

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](http://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.

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## Letter from Glasgow

#### PUBLIC HEALTH ANNUAL REPORTS

As Director of Public Health (DPH) in National Health Service (NHS) Lanarkshire (NHS), I have just published my annual report—Public Health 2014/15.<sup>1</sup> 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 NHS 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.<sup>2</sup> 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.<sup>3</sup>

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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup> It notes that the MOH reports 'provided vital data on birth and death rates, infant mortality,

incidence of infectious diseases, and a general statement of the health of the population'. Another feature of the reports was that they were not standardized and reflected the 'particular strengths, interests or even idiosyncrasies' of the MOH who produced them.

So what of NHS Lanarkshire Public Health 2014/15? It follows in the footsteps of the old MOH reports. The issues may be different and society is now much more affluent and can be termed 'post-industrial', and yet challenges such as inequalities remain a major concern. Relating the report's objectives to its contents will provide a flavour of the report and, I hope, spur you on to read the whole report.

The population in Lanarkshire is described in the first chapter of the report. This is important in public health and forms a starting point for many assessments of the health needs of the population. It notes the challenges of an ageing population (in Lanarkshire and in Scotland) and the health and social care services required to meet the needs of that population.

The second, third and fourth chapters describe examples of how the public's health in Lanarkshire is promoted and protected. This includes coordinating population screening programmes such as newborn bloodspot screening, breast screening and diabetic retinopathy screening. It also includes a section on the preparedness for Ebola cases, and how information on blood-borne viruses is provided to the public and particular groups. Importantly, it also describes more 'social' aspects of public health such as actions to mitigate the effects of welfare reform that will reduce money provided to the most vulnerable groups in Lanarkshire, and ensuring young people are aware of their personal safety. In terms of health services, the sections on child health surveillance, Lanarkshire's cancer plan and cardiac rehabilitation in Lanarkshire underline the need for safe, effective and person-centred health services.

Looking to the future, in addition to ageing, the report highlights the increase in incidence of cancer in Lanarkshire and in Scotland. As a result of this there will be increased pressure on cancer diagnostic, treatment and care services.

Finally, the report is used to inform, stimulate discussion and promote change to improve health by using it within the NHS,

local authorities and voluntary groups. Use of the electronic version on the NHS Lanarkshire website is encouraged and it will also be promoted through social media. The 'Snapshot' of public health in Lanarkshire in the report is available in leaflet format and snippets from it will be used to engage the local population.

The story does not end here, because the time to start next year's report is almost upon us and so the circle starts all over again!

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