

### In India...

Under the aegis of the **National Mental Health Programme, the District Mental Health Programmes** was started in 1982 in Bellary district of Karnataka, India. A series of activities beginning with training of primary health centre workers, evaluation of trained workers, and training of trainers formed the foundation of the Programme.

Drug supply was ensured through continuous planning and budgeting. The training was decentralized, and continued on the job with evaluation activities. Simple records were maintained, including a patient identification card, simple record books and a record of the doctor's care. Monitoring was established through continuous support, district-level (local) meetings of primary health centre staff and constant feedback. The district administrative staff and local communities were involved through awareness and sensitization programmes. Currently, the Programme has been expanded to 22 districts in India.

Encouraged by this response and realizing the magnitude of the problem of epilepsy and the lack of experts in India, the National Institute of Mental Health and Neurosciences (NIMHANS), at Bangalore launched the '*Epilepsy Control Programme*' in 1999 with financial assistance from WHO country funds. This programme involves the training of district medical officers located in various states all over India in the principles of diagnosis and management of common types of epilepsy. The programme envisages further monitoring and feedback of these district medical officers by the identified nodal neurologists located in each of these states. The training is currently in progress and will continue in future to include all the 28 states in India.

**Satellite clinics** are monthly camps by the Community Mental Health unit of NIMHANS on a fixed day, and at a fixed time and place, held in five *taluk*-level areas within 20–100 km from Bangalore, India. The experience has revealed that a large majority of people with epilepsy can be managed effectively with simple antiepileptic drugs. Free drugs are made available by the local government department on a regular basis and are included in its budget.

This model is an ongoing activity wherein services are provided by specialists in close proximity to the people.

### A successful district-level model for mental health in India...

The essential components were: (a) training of health functionaries; (b) continuous and uninterrupted provision of essential drugs; (c) a simple recording and reporting system; (d) continuous support and supervision by technical experts, and (e) community participation and establishment of district units.

An essential outcome was that nearly 70% of people with epilepsy within a 5 km radius of the primary health centre were covered by continuous drug supply, education and supportive activities.

## Cooperation works...

Local NGOs in Bangalore, India (Rotary, Lion's Club, schools) are involved in the provision of space, distribution of drugs, awareness-building and publicity programmes. The involvement of the community has helped in reducing stigma and improving awareness, while the involvement of family members has been a key component of education programmes.

## In Sri Lanka..

It has been ably demonstrated by the programme that local involvement of health workers, community and governmental agencies can provide efficient and effective care.

## Gold medal for film on epilepsy...

The film depicts a young girl with epilepsy and her medical and social hardships. The role played by her elder sister (who becomes a nurse) in improving the situation highlights the role of families in the control of epilepsy.

Evaluation studies have shown significant impact of such community programmes.

The **Indian Epilepsy Association** was started in 1971 and has developed numerous educational materials on epilepsy. It also organizes public awareness programmes and celebrates 17 November as National Epilepsy Day in India.

## In Sri Lanka..

Primary health care of epilepsy is possible only if information about epilepsy is disseminated at peripheral levels. An excellent example from Sri Lanka is the **Sarvodaya Shramadana Movement** in Kandy district, involving preschool teachers. Beginning with a well-illustrated handbook on epilepsy in Sinhalese and Tamil, which was expanded over a period of time, the preschool teachers were trained in first-aid methods, identification of epilepsy, effects of drugs (role and side-effects), and education regarding social problems. It was followed by a survey in the area which identified nearly 700 people with epilepsy. A total of 19 health workers and 214 teachers were trained on issues related to epilepsy. The local government hospitals were involved from the inception of the programme

**"Gangulaen Egodata" or "The Story of Saba"** is a television drama in four half-hour episodes written in 1988 by a medical specialist and directed by a leading film personality in Sri Lanka. This documentary won the Gold medal in the drama section at the Epilepsy International Congress at Hamburg, Germany. The film was shown on the national television network "Rupavahini" and has been repeatedly telecast on public demand.

## In Thailand...

The Epilepsy Society of Thailand has developed a number of activities since its inception in 1996. The society conducts short-term programmes for general practitioners once a year. A **Teachers' Training Programme** is also in operation in metropolitan Bangkok. Public awareness programmes are held regularly to spread information about epilepsy. The society has brought out colourful brochures on various aspects of the illness. Outreach programmes are being conducted in Lampang (northern Thailand) and Krabi (south Thailand). The society plans to publish epilepsy management guidelines for general practitioners in the future.

The Department of Mental Health Policy in Thailand enlists the support of village volunteers to identify and follow-up on people with epilepsy. Started in 1995, this innovative approach has proved useful for epilepsy care in Thailand.

Thailand has introduced legislation since 1997, making it compulsory to wear a helmet when driving a motor cycle, to reduce head injuries and subsequent development of seizures. This is a step in the right direction and should be followed in other countries.

### **In Indonesia...**

In Indonesia, teachers have been trained to identify children with epilepsy. In the early part of the programme, a physician visited each school at least once a month to detect possible cases of epilepsy. Subsequently, teachers became a reliable source of referral of children with epilepsy.