

**REPORT ON COLLABORATION  
BETWEEN THE INSTITUTE OF PSYCHIATRY AND NEUROLOGY  
AND THE WORLD HEALTH ORGANISATION  
2000-2001**

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In 1992 the Institute of Psychiatry and Neurology (IPN) was designated by the World Health Organization as a Collaborating Centre for Research and Training in Mental Health. This status was extended in September 2000 for the next four years.

The collaboration between IPN and WHO is carried out under the following **terms of reference:**

1. national, regional and international research projects on mental health, neurology and substance abuse, with special emphasis on development of appropriate policies and programmes;
2. classification and diagnosis of mental disorders and disabilities (international standards);
3. assisting appropriate national and international agencies in formulating and implementation of policies and programmes in mental health, neurology and substance abuse;
4. training and education in mental health problems in primary health care, somatophorm disorders, public health aspects of neurological disorders and substance abuse;
5. consultations and exchange of information.

In the years 2000-2001 in the framework of the above terms of reference, IPN carried out a number of new and clearly advanced research projects. Conferences and workshops were organised, staff of the Institute assisted in formulating and implementation national polices as well as participated in WHO consultation's meetings on mental health and substance abuse around the world.

## **I. 2001 - THE YEAR OF MENTAL HEALTH**

In 2001, for the first time in the WHO history, the World Health Day was devoted to mental health. The Day was a one step in a sequence of WHO initiatives on mental health, which include among many other activities, discussion on mental health during the World Health Assembly (May 2001) and publication of the World Health Report on mental health (October 2001). The Institute played a crucial role in local preparations to celebrate the World Health Day and provided WHO with relevant information and data.

A special session of the Parliamentary Health Commission, held on 9 April and co-organised by the IPN, was the most notable event of the World Health Day in Poland. The main topic covered the mental health with a special focus on adolescence health as well as risks associated with alcohol and drug use. In addition to lectures given by experts in the field, an important contribution was offered from people with schizophrenia. During the session a special proclamation on mental health promotion was signed by the Minister of Health, the Chairman of the Parliamentary Health Commission and the Director of the Institute of Psychiatry and Neurology. The proclamation stressed mental health as an important part of public health and public policy in Poland and called for changing a status of the National Mental Health Programme from the level of the Ministry of Health to the inter-ministerial range.

Parallel efforts at increasing visibility of mental health issue were made: a press conference, attended by 30 journalists, was organised at the Institute of Psychiatry and Neurology. The press release was prepared and distributed. As a result questions of mental health were presented in numerous electronic and printed media. Between 6-9 April staff of IPN participated in 10 radio and TV programmes and 9 articles in newspapers of national circulation were published. Press release was also disseminated among regional branches of the Polish Society of Health Education, which held a number of press conferences and meetings in various regions of the country. The WHO slogan "Stop exclusion. Dare to care" was translated into Polish and the Polish version of the poster was disseminated in 10 000 copies all over the country. This stimulated a variety of actions e.g. panel discussions in schools; conferences for professionals, local authorities, recruits, patients and their families.

Additional events included: the open day at the Institute of Psychiatry and Neurology and the exhibition of art works by people with mental disorders. Problems related to discrimination and stigma was discussed during the conferences devoted to schizophrenia and depression treatment.

Mental Health Day held in October 2001 offered a new stimuli for public debate. The Institute used that opportunity to organise a seminar on work and mental health. The seminar was

followed by the press conference, attended by 25 journalists; 13 represented printed media, 8 from radio and 4 from TV. During the seminar as well as the press conference Dr Sylvia Stachenko from the WHO Regional Office for Europe outlines major foundations of WHO mental health programmes and presented the World Health Report 2001. Dozen or so articles on mental health were recorded including a national prestigious daily newspaper "Rzeczypospolita". There were 4 radio broadcasts. Information about problems discussed during the seminar was broadcast in 2 TV-news programmes in public television and in a number of private TV stations.

## II. RELEVANT RESEARCH PROJECTS

### 1. Mental disorders and disabilities

#### 1.1. Resources of Mental and Neurological Health Care and Prevalence of Mental Disorders in Poland

*(Principal investigator: Bożena Pietrzykowska, M.D.)*

The main aim of the research is to collect and analyse detailed data concerning personal, material and organisational resources of psychiatric and neurological care system in Poland. Recorded morbidity of mental, neurological and substance related disorders in 1999 and 2000 was studied.

The growing trend in recorded morbidity was continued in the years 1999-2000. The total number of clients in outpatient system approaches 1 000 000 (2 068.8 per 100 000) and in inpatient - 225 000 (582.4 per 100 000). Clients recorded in the intermediate forms of treatment (daily wards, community care, hostels and home care) constituted less than 2% clients in the whole system of treatment and care. Number of new cases increased on average by 7% in inpatient system and by 3% in outpatient. The highest rate of growth was recorded in disorders related to drug abuse, the lowest in depression.

Residential mental health treatment was offered in 54 mental health hospitals (5.9 beds per 10 000), 67 mental health wards at general hospitals and other settings (1.6 beds per 10 000). There were 55 alcohol residential units, 44 drug rehabilitation centres, majority of that constituted centres run by NGO "Monar".

In outpatient sector treatment was given in 591 outpatient mental health clinics, 368 alcohol clinics and 60 drug clinics. Substantial growth was recorded in a number of drug clinics, which increased by 50% and in mental health clinics - 16%. Significant increase of a number of daily wards from 110 to 132 over one year, should be noted.

The trend of development of intermediate forms of care at the expense of the treatment in large hospitals was maintained. The mobile community teams functioned in 19 centres. The dynamic growth of self-help and social-help houses for people with intellectual disability and chronically illness was observed.

#### 1.2 Polish Society Attitudes towards Mentally Ill Persons

*(Principal investigator: Jacek Wciórka, Professor)*

Two consecutive surveys were conducted in 1996 and 1999 aimed at assessment of changes in

opinions of the Polish society toward the mental illnesses and the mentally ill persons. No significant changes were registered toward the mentally ill persons and in the level of fear of mental illness. The Polish society has considerable trust in psychiatric care and is reluctant towards community-based services. Results of the research suggest stability of social stereotypes, conducive to negative stigmatisation of mentally ill.

### 1.3. Polish Society Attitudes towards Schizophrenia and Schizophrenic Patients

*(Principal investigator: Jacek Wciórka, Professor)*

The aim of the research carried out for the first time in Poland was to collect information on the knowledge of the Polish society about schizophrenia and schizophrenic patients. The population survey showed a low knowledge and lack of experiences with schizophrenic patients. Opinions are based on stereotypes and are mostly pessimistic and negative. The research results were handed over to governmental and parliamentary institutions, as well as to the media.

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WCIÓRKA J. (2000) Psychiatria rodowiskowa: idea, system, metoda i to (Community psychiatry: idea, system, method and background). *Post. Psychiatr. Neurol.*, 9, 319-337.

## **2. Neurological diseases**

### 2.1. Epidemiology of Creutzfeldt-Jakob Disease (CJD), and Subacute Sclerosing Panencephalitis (SSPE) in Poland

*(Principal investigator of the Polish part of the project: J. Kulczycki, Professor)*

A study on epidemiology of Creutzfeldt-Jakob disease was started in 1996 and initially sponsored by the European Commission and then by WHO too. The main tasks of the study were to collect and hospitalise suspected cases and to verify material obtained from clinical tests and from neuropathological examinations. Results of epidemiological studies on CJD showed 61 confirmed cases in the years 1996-2001. All of confirmed CJD patients but one were diagnosed as sporadic cases. The exception was a patient with the Gerstmann-Sträussler-Scheinker syndrome, a familial prion disease with autosomal dominant character - the first case reported in Poland.

In 2001 the clinical and epidemiological research on SSPE in Poland was suspended, because of extremely low incidence rates.

### 2.2. Epidemiology of Parkinson's Disease and Parkinsonian Syndromes

*(Principal investigator: Danuta Ryglewicz, M.D.)*

The main aim of the research was to estimate prevalence of Parkinson's disease (PD) and Parkinsonian syndromes (PS). Risk factors in the aetiology of PD and PS were also studied. 110 patients (44.5% of men) were registered in 2001. The average age of clients was 69.5. In the research group there were 48.2% inhabitants of Warsaw, 14.35% of district towns and 37.3% from rural areas.

Preliminary analysis showed equal prevalence of PD and PS (47% vs. 47%).

### 2.3. Clinical State of Patients with a Stroke

(Principal investigator: Danuta Milewska, M.D.)

The aim of the research was to assess management of a stroke and the clinical state of patients with a stroke.

In 2000 the surveys among medical staff and general population were carried out. The knowledge concerning risk factors in a stroke among family doctor was found inadequate. Patients are rarely properly diagnosed and referred to appropriate hospitals.

Results of the population survey showed that only small proportion of responders (age 15-82) are aware of stroke risk factors (27% - hypertension, 6.1% - smoking, 4.4% - diabetes). The education programme on stroke prevention and its management in mass media was recommended.

The atrial fibrillation (AF) is one of the main risk factors in an ischemic stroke. In 2001, the research was carried out to determine the role and prevalence of carotid artery disease in patients with nonrheumatic AF and its influence on a stroke prognosis. Risk factors and clinical data were collected prospectively according to the Stroke Data Bank NIH protocol. 513 consecutive patients with an ischemic stroke were selected.

AF was diagnosed in 32.4% of patients. Carotid artery stenosis >45% was present in 20.3% of patients. Both pathologies were found in 5.3% of patients.

In the studied group 17% of patients died (30 day-mortality). The highest mortality was found in the group with both AF and carotid artery stenosis - 25.9%, the lowest in the group with exclusively carotid stenosis or occlusion - 9.1%.

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### **3. Substance abuse**

#### **3.1. Adequacy in Drug Abuse Treatment and Care**

*(Principal investigator of the Polish part of the project: Jacek Moskalewicz, Ph.D.)*

The project was initiated by the WHO Office for Europe and the European Union. Czech Republic, Germany, Greece, Italy, the Netherlands, Poland, Spain, Sweden, Switzerland and the United Kingdom participated in the research. The objective of the research was to assess the adequacy of system of treatment and care for addicts of illegal drugs including needs of clients, interest groups and professionals.

Relevant reports were prepared by participating countries and then analysed to produce guidelines documents, useful on national and international level. Following outcomes were produced:

1. ethical guidelines
2. checklist for recommended services for the treatment and care of drug abusers
3. guidelines for basic and further education
4. checklist for the identification of professional quality criteria and standards
5. list of instruments used for cost-effectiveness evaluation (it was pointed out there is a lack of economic evaluation in substance abuse treatment and care).

Comparative research indicates low interests in different aspects of drug treatment (ethical aspects, professional standards and cost-effectiveness) in countries participated in the project. In Poland, the ethical guidelines, specific for drug treatment, have been developed only recently. Instruments and protocols used in other countries (eg. European Addiction Severity Index) are not in use. Research on treatment efficacy and cost-effectiveness are non-existent.

### 3.2. WHO Multi-Site Project on Amphetamine-type Stimulants and Ecstasy.

*(Principal investigator of the Polish part of the project: Jacek Moskalewicz, Ph.D.)*

The project was initiated by the WHO HQ Department of Substance Abuse with aim of conducting research on health consequences of amphetamine type stimulants use. The project was carried out in Australia, China, Estonia, Filipinos, Japan, Nigeria, Poland, Russia and Thailand.

The aim of the study in Poland was to establish context of ecstasy consumption, risk factors and also factors limiting this risk. The project was implemented in Warsaw. Survey instrument for local needs was adopted and questionnaire was piloted. 75 interviews with ecstasy users in the age 17-28 years were conducted. Focus groups, which initiated snowball strand, were organised.

Findings of the research suggest high prevalence of symptoms of dependence and abuse according to DSM IV criteria (diminished control over drug use, increased tolerance, used ecstasy despite negative consequences). The patterns and norms elaborated by users seems to prevent some problems related to immediate harmful impact of ecstasy.

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### III. CLASSIFICATION AND DIAGNOSIS OF MENTAL DISORDERS AND DISABILITIES

"*Lexicon of Cross-cultural Terms in Mental Health*". WHO, Geneva 1997 was published in Polish under the title:

"*Leksykon terminów - międzykulturowe pojęcia zdrowia psychicznego*" (translation: J. Wciórka), IPN, Warszawa 2000.

"*Lexicon of Psychiatric and Mental Health Terms*", WHO, Geneva 1994 was published in Polish under the title:

"*Leksykon terminów: psychiatria i zdrowie psychiczne*". (translation: J. Wciórka), IPN, Warszawa 2001.

The second edition of the WHO book: PU Y S K I S., WCIÓRKA J. (eds) *ICD-10 Klasyfikacja zaburze psychicznych i zaburze zachowania w ICD-10. Opisy kliniczne i wskazówki diagnostyczne* (The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Description and Diagnostic Guidelines). Vesalius – IPiN, Kraków-Warszawa was become completed and published in 2000.

## **IV. ASSISTANCE IN FORMULATING AND IMPLEMENTATION OF POLICIES AND PROGRAMMES**

### **1. Mental Health Programme**

In 1992 a Mental Health Programme was elaborated by the IPN in collaboration with WHO. The main objectives of the programme are de-institutionalisation of care and mental health promotion as well as provision of comprehensive, accessible health care. The Ministry of Health and Social Welfare accepted the programme for implementation in 1995. Three years later the Parliamentary Committee for Health, which had evaluated the Programme implementation, postulated changes in its status to inter-ministerial and a national level. The revised version of the Programme, was accepted by the Ministry of Health in 2000 and it has been expected to be adopted by the Polish government.

To build legal foundations for inter-ministerial status of the National Mental Health Programme, IPN prepared drafts of relevant legislative amendments to the Mental Health Act.

The conference on the Mental Health Programme in Poland organised by IPN was held in Mdralin near Warsaw, 17-18 April 2000. Representatives of Ministry of Health and Ministry of National Defence attended the conference. Mental Health Promotion Programme including links between social welfare and health politics, the role of legislation in the implementation of the programme, adaptation of action to EU standards, local community involvement were discussed.

W. Rutz, Regional Adviser on Mental Health Programme in the WHO Regional Office for Europe, participated in the conference and presented a paper on "Paradoxes of Public Health".

### **2. Psychiatric care in Poland**

The report on the situation and problems of psychiatric care in Poland was prepared by S. Pu y ski, W. Langiewicz and B. Pietrzykowska. It was presented and discussed during the annual meeting of the prominent Polish psychiatrists (regional consultants, heads of university clinics, directors of hospitals). The meeting organised by IPN was held on 5 December 2000 in Warsaw in a context of two-year implementation of the health reform in Poland.

The report points out that the health and administrative reforms started in 1999 caused veritable deterioration of accessibility of psychiatric care, especially of day treatment services and other forms of community based care. Inadequate financial resources for these kinds of care aroused concern. Psychiatric care has to be improved: regional distribution of hospitals is uneven, the number of beds in large hospitals is still too high, level of psychiatric knowledge of family doctors is inadequate etc. The report suggests that the full implementation of the Mental Health Programme will constitute a major advance in amelioration of the current situation.

### 3. Mental Health Centres

Improvement of quality of mental health care is intended to be achieved by the creation of the Mental Health Centres, providing comprehensive mental health care (diagnostic, treatment, rehabilitation, and consultation for primary care services). The detailed organisational and financial plan of such Centres was prepared by IPN. Each Centre should provide services for about 1500 persons living in the area of approx. 50 000 inhabitants. It should consist of psychiatric outpatient clinic, mobile community team and day treatment centre.

### 4. Mental Health Promotion Programme

The Council for Mental Health Promotion appointed by the Ministry of Health and Social Welfare in 1997 prepared a monograph on risks for mental health in Poland. It describes mental health indicators of the Polish population, impediments for mental health in family, schools, workplaces as well as threats resulting from drug abuse, unemployment etc. It also analyses the mental health promotion programmes in and outside Poland [Czaba a Cz. (ed.) *Zdrowie psychiczne - zagrożenia i promocja* (Mental Health - Risk Factors and Promotion). IPN, Warszawa 2000]

The Council and the Institute prepared the Mental Health Promotion Programme for the years 2001-2005. It constitutes an integral part of the National Mental Health Programme.

### 5. Implementation of Mental Health Act

S. D browski carried out two research projects monitoring the implementation the Mental Health Act of August 19, 1994. Experiences incl. deficiency in implementation of the Act as well as the extent of the public support were presented at eleven conferences and meetings.

### 6. Implementation of the National Programme for Prevention and Treatment of Stroke

The Programme was accepted by the Ministry of Health in 1998 and has been co-ordinated by the IPN. Its aims are I) monitoring of epidemiological situation of stroke in Poland, II) decreasing early mortality, III) improving life performance after the stroke.

6.1. Epidemiological research on stroke was continued. The largest in Poland and one of the largest in Europe data base of patients with stroke was established. New centres for research were included, follow-up examination was carried out for patients registered in the previous year, morbidity rates and factors increasing death risk were estimated. The statistical analysis confirmed that patient's age, type and extent of stroke, cardiac diseases, and health condition before stroke are substantial prognosis factors. It was found that mortality was higher in rural areas.

6.2. The above mentioned research gave evidence for organising new stroke wards in primary health care and for training in stroke management and secondary prevention.

6.3. In the frame of the Programme leaflets and brochures about prevention and management of stroke for physicians, patients and their families were designed and published.

6.4. A. Czonkowska chaired the secondary prevention group in the WHO Co-ordination Committee monitoring the implementation of the "Helsingborg Declaration" on stroke management.

## 7. National Health Programme

A. Fr czek, J. Moskalewicz and J. Sierosawski conducted research projects to monitor implementation of mental health, alcohol and drugs targets of the National Health Programme.

## **V. TRAINING AND EDUCATION**

### **1. Mental health problems in primary health care**

Stigma and discrimination of people with mental disorders and mental problems during the current transformation were discussed in three training conferences in 2001.

### **2. Public health aspects of neurological disorders**

2.1. Conferences on primary and secondary prevention of stroke for primary health doctors, family and emergency room doctors were organised in IPN in December 2000 and 2001.

2.2. The epidemiological situation of stroke, including diagnosis, therapy and secondary prevention was presented during several conferences and training workshops in Poland and abroad.

## **VI. CONSULTATION AND EXCHANGE OF INFORMATION**

### **1. Intellectual Disability**

The report on intellectual disability in Poland was prepared in 2000 in the frame of the project launched by the Department of Mental Health of the WHO HQ. The aim of this project was to enhance the prevention, treatment and rehabilitation of people with intellectual disability around the world and look at the global situation as well as the new developments in this field.

In Poland, changes in approach to mentally disabled people have been achieved mainly thanks to the initiatives of associations of parents having the status of non-governmental, non-profit organisations. Their work was supported by the Mental Health Programme, which stipulates development of community-based services and actions. In effect a system of the early intervention was introduced, day centres were established as alternatives for care institutions. All these forms are rooted in local communities. Due to the efforts of these associations the rights for education for children with moderate and severe retardation were granted, occupational therapy for adults was ensured, and the difficult problem of employment for people with moderate and severe disabilities is now under consideration.

In spite of visible progress achieved in the last decade there are many urgent and still unresolved problems. The national long-range care programme on mental disability has not been developed in Poland yet. Links between the central and local administrations in the considered field is weak and not formalised and only NGOs actually bridges the existing gap. There is a need for a multi-ministerial advisory body of scientists, professionals and members of the NGO's to be able to formulate the policy toward intellectually disabled persons.

### **2. Mental Health at the Workplace**

In 2000 the report on mental health at the workplace in Poland was prepared for the International Labour Organisation. The report serves as a base for development of work conditions to promote mental health.

In Poland the problem of mentally ill in the workplace has not been as yet addressed in an appropriate way, which meets the needs of the population. Current methodology and tools are inadequate and information regarding the problem is insufficient. It is fragmentary, and there has been no follow-up or in-depth analysis.

The labour market is open and therefore the accessibility of jobs to people with mental disorders is very low. There are no governmental or non-governmental training facilities for

people with mental health problems to enable them to get access to the labour market.

It is hoped that some non-governmental organisations will be more operational in introducing the changes to the system of care provision and also in improving the life and working conditions of the people with mental disorders.

The new initiatives should be undertaken to improve situation in this area, like e.g.:

- research to investigate an impact of the socio-economic transformation and working conditions on mental health problems,
- legislative initiatives concerning the working conditions favourable to mental health protection and special provisions for employment for persons with mental disabilities,
- development of mental health promotion programmes including workplaces carried out in different institutions.

### 3. First European Meeting of National Counterparts for the WHO/EURO Mental Health Programme, Stockholm, 20-22 January 2000.

The purpose of the meeting was to present the Health21 strategy with regard to mental health. The establishment of a European Network on Mental Health and the mental health situation in Europe were overviewed, strategies and priorities analysed.

The Swedish model of mental health reforms (a state of art and a panorama of needs) and relevance of its experience in other countries of the European Region were discussed.

S. Puy ski and Cz. Czabaa participated in the meeting. They presented a paper on the situation in mental health in Poland.

### 4. The meeting on Alcohol Policy and the Public Good, Copenhagen, 24-27 February 2000.

The aim of the meeting was to discuss chapters prepared for the book on alcohol policy and its impact on health world-wide. This book is the updated version of the "Alcohol policy and the public good" published under the auspices of the WHO Regional Office for Europe in 1994. J Moskalewicz presented a paper "Alcohol in the countries in transition: the Polish experience and the wider context".

### 6. Meetings of the Steering Committee of the WHO Task Force on Mental Health Assessment.

Brussels, 26 May 2000, Geneva, 19-20 October 2000.

Brussels, 18-20 January 2001, Moscow 3-5 May 2001.

Assistance in implementation of new policies in mental health in Europe, and especially, in

Eastern European countries is the important task of WHO. The special group - Task Force - was set up to evaluate mental health reforms and make recommendations. During the meetings in 2000 the concepts, extent, objectives and instruments of assessment were presented and discussed. The collaboration and exchange of knowledge on depression, suicide and human rights between EU and WHO were analysed during meetings in 2001. In the frame of the slogan "Looking back and forward" the harmonisation and development of strategies on mental health assessment in European countries were outlined. Cz. Czaba a participated in the meetings as a member of the Task Force.

#### 7. Second Meeting of European National Counterparts for the WHO/EURO Mental Health Programme, Lisbon, 26-28 October 2000.

The WHO year of mental health - proposals and thresholds - in individual countries were discussed during the brainstorming sessions. The implementation of mental health reform in Portugal was reviewed. Cz. Czaba a presented activities planned in the frame of celebration of Mental Health Day in Poland.

#### 8. International meeting of the Adequacy of Drug System Treatment, Athens, 23-24 November 2000.

Representatives from Sweden, Netherlands, Switzerland, Denmark, Germany, Poland (Jacek Moskalewicz), Greece, Czech Republic, Spain with representatives of the WHO Regional Office for Europe and EMCDDA participated in the meeting. Reports of all participating countries, relevant guidelines and documents were discussed.

#### 9. Second meeting of WHO European Collaborating Centres on Mental Health, Lille, 25-27 January 2001.

During the meeting psychiatric reforms in France were discussed. An update work carried out in the centres were presented as well as planned activities during the World Health Day in the European countries. Work carried out by the Institute in the last two years and preparation to the World Health Day in Poland was presented by J. Moskalewicz.

#### 10. WHO European Ministerial Conference on Young People and Alcohol, Stockholm, 19-21 February 2001.

The conference was organised by WHO and Swedish government with the support of

European Commission. It was attended by ministerial delegation from all the members States in WHO's European Region. After the European Conference on Health, Society and Alcohol held in Paris in 1995, this conference was a successive initiative to reduce alcohol related harm in Europe. The drinking habits and lifestyles of young generation in the context of social, cultural and economic conditions were discussed. A declaration on young people and alcohol was adapted. K. D browska participated in the conference and published detailed report in a Polish journal *Alkoholizm i Narkomania* (issue 14, no 2).

11. Conference of WHO Experts on Definition and Diagnostic Criteria of vCJD, Edinburgh, 17-21 May 2001.

The aims of the meeting were to 1) develop research programmes on epidemiology, clinical analysis and genetic of Creutzfeldt-Jakob disease in Europe as well as 2) set the exact diagnostic criteria of vCJD and carry out epidemiological research. The conference was the first meeting of WHO experts in this field with participation from countries of Central and Eastern Europe and China. J. Kulczycki attended the conference as a WHO expert.

12. Amphetamine-type Stimulants Use, Manila, 16-19 July 2001.

The aim of the conference was to present the major findings of the ATS project in three study strands: methamphetamine induced psychotic disorder, instrumental use of ATS and ecstasy use among young people. Guidelines on the prevention and management of problems related to amphetamine-type stimulant use were discussed. J. Moskalewicz as a WHO Temporary Adviser attended the meeting and shared experiences and presented outcomes of the Polish research on ecstasy use among young people.

13. Conference on Coping with Stress and Depression-related Problems in Europe. Brussels, 25-27 October 2001.

The conference was organised during the Belgian Presidency of EU in collaboration with the European Union and WHO. Improving mental health and well-being on European citizens through empowerment of people, mental disease prevention and decreasing stigma were the objectives of the conference. The conclusions on counteractive mental health problems were adapted. J. Czaba a participated in the conference.

14. WHO questionnaires completed:

Health Research Capability Improvement in Developing Countries, WHO Research Policy and Co-operation Department, Geneva, 2000.

Drinking Patterns in Poland, Burden of Disease Attributable to Alcohol: Unrecorded Alcohol Consumption and Drinking Patterns, WHO Substance Abuse Department, Geneva, 2000 and 2001.

Burden of Disease Attributable to Illicit Drugs, WHO Substance Abuse Department, Geneva, 2001.

Stigma and Discrimination in Europe, WHO Task Force on Stigma and Discrimination of the Mentally Ill, Copenhagen, 2001.

15. Documents and articles on mental health and substance abuse published by WHO were presented in newsletters (*Przegląd Wydawnictw*). Copies were sent to all psychiatric institutions and other WHO Collaborating Centres in Poland as well as put on the Institute's web side (<http://www.ipin.edu.pl/przwy.htm>).