

CORRESPONDENCE

Physician Heal Thyself

Rural internship programmes are meant to give medical students clinical learning experience in the rural community. In fact interns visit Primary Health Centres (PHCs) only to show their faces to the medical officer, and then push off to the local teashop to discuss ways to escape work.

My colleague and I stopped at the local teashop for a tea and a smoke before moving on to the out-patient department of the PHC. We were sitting there when a boy came in with his parents. He complained of a reduced appetite and abdominal pain. All three worked as rag pickers. The boy smoked 20-25 bidis daily, and also chewed gutkha. He was 11 years old. A clinical examination suggested anaemia. He was very weak.

I started sternly counselling him on the hazards of smoking and tobacco, only to read his face and judge that he was not interested in our lecture. When my colleague scolded him he laughed and replied, "Sir, I saw you smoking at the tea stall. If smoking is hazardous, why don't you stop it first?"

When I see doctors smoking in public places, that little boy's image comes to my mind. We are committing a crime by assisting so many cancer-related deaths in the community. Being doctors, at least we should think: "Teaching is best done by setting an example."

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Addressing teen suicide in India

A recent study reported in *The Lancet*, highlights the disturbingly high rate of suicide among teenagers in southern India (1). Autopsy data gathered from the city of Vellore from 1992 to 2001 indicate suicide as the leading cause of death among 15-19 year olds, with male and female suicide rates nearly 4 and 70 times higher, respectively, than those observed in developed western countries. These localised figures likely reflect an increasing trend of suicide among youths across the whole of India, suggesting a growing health concern that deserves public attention and whose ultimate causes beg for further investigation.

Youth suicides could subsequently be expected to persist if not increase as India shifts to a more open society subject to heightened influx from foreign cultures through cinema, news, and other media, which may further weaken India's longstanding domestic values. Of course the proper response demands neither limiting these outside influences nor artificially constraining labour markets, but instead requires recognising

— openly, pervasively, and without prejudice—that depression, anxiety, and other common mental disorders are a daily reality for many of India's young citizens, most of whom lack access to the medical resources needed to treat and manage their problems.

Accordingly, the first measure to deal with this crisis is incorporating diagnosis and treatment protocols for mental illnesses into existing clinics and medical facilities, so that disorders like depression and anxiety can be caught early and brought under control. A practical second step is implementing tighter restrictions on the use and availability of pesticides, the ingestion of which is currently among the most popular and convenient methods of suicide in the poorer regions of India (2, 3). Insuring that local medical practitioners are adequately trained to respond to incidents of pesticide poisoning and other common suicide methods is also paramount.

More generally, India's medical infrastructure must be reformed if suicide and the other harmful consequences of mental illness are to be minimised in the future. Recent estimates indicate that there are 1,500-10,000 mental healthcare professionals in India. This is obviously insufficient for a country whose population exceeds a billion.(4,5)

Government-subsidised training of physicians in these areas might well be considered a public health priority for both increasing the accessibility of mental health care as well as fostering a social atmosphere that admits the prevalence – and acceptability – of mental illness among India's youth. Such dedicated attention to mental health – coupled with the relaxation of *de facto* institutional barriers to prescription antidepressants – would go far in the battle against suicide.

Whatever course of action is eventually taken, it is time now for a frank, sincere talk about mental health in India. The lives of tomorrow literally depend on it.

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