had the capacity to house 900 patients. This helped ease the pressure on beds at the Richmond District Hospital.



The hospital was renamed Saint Brendan's in 1960. With the publication of Planning for the Future in (1984) and Vision for Change (2006), bed numbers reduced with the closure of units. In 1985 the bed capacity stood at 985. By 1994 this was reduced to 342 and to 140 in 2004. From 1986 there were 43 community houses developed under the management structure of St. Brendans. The number of closures in St. Brendans has been vast.

There have been no direct admissions to St. Brendans since the 6th September 2010. All admissions now go to the Acute Mental Health units in Connolly Hospital and the newly built Phoenix Care Centre. The Psychiatric Intensive Care facility accepts patients from other areas only as a transfer on a Form 10 as per the Mental Health Act 2001 as outlined above.

The Grangegorman Development Agency Act (2005) saw the transfer of land at St. Brendan's to the Dublin Institute of Technology (DIT) and the completion of the New Replacement Mental Health Facility for St. Brendan's Hospital at Grangegorman (the 'Phoenix Care Centre') includes a Psychiatric Intensive Care Service. The new 54 bed purpose built mental health facility, consists of two 12 bedded secure units, a 20 bedded Continuing Care Unit and a 10 bedded Rehabilitation Unit. The hospital has all single rooms with en-suite facilities.

This is the future for in-patient care in Mental Health.

ST. BRENDANS AND THE PNA

On the back of a groundswell of opinion among Psychiatric Nurses favouring the establishment of a professional nurse's organisation - the Psychiatric Nurses Association of Ireland (PNA) became a trade union on the 9th June 1970.

In 1969, a group of psychiatric nurses from Dublin decided to get together in order to canvass nurses in the psychiatric services with a view to obtaining a negotiating licence. This was a successful campaign and took time and commitment from the original 'idea' of nurses to represent nurses in all areas of the country.

Psychiatric nurses working in St. Brendans were proactive in the setting up of the PNA. The first national head office was located here and members worked in obtaining the right for the association to represent nurses working in mental health.

Nurses from St. Brendans such as Mr. Tommy Gantley (National Chairman), Mr. Paddy Gahan (National Secretary) and Mr. John Gahan, had a major input into the setting up and running of the new trade union. It was unique in that it was the first trade union which dealt with improving the pay and conditions of psychiatric nurses alone.

From the foundation of the association, up to the present day nurses working in St. Brendans have always been actively involved in the association. Past and present members have served on the Officer Board and have given several years' service for the benefit of the membership. Other branches in the association has/have committee members who would have trained or worked in St. Brendans. All nurses working in St. Brendans have gained valuable insights into the workings of the association….which stems from the dealings of the local branch in industrial relations. Those of us who worked in St. Brendans were always aware of the current issues.

One of the awards given by the association to recognise the work done by a member over a 12 month period is the Gantley Award. This is presented at Annual Delegate Conference and committee members from St. Brendans have had the privilege of winning the award on several occasions. Past winners from St Brendans are Frank Loakman, Mick Roban, Ned Larkin and Eugene Cadden. St. Brendans branch also sponsored an award for the best motion delivered at Annual Conference, this was in memory of John Gahan (RIP) who was a very active member of the branch and passed away, at a young age in 2010.

Members of the branch have held positions on the Officer Board - National Secretary (P. Gahan RIP, N. Larkin and P. Hughes), National Chairman (T. Gantley RIP), Trustees (Mary Gantley RIP, Mary Craven and P. Mahon) and National Treasurer (P. Cunningham). Several other members of the St. Brendan's branch, who trained here but moved to other areas, have held positions at a national level.

At present the PNA represents around 6,500 members. It provides dynamic and value driven leadership, integrity and ethical practice in Psychiatric and intellectual Disability Nursing. All mental health areas have a PNA branch which looks after the local needs of their members. The Association have at present five full time representatives, a National and Deputy General Secretary, 2 Industrial Relation Officers and a Research Officer. There are also, at present, 2 full time secretaries.

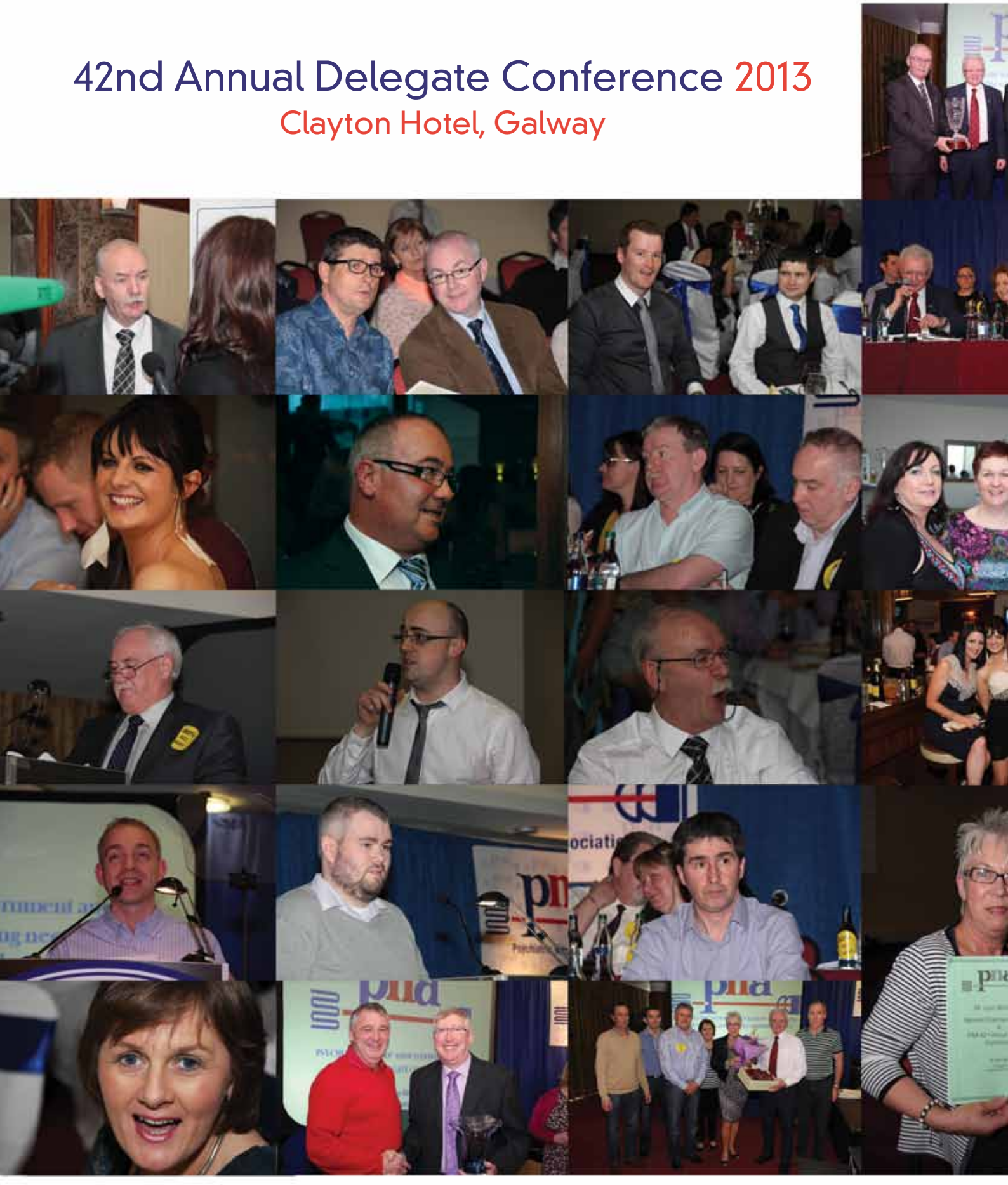
The union meets annually at National Conference. There are also a number of National Executive Committee meetings held throughout the year. The Officer Board, which consists of members elected at conference to represent regional areas, meets on a 6-8 weekly basis.

It is felt that the members who pioneered the PNA journey in the 1960's had a vision and commitment which is kept alive today through those same values purported by its founders- member driven, member led, promoting Psychiatric and Intellectual Disability Nursing and improved healthcare for individuals, families groups and communities.

Bernard Rice is Dublin North Representative on the Officer Board and Staff Member of the Phoenix Care Centre.

42nd Annual Delegate Conference 2013

Clayton Hotel, Galway



Haddington Road Agreement

"The background to the Haddington Road Agreement was that the Public Services Committee of the Irish Congress of Trade Unions accepted an invitation from Government to re-negotiate the Public Service Agreement (Croke Park Agreement) despite the fact that the agreement had more than a year to run."

Consideration of the proposals that eminated from the Labour Relations Commission was the most difficult challenge our members have ever had to embrace. In previous times members would have been asked to consider whether or not a particular pay offer was enough to settle a dispute or whether a set of change proposals could be accepted usually in return for some benefit.

These proposals were different in a number of respects in that they provided for a worsening of Terms & Conditions:

- An increase in working hours from 37.5 to 39 per week.
- Loss of Time + 1/6 for the hours 6pm – 8pm.
- An incremental freeze of varying lengths based on salary.
- For those on max of salary loss of 6 days Annual Leave over lifetime of agreement.
- Introduction of Graduate Nurse Scheme albeit with improvements over what was originally proposed.
- Pay cut for those earning over € 65,000.
- Reduction in overtime rates from time ½ to time ¼.

However members had to consider the reality that rejection would result in worse terms being imposed through Legislation. The Financial Emergency Measures in the Public Interest Act 2013 proved for:

- Permanent reduction in salary for those earning over € 65,000.
- Suspension of Incremental Credit for everybody for 3 years.
- Right of Employer & Minister to introduce whatever other measures they deem necessary to achieve the savings required.

The Legislation provided that if a registered collective agreement was in place at July 01st that the terms of the Legislation would not apply.

It was quite clear that the only alternative to rejecting these proposals was Industrial Action. In a National Ballot of Members the proposals were accepted by a large majority.

The background to the Haddington Road Agreement was that the Public Services Committee of the Irish Congress of Trade Unions accepted an invitation from Government to re-negotiate the Public Service Agreement (Croke Park Agreement) despite the fact that the agreement had more than a year to run. The L.R.C. facilitated these talks. The PNA were not part of this process. The LRC issued proposals to the parties which became known as Croke Park II proposals in February 2013. Four Public Service Unions had left the talks at this stage. A number of the "big" Unions recommended acceptance of the proposals despite the fact that they provided for:

- Reduction in Sunday Premium from double time to time +3/4.
- The freezing of increments.
- Permanent pay cut for those over € 65,000.
- The effective abolition of flexible working and work sharing arrangements for the future. For those already working flexi hours or work sharing an individual review within the year where the clear intention was to force individuals to return to full time work. It was also clear that on return to full time work the "extra" hours would be rostered by management as they saw fit. This was anti woman and anti family.
- Introduction of a Graduate Nurse Scheme that would see recently qualified nurses employed at 80% of the first point of the staff nurse scale (2011) for 2 years.
- All overtime rates to be cut to time +1/4.
- The "agreement" did not provide any proposals to regularise Long Term Actors or provide for the appointment of Senior Staff Nurses.

The PNA both as an individual Union and as a member of the 24/7 Alliance, where we played a central role, embarked on a public campaign to:

- Protect our premia.

- Improve the lot of the Graduate Nurse.
- Create General opposition to Croke Park II.

The purpose of the campaign was to get the message out to members of Congress Unions whose leadership was recommending acceptance we utilised Radio and Television, Billboard ads and Newspaper articles, Town Hall meetings culminating in a fantastic 24/7 Alliance rally in the Basketball Arena in Tallaght, attended by more than 6,000 Nurses, Gardai and Prison officers.

To the eternal credit of members of the ICTU Unions recommending acceptance the members voted against the proposals and Croke Park II was consigned to history.

In May at the behest of Government the LRC met with all of the Trade Unions and Staff Associations in an effort to find a way forward. The PNA were invited to these discussions.

The LRC was told by Government that it was their intention to secure the identified level of payroll and pension savings and that if necessary the Government would legislate to achieve those savings but Government emphasised to the LRC its preference was for a collective agreement. The Haddington Road agreement emerged. This agreement provided for the following improvements over that of Croke Park II:

- Sunday Night Duty and Saturday Premia remain unaltered.
- Pro family and Pro Female friendly working arrangements remain unaltered.
- Restoration of Pay cut for those earnings over €65,000 within 18 Months after the agreement ends and premium pay will not be factored in, in determining earnings.
- Improvements in salary for Graduate Nurses from 80% for 2 years to 85% in first year and 90% in second year and Incremental Credit will now be granted for those 2 years if subsequently appointed.
- Restoration of Senior Staff Nurse Grade.
- Regularisation of Long Term Actors.
- Any individual can maintain their Current working week but subject to pay adjustment.
- Incremental freeze of varying lengths 3-12 months over the life time of agreement rather than complete suspension for every Public Servant as provided for in legislation.
- Overtime rates to be maintained as currently applicable for Sunday Public Holiday and Saturday.

Nobody is suggesting that this is a good deal but the result of our National Ballot clearly confirms the widely held view across the Public and Civil Service that it was the best that could be achieved in the current circumstances.

Seamus Murphy
is the Deputy General Secretary of the PNA

Staff Nurse/ Staff Midwife - Graduate Scheme

Following a meeting on the 10th September regarding the Staff Nurse/ Staff Midwife - Graduate Scheme, facilitated by Mr Kevin Foley Director of the Conciliation Services Division of the LRC. The following clarifications were given by the HSE Human Resource Director Mr Barry O'Brien.

- A memo will be issued by Mr Barry O'Brien clarifying that the primary focus of this scheme is for the 2013 Graduates.
- Normal recruitment procedures pertain where there is a WTE vacancy identified by the Local Service Manager.
- The Focus is to replace Overtime and Agency and the posts are outside the employment control framework.
- A Graduate who holds a position on the National Staff Nurse Panel will not prejudice their position by taking up the Graduate Scheme.
- As yet there is no clarity to the regional breakdown regarding the employment of Staff Nurse/ Staff Midwife - Graduate

Major Changes in Sick Pay Entitlement

"Neither you nor your family can afford to be without the cover in this new environment."

From 01st January 2014, subject to the necessary legislations being enacted, major deteriorations in Term and Conditions relating to Sick Pay will be introduced. The new arrangements to be introduced involves a modified entitlement to paid sick leave of three months full pay and three months half pay over a four year period.

The Government published its Public Service reform plan in November 2011, in which they agreed that having regard to the current state of the public finances, the scheme is unduly costly and its continuance cannot be afforded by the State as employer. They have identified in both the Public Service Reform Plan, and the Memorandum of Understanding with the Troika, that the revision of the public service sick leave arrangements, and a more active management of the scheme, can result in significant savings in the public sector pay bill. It appears that the Public Services Committee (P.S.C.) of the Irish Congress of Trade Unions (I.C.T.U) accepted an invitation from the Department of Public Expenditure and Reform to direct talks, then co-operated with a referral to the Labour Relations Commissions (L.R.C) and subsequently attended a full hearing of the Labour Court. The PNA were not party to any of those negations.

In its recommendation in 2012 (LCR 20335) the Court stated that it was "told that the State intends to legislate for a new modified scheme which will continue to provide a high level of protection to public servants who are unable to work due to genuine illness. Extraordinarily the Court stated that they had not been asked to make any recommendation in relation to Managements proposal to halve the current entitlement of 6 months full pay and 6 months half pay to 3 months full pay and 3 months half pay. Stating that "while the P.S.C does not agree with the proposal they recognised the inevitability of its introduction". However later on they state that "this new arrangement, in the context of an entitlement arising over a four year period, is both reasonable and modest relative to sick pay arrangements applicable in other employment". The Court recommendation dealt with other aspects.

- **Critical Illness Cover**

  Management proposed to limit critical illness cover to 6 months full pay and Three months half pay with a stipulation that this can only be availed of once during the working career of a Public Servant.

  The Court recommended that "Critical Illness cover be provided for six months at full pay and six months half pay", and on the question of the permitted incidence of this cover, the Court stated that it "does not believe that it would be either fair or reasonable to limit the availability of this facility in the manner proposed by management".
  The Court went on to state that it "does not believe that management should seek an unfettered discretion in providing this facility. Rather the parties should have further discussion with a view to reaching agreement on a protocol setting out the criteria against which this discretion will be exercised".

- **Rehabilitation Pay**

  The Court believes that the proposals put forward by the PSC for a minimum payment equal to social protection rates for those who joined the public service before 1995 is reasonable and should be accepted by management.

  The PNA have raised a number of issues in respect of this matter at the National Joint Counsel Parallel Process and we have been advised that we will be consulted following a meeting between the P.S.C. of I.C.T.U and the Department of Public Expenditure and Reform which has not happened yet despite the reality that 12 months have elapsed since the Labour Court Recommendation.

PNA Issues Relate to:-

- No definition of Critical Illness.
- No Proposals from DPER in relation to the Courts Recommendation that it is neither fair or reasonable to limit the availability of paid sick leave to once only during a person's career.
- No confirmation that they have accepted the Courts Recommendation for the introduction of "Rehabilitation Pay".
- Currently the Sick Pay Scheme provides for:
  - 6 months full pay and 6 months half pay in any period of one year.
  - 12 months pay in any four year period.

This means that in any four year period it is possible that depending on the incidence of sick leave one could be paid full pay for every episode provided that it did not come within the 6 months in 1 year rule or exceed the year in 4. The proposal now for 3 months full pay and for 3 months half pay in 4 years is just that. If ones sick leave exceeds 3 months in any four year period you go on half pay.

By far the most worrying feature of this is that recently we have learned that Management will retrospectively apply the new rules this means that in January if you go sick and you have 3 months sick leave you are off pay. We are unaware where this decision has come from, it is not provided for in the Labour Court Recommendation whether there is some "understanding" between the P.S.C. of I.C.T.U and D.P.E.R. that retrospective is acceptable we remain unsure. In any event we intend to challenge this and we are currently taking advice.

Whether its retrospective or not the Sick Pay Scheme going forward is extremely restrictive and members will find themselves very quickly either on half pay or no pay. Members need to join the PNA Salary Protection Scheme NOW.

Within the last week the PNA has agreed terms with Cornmarket at its 5 year review and the new terms will dovetail with the new scheme whenever it is introduced. Neither you nor your family can afford to be without the cover in this new environment. Join today and cover is free until March 2014. The back page of this magazine outlines the detail of the PNA Salary Protection Scheme.

Seamus Murphy is the
Deputy General Secretary of the PNA

Publications and Information Available on PNA website: www.pna.ie

Circulars

Accrual of annual leave during sick leave

Publications

Haddington Road Agreement

Financial Emergency Measures in the Public Interest Act 2013

Presentation: The Report on the Establishment of Hospital Groups as a transition to Hospital Trusts together with the report Securing the Future of Smaller Hospitals: A Framework for Development

Mental health and development targeting people with mental health conditions as a vulnerable group: World Health Organisation

Draft comprehensive mental health action plan 2013–2020: World Health Organisation

Ethical issues in patient safety research: World Health Organisation

Someone to Care – The Mental Health Needs of Children and Young People with Experience of the Care and Youth Justice Systems : Children's Mental Health Coalition

National Office for Suicide Prevention Annual Report 2012: NOSP

Second Report of the Suicide Support and Information System 2013: National Suicide Research Foundation NSRF

National Registry of Deliberate Self Harm Ireland - Annual Report 2012: National Suicide Research Foundation NSRF

National Standards For Safer Better Healthcare: Health, Information and Quality Authority. HIQA

The Mid Staffordshire NHS Foundation Trust Public Inquiry – Key Documents

Mental Health Research Network guide to Finding and Reading a Research Paper: National Institute for Health Research

Recruitment Process
(National Recruitment Service)
Clarifications from Peter Hughes Industrial Relations Officer

Many members have contacted the Head Office with regard to how the National Recruitment process works Following a meeting with the National Recruitment Service (NRS) in July we received the following clarifications:

Role of NRS

- The NRS does not create approvals or approval systems. When positions are approved at Regional level they notify the NRS of the positions approved, number of positions and service area. The NRS then commences the process of offering the positions.
- The NRS does not have responsibility for transfers within regions or nationally.
- The NRS does not regularise existing employees.

Interview Formats

- Standard competency based application based on the skills for the post from the job description.
- Interview Boards are made up of 2 professional Managers and an Independent Chairperson.
- Professional experience and competency override geographical consideration.
- All interviews are benchmarked for consistency.
- Format and content strictly adhered to.

- There are 2 types of panels – National and Bespoke.

• National Panels

- Formed in order of merit
- Covering all geographical areas
- Some can be built by care group
- Candidates can be "active" or "dormant". A candidate is dormant when they have been appointed, awaiting validation, unable for work.
- To avoid duplication, periodically national panels are supplemented through additional campaigns. The panels longest in existence take precedence.

• Bespoke Panels

- In order of merit to cover a small number of individually named posts, (usually only one unique post).

• Expiring Panels?

- Panels are expired when they are exhausted
- When they are no longer fit for purpose (change grade etc, etc)
- When national panels are over 3 years in existence (in this case the oldest component expires first) staff will be notified that the panel has expired.

How Jobs are offered and accepted

- When a position arises the candidates on the appropriate panel are notified of the vacancy by text and email.
- The candidate can indicate their interest in the post by email or they can ignore if they are not interested.
- The post is then offered to the person highest in order of merit who has expressed interest in the post.
- The candidate who has been offered the post can accept or reject. If they reject they maintain their position on the panel.
- If they accept they are made dormant and moved into the contracting process. However if they change their mind at this stage they revert to the bottom of the panel.
- In the event that the post remains unfilled from the Regional Panel Area it is then expressed out to the National Panel Area using the same process.

Screenings

- The following screenings are applied for all appointments:
  - Validation of qualifications
  - Garda/Police clearance
  - 3 references minimum
  - Occupational Health
  - Validation of personal documentation
  - Service history
- New process implemented which puts onus on the candidates to provide information within strict timelines.

The process outlined is the standard procedure, however this may change on occasions to meet service or market demands.

Existing Nursing Panels at time of print. HSE Recruitment is at http://www.hse.ie/eng/jobs/

Staff Nurse Mental Health	Staff Nurse Intellectual Disability
NRS0715	**Assistant Director of Nursing** MH CAMHS
NRS0244	**Clinical Nurse Manager 1** Mental Health
NRS0296	**Clinical Nurse Manager 1** Mental Health
NRS0245	**Clinical Nurse Manager 3** Mental Health
NRS0217	**Clinical Nurse Specialist** Mental Health
NRS0781	**Community Mental Health** Nurse (CNS)

Exploring Cultures
There is Something for Everyone!

Travelling is many things to many people, and it's an important part of one's holistic development and continuous education, and we do it for many reasons.

For some it's simply a means of going from A to B in the most direct manner, and the purpose is simply to reach the destination, though I do not believe this should be so, travel should be all encompassing and the destination in itself should not be the end product.

To experience and understand new things, new cultures, new peoples, we have to leave our comfort zone, and in some ways both discommode ourselves both mentally and physically, many people have a difficulty with this concept as it challenges them in an unfamiliar way, and they often rationalise their situation by stating I have only so many days / weeks holidays a year, and I am constantly on call for others, be it work, family or a combination of both, and this is my only chance to relax, and unwind. Though I do understand this concept it fails to recognise the ability of one to unwind and at the same time engage and immerse in new cultures.

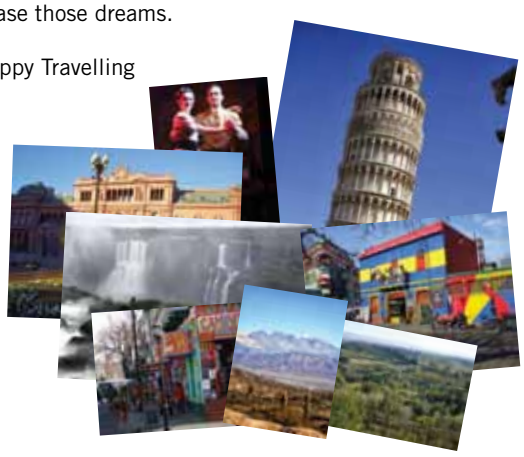
Certainly travelling as opposed to "tourism" is a concept that many believe only belongs in the realm of the "real adventurer" or the "Indiana Jones within us", though this is not strictly true as it is now easier than ever to "construct" your own adventure using all the modern tools available, the internet being the most wonderful asset of all.

I have undertaken many such adventures and hope to continue doing so, in some ways it induces a continuous wanderlust in one, and thus a continuous need to constantly satisfy one's own curiosities.

When one returns home from such an adventure in some ways you have unwittingly changed, and have a greater level of understanding and empathy with other cultures and now you can begin to understand the complexities of different social structures and the minute of how others live, and how they see the world, which is often very different from your own view, and to this end we should never impose our values, or appear arrogant or indifferent / smug / superior, to other cultures, as we all have something to offer each other, that is "the global village" of the world.

As small as we believe the world has become, it still holds many wonders many curiosities in its peoples and natural and build environment, to both intrigue and challenge, and it's there for you to unveil at will. All you have to do is seek it out, and unshackle yourself from your comfort zone and chase those dreams.

Happy Travelling



Martin Slavin is the National Eastern Regional Representative of the PNA,
AKA Michael Palin

Working Recovery

A Nurse Led Programme of recovery workshops developed in collaboration with service users in south Tipperary Community Mental Health Services.

Background: South Tipperary Mental Health Services in line with A Vision For Change has undergone huge transformation in the past 12 months. In response to these transformations the multidisciplinary team decided to implement a more proactive approach to personal recovery for service users. There was an identified need for a psycho-educational approach to be developed.

Context: In keeping with our aim to deliver a recovery orientated service, a working group met weekly. Service users were invited to take part in focus groups and mental health discussion groups. This collaboration resulted in a programme of twenty-four individual recovery workshops being developed.

Contribution to Service Delivery: The recovery orientated workshops are timetabled to be delivered over a six week period by different members of the multi-disciplinary team. This approach encourages an efficient pooling of resources and skills. Each workshop is approximately one hour thirty minutes. The recovery workshops focus on personal development, building self esteem and empowering service users to be proactive in their recovery. They aim to enhance personal skill, encourage personal responsibility and to promote hope. The workshops use a self referral process in collaboration with healthcare professionals. The recovery workshops are available to all service users of the South Tipperary Mental Health Services.

Evaluation: The recovery workshops were evaluated using evaluation forms by service users and a focus group for members of the MDT. Results showed that 62% of the total referrals attended. The findings from most evaluations indicated that the recovery workshops had a positive impact for service users.

"Service users were invited to take part in focus groups and mental health discussion groups. This collaboration resulted in a programme of twenty-four individual recovery workshops being developed."

Outcomes: A decision has been made to develop a timetable of three programmes to run consecutively. Provisions have been made to develop service user led programmes. The need for more detailed psycho-therapeutic groups have been identified as a result and thus timetabled over a 12 month period. There is an aspiration for further development of this programme at primary care level.

Authors:
Kay Fripps RPN
Gillian Crowe

Officer Board PNA 2013

Mr Paul Brophy
National Treasurer
paulobrophy@imagine.ie
(087) 6419214

Mr Fintan Leahy
National Chairman
Fintan.leahy@hse.ie
087 1258463

Mr Bernard Rice
Dublin North Representative
Phoenix Care Centre
bernardrice@live.ie
(087) 2316128

Mr Noel Giblin
National Secretary
noelgiblin2@eircom.net
(087) 2769569

Ms Breege Callaghan
Western Regional Representative
Roscommon Mental Health Services
breegecallaghan@hotmail.com
(087) 9310827

Mr Edward Mc Donald
Dublin South Representative
AMNCH
edward.mcdonald3@upcmail.ie
(086) 6052593

Mr Michael Hayes
Trustee
mazemh@yahoo.co.uk
086 3568849

Mr Denis Meehan
Mid Western Representative
Clare Mental Health Services
denis.meehan@hse.ie
(086) 8360067

Mr Liam Hamill
ID Representative
St Joseph's ID service, Dublin
liamhamill@eircom.net
(087) 6574221

Ms Liz Collins
Trustee
elizabeth.collins@.hse.ie
086 8671809

Ms Mary Walsh
Southern Area Representative
Cork Mental Health Services
marywalsh0603@eircom.net
087 9864408

Ms Catherine Devine
Private Hospitals Representative
St John of Gods Hospital, Stillorgan
catherine.devine@sjog.ie
086 3002854

Ms Caroline Flynn
Trustee
caroline.flynn8@gmail.com
087 6711583

Mr John Hughes
South East Representative
Tipperary Mental Health Services
John.hughes@hse.ie
(087)2978031

Mr Martin Slavin
North Eastern Representative
Louth Mental Health Services
martinslavin@eircom.net
(087) 2246422

Ms Patricia Toland
North Western Representative
Donegal Mental Health
triciatol@yahoo.co.uk
(086) 8955539

Ms Tracy Quigley
Midlands area Representative
Laois Mental Health Services
tracy.quigley@hse.ie
086 3803402

Mr Derek Doran
Dublin
Area 2 Mental Health Services
derekadoran@gmail.com
(086) 3433263

SICK PAY CHANGES AHEAD
BE PREPARED

Join the pna Salary Protection Scheme

From the 1st January 2014, new Sick Pay Entitlements for Public Sector Employees will commence

- Currently you are entitled to 26 weeks full pay and 26 weeks half pay in a 4 year period
- On the 1st January 2014, you will be entitled to just 13 weeks full pay, followed by 13 weeks half pay, in a rolling 4 year period*
- For employees who are unable to work due to a Critical Illness, paid sick leave will be provided for 6 months full pay and 6 months half pay (Critical Illness not yet defined)
- At the conclusion of your sick leave period you can either
  - Apply for Early Retirement Pension
  - Go back to work
  - Resign from your current position
  - Or, if there is a reasonable chance that you will return to work, you can apply for Temporary Rehabilitation Pay.
- The amount you receive from Temporary Rehabilitation Pay will depend on your years of service
- Paid sick leave, including Temporary Rehabilitation Pay, is payable for a total of 2 years
- Uncertified/Self-certified Sick Leave has already been reduced to 7 days for the 2 year period between 1st January 2012 to 31st December 2013, and 7 days over a rolling period thereafter; this was previously 7 days in 1 year.

*Transition arrangements apply for those on continuous sick leave at 01.01.14

How might this affect you?

On the 1st January 2014, all sick leave accrued since 1st January 2010 will be taken into account.
Thereafter, it will be on a 4 year rolling basis. The 4 year rolling basis is calculated by working backwards from the latest date of paid sick leave. The good news is you can help protect against these changes with the PNA Salary Protection Scheme. This is why nearly 53,000** Public Sector employees now have Salary Protection through Cornmarket.

** Cornmarket June 2013

For example:
Mary, a Public Sector employee, broke her leg in early 2011 and couldn't work for 12 weeks. Then in 2012, she fell ill and was out of work for a further 2 weeks. Since then Mary hasn't been out sick. However, come January 2014, Mary needs to know that if she falls ill and cannot work, her pay will automatically drop to half; as she has already used up her 13 weeks full pay allowance.

For more information about the PNA Salary Protection Scheme, please call us today on (01) 470 8072 or visit www.cornmarket.ie.

The PNA Salary Protection Scheme

JOIN NOW & GET FREE SALARY PROTECTION UNTIL 1ST MARCH 2014

Almost everything in your life depends on your income. With the new Public Sector sick pay arrangements due to come into effect on 1st January 2014, it's more important than ever to protect your income.

That is why, for a limited time only, Cornmarket is delighted to offer PNA members the chance to join the PNA Salary Protection Scheme now, and not pay any contributions until March 2014 (see below for further details).

What is the PNA Salary Protection Scheme?

The PNA Salary Protection Scheme protects you against the additional financial strain that unexpected illness can bring with it. It provides you with the security up to age 60 of a Salary of up to 75%*** of your annual salary, should you fall ill and are unable to work as a result. It enables you to continue to pay your regular outgoings (e.g. mortgage, groceries, school expenses etc.) while you focus on recovering. Put simply, it means there's one less thing to worry about, while you concentrate on getting better.

***Less any Early Retirement Pension/Pension Rate of Pay and/or State Illness Benefit to which you are entitled.

Extra Benefits

- Death Benefit – Life Cover of three times your annual salary up until your 65th birthday.
- Specified Illness Benefit - A once-off lump sum of 25% of salary paid in the event that a member suffers a 'Specified Illness', e.g. heart attack, stroke or cancer. Benefit is provided until your 65th birthday, or retirement if earlier.
- Spouses Death Benefit**** – In the event of a spouse's death, 100% of the member's annual pensionable salary will be paid to the member or Single Members Specified Illness Benefit – an additional once-off lump sum of 25% of salary applies in place of Spouse's Death Benefit (only payable if you are single at the date the event occurs).

  Please Note: Members can only ever benefit from either 'Spouses' Death Benefit' or 'Single Members' Specified Illness Benefit'.

**** Your married Spouse or registered Civil Partner at the date of the event.

Cost of membership

For the price of one lunch outing per week you could protect your salary. As membership is so important, the Scheme is designed to be affordable for every member. The contribution rate is currently set at 2.02% of gross salary; however, you are eligible for tax relief on the majority of this premium (1.34%).

For more information about the PNA Salary Protection Scheme, please call us today on (01) 470 8072 or visit www.cornmarket.ie

To avail of the free Salary Protection offer you must be joining the Scheme for the first time and have never been a member of another Cornmarket Income Protection/Salary Protection Scheme. The promotional offer is available to anyone who applies to join between the 19th August 2013 and the 31st January 2014. If you are eligible to avail of this offer, your contributions will not commence until March 2014. Join today and protect your most valuable asset, your income.

To download an application form please click here:
https://www.cornmarket.ie/how_to_join_the_pna_salary_protection scheme.htm

For more information or to request an application form please call 01 470 8072