

Letter from Chennai

SNEHA

Dr Lakshmi Vijayakumar is a psychiatrist who saves lives. Early in her career, she noted a significant difference between her experience of suicides and that described in her textbooks and in the western published literature. Whereas in the West it was the old who tended to kill themselves from loneliness and depression, she found young people taking their own lives in India. She presented the data at an international conference, and in the course of discussion was stimulated to do something about preventing these tragedies. Thus was born Sneha, a non-governmental organization (NGO) she established in 1986.

I am writing this piece in July 2015, only a few days after the results of various examinations were announced, and the newspapers were full of stories of young people committing or attempting suicide as they had failed the examination, or had done worse than they expected. In my student days failure was routine in medical examinations. In fact, only a small minority of students completed the course and graduated in the minimum time. Some took three or four years longer than the prescribed course of study, yet everyone accepted the results cheerfully. Suicide was unknown, and the few cases that occurred were due to unrequited or forbidden love. Was it, I wondered, due to the fact that failure is rare in school and university examinations these days, and the stigma is greater since so few fail.

The state board reported a pass rate of 93% in 2015. Girls as usual did better than boys, and 95.4% of them passed the examination. Would matters be better if a more realistic standard of examination was applied, and fewer candidates passed? Also, more stringent valuation would make it easier to separate the outstanding student from the merely good. Several hundreds of students tied for the first rank, the marks varying from 500/500 among those with French or Sanskrit as the first language, and 499/500 with Tamil. This to me seems too close to perfection.

I was very sad about the waste of young lives due to our examination system, and sought an interview with Dr Lakshmi Vijayakumar to learn what we are doing about this. Her NGO Sneha is manned entirely by volunteers. The work done by this group is truly remarkable, and I would like to share it with you.

To begin with, my assumptions were simplistic. Lakshmi feels the root cause may be the smaller families of today, leading parents to concentrate all their hopes and ambitions on the single child or the pair of children who are thereby exposed to great academic stress. Even reasonably high achievers cannot be sure of admission to the college and the course of their choice. Further, the small family and greater parental attention leads to a demand for instant gratification, so disappointments are more keenly felt.

One of Sneha's achievements has been to successfully lobby governments and examination boards to hold a re-examination soon after the results are announced, thereby giving the failed candidates a second chance to get through and proceed with their lives without losing a year. Lakshmi feels this step has caused a considerable reduction in suicides. She advocates some other changes in the examination system. Students now find their entire future dependent on a single ordeal. We all have our good and bad days, and if the test happens to be on a day when the student is not at his or her best, years of good work could be rendered futile. It would be so much better to have periodic evaluation so that good work through the year can be recognized and rewarded. Further,

she says, changing from rigid marks to a grade system would place less stress on the top students and be more equitable. Is someone who scores 499 superior to one who scores 498?

Between 200 and 250 students commit suicide in Tamil Nadu each year because of failure in examinations. Bad as this is, apparently the situation is worse in Maharashtra, which leads the country in student suicides. The southern states of Andhra (and Telengana), Karnataka, Kerala and Tamil Nadu had an officially recorded suicide rate of >15 per 100 000 population¹ whereas that in the northern states is <3/100 000. India has the sad distinction of a very high suicide rate, and this has doubled in the past 20 years. To make matters worse, two large verbal autopsy studies cited by Lakshmi suggest that the actual suicide rate may be 6 to 9 times the official rate.

Another problem is that a student may excel in school, with limited competition. He or she may take a cram course and top the entrance examination to a professional college, but there the competition is from other high achievers, and the type of study is no longer cramming but intelligent analysis. The students who can only memorize and regurgitate facts will fare very badly, and the loss of self-esteem may lead them to depression and self-destruction.

How was Sneha established, and what does it do about this problem? Money may be the root of all evil, but it is also essential for anyone who wants to do good. Sneha had to start small with humble contributions from some generous members of the public, but before long one of the city's leading businessman philanthropists took an interest in its working, and the financial side was eased. However, problems rose from unexpected directions. They needed a place to work, and planned to rent a flat from which they could function. Prospective landlords welcomed a group of doctors and volunteers, but the moment they knew the people served would be those prone to suicide and with psychological disabilities, Sneha was no longer welcome. It took a long time and much effort to secure a place and establish the services provided today.

Lakshmi was most enthusiastic when she spoke of her team. Volunteers come from all walks of life. The prime requirement, she stressed, is that they should be 'empathetic and non-judgemental' in their attitude, and should be confident. These words are repeated on Sneha's website. Applicants are carefully screened for suitability. Only 15 to 20 are selected from every 200 who come forward. They come from all walks of life. There are lawyers, doctors and housewives; about 60% of them are employed, and yet find the time for this extra work. There are also retirees. They should commit themselves to work one session of 4 hours once a week, and one night a month, during which they must be physically present at the centre. They are not paid for all these hours. They are true volunteers. They need about 40 hours of training and assessment before they can be entrusted with the work, but those selected man the telephones 24 hours a day, 365 days a year. They are absolutely dependable. Lakshmi described how one volunteer came cycling through torrential rain when public transport was paralysed, so that he could fulfil his commitment. The centre is open for personal visits from 8 a.m. to 10 p.m. every day of the year. Appeals for help also come by e-mail or snail mail, and all are given equal attention. On an average, Sneha handles 40 calls a day, and nearly 200 000 people have utilized its services since its inception.

It is a great mistake, she said, to think that people who talk of committing suicide will not actually take the plunge. Analysis of the history of those who kill themselves often shows that they tried to reach out for help, and the warning signs were ignored. Sneha's volunteers must be on the lookout for such desperate but concealed appeals for help. They have to maintain absolute confidentiality, and should never allow anyone outside to know who has consulted them. Obviously, they must be good listeners, but should be able to put in the healing word whenever needed.

Apart from the regular counselling I have just described, Sneha has organized a self-help group, Survivors after Suicide, where relations of those who have committed suicide can receive solace and help each other. Many outreach programmes have been organized at schools and colleges. Teachers at many of these institutions have been taught how to recognize and help their students who are under psychological stress.

There is a network of such noble institutions all over the country. More information is available on Sneha's website, www.snehaindia.org.

DOING GOOD CAN BE PROFITABLE

Tamilians have mixed feelings about our political parties and our politicians. However, one political act has won universal acclaim, the establishment of 'Ammaunavagams', Amma canteens.

According to *The Hindu* of 17 April 2015, another initiative bids to rival these eateries, the 83 Amma pharmacies established in different parts of the state. They offer a 15% discount on the market price of the medicines they deal in, and yet make a profit since the mark up on some drugs is as much as 6000%. While this is only a small minority of the medicines sold, the profit from a few sales of these will make up for losses on all the rest.

I am personally in favour of not-for-profit pharmacies, where all drugs are sold at a price good enough for the pharmacy to break even. If some drugs fetch a phenomenal mark up, the buyers of those drugs are being forced to subsidize the rest of the population. We should all be equal. While the rich could subsidize the poor, as for instance by giving up their LPG subsidies, the few users of these pharmacies who buy the expensive drugs should not end up paying for all the rest. As for pharmacies in the private sector, it is sad that they should make huge profits, especially from the high-priced drugs. Surely there must be enough of corporate social responsibility for them to profit without profiteering.

REFERENCE

- 1 Vijayakumar L. Suicide and its prevention: The urgent need in India. *Indian J Psychiatry* 2007;49:81-4.

M.K. MANI

Letter from Glasgow

PUBLIC HEALTH ANNUAL REPORTS

As Director of Public Health (DPH) in National Health Service (NHS) Lanarkshire (NHSL), I have just published my annual report—Public Health 2014/15.¹ I hope that readers of this Letter will read it to understand the challenges we face in public health in Lanarkshire and Scotland. There will be more about my annual report later but I want to stress its objectives. These are to:

- Report on the health of the population in Lanarkshire.
- Promote and protect the public's health in Lanarkshire.
- Look at the future public health and health service challenges that NHSL and its partners will need to plan for.
- Inform, stimulate discussion, and promote change to improve health in Lanarkshire.

Most of my colleagues in the other 14 territorial health boards in Scotland also produce reports although not all are produced annually. Importantly, the DPH annual report is an independent report that describes how, as directors of public health, we see the health of our local populations; it documents the improvements in health and the challenges, and what more we need to do to improve health and narrow health inequalities.

The annual reports are the successors of the erstwhile reports of medical officers of health (MOH), which started in Scotland and England in the 19th century. The MOH reports continued in Scotland until the MOH post disappeared in 1974 into community medicine (later re-named public health) in the NHS. The MOH were part of the growing sanitary movement in the 19th century in

the UK as a response to rapid industrialization and urbanization of the time, which came with negative health consequences for most of the population. Although the legislation differed in Scotland and England, MOH were appointed by local authorities as part of the public health service that local authorities provided.² In England, Liverpool was the first authority to appoint an MOH in 1847, while Scotland, Edinburgh and Glasgow appointed MOHs in 1862. In contrast to Liverpool, Manchester looked down on Liverpool and felt that it did not need an MOH.³

The MOH compiled statistics and information on the populations they served and described their health, morbidity and mortality—a practice that continued until the post was abolished. High on their list were issues such as communicable diseases, housing, access to clean water, effective sanitation, and services for vulnerable groups such as pregnant women and children. The importance of the health of mothers and children ('Maws and Bairns') was highlighted in Dundee by actions to improve the living conditions of Dundonians.⁴ This was spearheaded by a woman, Miss Mary Lily Walker, which greatly aided the work of the local MOH. The MOH report for Lanarkshire in 1891 makes interesting reading and includes issues of communicable diseases and inadequate housing.⁵ Although many things have changed in Lanarkshire, some have a familiar ring such as socioeconomic inequalities described in the 1891 report.

The Wellcome Library in London has a large series of the London MOH reports online.⁶ It notes that the MOH reports 'provided vital data on birth and death rates, infant mortality,