

VSS News

Volunteer Stroke Scheme

Issue 10 May 1995

Anne Copeland's Column

Stroke is the third leading cause of death in the western world - 14,000 people suffer stroke in Ireland each year. A lot is known about the factors that cause stroke so a lot can be done by individuals to reduce their risk of stroke. A lot can be done too to help people who get a stroke. It is for this reason that the Volunteer Stroke Scheme (VSS) is trying to create a greater public awareness regarding stroke.



Anne Copeland

In May 1994, we held an Open Day in the Burlington Hotel, Dublin. This was very well attended. There were four speakers - all experts in the area of stroke. The speakers were Mr. Vincent Keaveny, Vascular Consultant, Dr. Morgan Crowe, Consultant Geriatrician, Ms Mary Tully, Senior Social Worker and Ms Rosanna Barron, Principal Speech Therapist. All the speakers gave their services totally free of charge. I would like to take this opportunity to say thanks to all of them. Hotel costs were covered by the Canada Life Assurance Company. Again I would like to say a big thank you to them. Further Open Days will be advertised, as before, in the national press and on radio.

We are also running a series of lectures alternating between north and south Dublin city. The venue on the north side is Colaiste Dhulaigh, Coolock and on the southside it is St. Michael's College, Ballsbridge. Three lectures have been completed. The first was given by Dr. Michael Kirby, St. James's Hospital, on the potential problems of stroke. The second lecture was given by Joan Monahan, Principal Speech Therapist, Our Lady of Lourdes Hospital, Dun Laoghaire. Her topic was Communication after Stroke. The third lecture was given by Mr. Vincent Keaveny, Vascular Consultant, St. Vincent's Hospital. The lectures were very informative and very beneficial to those in attendance.

The final lecture will be given in June/July and will be held on the northside. It will cover the area of welfare entitlements. The venues and speakers have come to us free of charge. VSS is most grateful to all concerned because without this type of co-operation we would find it difficult to cope on our limited budget.

One of our plans for 1995 is to compile a video which will cover the work done by the VSS. The purpose of this is to increase the number of volunteers and to help our funding. Also the video will cover the area of stroke prevention. The video will be available, we hope, from our office by the end of 1995.

In the autumn of 1994, the Irish Heart Foundation published a booklet on stroke. It is a welcome addition to the books we have already available. I would like to congratulate them on the publication. It is available from our office. Our office address is

249 Crumlin Road, Dublin, 12
Telephone No. 01-4557455.

I wish you all a peaceful and happy 1995.

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Psychological Problems After A Stroke

Dr. Michael Kirby



Dr. Michael Kirby

The disability resulting from stroke is frequently a combination of physical and mental problems. Each set of problems impacts on the other and cannot be treated in isolation. Physical disability is obviously a major factor in the mental problems but mental problems can aggravate physical disability by impeding rehabilitation.

Physical Disability and Mental Problems

There are a number of factors which can militate against the diagnosis, treatment and full appreciation of mental problems following stroke. The physical disability - such as paralysis - is the most impressive and obvious problem and takes most of our attention. Consequently, mental or psychological issues are often unrecognised or at least underestimated. Psychological difficulties are considered "understandable" following a stroke and resultant physical disability and therefore they may not be fully treated. The mental problems following stroke may be due directly to the brain damage sustained. They may also, of course, represent the individual's reaction to the handicaps imposed on him/her. Frequently they are a combination of both. In either case the person's personality, life situation and previous history of psychiatric problems, if any, will play a significant role and make him/her more or less vulnerable to the development of psychological problems.

The previously independent and self sufficient individual may react more adversely to physical handicap and the resultant increased dependence on others. The person who lives alone with little social support may experience greater psychological difficulties and indeed stroke often occurs at the time of life when social supports have markedly decreased, through bereavement of family and friends and family moving away.

The person who has suffered depression in the past may be more prone to a further episode after a stroke. The common mental disorders following stroke are intellectual deficits, depression and personality change. It is important to remember that these problems impinge not only on the patient but on the carer and family also.

Defect in Intellect

Defect in intellect following stroke results directly from the brain damage incurred and the particular defect depends on the site of damage within the brain. It may take some time following the stroke for these deficits to emerge clearly as there is often initial acute confusion at the time of the stroke which reduces after a time.

The common deficits are speech and language problems, difficulties performing motor actions such as gait problems (not specifically related to a paralysis) and body image disturbance such as denial or disowning of a paralysed limb.

Disturbances of language accompany between one half and two thirds of cases with paralysis of the right side of the body. Language disturbance consists of impaired comprehension or impaired expression or a combination of both. Patients with loss of expression but good comprehension will in general make better adjustment than when understanding is faulty. Improvement over time in these specific deficits will generally occur, with most improvement being expected within the first six months but wide variation is seen.

Additional help for specific deficits, such as occupational and speech therapy, can also aid recovery or improvement. In the case of language impairment it is important to remember that the individual has not only lost his ability to speak but also his primary means of relating with those around him. Initially emotional contact must be established with the person, by means of whatever channels of communication are available. Pictures may be used with which he can indicate requests, even though he cannot read or speak. Cards with words or short phrases may be useful at a later time. Every attempt must be made to avoid withdrawal after early failures, to keep the patient involved and to stimulate a continued desire to communicate. This approach can be taken at home in addition to any formal speech therapy.

Dementia

Generalised intellectual impairment or "dementia" can occur following multiple strokes. Each episode is accompanied by some further loss of mental ability, leading over time in a step-like fashion to a generalised deterioration of memory, intellect and personality. This may be referred to as a "multi-infarct dementia" and is the next commonest type of dementia after Alzheimer's disease. Management concentrates on limiting further strokes (with medication such as aspirin) and social support in the form of home help, day centre attendance and respite admissions where indicated. Memory impairment is most prominent for recent events with relative preservation of distant memory. Provision of props and supports by way of notes and written instructions (telephone numbers in large writing over the phone, written reminders to turn off fires) can help.

Depression

Depression occurs in between 30% and 50% of individuals who have suffered a stroke with the peak occurrence at six months to two years following the stroke. When we refer to depression we do not merely mean transient sadness or unhappiness but a collection of symptoms. The person has depressed mood most of the time, little interest in things, disturbed sleep and appetite, little energy or motivation, possibly feelings of guilt, despondency, death wish and, maybe, ideas of suicide. All of these features need not, of course, be present in every depressed person. It is scarcely surprising that depressive reactions are common in those who have suffered a stroke. There are many factors which may act as an initial focus for the development of a depressive episode - the frustrations of physical handicaps and communication difficulties, the enforced dependency and invalid role and the uncertainty about the prospects of resolution of these disabilities.

The concept of "loss" is frequently referred to in the discussion of depression in general and applies to a considerable degree in depression following stroke. There may be a physical loss in terms of ability to work, loss of job, participation in sport or hobbies and a psychological loss in terms of perceived decrease in self esteem and increased dependency. In addition to these understandable factors in the development of depression, there is evidence of a specific relationship between stroke and depression, depending at least in part on the actual brain damage and its site. Stroke patients have been found to suffer from depression more frequently than patients with other brain injury despite

equivalent disability. Strokes affecting the left front part of the brain result in depression more often than when other sites are affected. As I mentioned earlier, depression may be ignored due to the "understandability" factor and the fact that it is a less visible disability. It is important that this doesn't happen as it can be treated in a large proportion of cases.

Treatment

Treatment of depression is on an individual basis but, in general, the approach would be to acknowledge with the patient that he is depressed (this may be a new experience he doesn't understand), give support, possibly further help with specific difficulties and, in many cases, antidepressant medication. The fact that there is an obvious cause does not mean that antidepressants are not warranted or not effective. A complication of stroke that can be very distressing for both patient and carer is where episodic brief bouts of crying or laughing occur, often unprovoked. This is not unusual in multi-infarct dementia but can also occur after a single stroke and is not necessarily related to the person feeling sad. It frequently responds to a type of antidepressant drug (a "tricyclic antidepressant") even in the absence of depression itself.

Personality Changes

Personality changes following stroke are among the most troublesome of post stroke events and result from the brain damage incurred. The change varies from the mild to the severe. The patient may have difficulty adjusting to anything different and small matters make him anxious, irritable or depressed. He may avoid new experiences and restrict himself to an unvarying routine. This can make rehabilitation, with its inherent need for adjustment and change, difficult. Previous personality features may become accentuated - a previously lonely and withdrawn person may become suspicious or paranoid. The patient may be unmoved by the interests of others, including those close to him, but react severely to a threat to his own security. In more severe case with significant damage to the front of the brain a person can become disinhibited, with a disregard for previous standards and social norms. It is important for the carer to realise that these changes are, generally, the result of the brain damage as this, at least, gives some logic for the carer who experiences a possibly bewildering change in a previously close relationship. Medication may occasionally be required for more severe personality and behavioural change.

Physical, Psychological and Psychiatric Problems

The physical and psychological and psychiatric problems resulting from stroke place a very large burden on the patient's carer. This burden can similarly result in the carer developing physical and psychological difficulties. Not unlike the situation where psychological problems in the stroke victim may be ignored due to comparison with the more obvious physical disabilities, carer problems may, also, be ignored as they are less obvious than the problems of the stroke victim. Support for the primary carer is essential and comes both from family and community services (home helps for example). Family organised rotas and time off for the primary carer can help considerably. Depression can similarly affect the carer and should not be ignored or accepted as "understandable" with the implication that it can't be alleviated.

Psychiatric problems following stroke are common and the cause of considerable distress for patient and carer. The fact that they occur against the background of a major stress does not lessen the need for attention and treatment. Both physical and psychological difficulties impinge on each other, contribute to the total disability and affect eventual rehabilitation.

Michael Kirby MRCGP MRCPsych

*Mercer's Institute for Research in Aging
and Department of Psychiatry,
St. James's Hospital*

1995 - A Time Of Hope

Theo Davis, Honorary Secretary, VSS

Once again the combined efforts of Committee, Supervisors, Volunteers, stroke people and benefactors have enabled the VSS to continue to flourish.

The office was kept busy during the year with queries and requests for information on stroke. The feedback showed that the service we offer is very much needed and appreciated.



Theo Davis Hon. Sec. in V.S.S. Office 1995

We were finally successful in obtaining a grant towards a Computer and Printer from the National Lottery and are presently shopping around for the best deal suitable to our needs. I am looking forward to the "challenge" of working on a computer - to date I have never operated one but have been assured that I will have no bother at all! - TIME WILL TELL.

Lots of interesting projects for 1995 have been put forward and the committee are working hard towards achieving them.

Office space continues to be afforded to us by Mr. Richard Holmes in the Irish Epilepsy Association offices in Crumlin. I warmly thank both him and all his staff for their help to me in passing on any messages which come in on the days I am not manning the office. The use of their facilities is of enormous benefit to the successful running of the VSS.

Since the last newsletter, a new Supervisor for the Southside has taken over from Marie O'Brien who regretfully resigned due to family commitments. The good work on the Southside continues to prosper in the capable hands of the new Southside Supervisor, Eileen Murtagh.

All going well, I have every confidence that we will prosper during 1995 and look forward to the year ahead with great enthusiasm. Once again my thanks to all concerned for their help in achieving our aims.

What do you do at the Stroke Club?

Erica O'Mara, Supervisor North Dublin

This is a question I am often asked as Supervisor of the Volunteer Stroke Scheme in North Dublin. A Speech Therapist or Public Health Nurse or Doctor will ask it when referring someone who has had a stroke. Stroke people themselves and their families ask the same question with great interest.



Erica O'Mara

We have two Stroke Clubs in North Dublin, both in the same premises, ably run by Sister Margaret and near Beaumont Hospital. One Club is on a Monday morning and the other is on a Wednesday morning.

In answer to the query of what do we do, I used to answer that we rarely do the same thing two weeks running but over the years that has changed and darts, dominoes and cards have become firm favourites, with cards getting a boost because of an ingeniously simple device for holding cards, which means so much to someone who can use only one hand. Darts is an excellent game for members learning to use their left hands or improve their balance.

We have Quizzes and Scrabble and sometimes stage our own version of Blind Date or Play your Cards Right and stage a Panto at Christmas.

In each Club we have a Physiotherapist every fortnight and we organise occasional outings. Club members also appreciate the friendship and the chat and the welcome back after an absence and the singing with enthusiasm to celebrate birthdays.

All these activities are so beneficial to our stroke people, some of whom will still have speech and communication problems as well as difficulties with memory, concentration and confidence. The whole social aspect and atmosphere in Club with the guidance and help of the volunteers produce a remarkable change in newcomers and it is lovely to see people coming out of their shell after a few weeks. One of the best compliments we ever had was when the wife of one of our members who has no speech rang me to say that she didn't know what we had done in Club that week, but that her husband had come home in such good form that it had brightened her entire day.

As volunteers in the Clubs, we find also that Club mornings brighten our days too. I often tell new members that if you were to stand outside one of the windows you would think that there was a party going on inside. Sometimes there is a silence of concentration as three or four groups are fully intent on a number of different occupations.

Our drivers are also volunteers, using their own cars to bring one, two or three people perhaps from their own area. This has always worked very well, with friendships developing with a care and concern for the stroke people.

Some things we did in club during the last year

In April, 1994, The Monday Club celebrated its eighth birthday. Our Chairperson, Anne Copeland, was invited as Guest of Honour, but ended up as the subject of "This is Your Life" based entirely on fantasy and extremely enjoyable and at times hilarious. This year's trophies were presented to Bill Doran, Vincent Marquess and Betty Fitzpatrick.

We had our Annual Summer Outing for both Clubs. It was decided to go back to the Dune's Hotel in Donabate as it suits us so well. The meal, as always, was excellent and enjoyed by all. The music was great and catered for all tastes so that almost everyone was on the dance floor including the fast movers in wheelchairs. Michael Farrell, one of our drivers, did a splendid job as MC and drew on all our talent. All in all it was a great day with an atmosphere and enjoyment that could be felt.

In October it was the Wednesday Club's fourth birthday. We had a great morning with a musician and the best of food laid on. Anne Copeland was there as Chairperson as well as the Club Driver and Theo Davis came also. The birthday cake was made as a set of balloons with a gingerbread man holding the strings. Anne Copeland presented the Awards for Club Persons of the Year to Doreen Jameson and Tommy Carroll of Raheny.

Our Christmas Party for 1994 was also a joint venture - this time in the Hollybrook Hotel in Clontarf and was enjoyed by all. The meal was lovely and was followed by our own Panto - Cinderella- with some of the cast drawn from the audience - or conscripted might be a better word. Hilarious is another word that could describe the proceedings.

Since September 1994, we have had a number of teams of four girls from St. John of God's Secondary School Transition Year. They have participated in all Club activities and have really enjoyed themselves. Their project is to see Community Care in operation in their area. They have been warmly welcomed by Club members and the project has so far been of great mutual benefit - giving the girls an insight into stroke and its problems while at the same time seeing how life can go on. We all wish them well in the future.

[See page 13 for more about this exciting venture].

Deceased Members.

During the year a number of Club members sadly died.

Bill Scully
Bob Blake.
Myra Carter.
Josie Kearns.

Bob and Myra in particular had been in Club for a very long time. They were both great characters and will be long remembered. For each member who died, we had Mass celebrated in the Club, giving us all an opportunity to share our prayers as well as our sorrow.

May They All Rest In Peace.

A final word of thanks to Sister Margaret, our volunteers, those in Club and those who drive, and those who do both, to our physiotherapists and lastly to our Chairperson, driver and friend - Anne Copeland. May we all continue to work together in the sure knowledge that everyone connected with both Clubs will be a winner.

Solutions to Time Quiz

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1	February, November, December
2	1400 hours
3	January, October
4	29
5	Monday, Friday, Sunday
6	Put the clock back 1 hour
7	1945 hours
8	September, April, June, November
9	M
10	A small grandfather clock
11	1100 hours
12	No clock face, just numbers

VOLUNTEER S

THE NORTH AND SOUTH CLUBS AT TH



Kay Delaney, Tony Walshe and Michael Joyce



*Front - l to r Eileen Carroll, Jean Ennis, Brendan Gibbon
Back - l to r Nancy Carroll, Rosaleen Kelly*



*Liam Corrigan and Ben Grant
(a joint effort - making a tray)*



Kathleen O'Leary and friend



*Des Byrne, Eileen Murtagh, Supervisor and Tony Kelly
"being molested"*



Jim Lenehan and Kay Delaney (Val)

STROKE SCHEME

IR MANY FUNCTIONS DURING THE YEAR



Frank Murphy, John Burke and James Cullen



Rosaleen and Doreen (front)



Christine and Brendan



Micheal Joyce and Jim Lenehan at the "Dominoes"



Erica O'Mara and Eileen Murtagh



Santa (Bart) and Evelyn Cox

Down South

Eileen Murtagh, Supervisor, South Dublin

I am delighted to be associated with the Volunteer Stroke in the south side of Dublin since July 1994. It is good to be involved in an organisation with a structure and clear aims. There are guidelines to follow and this makes my job easier to do.

The south side of Dublin covers a very large area and it is not possible to help everyone immediately. People require various degrees of service from the Volunteer Stroke Scheme (VSS). The majority express an interest in joining the Club or in going on outings. Next in line are Home Visits by a Volunteer in order to get help with speech. Others just need to be informed of services that are available and relevant meetings.

Club members and Volunteers are a joy to work with. Most Club activities are done so as to have a bit of fun. In the middle of a Quiz, for example, some question might prompt a member to recall a funny incident that happened to him/her regarding that place or thing.

There is a huge effort put in by Club members to get to Club each week. Club is located in Kimmage Road. Some travel by public transport while others walk with the aid of a stick. One lady travels by push bicycle. The Volunteer Drivers are very generous with their cars and without them many would be excluded from coming to Club. Family members also drive, enabling their relative to attend each week.

Some examples of Club activities are:

- Bowling
- Flower arranging
- Canework
- Table Quizzes
- Dominoes
- Scrabble
- 20 Questions
- Cards
- Darts

and many more. Likes and dislikes, joys and sorrows are shared. Home Visit and Club Volunteers encourage communication as much as possible.

Stroke often affects the entire family. Lives are changed so suddenly and spouses are often plunged into taking on new responsibilities. They often have to cope with trying to understand a new way of communicating with their spouse.



Eileen Murtagh

The Club have been on outings last Summer. In June we went to the Ardenode Hotel in Ballymore Eustace for a really enjoyable meal.

In July, there was another outing to a barbecue in the home of Volunteer Bridie Lyons. Club member, Liam Corrigan, organised a Pub Quiz which was held in the Speaker Connolly Pub, Firhouse Road at the end of November. Many members participated in this event. It was a successful night with 29 tables filled.

The group went on a Shopping Day out to the Square in Tallaght in December. We revived ourselves after the shopping with a meal in Bewley's. Father Joe Kennedy from Mount Argus transported a lot of the shoppers in his mini-bus.

We had our Christmas Dinner and Party in the Club in December. The Party started off with a little drama. A fuse blew before the guests arrived but all was put right just in time. A lovely meal was cooked by Chef Tony and music was provided by three visiting Volunteers. We had plenty of entertainment from Members and Volunteers in the form of singing, yarn telling and some dancing including, of course, Irish dancing. Most people let their hair down and it was great.

The New Year brings challenges and there is a constant need for Club Drivers and Home Visit Volunteers in different areas. With the help and goodwill shown towards me by Committee, Volunteers and people with stroke, we shall be able to help or enable as many as possible of those seeking help from the VSS to achieve a greater degree of independence following their stroke.

A special thanks to all the Volunteers who keep the Club and Home Visits going smoothly, to Father Joe who celebrated Mass when we resumed after the August holidays and to Sister Una for being so accommodating to us all year.

Deceased Member

Finbar Harrington died in April 1995. A lovely man, he will be missed by the South Club.

A happy 1995 to all!

In her own words

Catherine McCann now speaks to VSS members in her own words. She gave VSS News an extended interview and some extracts from what she said are reproduced below. Be sure to get her book to get even closer to the ideas of this remarkable woman.

"I try to show in the book that there are educational carers, social carers including social workers and religious, parents, spouses to each other and obviously health carers. ...I have met a lot of the Dublin stroke people and their carers over the last few years. A lot of the examples I give in the book focus on the family."

"I try to bring out in the book, of course, that the family is really the patient in the early stages – not just the family member who gets the stroke. Therefore professionals have to do a lot more work in caring for the family until gradually they bring them in to be partners in care with themselves. Now we need a whole lot of change of value system for this to come about. I think the professionals have an awful lot to do themselves, allowing time for this to start off with and seeing it as a value."

"I believe that every human person has a huge potential they can call on and sometimes crisis is what releases that. And I suppose the slant of my book is to bring out the inner resources in people because the actual level of services will always be limited. It will never be what we want."

"People have difficulty in receiving - compliments, gifts, services - we have to learn more how to receive help. It's often easier to be a giver than a receiver but a concept I do try to get across is the notion of co-caring – the carer does not smother the person and neither does the other person expect too much. They also still have responsibilities for the person looking after them in not being overdemanding, in thinking about them, appreciating what is done."

"I have a very great admiration for the Volunteer Stroke Scheme. I think they have done trojan work through their marvellous volunteers. It's a good organisation. The social outlet is very important."

"Trying to get it right is very difficult. So there must be use of intelligence – knowing when to say 'no', learning to manage risk, learning to make priorities, looking after the other relationships in their life. That's one of the saddest things when the priority in relationships goes totally askew and wives, husbands or children who are not sick hardly get a look in."

"The book is divided into three parts, the first part is on the caring process. The very first chapter looks at the qualities of care like respect, sensitivity, understanding, creativity and courage and also the differences between men and women in their caring roles and the receivers' notion of care. It all begins with the qualities we have to do this job."

I then look at the formal caring groups in society – mainly professionals. I look separately at health care, social care and educational care. The first part of the book concludes with a chapter on the family carers themselves. The second part covers the caring process and there is a long chapter on caring principles. The first principle is care of the self and the second one is the caring relationship, the attitudes – caring is not about tasks and doing things for people. A responsible attitude from both people ensures the caring is healing and sustaining. The third principle is one people don't think enough about – caring for the significant others in one's life as well, of course, as the person who has a disability. This can be a problem not just within the family but also among professionals who overwork leaving no energy or time for children and spouses. A balance must be achieved.

The third part is on the caring ideal. There is no such thing as an 'ideal carer'. Everyone is in a unique set of circumstances. Relationships and problems differ. It is important to distinguish between carers and caring. The book is essentially about caring. It tries to explore just what caring and compassion are all about."

This report was compiled by Michael McGinley.

The Girls from St. John of God's Secondary School, Kilmore Road, Dublin 5.

Erica O'Mara

Nowadays, Secondary Schools have what is known as a "Transition Year". It comes after the Junior Certificate and before starting the Leaving Certificate programme. In the course of the Transition Year students are given a wider and more practical look at the world than an examination orientated timetable allows. Transition programmes involve crafts, personal development, the setting-up of a mini-business project, work experience and many more. My own thoughts on reading the list were regret that "they didn't do that in my day" followed by a wish to join in here and now.

Our two Stroke Clubs are located in Kilmore and the nearest secondary school is St. John of God's. In September 1994, Ann Hogan, a teacher in the school, approached me to enquire if some of the girls from the Transition Year could attend the Club in order to take part in Community work. So it was arranged that four girls would attend the Monday Club and another four would attend the Wednesday Club for a period of six weeks. A different set of girls would then become involved.

I won't pretend that I got the girls' names right all the time, just some of the time. Quite often as sure as I would say - "You're Lisa" the answer would come "No, she's Lisa, I'm Laura." When each new set of girls arrived, I would sit down with them and give them a brief description of how a stroke affects a person. The girls were then introduced to the Club members who took them under their wing and gave them an idea of how stroke affected their lives and how they are now managing to cope.

That all sounds very serious but when the girls joined in the various activities it was a different matter. They loved them all - the dominoes, the card memory games and, of course, the darts. When tables and chairs had to be moved the girls were there to help.

Last October 5th, we celebrated the Wednesday Club's fourth birthday and invited the Monday girls as well to help celebrate. As the school was rehearsing at the time for "Grease" we were given a preview - which was really enjoyable.



Erica



Elaine, Miley Byrne and Jack Connoll



Frank, Donna, Paul and Lorraine



Back Lisa, Maria and Nadia Front Sandra and Kathleen

In January we had a slide show of "Old Dublin" and while the slides evoked many memories from stroke people and some volunteers, the girls were amazed to hear from people who either went to school barefoot or whose classmates did. Some of them spoke of the very real poverty as portrayed by the slides and one man said "those were not the good old days but the bad old days". It was fascinating to hear from people who had travelled on the trams for a 2d (old money) fare and from one man who was on his way home from a dance and narrowly missed the bombs that fell on the North Strand.

This was a great way to narrow the gap between the generations but during the eight months the girls have been with us in the Clubs, we have seen other gaps narrow and even disappear. There is no doubt that the girls – Jennifer, Lisa, Laura, Elaine – and all the others have found the Clubs for people who have had strokes are fun and

something to look forward to. For our part, that is confirmed by their shining, smiling faces at the end of the morning. They have all been invariably courteous and helpful and very willing to take part in all activities.

On a more serious level, we can hope that they have become aware that stroke people are real people but with a disability - a disability that can be overcome by a friendly approach and a willingness to care and to listen. In their short time with us they have learned a little of how to cope with speech problems that can follow a stroke. The following quote is from Valerie Eaton Griffith, who founded the Volunteer Stroke Scheme in England, "I believe understanding of what it means to have a severe stroke is growing and this will bring sunshine to a dark place". If even the seeds of this understanding are sown the results can be tremendous.



Back - Ed, Micheal, Peter Front Myley, Terry, Joe



Principal speech therapist, Our Lady of Lourdes Hospital, Dunlaoghaire



Doreen Jameson, Anne Copeland and Tommy Carroll



L - R Eileen Murtagh, George Long, Eileen Girvin, Con Hewitt, Micheal Launders, Birdie Lyons Front - Des Byrne

Money Matters

John L'Estrange Reports

Once again we had a very good year on the financial front in 1994.

The Eastern Health Board gave us £16,000 for 1994 - we express our grateful thanks.

A wide range of commercial firms helped us once again, e.g. Banks, Building Societies, Insurance Companies, Manufacturing Firms and Retail outlets. We have listed below, in alphabetical order, the main companies who have helped us. We are grateful to them for their generosity

The principal companies who helped VSS in 1994 were:

Abbot Laboratories	ESB	National Irish Bank
Aer Rianta	Esso	New Ireland Assurance
Allied Irish Banks	Fitzwilton	Odlums
Amdahl Computers	Fyffes	PMPA
An Bord Bainne	Gallagher	Quinnsworth
Arnotts	General Accident	Rhone-Poulenc Rorer Ireland Ltd
Bailey RA	General Motor Distribution	Roches Stores
B&I Line	Glaxo	Royal Insurance
Bank of Ireland	Glenalbyn House	RTE
Becton Dickinson	Guinness	Ryans Hotel
Bristol-Myers Squibb	Hoechst	Sealink
Burmah-Castrol	Iarnród Eireann	Siemens
Bus Eireann	IBM	Slender Health Club
Calor Kosangas	Irish Cement	Smurfits
Ciba-Geigy	Irish Life	Stena Sealink
Clerys	Irish Permanent Building Society	Stillorgan Bowling Club
Clondalkin Group	Jet Oil	Telecom Eireann
Conrad Hotel	Jones Oil (given by Ita Reid Smith)	Ulster Bank
Courtyard Restaurant	Jurys Hotel	Unidare
Creans	Marks and Spencers	Wellcome
P. V. Doyle, Hotels	Motorola	Zoological Gardens
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Educational Building Society		

Volunteer Stroke Scheme

249 Crumlin Road
Dublin 12

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Registered Charity CHY 6989

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Aims of the Volunteer Stroke Scheme

- 1 To help people who suffer from speech and allied problems as a result of a stroke.
- 2 To offer each patient a volunteer who will visit singly for about an hour at a time on a regular weekly basis.
- 3 To provide a club where patients can meet and be further helped.
- 4 To provide outings from time to time.
- 5 To create a greater awareness and understanding of stroke through effective and relevant publicity.

Subscription £5.00 a year

VSS News is distributed to hospitals and Health Boards throughout the country free of charge. Organisations requiring copies of VSS News please contact:

The Editor
249 Crumlin Road,
Dublin 12
phone 01-4557455,

between 10.00 am and 12.30 pm on Monday, Wednesday or Thursday.

More **volunteers** and **drivers** are required by the VSS. Contact us at the number given above or write for further information.

I wish to subscribe to the Volunteer Stroke Scheme and I enclose £5.00 for 1995.

Name:

Address:

Phone:

Cheques should be made payable to the Volunteer Stroke Scheme.

Signed:

Date: