

The influence of the new social help facilities on the reduction of hospitalisations of chronically mentally ill patients

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Summary

Aim: Evaluation of new social help facilities - Vocational Rehabilitation Centre (VRC), Community Centre of Mutual Help (CCOMH), and Specialised Social Help Services (SSHS) at home - in order to reduce psychiatric hospitalisations

Material and method: The observation was conducted in the Warsaw Bródno District in 73 chronically mentally ill patients admitted for the first time - in 1997 or 1998 - to VRC, CCOMH, and SSHS. The numbers, mean length, and total length of full-time, part-time, and "home hospitalisations" were compared in two 2-year periods (before and after the admission)

Results: During 2 years after the admission to VRC, CCOMH, SSHS, the number, mean and total length of all the hospitalisations was decreased. However in particular the full-time and part-time hospitalisations, but not "home hospitalisations" were reduced. The most significant reduction of full-time hospitalisations was observed with a combination of attendance to the day centre (VRC or CCOMH), with simultaneously receiving SSHS at home. The reduction of the part time hospitalisations referred to the persons who attended VRC or CCOMH; but not the patients receiving SSHS.

Conclusions: The implementation of the new social help facilities reduces the number of full-time hospitalisations, especially by the patients receiving the combination of attendance to the day centre (VRC or CCOMH) with simultaneous SSHS service at home. The attendance to VRC, or CCOMH, but not the use of SSHS at home reduces the number of the part - time hospitalisations. The analysis of requirements for out-patient treatment of recipients of the new social help services is needed.

Key words: chronic mentally ill persons, hospitalisations, community social support

Introduction

In Poland, since 1970 the number of psychiatric beds as well as the mean duration of hospitalisations is being systematically reduced, for the benefit of the extramural psychiatric treatment in out-patient clinics day hospitals and community mobile teams (CMT) [1]. Since 1994, according to new legislations - The Social Aid Act, The Mental Health Act (1994), Rehabilitation and Employment of Disabled Persons Act (1991) - new social help facilities for chronically mentally ill persons were implemented in the local communities. These were, the Vocational Rehabilitation Centres (VRC) - day units financed by Governmental Fund for Disabled Persons, and two types of

facilities financed by the social welfare budget: Community Centres of Mutual Help (CCOMH.), these being mostly day centres, but also with the temporarily sheltered accommodation, and Specialized Social Help Services (SSHS) at home [2, 3, 4]. The main task of CCOMH and SSHS is organizing social help, support and training for disabled persons, who have serious problems in everyday life and in social contacts because of mental disease, disability or handicap [6]. The task of VRC is the restoration of the ability to work of heavily disabled persons in general, but also those with mental illnesses [5]. Since 1995 the number of clients in the new social help facilities increases systematically. In the year 2000 there were about 8 thousand participants in CCOMH and nearly 11 thousand receiving SSHS at their own homes. About 50% of them were discharged from psychiatric hospitals.

Aim of the study

The aim of the study was to estimate the influence of the new social help facilities (VRC, CCOMH, SSHS) on the reduction of psychiatric hospitalisations of chronically mentally ill patients.

Method

The study was carried out in the Warsaw Bródno District - in the psychiatric ward of the District General Hospital, the day hospital, out-patient clinic, and the Community Mobile Team (CMT) which exists since 1970. Till the year 2000, "home hospitalisations" - intensive psychiatric treatment at the patient's home with frequent (up to twice a day) home visits - was carried out by the CMT. Since the year 2000 along with the reform in the general health system in Poland, "home hospitalisations" became transformed into intensive (1-3 visits a week) out-patient treatment by the CMT.

In the end of the year 1997 and at the beginning of 1998 new social help facilities for chronically mentally ill were established in that area. These were; the Community Centre of Mutual Help (CCOMH), Vocational Rehabilitation Centre (VRC) - day units and Specialized Social Help Services (SSHS) at homes. The new facilities and previously existing mental health units co-operate closely with each other in the aspects of the complexity and continuity of care. Admissions to particular facilities were regulated by the following rules: full-time hospitalisation was excluding the patient from receiving any other extramural services. The day units (day-hospital, CCOMH, and VRC) were considered alternatively, but it was possible to undergo the treatment in day hospital, or rehabilitation in other day centres (VRC, or CCOMH) with simultaneous Specialized Social Help Services at home. For clients in all of the social help services VRC, CCOMH and SSHS (but not for the patients in day hospital) the simultaneous treatment in an out-patient clinic, or CMT was recommended. Admission to the new social help facilities was voluntary and its duration was not limited. It was assumed that participants gaining independence would discharge themselves.

In the years 1997 and 1998 there were 90 chronically mentally ill patients admitted (for their first time) to the new social help facilities (VRC, CCOMH, or SSHS). 73 of

them were enrolled into the study. In that group the total number, the average length (number of days), and total length (number of days x persons) of all the hospitalisations was measured. The calculation was also made separately for full-time (stationary ward), part-time (day hospital) and “home hospitalisations” (performed by CMT).

The data were compared in the two 2 year periods: before and after the date of the admission to the new social help facilities (VRC, CCOMH, or SSHS). This means that the years 1995 (or 1996) to 1997 (or 1998) were compared with 1997 (or 1998) to 1999 (or 2000). The percentages of total time in those two 2-year periods in hospitalisation were also compared. The data was obtained from medical records and personal interviews. The statistical analysis was done in the SPSS program.

Characteristics of the group

Psychiatric diagnoses

73 persons gave their consent, and were included into this study. Majority of them suffered (according to ICD-10 diagnoses) from schizophrenia – 51 (70%), schizoaffective disorder - 6 (8%), delusional psychoses - 7 (9.5%), depressive - affective disorder – 7 (9.5%), and organic depressive disorders – 2 (2.7%).

17 persons were not included. Among them - 5 were never mentally ill (4 - mentally retarded, 1 - neurological illness), 12 had not given their consent or did not co-operate (8 with schizophrenia, 1 with bipolar affective disorder, 1 was an autistic child, 2 with no information about diagnoses)

Demographic and socio-economic data

Table 1

The Age and gender in the group of 73 patients admitted for the first time in 1997 or 1998 to the new social help services (VRC, SSHS and CCOMH)

Number of persons	Both gender together	male	female
	n = 73	n = 34	n = 39
range of age	24 - 86	24 - 62	25 - 86
mean age	47.15 (+/-14.9)	42.7 (+/-10.97)	52.1 +/- 16.9*

* T Student test $p = 0.006$

Mean age in the whole group was 47.1 years and ranged from 24 to 86 years. Mean age of women was significantly higher than that of men (52.1 and 42.7 years). The number of women was higher (53.4%).

Table 2

Education, life conditions and course of disease in 73 patients admitted for their first time at 1997 or 98 to the new social help facilities (VRC, SSHS, CCOMH)

Educational level	Number of persons	%	Accommodation, living condition	Number of persons	%
Basic	24	32.9	Living alone	19	26.0
Basic vocational	22	30.1	With one child in preschool age	1	1.4
Secondary	25	34.2	With another mentally ill person	8	11.0
Academic	2	2.8	With the family and the other mentally ill	63	8.2
			With partner, spouse, relatives, or others	9	53.4
The degree of disability	Number of persons	%	Course of the illness till 1997 or 1998	Hospitalizations	
I - severe	11	15.1	The mean duration (years of illness)	17.8 (+/- 12.5)	
II - moderate	58	79.5	Range	2 - 59	
III- mild	1	1.4	The total number (hospitalizations)	8.0 (+/-9.3)	
Without certificate	3	4.1	Range	0 - 43	

In the whole group there were 24 persons with basic, 22 with basic vocational, 25 with secondary and only 2 (2.8%) with academic education. There were 70 persons (95.9%) assigned as being disabled. Among them 11 were considered to be severe, 58 as moderate, and 1 had a mild degree of disability. Only 3 persons were without any certified disability. 19 persons were living alone, 8 lived with other mentally ill persons, 1 lived alone with a child in preschool age, 39 were living with family (parents, partner, spouse, other relatives etc.), and 6 with family and other mentally ill family member. The average duration of illness was found to be 17.8 years and the average number of hospitalisations was 8. Two persons with a long (many years) duration of schizophrenia were never hospitalised, but they were constantly in intensive outpatient treatment.

Results

I. Patients admitted in 1997 or 1998 to new social help facilities

There were 67 persons attending only one of the social help units (CCOMH - 11, SSHS-23, VRC-23). The other 16 persons were attending the day-centre (VRC, or CCOMH) while simultaneously receiving SSHS at home.

II. Total number, mean length and summarised length of hospitalisations in two year periods before and after admission to the new social help units

The total numbers and the mean length of all the hospitalisations taken together, and each particular type separately (full-time, part time, home hospitalization) were compared in the whole observed group in the 2-year periods, before and after the admission to the new social help units - table 3. Also the total length of the full-time, part time, and "home hospitalisation" measured by the "number of days x persons", and "the % of time in hospitalisation" in the two 2-year periods were compared.

Table 3

The number, and mean length of all hospitalizations, and separately of full time , part time, and “home hospitalizations”; in the group of 73 chronic patients in the periods of two years - before and after their admission to the new social help facilities

2-year periods: before and after the admission to social help facilities	All hospitalizations together	Types of hospitalization		
		Full time	Part time	Home hospitalization
before				
number of hospitalizations	129	85	32	10
mean length (days)	102.2	101.0	108.0	112.7
after				
number of hospitalizations	56	43	10	4
mean length (days)	62.7	48.4	73.3	190.0

During the 2 years after the admission to VRC, CCOMH and SSHS: the total number of all the hospitalisations in the group decreased from 129 to 56 hospitalisations. In particular: the number of full-time hospitalisations decreased from 85 to 43, from 32 to 10 in the part time hospitalisations and from 10 to 4 of the “home hospitalisations”. The mean length of all the hospitalisations decreased from 102.2 to 62.7 days. However if considered separately, the mean length of full-time and part time hospitalisations decreased from 101 to 48.4 days and from 108 to 73.3 days, but increased in the “home hospitalisations” from 112 to 190 days.

Table 4

The total length of all hospitalizations together and of full-time, part time, and “home hospitalizations” separately; in the group of 73 chronic patients in the periods of two years - before and after their admission to the new social help facilities

2-year periods: before and after admission to social help facilities	All hospitalizations together	Types of hospitalization		
		Full-time	Part time	“Home hospitalization”
before admission				
the sum of day x persons	13 86	85981	3461	1127
% of 2 years	24.7%	6.1%	6.5%	2.1%
after admission				
the sum of day x persons	3 576	2083	733	760
% of 2 years	6.7%	3.9%	1.4%	1.4%
difference				
the sum of day x persons	9 610	6515	2728	376
% of 2 years	18.0%	12.2%	5.1%	0.7%
Wilcoxon test for pairs =	0.000	p=0.000	p=0.009	p=0.262

The total length of all hospitalizations combined together was reduced significantly (by 18%) for 2 years after admission to the new facilities (VRC, CCOMH, SSHS) as compared with the 2 years before. Taken separately, the length of full-time hospitalizations decreased by 12.2%, by 5.1% in part time hospitalizations, but the total length of “home hospitalizations” did not decrease significantly.

III. The full-time hospitalisations in the subgroups of clients in VRC, CCOMH or SSHS

The total number, mean length, and total length of the full-time hospitalisations in the subgroups of clients attending VRC, SSHS or CHMH were compared in the 2-year periods before and after their admission (tables 5 and 6)

Table 5

The total number, and mean length of full-time hospitalizations in the subgroups of clients for 2 - year periods - before and after their admission to VRC, SSHS, CCOMH

2-year periods before and after admission	The subgroups of clients attending particular types of facilities			
	SSHS n =23	VRC n = 23	CCOMH n = 11	(VRC or CCOMH) + SSHS n = 16
before				
number of full-time hospitalizations	23	23	18	21
the mean length (days)	66.6	61.8	133	154.7
after				
number of full-time hospitalizations	14	9	13	7
the mean length (days)	31.4	55.1	67.6	38.4

Table 6

Total length of full-time hospitalizations in the subgroups of clients in CCOMH, SSHS, VRC; for two 2 years before and two 2 years after their admission

2-year periods before and after the admission	The subgroups of clients of particular types of facilities			
	SSHS n=23	VRC n=23	CCOMH n=11	(VRC or CCOMH) + SSHSn=16
before				
total length days x persons	1533	1422	2394	3249
% of 2 years	9.1%	8.5%	29.8%	27.8%
after				
total length day x persons	439	496	879	269
% of 2 years	2.6%	2.9%	10.9%	2.3%
difference				
total length day x persons	1094	926	1515	2980
% of 2 years	6.5%	5.6%	18.9%	25.5%
Wilcoxon test for pairs	0.027	0.009	0.074	0.005

In each subgroup of clients of VRC, CCOMH, and SSHS - a decrease in the total number and in the mean length of the full-time hospitalisations was observed during the 2 years after admission to facilities as compared with the 2 years before the admission. However, the highest decrease in the number and length of hospitalisations occurred in those who received both: SSHS at home with simultaneously participating in the day-programme in VRC, or in CCOMH.

The reduction of the total length of the full-time hospitalisations for two years after the admission to the new social help facilities was proportional to the total length of

these hospitalisations for two previous years. It was also statistically significant ($p=0.005$) or close to significance ($p=0.075$).

The highest degree of the reduction (by 25.5%) was observed in the subgroup of 16 clients receiving both: SSHS at home and attendance to day centre (VRC or CCOMH). The reduction of full-time hospitalisations was less emphasized in 23 clients receiving the SSHS at home only (by 6.5%) and in 23 clients attending the VRC (by 5.6%) as compared with the 11 clients attending CCOMH (by 18.9%).

IV. Part-time (day hospital) hospitalisations in the subgroups of clients in VRC, CCOMH or SSHS

The total number, mean length, and total length of the part time hospitalisations in the subgroups of clients attending VRC, SSHS or CHMH were compared in the 2-year periods before and after admission (table 7, 8)

Table 7

The total number and mean length of part time hospitalization in the subgroups of clients, for 2 years before and after their admission to CCOMH, SSHS or VRC

2-year periods before and after the admission to facilities	The subgroups of clients of particular outposts			
	SSHS n=23	VRC n=23	CCOMH n=11	(VRC or CCOMH) + SSHS n=16
before				
number of hospitalizations	1	12	8	11
mean length (days)	79.0	128.8	79.8	108.8
after				
number of hospitalizations	1	5	0	4
mean length (days)	101.0	56.8		87.0

Table 8

Total length of part-time hospitalizations in the subgroups of clients - for two 2 years before and two 2 years after their admission to CCOMH, VRC or SSHS

2-year period before and after the admission	The subgroups of clients of particular outposts			
	SSHS n=23	VRC n=23	CCOMH n=11	(VRC or CCOMH) + SSHS n=16
before				
total length day x persons	79	1546	639	1197
% of 2 years	0.5%	9.2%	7.9%	10.2%
after				
total length day x persons	101	284	0	348
% of 2 years	0.6%	1.7%		3.0%
difference				
total length day x persons	-22	1262	639	849
% of 2 years	0.1%	7.5%	7.9%	7.2%
Wilcoxon test	unknown	0.050	-	0,050

23 clients receiving only the specialized social help services (SSHS) at home were hardly hospitalised in day hospital for two years before their admission to SSHS (only one hospitalization in the whole group) as well as for 2 years after their admission to the SSHS (also only 1 hospitalisation). The 50 clients admitted to day centres (VRC or CCOMH) had been treated in day hospital more frequently and for a longer period of time for two years prior their admission to these facilities (31 part time hospitalisations, mean length 79.8-128.8 days), with remarkable reduction of the part time hospitalisations during two years after their admission to VRC or CCOMH (9 hospitalisations, mean length 56.8 – 87 days).

23 clients receiving only SSHS at home were hospitalised in day hospital for an extremely short period of time (0.5%) during the two years before their admission to SSHS, and slightly longer (0.6%), during the two years after their admission to SSHS.

In contrast, clients attending new social help facilities with day programmes (VRC or CCOMH) were hospitalised in day hospital (part time hospitalization) for a remarkably longer period of time during the 2 years prior to their admission and with a remarkable reduction (by 7.2% -7.9%) of the total length of part-time hospitalisations for 2 years after their admission to VRC or CCOMH ($p=0.050$ in the Wilcoxon test).

V. Individual analysis

From the whole group of 73 people, three subgroups were selected on the basis of individual analysis:

- 15 persons who had not been hospitalised in the studied 4-year period.
- 49 persons for whom the total length (day x persons) of all hospitalisations significantly decreased in the 2 year period after their admission to new social help services (SSHS, CCOMH, VRC) in comparison with the two previous years.
- 9 persons for whom the total length of all hospitalisations (day x persons) increased in a period of 2 years after their admission to new social help services (SSHS, CCOMH, VRC) in comparison with the two previous years. Amongst them, there were:
 - 5 persons who had not been hospitalised at all for 2 years before their admission to the new social help facilities, whereas after admission they were hospitalised – from one to three times (duration from 28 to 217 days, 108.8 days on the average). These persons were attending VRC – 1, SSHS – 2 CCOMH – 1 and CCOMH+SSHS – 1. Simultaneously, the length of part time hospitalisations decreased in this subgroup from 230 days in previous two years to 0 for two years after their admission to social help units.
 - 1 person was hospitalised full-time - by 12 days longer and was hospitalised part time by 52 days longer - during the two years after the admission to VRC in comparison with the 2 previous years.
 - 2 persons (in VRC -1 , SSHS -1) whose total length of part time hospitalisations increased by 152 days, but the length of full-time hospitalisation was shortened by 52 days in a period of 2 years after admission to VRC or SSHS in comparison to previous two years.

- 1 person (in SSHS) during two years prior her admission to SSHS was hospitalized in a stationary ward for 12 months (4 hospitalizations), and in the mean time she was under the treatment of CMT in “home hospitalizations”. In the subsequent 2 years after admission to SSHS, she was no longer hospitalized full-time. She was under the treatment of CMT simultaneously and had the SSHS services at her own home.

Discussion

Among 73 patients admitted to new social help facilities (VRC, CCOMH, SSHS) in 1997 or in the beginning of 1998, there were predominantly those with schizophrenia, schizoaffective and delusional psychoses (70%; 6.8%; 7.5%). Patients with mood disorders (affective or organic) constituted only a very small group (9.6% and 2.7%). Patients were mostly suffering for many years (on average the duration of the illness was 17.8 years) and had a recurrent course of their illness (on average 8 psychiatric hospitalisations). They predominantly have a low social-economic status with a relatively high percentage of the poor educated persons, living alone or with mentally ill relatives are unemployed and disabled. It is indicated that the psychosocial rehabilitation was badly needed in that group [6, 7].

The number, and mean length of all the hospitalisations - taken together in the observed group - decreased during the two years after the admission of 73 persons to SSHS, VRC, CCOMH in comparison to the previous two years (from 129 to 56 hospitalisations, and from 102.2 to 62.7 days). However, when considering particular types of hospitalisations separately, it was noticed that the number and mean length of both full-time and part-time hospitalisations was reduced (from 101 to 48.4 days and from 108 to 73.3 days), but the mean time of “home hospitalisations” was lengthened (from 112.7 to 190.0 days).

The lower number and length of full-time hospitalisations among patients of SSHS was described also by Nasierowski [4].

In comparison with the previous two years, the total length of all the psychiatric hospitalisations together (day x person) in the whole group has been significantly shortened (by 18%) during the two years after admission to the new social help facilities. But, when comparing particular types of hospitalisations separately, a significant reduction of full-time and of part-time hospitalisation was noted (by 5.1% and 12.2%), but not of “home hospitalisations”. This extended time of “home hospitalisations” may be a manifestation of the ever-increasing request for outpatient treatment of those admitted to the extramural new social help facilities. Data available on that study cannot prove such conclusions. For it to be examined, instead of the number of days of “home hospitalisations”, as calculated here, the comparison of all the CMT and out-patient visits for two years prior and two years post-admission to new social help facilities is needed.

Among the subgroups of clients in SSHS, CCOMH, VRC, the greatest fall (25.5%) of the full-time hospitalisation was noted in a subgroup of 16 persons discharged after many years of hospital treatment who were now receiving a combination of SSHS

at home and were simultaneously attending the day centre (VRC or CCOMH) in the community.

In other subgroups the reduction of full-time hospitalisations was a lesser degree. In the CCOMH group it fell by 18.9%, in the SSHS group by 6.5% and in VRC group by 5.6%. These results show us, that the combination of attendance to the day centre (VRC or CCOMH) with simultaneously receiving SSHS, and CMT treatment at home are creating the best chance for chronically mentally ill patients to live outside the hospital after a long-term hospitalisation.

It could be noted that those who undertook attendance in day-programmes (in VRC, or CCOMH) had been previously treated in the day hospital more often than others, while those who had been hardly ever in day-hospital in the previous years, preferred to receive specialised social help services (SSHS) at home in the following years.

Significant reduction of part-time hospitalisations is recognizable in the subgroups admitted to day centres (VRC, CCOMH), but not in those receiving Specialised Social Help Services (SSHS) at home. In subgroup in the SSHS - the number and mean length of part-time hospitalisations during two years after admission has even increased, in comparison with the two previous years. It may be assumed that the VRC and CCOMH as day-care institutions took over a range of functions that were previously done in psychiatric day-hospital. Those who were not able to undergo treatment in a day-hospital also did not use social help facilities with day-programmes (VRC, CCOMH).

In a group of 9 persons whose total duration of hospitalisation increased after admission to new social help facilities, particular attention was paid to 5 persons. They were not hospitalised at all, in the 2-year period before the admission to social help facilities, but during the following 2 years, prior to admission they were hospitalised full-time twice on average (mean length was 39.3 days) They were attending different types of facilities: VRC -1, SSHS - 2 , CCOMH -1 , CCOMH+SSHS -1 . Thus it seems that the need for full-time hospitalisation in these subgroups cannot be associated with the particular influence of the programme in one of the facilities. Probably the unspecified adaptive difficulties in the new facilities could contribute to the destabilization of the psychic state that required hospital treatment. Each one of these 5 persons, although it is a small group, requires separate individual analysis because of high individual significance.

Among the remaining 4 persons, in 1 case both full-time and part-time hospitalisations lengthened. In 2 cases the number of part-time hospitalisations increased, but the number of full-time hospitalisations decreased; in 1 case full-time hospitalisation was replaced by 'home hospitalisations' and later intensive out-patient treatment by CMT with simultaneous SSHS service at home. The example of the last 3 cases demonstrates that the supply of social support for chronically mentally ill, in some cases may enable the replacement of full-time hospitalisation by treatment in extramural forms (day-hospital, CMT).

According to those who have never been hospitalised, the only indicator of the effectiveness of new social help facilities could be the examining of their improvement in social functioning and quality of life.

Conclusions

1. Implementations of new community social help facilities for the chronically mentally ill patients: Vocational Rehabilitation Centre (VRC), Community Centre of Mutual Help (CCOMH), and Specialised Social Help Services (SSHS) significantly reduces hospitalisations - their duration and number. The most effective of these was a combination of attendance in the day-programme (VRC or CCOMH) with simultaneously receiving SSHS at home. This especially concerns patients who were discharged from the hospital after many years of full-time hospitalization.
2. Day-centres (VRC, CCOMH) reduce the part-time hospitalisations (in day hospital) for persons who previously used this form of treatment.
3. There is a need to study the requirements for out-patient treatment, and community-based treatment (by CMT) among the patients being admitted to the new social help facilities after discharge from hospital or day-hospital.

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