

MENTAL ILLNESS AND EPILEPSY

I. BACKGROUND

The World Health Organization (WHO) estimates that approximately 450 million people worldwide are affected by mental disorders at any point in time.¹ These disorders are found in all countries across the globe and they include depression, bipolar disorder, anxiety disorders, addictions, schizophrenia and other psychoses.

Epilepsy is a chronic neurological disease characterized by recurrent epileptic seizures, which are brief episodes of involuntary movements sometimes accompanied by loss of consciousness or other symptoms related to abnormal brain activity. More than 50 million people worldwide have epilepsy.²

Psychiatric and neurological disorders are now recognized as being among the first contributors to the global burden of disease.³ Their impact continues to grow with significant consequences, in all countries of the world, on health, and also very important social, human rights and economic repercussions.¹

In developing countries, insufficient specialized human resources, inadequate training of primary care workers, traditional beliefs surrounding mental disorders and epilepsy, as well as stigmatization and discrimination, are the most common barriers to access to care. Although in many cases effective treatments exist, 75-85% of patients with mental disorders or epilepsy living in low and middle-income countries do not receive suitable treatment.^{1,2,4}

II. ACTIONS

In 2008, Sanofi joined forces with the World Association of Social Psychiatry (WASP) to set up the Fight Against Stigma (FAST) program. Fighting the social stigma associated with mental illness is a key factor in access to healthcare and rehabilitation. This program is dedicated to promoting access to healthcare for patients with mental disorders or epilepsy in developing countries. This program is now part of Access Accelerated, a first-of-its kind collaboration gathering more than 20 biopharmaceutical companies, the World Bank and Union of International Cancer Control in order to help address the full spectrum of access barriers to non-communicable disease medicines in low- and lower- middle income countries.

Through the FAST program, as well as via a partnership with the Institute of Epidemiology and Tropical Neurology (IENT, UMR 1094 Inserm), we have launched initiatives in over 20 countries in Africa, Asia and South America. Developed with local health authorities, local experts and health professionals, patient associations or NGOs, these programs aim to improve access to care for patients with mental disorders or epilepsy in low-and middle-income countries. They are based on training health workers, raising public awareness, educating patients and their families. Thanks to these initiatives, thousands of patients who were previously neglected and excluded are seeking medical help and receiving treatment so they are able to resume a normal life with their families.

To date, over 8,800 healthcare workers have been trained, over 3 million people have been reached through awareness and educational activities, and over 130,000 people with mental illness or epilepsy have been diagnosed and/or treated.

1. Madagascar: building capacity and improving access to mental health and epilepsy care

In 2013, Sanofi signed a 5-year partnership with the Minister of Public Health in Madagascar to improve access to healthcare in the fields of epilepsy and mental health. The pilot program has been implemented in 15 districts in five regions (Analamanga, Vakinankaratra, Amoron'i Mania, Vatovavy-Fitovinany and Sofia) in the country, representing a population of 4.4 million. Data from a door-to-door survey suggest that 34% of Madagascar population (46% in the Antananarivo area) will experience at least one mental disorder during their life⁵.

The project had two specific objectives: 1. Training primary healthcare professionals on diagnosing and treating mental disorders. 2. Raising awareness among the general public about mental health disorders, through a set of Behavior-Change-Communication (BCC) interventions.

In total, 102 GPs have been trained through face-to-face training workshops, followed by individualized supervision sessions with a specialist. Several BCC materials in Malagasy language have been developed, and disseminated.

An estimated 1,837,500 people have been reached through community awareness activities as well as local TV and radio programs.

According to statistics from the Ministry of Public Health, between 2015 and 2018, it is estimated that on average, every year, each trained GP in the 15 pilot districts has diagnosed and managed 210 patients with mental disorders or epilepsy, while at the same time, the average was 20 patients/ GP/year for untrained GPs.

2. Myanmar: empowering health workers and leveraging digital technology

Sanofi has partnered with the Myanmar Medical Association to develop and implement a 3-year pilot program, which combines an integrated approach at the community level leveraging existing staff and resources, with the use of low cost digital technology (smartphone and tablet), to improve access to mental healthcare in Myanmar.

The program's goal is to reduce by 20% the treatment gap for psychotic disorders (including schizophrenia), major depressive disorder and epilepsy, in 24 months, in Hlaing Thar Yar a highly populated township, located in the Western part of Yangon.

The program's objectives are to: 1. Develop skills and competencies of existing community health workers (CHWs) so that they can a) identify people with psychoses, depressive disorder and epilepsy, and direct them to seek care from General Practitioners (GPs); b) support patients and their families; and c) raise awareness and educate the general population about mental disorders. 2. Empower GPs, and primary healthcare professionals from the township community health centres to diagnose, manage, support people with these disorders, and if necessary get advice from psychiatrist and/or refer to mental health hospital. 3. Provide township GPs and community health centers with access to a psychiatrist for difficult cases via a simple system of telemedicine.

To date, 75 CHWs and 90 Primary Healthcare Professionals have been trained. Over 13,000 people from the Township have attended information meetings held by trained CHWs. With the assistance of smartphones equipped with interactive screening questionnaires, CHWs have referred 923 people to see one of the trained GPs and 718 of them have been diagnosed and managed for a mental disorder.⁶

Beyond the Myanmar Medical Association, the Myanmar Mental Health Society and Sanofi, this program also involves international partners such as the World Association of Social Psychiatry (WASP) and the Université Numérique Francophone Mondiale (UNFM – World Francophone Digital University, which has been developing distance learning and e-health solutions for healthcare professionals in low-resource countries)

3. Mali: developing a rural Mental Health GP Network

In Mali, the 2-year initiative is implemented by Santé Sud, an NGO which has been working in this country since 1989. The program started in July 2018 and it aims to improve access to mental health care for the rural population in six regions (Kayes, Koulikoro, Mopti, Ségou, Sikasso and Timbuktu) via developing a rural GP Mental Health Network, and raising awareness amongst the general population.

To date, GPs have already gone through the initial part of the training, and 700 new patients with mental disorders have already been diagnosed and managed.

Behavior Change Communication materials have been developed (flipchart, brochures, radio broadcast messages...). Through the training of 216 CHWs, the aim will be to reach over 600 traditional and religious leaders and 162,000 people through community information and awareness activities, and a total of approximately 9 million people through the media.

4. South Africa: upskilling primary healthcare professionals and implementing a structured referral system.

Endorsed by the Department of Health and implemented by the Foundation for Professional Development, this initiative which started in February 2019, aims to train 1,000 Medical Officers and Nurses from district and regional hospitals, across the 9 provinces of South Africa. Through a blended learning approach, combining 4 months of e-learning with a 3-day face-to-face workshop, the objective is to empower primary healthcare professionals to diagnose and manage mental disorders, and therefore reduce inappropriate and unnecessary up-referrals to tertiary level.

Trained primary HCPs will also be linked via the "Vula mobile application" to public specialists at hospitals, to allow mental health consultations for problematic cases, and transfer to higher level facility when required.

References: 1. WHO Media Centre, Mental Disorders Fact sheet, 9 April 2018. 2. WHO Media Centre, Epilepsy Fact sheet, 7 February 2019. 3. Vigo D. et al. Estimating the true global burden of mental illness. *Lancet Psychiatry* 2016; 3:171-178. 4. WHO – Mental health action plan 2013-2020. 5. Andriantseho M. La santé mentale à Madagascar. *l'Information Psychiatrique*. 2003 ; 79 (10), 913-919. 6. Khin Maung Gye. A letter from Yangon, Myanmar. *Lancet Psychiatry*, 2019; 6:99.