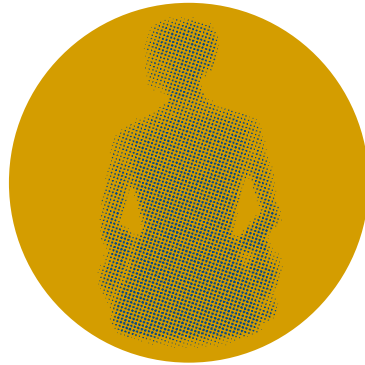
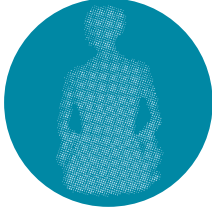




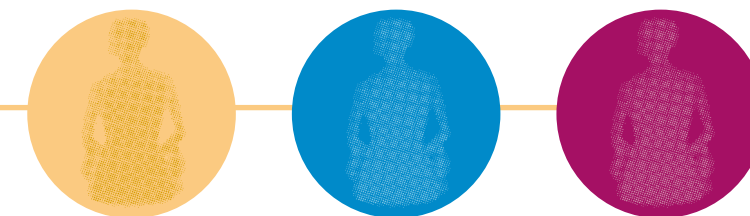
Annual Report 2006

The Dublin Well Woman Centre



THE
WELL
WOMAN
CENTRE

Well Woman Medical and Counselling Services 2006



Family Planning Services:

- Combined oral contraceptive pill, the mini pill and Nuvaring
- Intrauterine devices, including Mirena and Flexi-T
- Implants (Implanon) and injectable contraception (Depo Provera)
- Evra (contraceptive patch)
- Emergency contraception and post-coital coils
- Vasectomy counselling and operations (Coolock and Pembroke Road)

Women's and General Health Services:

- Pregnancy testing and blood testing
- Initial infertility investigations
- Post termination medical check-ups
- Breast examinations
- P.M.S. and Menopause consultations
- Travel vaccines (Liffey Street)

Screening and Sexual Health Services:

- Cervical smear testing (Thin Prep and TDL Express)
- Screening for Sexually-Transmitted Infections (Men's STI screening is available in Pembroke Road only)
- Chlamydia testing
- Cryotherapy
- HPV typing

Counselling:

- Non-directive pregnancy counselling, and post-termination counselling available in all centres
- General counselling available in all centres (including sexual abuse, depression, relationship and stress)
- Teen counselling available in Coolock
- Counselling in Pembroke Road to support women with Hepatitis C
- In Pembroke Road Consultant Psychiatrist Dr Eimer Philbin Bowman deals with issues including phobias, panic attacks, depression, eating disorders, psycho-sexual problems and vaginismus. Joan MacGowan is an experienced Relationship Counsellor, and works with single people, couples, married, living together or separated

More information on services or opening hours can be obtained by visiting our website, www.wellwomancentre.ie or by phoning any Well Woman centre.

City Centre

35 Lower Liffey Street, Dublin 1
872 8095 / 872 8051

Northside

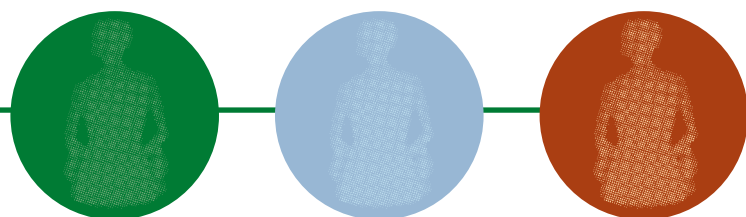
Northside Shopping Centre,
Coolock, Dublin 5
848 4511

Ballsbridge

67 Pembroke Road,
Ballsbridge, Dublin 4
668 1108 / 660 9860

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A Message From Our Chairperson

It is a cliché to say that the past year has been one of significant progress for the Dublin Well Woman Centre – but this was never so appropriate as in 2006.

This followed on from a year of consolidation in 2005, in which we focused on building financial stability in order to assist in longer-term growth and investment in our facilities and services. In 2006 the focus of the Executive was on development, and was nothing if not ambitious: to create a flagship city-centre clinic in Well Woman's Liffey Street location.

Planning to make this a reality had been underway since September 2005, and it came to dominate the first half of 2006.

I am not surprised to record that we got 110% support from our staff, who embraced the project enthusiastically. I want to acknowledge in particular the Liffey Street staff, who gave valuable input into planning the layout and function of what would be vastly improved consulting rooms, and who subsequently agreed to work in Coolock and Pembroke Road during the April shutdown. At the same time, management and staff in both of our other clinics gave us exemplary goodwill and co-operation.

While the clinic was closed, we operated a mini 'call centre' from Well Woman's Head Office. This meant that Liffey Street Receptionists were based there and were able to continue to provide

appointments to clients, as well as updating them as to progress. Furthermore, an ongoing roster of coverage by medical and nursing staff ensured that all test results were processed as normal, and any necessary referrals made while the clinic was closed.

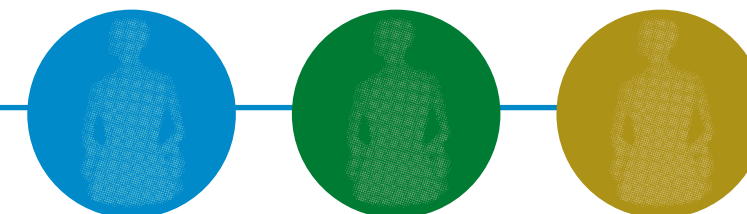
Many people – Board members included – expressed astonishment that the build work was completed largely on schedule and that we re-opened on target at the start of May.

Finally, mention must be made of the loyalty of our Liffey Street clients; from the moment the clinic re-opened, it did so at full capacity. We suspect clients kept an eye on our website for updates as to progress with the build, and their response to the 'new look' clinic was very positive. Again, this underlined to us the value of extensive pre-planning – we had begun notifying clients of the impending work as far back as September 2005.

A project of this scale deserved an appropriate celebration, which is featured elsewhere in this Annual Report.

While it was gratifying for Well Woman to celebrate its own progress, it was sobering to note the scale of the challenges that still face this organisation as it works to bring about health gain for women – the lack of a co-ordinated national sexual health strategy, and dramatic year-on-year increases in prevalence figures for many STIs, among others.

Well Woman's own policy and advocacy response to these growing, and serious, public health challenges, will provide much of the focus of our work in 2007.



I am proud to chair Well Woman as it continues to innovate and model the best standards in women's healthcare, and I wish the organisation well for its continued success in the coming year.

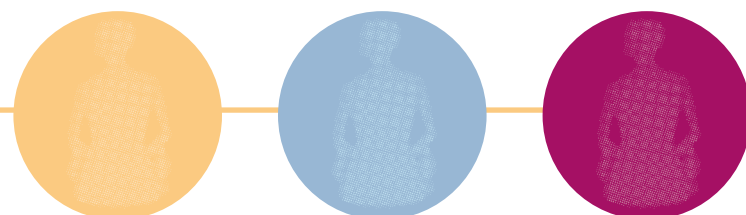
Mary Worrall
Chairperson
March 2007

Well Woman's crisis pregnancy services continue to be fully funded by the Crisis Pregnancy Agency. In addition, the Health Service Executive funds us to provide women's health, family planning and counselling services to medical cardholders in north Dublin in our Coolock centre. Well Woman is grateful for their financial support, and proud to act in partnership with both of these bodies.

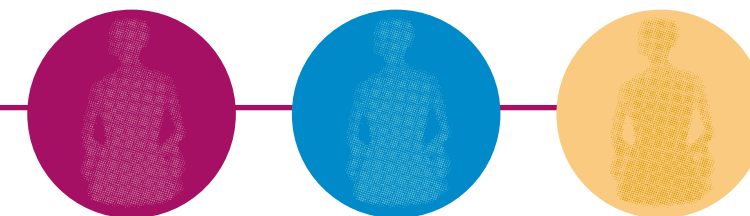
I would like to express my heartfelt thanks to my predecessor as Chairperson, Lynne Tracey, for her support and advice to me when I took on the role. I would also like to acknowledge Well Woman's Board of Directors, for the tremendous amount of time, expertise and commitment they have given in guiding and advising the Executive through the exciting developments we can record for the organisation during 2006.

I would like to thank our Chief Executive, Alison Begas, and the Medical Director, Shirley McQuade, for their leadership and commitment during 2006. I would also like to acknowledge all the clinic staff for the energy and dedication they have shown. This dedication ensures that Well Woman continues to enjoy an excellent reputation for providing – and pioneering – excellence in women's health and family planning services, nearly 30 years after its foundation.

« Well Woman's own policy and advocacy response to these growing, and serious, public health challenges, will provide much of the focus of our work in 2007. »



Chief Executive's Report



Another year, another series of challenges. As anticipated, the first half of 2006 was dominated by 'Project Liffey Street' - the refurbishment of our city-centre location. This was a true test of the strength of Well Woman's management team.

The upgraded clinic is an excellent example of what women should expect when they need to access sexual health services. We succeeded in creating a comfortable environment in which a whole range of sexual and reproductive health services are available, including contraception, cervical and STI screening, counselling, PMS and menopause clinics. In fact, the revamped Liffey Street clinic has been so well received by patients and staff alike that we will shortly begin planning a similar upgrade to Pembroke Road.

However, as we celebrated our new look clinic, it became all the more apparent during 2006 that a co-ordinated national sexual health strategy is now essential to promote safer sexual health practices and achieve early disease detection among the population.

In Well Woman we know that Ireland's sexual health needs are changing, with most people now having a number of sexual partners throughout their lives.

People are living longer and consequently remain sexually active for longer.

While many of these changes are very positive, people are now more exposed to sexually transmitted infections than ever before, and the most recent national figures on STI detection indicate increased prevalence rates. Well Woman has identified significant year-on-year increases in our own STI testing, with our Men's Sexual Health Screening service also demonstrating consistent levels of demand.

Elsewhere in this report, the Medical Director provides an interpretation of some of the clinical data from our centres. Clearly Well Woman's sexual health services are an important element in dealing with what is a growing social problem in this country.

Well Woman wants to see politicians and policy-makers consult with stakeholders before implementing a national strategy that encompasses all aspects of sexual and reproductive health - education, awareness and services. This in turn must be backed up by ring-fenced funding to make it a reality.

The current fragmented approach to sexual health and contraception services means that some children are still leaving school with worrying gaps in their knowledge. Many people still find it difficult to access contraception services, particularly outside the main cities and at weekends.

In 2005, Well Woman worked with the Crisis Pregnancy Agency in drawing up a 'National

Framework for Contraception Services'. At time of writing, this ambitious plan remains under discussion between the Crisis Pregnancy Agency, the Department of Health and Children, and the Health Service Executive. This is a source of concern, as we believe its implementation across the country could lead to significant improvements in service provision at local level.

During 2006, Well Woman delivered Phase II of our Multi-Cultural Sensitivity Training Programme to the 'Positive Options' organisations. Building on Phase I, in which we trained frontline clinic staff, last year saw us design and deliver cutting-edge training for crisis pregnancy counsellors on best practice in working with interpreters. As before, this was fully funded by the Crisis Pregnancy Agency, and it has been very well received.

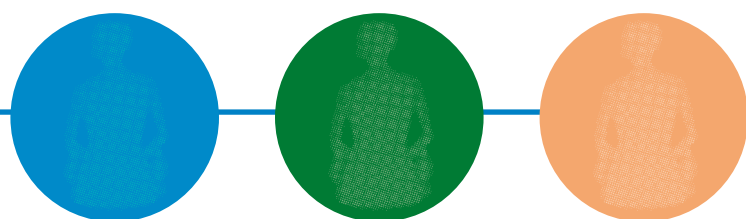
We also put in place a comprehensive upgrade to our I.T. infrastructure, implementing a broadband solution to enable real-time data transfer and back up. In 2007 we plan to add on electronic data transfer of test results from some of the laboratories used by Well Woman, which should lead to even greater efficiencies in the clinics.

I would like to thank Well Woman's clinic staff for the energy and commitment so clearly evident in the quality of care provided to clients during 2006, and for their whole-hearted co-operation with us during the Liffey Street shutdown. I also pay tribute to the breadth of work taken on and delivered by a very able management team - Shirley McQuade, Linda Wilson Long, and our three Clinic Managers, Siobhan Caskie, Josephine Healion and Imelda Healy.

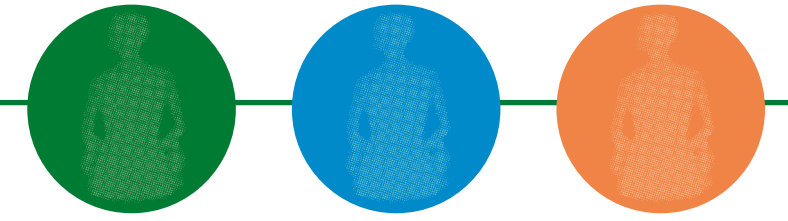
Finally, warm thanks must go to our Chairperson Mary Worrall, her predecessor Lynne Tracey, and Well Woman's Board of Directors. Mary, Lynne and the Board gave me unstinting support and sound guidance during 2006, and I look forward to working with them through 2007.

Alison Begas
Chief Executive
March 2007

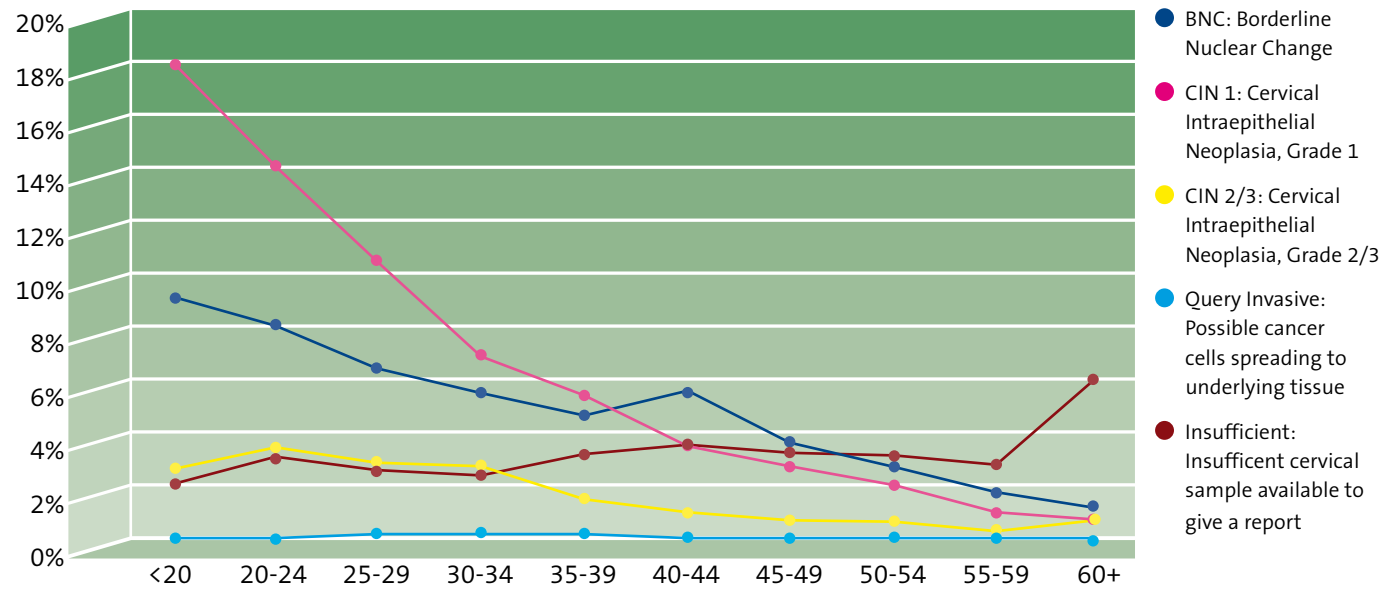
« a co-ordinated national sexual health strategy is now essential to promote safer sexual health practices and achieve early disease detection among the population. »



Medical Director's Commentary and Report



Cervical Smear Test Results



This is an analysis of over 37,000 cervical smear tests taken in Well Woman for the years 2002 – 2005 and the first 6 months of 2006. Unfortunately due to long delays in getting results back, it was not possible to analyse the full year at time of writing.

Borderline changes are very minor and will often resolve, 80%+, without any treatment. CIN1 changes will resolve spontaneously in at least 70% of cases. CIN2/3 and Query Invasive changes are automatically referred to a hospital based colposcopy unit.

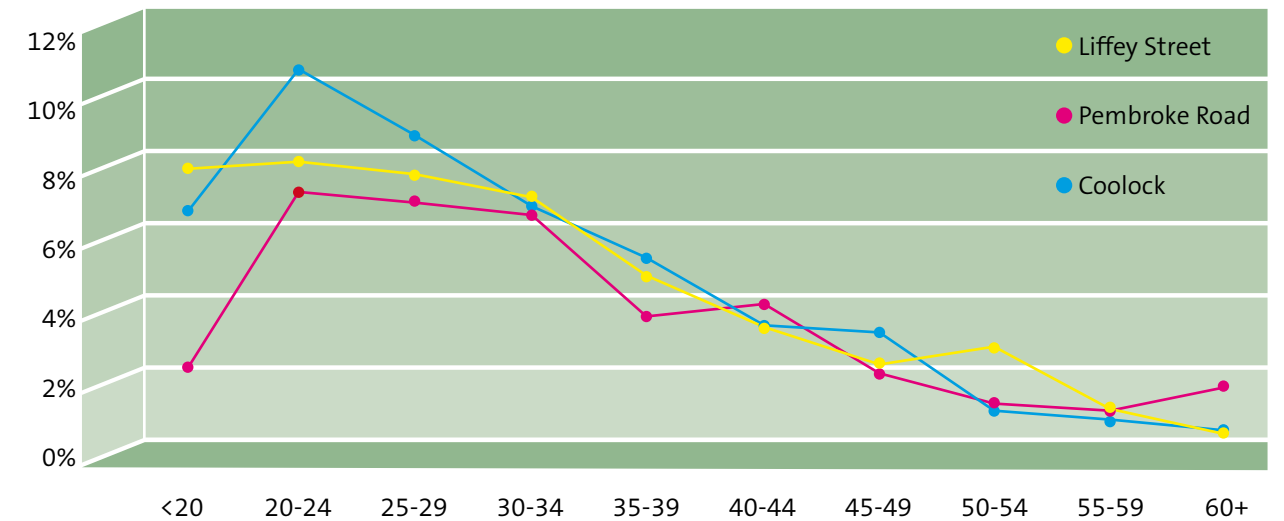
Many young women will have evidence of minor cellular changes. These effects are caused by Human Papilloma Viruses (HPVs) which are commonly transmitted from one person to another during sexual contact. Viral activity is suppressed by the person's immune system so that there is a fall off in minor cell changes over time.

If viral changes persist, then there is a risk of more significant damage to the cervical cells with the potential for malignant change to occur. There is uncertainty as to what age is appropriate to begin cervical screening. In line with the Irish Cervical Screening Programme Pilot, we suggest that women are screened from age twenty five onwards.

However, if women have symptoms such as intermenstrual bleeding, then we would take a smear test as part of the investigations to find the cause. From the 37,000 samples, we diagnosed one woman in the 20-24 year age group with possible invasive cervical cancer. Much more commonly intermenstrual bleeding is due to forgetting to take oral contraceptive pills or to a chlamydia infection.

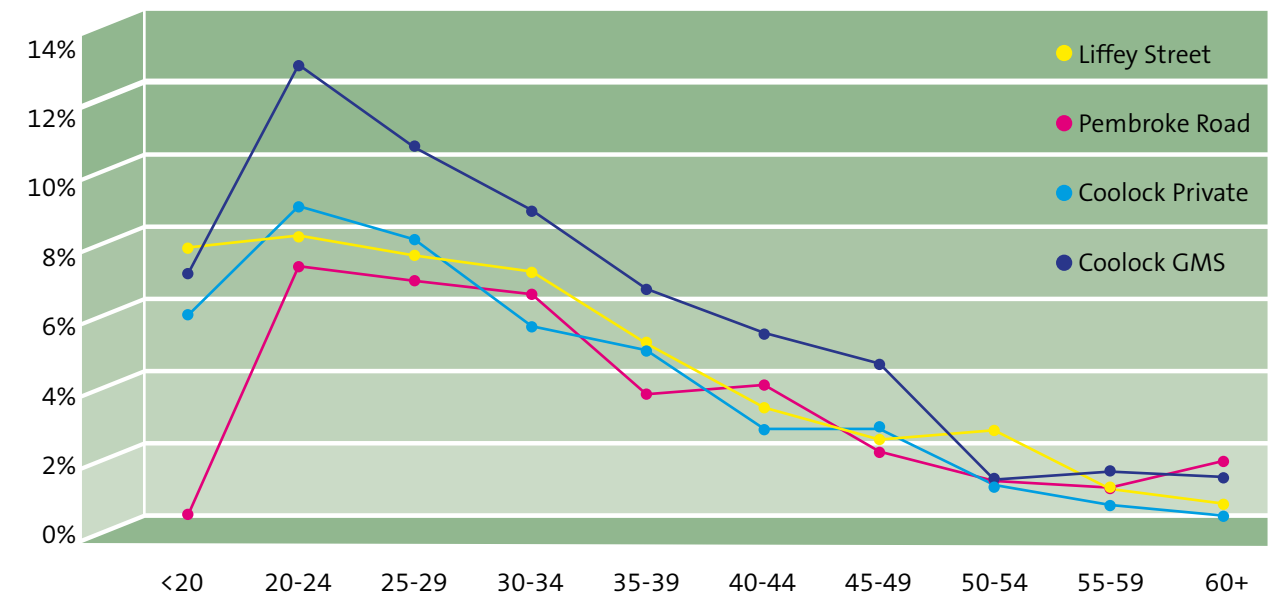
Unsatisfactory reports are issued when there is a lack of visible cervical cells for the cytologist to assess. This may be due to excessive blood in the sample, sometimes the effect of an infection, or inflammatory cells obscuring the view. Cervical cells are more difficult to remove when the woman's oestrogen levels are lower. This can be seen particularly in postmenopausal women – hence the 6% insufficient rate in the over 60 age group.

Colposcopy Referrals by Age

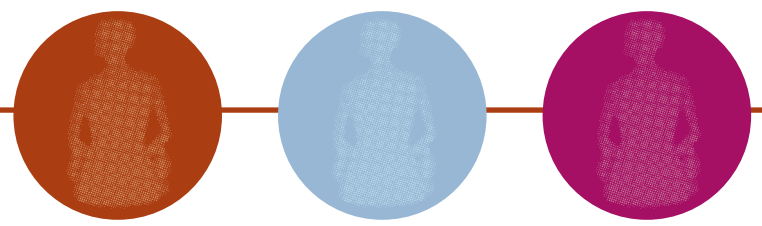


Standard guidelines are used for referral for colposcopy in all three centres. During 2002-2005 and the first six months of 2006, a total of 2095 colposcopy referrals were made. The Coolock clinic had a slightly higher referral rate in the under 50s compared to the other clinics.

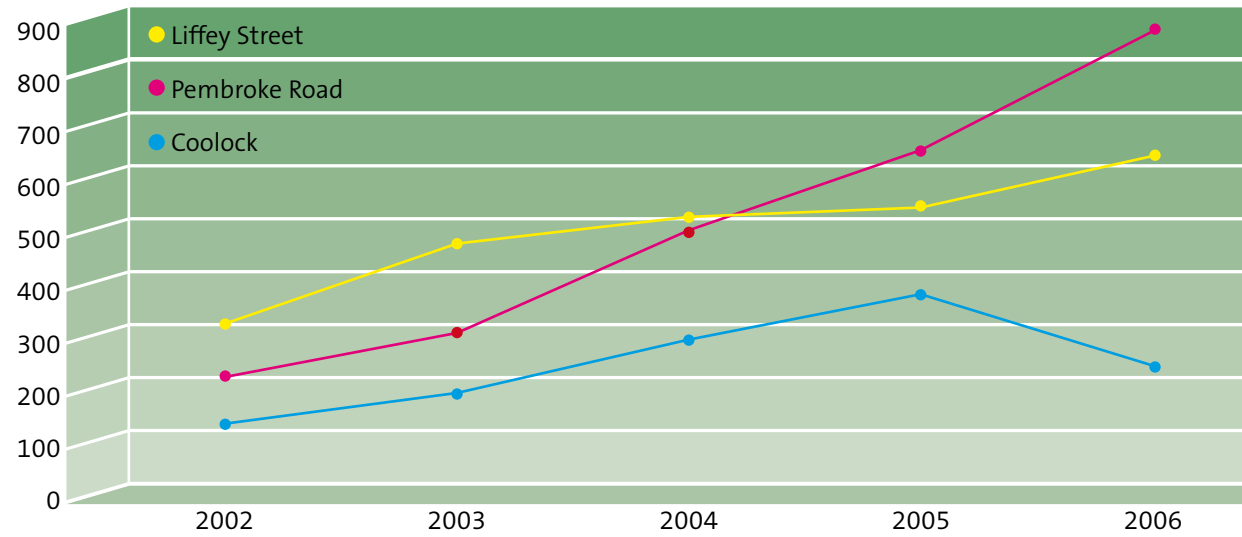
Referral for Colposcopy in Private and GMS Patients



Approximately half the women attending Coolock have a medical card. When the figures were broken down to take this into consideration, it becomes apparent that those on the GMS have a significantly higher rate of referral than private patients – even those from the same geographical location.

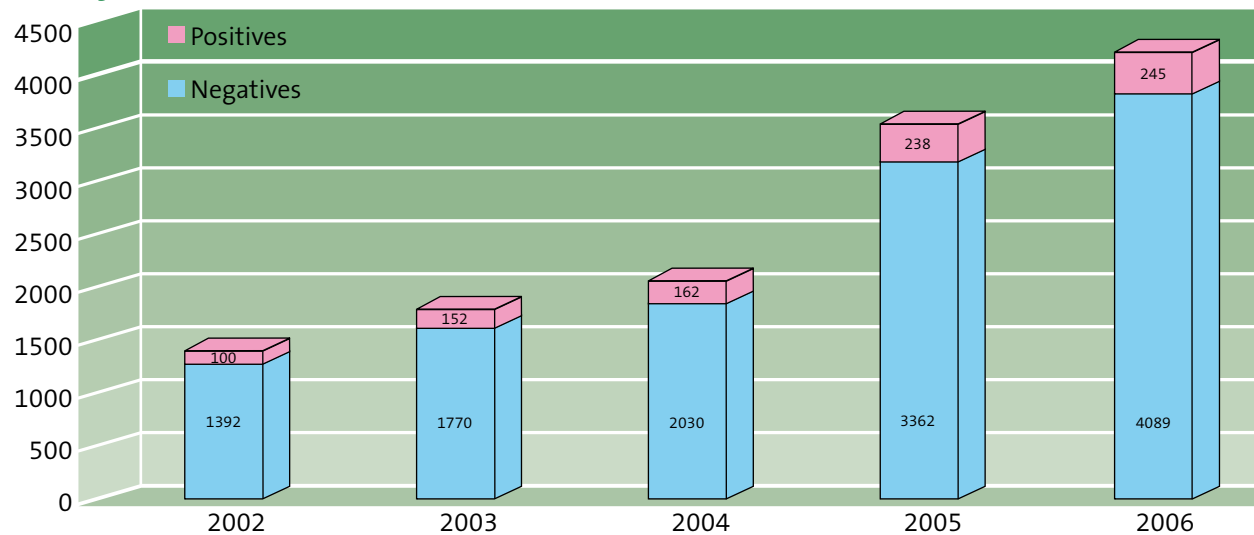


Full Screens 2002 - 2006



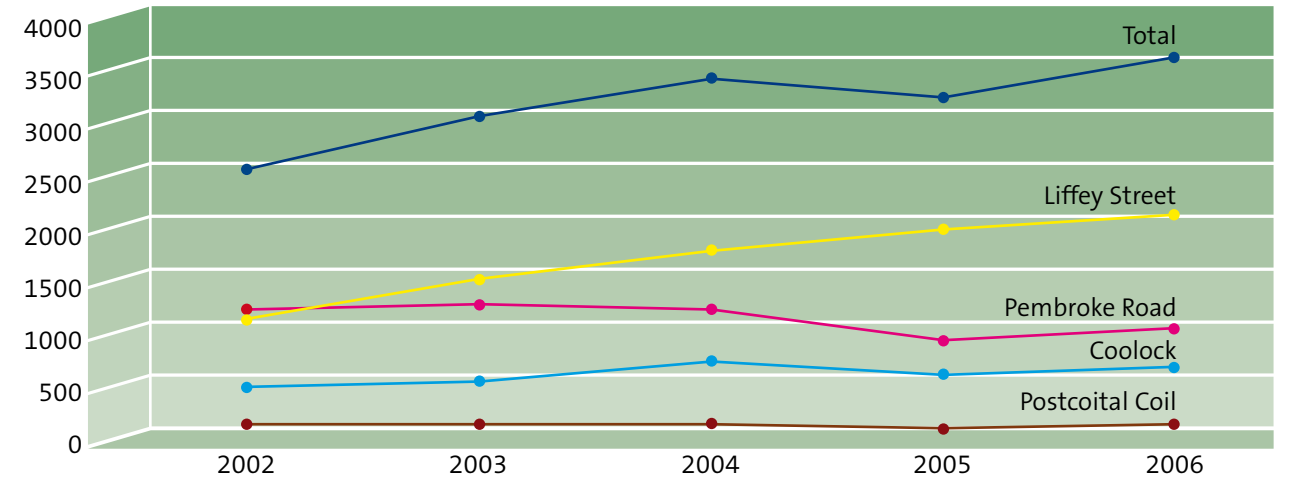
A full screen involves being checked for a number of infections that may be sexually transmitted – chlamydia, trichomonas, gardnerella, gonorrhoea, hepatitis B and C, HIV and syphilis. The overall trend is for an increasing demand for screening for sexually transmitted infections. The Coolock service was limited for a period over summer 2006 due to staff shortages which explains the reduction in numbers for that clinic. Male screening in the Pembroke Road clinic, started in 2004, has continued with partners often attending together.

Chlamydia Tests 2002 - 2006



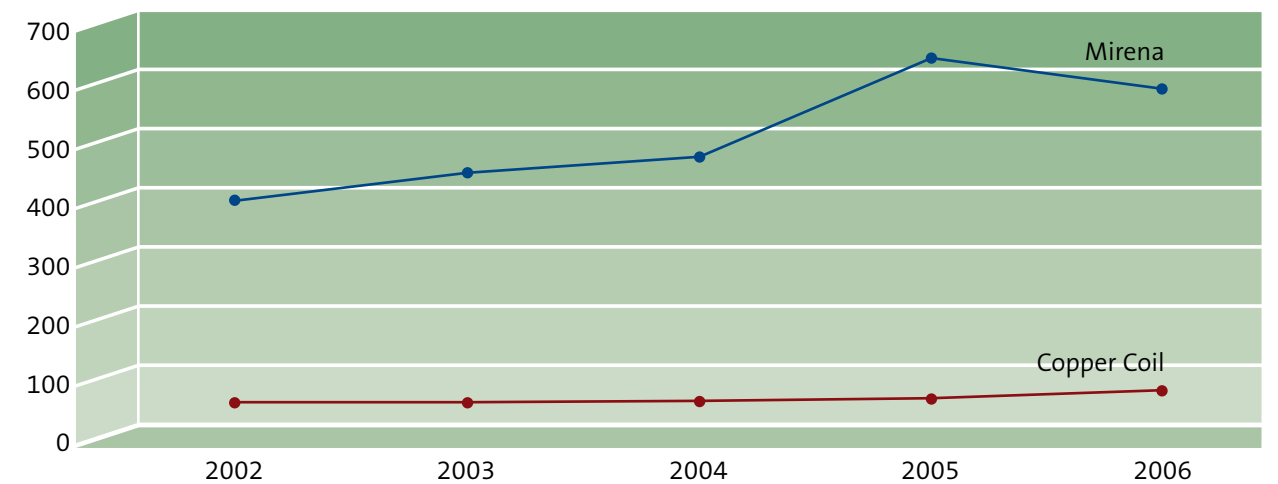
A chlamydia test can be done on a urine test or a cervical swab. Most patients are aware that the infection can be present without causing symptoms. In the last five years we have taken over thirteen thousand tests and diagnosed almost nine hundred infections. Unfortunately throughout Ireland chlamydia testing is not readily available for many people. Undiagnosed, an infection can cause pelvic inflammation leading to an increased risk of ectopic pregnancy, infertility and chronic pelvic pain.

Emergency Contraception 2002 - 2006



Emergency Contraception is available in the form of a pill containing a hormone – levonorgestrel. The earlier the pill is taken after intercourse, the more effective it is. Occasionally women present more than 72 hours but less than 5 days post intercourse and they have the option of having a postcoital coil fitted. Women generally attend within 72 hours but those who present later tend to have travelled from outside Dublin, indicating on-going problems with accessing services.

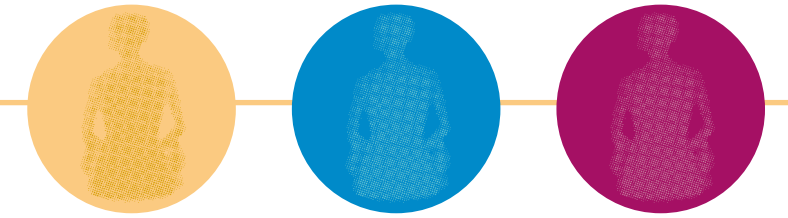
Intrauterine Contraception 2002-2006



An intrauterine device (IUD) provides safe and effective long - term contraception. Copper - containing IUDs have been available for many years but can increase blood loss during menstruation. Mirena, which contains a hormone instead of copper, was first used in Scandinavia in the 1970s and has increased in popularity with patients and doctors over the years because it has the effect of reducing menstrual blood loss. Many studies have shown that where Mirena is used the rate of hysterectomy has been reduced because the main reason for hysterectomy in premenopausal women is heavy irregular menstrual bleeding.

Dr Shirley McQuade, Medical Director, March 2007

Celebrating the Launch of Liffey Street



« The Well Woman Clinic has been providing invaluable services to women in Ireland for more than 25 years. They have faced down controversy and opposition and have carved themselves out an indispensable role in healthcare for both men and women. »

Claire Byrne, Broadcaster.
Speaking at the official opening of the refurbished Well Woman Clinic at Liffey Street in August 2006



Brian Donnelly, Lynx Insurance, with Alison Beggs



Claire Byrne and Mary Worrall



Well Woman Chair Mary Worrall welcoming Guests



Dr Shirley McQuade, Patricia Keogh and Carole Kellegher



Claire Byrne formally launches the refurbished clinic



Lynne Tracey and former Well Woman Board member Brenda Dooley



Sherie de Burgh, One Family, and Karen Griffin, IPFA



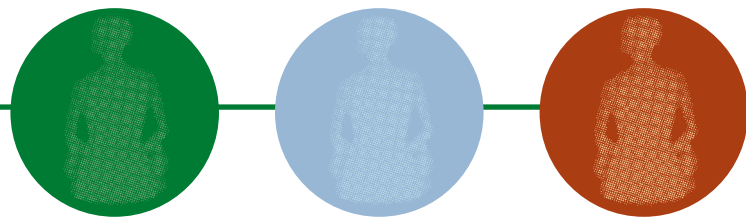
Mary Worrall presents flowers to Claire Byrne



Flora Lathwell and Orla McGowan, Crisis Pregnancy Agency



Former Chair Lynne Tracey speaking at the launch



Counselling Services

An Overview

Well Woman's counselling service delivered another year of ongoing ethical and professional counselling to clients in our three centres in 2006.

To ensure best practice all our counsellors are fully trained and qualified and have many years experience of practice within a number of therapeutic frameworks. Employment of such highly trained personnel supports our service to provide confidential, non-directive and client-led counselling sessions.

Crisis Pregnancy Counselling

This service is available over six days each week in our three centres, and due to a steady increase in demand we were glad to increase availability during 2006, and now offer extra counselling appointments in our Pembroke Road centre every Saturday.

We continue to provide counselling and information on the three options available to clients with a crisis pregnancy – abortion, adoption and parenting – in accordance with the 1995 Information Act. Our service is confidential, free of charge and non-directive. The counsellor facilitates the client, or family, or couple, to explore and discuss options, feelings and concerns about the pregnancy.

Post Termination Counselling

Post termination counselling is available to any client who has experienced termination, and our statistics show that there has been an increase in the numbers requesting this service. It is with interest that we note that some men now present for this service when they have experienced the process of termination either with a past or present partner. A client may avail of this service if they have travelled recently or in the past, and medical check-ups are also available with our doctors.

We are aware that women are now travelling to continental Europe and destinations other than the

(traditional) U.K. for termination; the take-up of our post-termination services highlights the positive view of returning to Well Woman to avail of counselling and/or medical support.

General Counselling

Counselling is now regarded as an appropriate support for many people with life changes, and the growth in our general counselling service reflects this. The fact that our counsellors have many years of experience facilitates the therapeutic model for a client's personal growth.

Bonnie Maher, who has specialised knowledge around Hepatitis C and vaginismus, sees clients in Pembroke Road, which is also used by our two highly-qualified consultants Dr Eimer Philbin Bowman (who deals with issues including eating disorders and phobias) and Joan MacGowan, a Relate counsellor, who works with individuals, couples and clients with psycho-sexual issues.

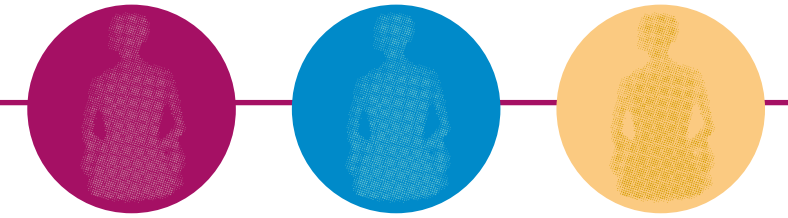
Our client base has extended culturally over recent years and, to ensure ongoing best practice, all our counsellors have attended training to assist them in working proficiently with interpreters. In the past, Well Woman's counsellors have all met with clients for whom English is not a first language and interpretation during the session may have been given by family members, friends and even children.

This is a very precarious situation. We now have over 180 languages spoken in Ireland, and 11 main languages were listed in the Census. It would be advantageous to our clients if interpretation services were readily available, and if all the information given in pregnancy counselling sessions was available in all main languages.

Well Woman's counselling service continues to interact positively with other agencies, notably the Crisis Pregnancy Agency, for whom we took an active role in 2006 in creating training workshops on best practice for crisis pregnancy counsellors in working with interpreters.

Linda Wilson Long
Head of Counselling Services
March 2007

Board of Directors



Ms Mary Worrall (Chairperson)

Mary is a qualified Pharmacist who has worked in the field for over ten years. She has worked in retail but predominantly hospital pharmacy in Ireland and Australia. She currently works part-time as a Senior Pharmacist in Our Lady's Hospital for Sick Children, Crumlin.

Ms Lynne Tracey (Former Chairperson)

Lynne worked in advertising agencies in both Dublin and New York for many years and has now moved into the academic arena working as a lecturer with DIT and Fitzwilliam College. During her career she served for nine years on the Board of the Institute of Advertising Practitioners of Ireland, where she was their first woman President between 1997 and 1999. In 2001, she was made a Fellow of the Institute. Lynne is also a former Board member of the Advertising Standards Authority of Ireland and a current Board member of Central Copy Clearance Ireland.

Ms Helen Keogh (Resigned from Board June 2006)

From 1989 - 2002, Helen served as a member of the Oireachtas as both Senator and T.D. During that period she was appointed to Front Bench positions on Education, Environment, and Equality and Law Reform. She served as a member of the Joint Committee on European Affairs; the Justice, Equality, Law Reform and Women's Rights Joint Committee; the Select Committee on Social Affairs, and the British Irish Inter-Parliamentary Body. She was an elected member of Dun Laoghaire Rathdown County Council from 1991 - 2004, and chaired Well Woman's Board of Directors from 1999 - 2004.

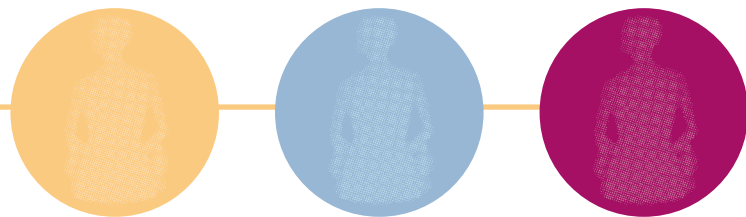
She chairs the Board of Governors of St Catherine's College, Sion Hill. Formerly a teacher and Guidance Counsellor, Helen worked in business as executive and non-executive director of a number of companies. In December 2003 Helen was appointed CEO of World Vision Ireland, a NGO working for sustainable development and the relief of poverty in the Third World – mainly Africa. Helen was elected to the Chair of Dochas, the Irish Association of Non-Governmental Development Organisations, in 2006.

Ms Grainne Mullan (Company Secretary)

Grainne is a practising barrister specialising in the areas of judicial review, human rights law, child law and criminal law. She also lectures in Trinity College, Dublin, and in the Law Society of Ireland.

Professor Blanaid Clarke

Professor Blanaid Clarke is an associate professor of Corporate Law in the Law School, University College, Dublin. Her research and teaching interests are in areas of Corporate Governance, Corporate Finance Law, Capital Markets Law, Contract Law and Financial Services Law. She is one of the founding members of the Institute of Directors' Centre for Corporate Governance at University College Dublin.



Board of Directors

Ms Nerea Lerchundi

Nerea has lived in Ireland since 1987 and has worked in the complementary health sector. She also has been involved with Cuidiu offering support to breastfeeding mothers. She is looking after her young children at the moment.

Dr Mary O'Duffy

(Joined Board October 2006)

Mary is a qualified GP, and has worked in Monaghan for 13 years, and previously in Australia and England. Her special interests include women's health, paediatrics and dermatology.

Ms Yvonne O'Neill

Yvonne worked as an Information Technology Project Manager in the private and public sector from 1986, the last 10 years of which was in health information systems. She moved into general health care management in 2001 working for the former Eastern Regional Health Authority, planning and commissioning health and personal social care services for children and families, and latterly as the Director of Monitoring and Evaluation.

On the establishment of the new Health Services Executive, Yvonne worked until February 2007 as Executive Manager of the Strategic Planning and Reform Implementation (SPRI) Unit, a dedicated unit within the HSE designed to support the organisation in advancing the health reform programme. She is now leading the new Value for Money function within the Finance Directorate of the HSE.

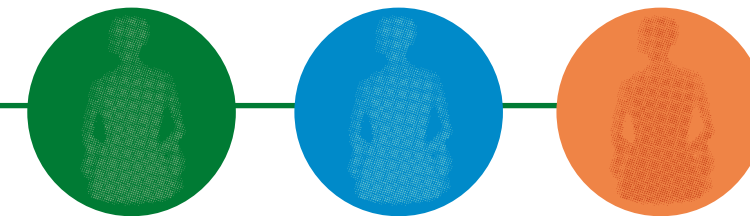
Ms Del Ryan

Formerly Managing Director of an insurance brokerage, Del is now a Psychologist and Psychoanalytic Psychotherapist in private practice. She also lectures in the Department of Psychiatry in Trinity College, Dublin. She is Chairperson of the Irish Institute of Psychoanalytic Psychotherapy and Director of the Dublin Psychoanalytic Clinic.

Ms Helen Twomey

Helen was a Financial Accountant with Coyle Hamilton Willis for 20 years, and was involved for nine years with Junior Chamber in Dublin, having been President in 1995.

Financial Accounts



Profit and Loss Account for the year ending 31 December 2006

	2006 €	2005 €
<i>INCOME</i>	<u>2,516,562</u>	<u>2,479,219</u>
<i>GROSS PROFIT</i>	2,301,892	2,251,142
<i>EXPENSES</i>		
Staff costs	(1,669,153)	(1,624,403)
General overheads	(489,924)	(503,909)
Depreciation	<u>(55,328)</u>	<u>(32,161)</u>
<i>OPERATING PROFIT FROM CONTINUING ACTIVITIES</i>	87,487	90,669
Interest payable and similar charges	<u>(29,729)</u>	<u>(17,630)</u>
<i>PROFIT ON ORDINARY ACTIVITIES BEFORE TAX</i>	57,758	73,039
<i>TAX ON PROFIT ON ORDINARY ACTIVITIES</i>	—	—
<i>PROFIT ON ORDINARY ACTIVITIES AFTER TAX</i>	<u>57,758</u>	<u>73,039</u>
<i>RETAINED PROFIT/(LOSS) BROUGHT FORWARD</i>	<u>32,101</u>	<u>(40,938)</u>
<i>RETAINED PROFIT CARRIED FORWARD</i>	<u><u>89,859</u></u>	<u><u>32,101</u></u>

All recognised gains and losses have been included in the profit and loss account.

On behalf of the Board

Mary Worrall
Director

Lynne Tracey
Director

Financial Accounts

Balance Sheet As at 31 December 2006

	2006 €	2005 €
<i>FIXED ASSETS</i>		
Tangible assets	<u>373,366</u>	<u>119,299</u>
<i>CURRENT ASSETS</i>		
Stocks	37,975	23,652
Debtors	58,991	34,620
Cash at bank and in hand	<u>193,539</u>	<u>139,988</u>
	<u>290,505</u>	<u>198,260</u>
<i>CREDITORS</i> (amounts falling due within one year)	<u>(271,405)</u>	<u>(216,892)</u>
<i>NET CURRENT LIABILITIES</i>	<u>19,100</u>	<u>(18,632)</u>
<i>TOTAL ASSETS LESS CURRENT LIABILITIES</i>	<u><u>392,466</u></u>	<u><u>100,667</u></u>
Financed by:		
<i>CREDITORS</i> (amounts falling due after more than one year)	204,275	–
<i>DEFERRED GRANTS</i>	<u>29,766</u>	<u>–</u>
	<u>234,041</u>	<u>–</u>
<i>RESERVES</i>		
Special reserves fund	68,566	68,566
Profit and loss account	<u>89,859</u>	<u>32,101</u>
	<u>158,425</u>	<u>100,667</u>
	<u><u>392,466</u></u>	<u><u>100,667</u></u>

On behalf of the Board

Mary Worrall
Director

Lynne Tracey
Director

The Well Woman Clinic Team at 31 December 2006

Chief Executive:
Alison Begas

Medical Director:
Dr Shirley McQuade

Administrator:
Maire Gough

Accounts Manager:
(Designate)
Donna Delaney

Bookkeeper:
Rachel Carey

Clinic Managers:
Siobhan Caskie
Josephine Healion
Imelda Healy

Doctors:

Dr Zainab Abed
Dr Carolyn Beggin
Dr Gillian Darling
Dr Lawahd Hassan
Dr Sandra Hubert
Dr Tom Kelly
Dr Vina Kessopersadh
Dr Mary McAndrew
Dr Edmond O'Flaherty
Dr Nora Sheehy Skeffington
Dr Madeline Stringer
Dr Sujatha Sundaralingam

Nurses:

Caroline Boyle
Maureen Cosgrave
Anne Crawford
Karen Crean
Carol Falvey
Kirsten Feehan
Gay Greene
Geraldine Little
Rachael Marum
Sinead McDonald
Norah McPeake
Patricia McQuaid
Shirley O'Malley
Simeon Orr
Pat Rees

**Head of
Counselling Services:**
Linda Wilson Long

Counsellors:
Bonnie Maher
Patricia Moran
Michele Pippet

Receptionists:

Mary Butler
Teresa Fu
Tara Galvin
Judy Jordan
Patricia Keogh
Siobhan Laherty
Joanne Lynch
Miriam McCann
Doretta McNally
Ruth Mackey
Elaine Murphy
Fionnuala O'Flaherty
Andrea O'Neill
Linda Scanlan

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