

SERVICES FOR PATIENTS WITH INTELLECTUAL DISABILITY AND MENTAL HEALTH PROBLEMS IN POLAND

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SUMMARY

Background: Poland is a democratic, sovereign state in Central Europe, member of the European Union. The healthcare in Poland is delivered to patients mainly through a public contributor called the National Health Fund, supervised by the Ministry of Health. The care for people with disabilities, including intellectual disabilities in Poland is coordinated by the Governmental Program on Activities for People with Disabilities and their Integration with the Society. The system of care for people with intellectual disability in Poland is constitutionally guaranteed. The aim of this review was to analyze the different forms of care for persons suffering from intellectual disability and mental health problems in our country.

Methods: Analysis of available documents on the policy and organizations of systems of services for this group of patients was performed.

Results: Non-governmental organizations play an important role in taking care of people with disabilities. In Poland there are no special psychiatric services dedicated for patients with intellectual disabilities. The comorbid psychiatric disorders are treated in general psychiatric wards or hospitals or in outpatient settings. Offenders with intellectual disabilities in the penitentiary system are referred to therapeutic settings in wards for convicts with non-psychotic mental disorders and intellectual disabilities. Training of medical students and young doctors offers only very limited basic knowledge on intellectual disability within psychiatry curriculum. There is no separate specialty in mental health in intellectual disability within psychiatry.

Conclusions: The main conclusion of this review is that the specialist working with persons suffering from intellectual disabilities in Poland face many challenges regarding the need to introduce positive changes in this field.

Key words: intellectual disability - mental health – comorbidity - special education – rehabilitation - national program

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INTRODUCTION

Poland, properly Republic of Poland, is a democratic, sovereign state in Central Europe. In 2003, Poland signed the accession treaty in Athens, which constituted the legal basis for accession to the European Union, becoming its member on May 1, 2004. At the same time Poland became one among the most populated countries and biggest in terms of area within the union (6th country for both criteria in EU, 36th and 69th country in the world) (Eurostat 2017). Current population is estimated to be 36 million 600 thousand people with sex ratio of the total population 0.93 (men < women). Mean life expectancy is on the level of 76 years of age (with significant sex difference: 72.1 - men, 80.3 – women) (GUS 2011a). Poland is classified by the World Bank as high-income economy, 8th largest within the union itself, and 23rd worldwide in terms of GDP). Poland passed the political and economic transition in 1990s, but the general overview of the system gives the impression, that the transition of the Polish healthcare system is still ongoing and requires many efforts to overtake other European countries. Health expenditures equal 4.67% GDP (36. place among all 44 countries investigated by the Organization for Economic Co-operation and Development) with 6,6 hospital beds per 1000 inhabitants (7th position within EU), and 2.3 physicians per 1000 inhabitants (the lowest number in the whole EU). The

healthcare in Poland is delivered to patients mainly through National Health Fund (NHF), supervised by the Ministry of Health. This public insurgency agency is active from 2013 and is paid for the employs (and their offspring) from health insurance contribution, paid by employers to the Polish budget. According to Article 68 of the Polish Constitution, everyone has a free access to health care. According to the data from PwC Poland (2016) there are 800 hospitals in Poland with about 220 000 hospital beds, which gives almost six sick beds per thousand citizens. According to PwC Poland, this rating belongs to one of highest rates in Europe. The rating is in contrast with the level of budget financing of public healthcare. The expenditures from the national budget is much lower than in European countries and equals 4.7% gross domestic product (GDP). Unless 43% of GDP is allocated to the treatment in hospitals the financial situation of the big hospitals is dramatically bad. The level of financing of public healthcare from public resources in Poland is one of the lowest in Europe (Nieszporska 2017). The situation is complicated by the general lack of physicians, especially specialists, that decreases the availability of medical service in public health sector. According to Global Health Observatory data, Poland is a country with one of the lowest ratio of physicians per 1000 inhabitants (2.22 in 2012). The financial results of Polish hospitals are bad and the stable deterioration of their income is

observed. The situation can be explained by aforementioned low Polish budget financing, old infrastructure of most of hospitals and centralized health system monopolized by the National Health Fund (Nieszporska 2017). Many hospitals, like psychiatric hospitals change their profile from short to long-term care. Some hospital wards turn into one-day clinics. In many cases, due to the restructuration of the health care system and pour governmental financing, hospitals that plunged into debt were closed down. The public healthcare system in Poland coexists with a private health care. Because of long waits in public out-patient clinics, many patients decide to pay the full cost of the service in private medical centers and doctors' offices. Private sector comprises mostly the basic health services, private sanatoria, rehabilitation clinics, specialists and long-term treatment service. Still, there are a few private hospitals in Poland, that results from relatively low funding of treatment procedures covered by NHF.

Different types of disabilities affect 4.9 million people living in Poland (GUS 2011b). A large group within this population are persons with intellectual disability, however the estimation of its exact number in our country faces methodological limitations like the lack of a homogeneous statistical definition of a disabled person (Antczak et al. 2018).

According to the Report on Disability published by the World Health Organization in 2011, it is estimated that the worldwide number of people with all types of disabilities stands at around 1 billion or about 15.6% of the total population, of which 2.2% has serious difficulties in functioning (WHO 2011). In Poland, there is no precise data on the number of people with mental retardation. According to data from 2009 (GUS 2011b), the number of persons with disabilities was 5.1 million, which represents 16% of the population aged 15 years and older. It is estimated that the percentage of the persons, who are intellectually disabled is: mild impairment 80%, moderate 12%, deep 7% profound 1% of cases (APA 1994). A number of persons with intellectual disability suffer from comorbid psychiatric disorders, however no systematic studies on this topic were carried out. In Poland there are also no published data about available beds for this population of patients, death rates, and costs of treatment their treatment.

The purpose of this review is to analyze accessible data on the comorbidity of mental health and intellectual disability in Poland and to discuss the availability of the forms of treatment and rehabilitation for the MHID population.

METHODS

We searched for documents on mental health and intellectual disability in Poland in following databases: PubMed, Google Scholar, Scopus, and Web of Science. As far as the keywords are concerned, we focused on "intellectual disability", "mental retardation", "mental health", "psychiatric disorders", "psychiatric comorbi-

dity", in all four databases. Texts of the legal acts were retrieved from Polish Government Legislation Centre. The source of statistical data were mainly publications of the Central Statistical Office. Data on the forms of treatment and rehabilitation in Poland were found on internet services specializing in disabilities in Poland: <http://www.niepelnosprawni.gov.pl/>, as well as web pages of institutions providing care of ID persons in our country.

RESULTS

The results of the research we grouped according to the topic and are presented below in following sections.

National policy on Mental Health and Intellectual Disability (MHID)

The care for people with disabilities, including intellectual disabilities in Poland is coordinated by the Governmental Program on Activities for People with Disabilities and their Integration with the Society. The program includes activities of ministries, offices and other organizational units in the field of various spheres of life of people with responsibilities for the implementation of tasks in the field of social assistance and social support within the scope adopted by the laws belong to the units of government administration and local self-government (Kulesza-Rozeslaniec 1997). One of the basic elements of the care for children and young people with intellectual disabilities is special education, which is guaranteed by several legal acts.

According to the Regulation of the Ministry of National Education of 18 January 2005, the following forms of education can be distinguished:

- special kindergartens and special departments in generally accessible kindergartens;
- special schools of all types, including apprenticeship schools, and special branches in mainstream schools;
- youth educational centers;
- youth social therapy centers;
- special educational and upbringing centers;
- special educational centers;
- centers enabling children and young people with a deep degree of intellectual disability, as well as children and young people with mental disabilities with comorbid disabilities to the implementation of:
 - obligatory annual pre-school preparation;
 - schooling obligation;
 - the obligation to learn (Belza 2011).

Implementation of human rights and legal problems

Applying human rights in the field of care for persons with intellectual disability in Poland is regulated by international and local standards. However we miss publications, which would analyze, how these rights are

implemented in practice. One such document is the WHO report (2018) on the rights of persons with intellectual disabilities staying in institutions. The main conclusions from the report were: more information should be provided about activities and resources, including vocational trainings, available to these persons in the community. They should also be supported to make their own decisions and exercise their legal rights. Others conclusions were that efforts should be made to encourage deinstitutionalization and support the involvement in community life in order to prevent isolation from society (WHO 2018). A common legal problem among persons with intellectual disability is the fact that many of them, especially in the long term care centers have limited or no legal capacity to make decision on their own, including the consent for treatment (Firkowska-Mankiewicz & Szeroczyńska 2005). This attitude is the result of fact that in without using these legal form of admission to a general hospital would be practically impossible, except for emergency situations. The limitation of their legal capacity is a consequence of the situation that there are no other legal forms of support for these persons to make decisions about their psychiatric and somatic treatment, as well as about their personal, legal, financial and other affairs. So decisions must be often made by a person, who is the legal representative in decision-making. An attempt to change this situation are is the Self Advocacy movement. It is a way of engaging people with intellectual disabilities in social life and including them to influence the politics of their local community and act on their own matters. The self-advocacy movement in Poland is based on three main pillars of legal and civic education, the creation of local self-advocacy groups and their cooperation with PSONI and with local authorities (Zakrzewska-Manterys 2016).

Diagnosing intellectual disability

Diagnosis of intellectual disability in Poland is made with the use of following tools: The Cattell Infant Intelligence Scale, Polish version (Kostrzewski 1961), Terman-Merrill Stanford-Binet Test - this test does not have Polish norm, so it is used only as a supportive tool (Stelter 2010), Polish adaptation of WISC-R (Maczak et al. 1997), Raven's Progressive Matrices (Jaworowska & Szustrowa 2000), Leiter International Performance Scale (Jaworowska et al. 1996), Columbia Mental Maturity Scale (Ciechanowicz 1990). Additionally, other neuropsychological test are used like, The Denver Developmental Screening Test, Bayley Scales of Infant Development, Brunet-Lézine Scale, Munich Functional Developmental Diagnostics (Stolarska & Kaciński 2007, Maczak et al. 2007).

Diagnosis of comorbid psychotic, affective and other psychiatric disorders id made mainly based on the interview and medical history. Specific tools like Psychiatric Assessment Schedule for Adults with Developmental Disability (PASS-ADD) (Costello et al. 1997), and methods like Characteristics of Assessment Instruments for

Psychiatric Disorders in Persons with Intellectual Developmental Disorders (CAPs-IDD) (Zeilinger et al. 2013), Glasgow Depression Scale for People with a Learning Disability, Glasgow Anxiety Scale for People with an Intellectual Disability, Glasgow Depression Scale–Carer Supplement (Sullivan et al. 2018) are not widely used in Poland.

Therapeutic services for persons with intellectual disabilities

Political transformation in Poland after 1989 and related changes in the legislation and social policy of the State in favor of people with disabilities, prepared the basis for creating and implementing a new direction and programs of action for these people, and consequently the need to establish many aid institutions, which have a decisive impact on changing their life situation (Krysta et al. 2014). The system of care for disabled people adopted in Poland is now constitutionally guaranteed. Taking care of people with disabilities in Poland on the level of human rights and combating discrimination is a serious challenge for the State. This is why non-governmental organizations play an important role in this respect by undertaking grassroots initiatives in the field of advocacy of interests, creating programs for equalizing the chances of these people and their right to a dignified and happy life, as well as full participation in social life. In Poland, since the 1990s, there have been numerous, non-governmental organizations aimed at the care, assistance and support of children and adults with intellectual disabilities. A model example for this is the activity of the Polish Association for People with Intellectual Disability (Mrugalska 2006). It is the largest non-governmental, self-help, non-profit social organization in Poland, focused on providing help, care and support people with intellectual disabilities and their families in a comprehensive manner, taking into account the needs of these people at every stage of their lives. The activity of the Association covers the entire territory of the Republic of Poland, through a network of registered and actively operating field offices (Kościelska 2014, Ostrowska 2014). The activity of the Polish Association for People with Intellectual Disability and other institutions and associations are programs, which include tasks in the scope of identifying needs concerning the life and situation of these people, including the number of people with intellectual disabilities in all age groups, the scope and type of necessary forms of help and care. Based on the information gathered and needs identified, they undertake comprehensive, multi-specialist assistance and support of these people in equalizing opportunities, while ensuring the conditions necessary for their dignified and happy life and full and satisfying participation in social life. It is a comprehensive activity, covering the issues of health, care, rehabilitation and education, vocational training, preparation for work, housing in the form of facilities adapted to specific forms of support, family

support, shaping positive social attitudes, development of human resources, care for the observance of the rights of persons with intellectual disabilities, taking into account international legal acts regulating the rights of these people. They create for this purpose specialized facilities and forms of care adapted to each type of activity, they are among others: Early Intervention Centers (OWI), Rehabilitation and Education Centers (OREW), Occupational Therapy Workshops (WTZ), Occupational Activation Centers (ZAZ), as well as other facilities dealing with social rehabilitation, employment, leisure activities such as Centrum DZWONI, rehabilitation meetings, individual support for families in difficult life situations (Krysta et al. 2015). Implementation of the adopted forms of care and programs of activities directed to people with intellectual disability, takes place in cooperation with institutions subject to individual departments in the ministries, responsible for health, education, social policy support and care (Krysta & Krysta 2015).

The detailed objectives and forms of activities of different types of centers

Early Intervention Center (OWI). It is an institution whose activity is focused on early, multidisciplinary, comprehensive, coordinated and continuous assistance to a child at risk of disability, with developmental disorders. It covers the care of children with moderate, severe and profound intellectual disabilities. The Early Intervention is based on multidisciplinary work that provides the services of a team of professionals. The referral to OWI is made by doctors specializing in hospital departments and specialist clinics, as well as other specialists, among them a psychologist, speech therapist, physiotherapist, educator who make an early diagnosis of the child's physical and mental condition, assess his emotional state and development opportunities. They also determine how to proceed and the form of care. OWI conducts many forms of activity through psychological, pedagogical, speech therapy, help and support as well as the necessary individual education of parents, when the need arises.

Center for rehabilitation, education and care (OREW). The idea of establishing and creating OREW derives from the great determination of the parents of deeply, multi-disabled children who remained in the previous political system completely on the margins of social life. The Center's program of activities is focused on comprehensive, multidisciplinary and comprehensive education and stimulation of children and youth with intellectual disabilities and co-morbidities. Parents also receive support and educational help, enhancing their parental skills (Kastory-Bronowska and Pakuła 2004).

Workshops of Occupational Therapy (WTZ). The Workshop perform tasks defined by the Government which specifies types of tasks in the field of occupational and social rehabilitation of disabled persons, which may be commissioned to foundations and non-governmental organizations. The Workshops' activity is

addressed to adults with moderate and severe intellectual disabilities. Rehabilitation carried out in WTZ is a long-term process. It is a series of activities in particular organizational, therapeutic, psychological, technical, training, educational and social, aimed at achieving, with the active participation of these people, the highest possible level of their functioning, quality of life in social integration (Miształ 2005). The rehabilitation conducted in the Workshops is a comprehensive activity aimed at restoring the damaged skill of the participant, or improving their functions, it prepares the participants of the Workshop to independently manage their lives in the everyday life. Rehabilitation in WTZ is carried out using various types of training and occupational therapy techniques. The place for conducting classes within the framework of therapy are multi-purpose studios, where disabled people can perform activities according to their capabilities, without the feeling of rejection and alienation. Here, they gain autonomy, which is a chance for their adult life. Among the most-created laboratories, the most popular are: plastic horticulture and various techniques, household, painting, computer tailor, knitting, ceramic, locksmith, everyday life skills workshop, but also other workshops according to the participants' interest (Krysta et al. 2012). WTZ's also carry out large-scale social rehabilitation, the aim of which is to involve people with intellectual disabilities into social life and to give them the opportunity to participate fully in it, participate in various cultural sporting events (Krysta & Krysta 2017).

The Employment Consulting Center (DZWONI). It is an innovative solution for implementing supported employment. The aim of DZWONI's activity is comprehensive activity supporting the skills of people with intellectual disabilities in moving on the labor market, based on the assisted employment model. It is a model consisting in combining activities directed at a person with a disability and its environment as well as employers and associates. The Center employs vocational counselors, psychologists, pedagogues, work trainers supporting people with intellectual disabilities in access to work. Supporting includes help in finding a job, taking up employment as well as help in maintaining a prepared job (Maślanka 2008).

Occupational Activation Center (ZAZ). It is created to employ people with disabilities, including those with severe and moderate disabilities. Participants of Occupational Therapy Workshops using the Advising Center's support have the opportunity to work in the Vocational Rehabilitation Institution with the possibility of transition to the open labor market (Krysta and Krysta 2017).

Currently, most of the occupational therapy workshops are conducted by entities from the non-public sector (82% of WTZ's), and the vast majority of them, including the most dynamically developing, is run by seven non-governmental organizations. Local government institutions are much less likely to create WTZ's. Only slightly more than one third of all WTZ (36%) are

run by organizers, who have created a more extensive system of social support for people disabled (at least 2 different forms of institutional support) (Ulman 2012). The majority of WTZ's operating in Poland (57%) are not designed for groups of participants, which would be dominant due to the type of their disability. 43% of them focus on one type of disability (40% of which are institutions mainly focusing on people with intellectual disabilities). It is worth noting that specialization in a given type of disability is more often the domain of WTZ operating in large urban centers, where the offer of support for people with disabilities is greater. The second most numerous group among WTZ participants are persons suffering from psychiatric disorders. A number of WTZ participants are persons with comorbid intellectual disability and psychiatric disorder, but there are no available data how large this population is.

15% of all WTZ's are conducted by denominational organizations. Another 3% of WTZ is being conducted by religious associations (parishes, monasteries, archdiocese). Less than every twentieth WTZ (4%) is run by the economic entity. Most often these are social economy entities. Public sector entities are responsible for 18% of WTZ's. They are primarily municipal local governments, social assistance centers - or social welfare homes (4%). First of all, it is worth noting that the market of WTZ's is focused to a large extent around seven non-governmental organizations (forming at least 5 WTZ) that they organize or they co-organize through their regional branches. In total, 26 organizations (practically only NGOs) run more than 1 WTZ - in total they organize 239 WTZ (35%), attended by 37% of all WTZ participants.

The organizations that run the WTZ centers are respectively:

- Polish Association for People with Mental Disabilities (PSOU): 80 WTZ centers, 3 318 participants;
- CARITAS: 60 WTZ centers, 2 176 participants;
- Society of Friends of Children (TPD): 26 WTZ centers, 874 participants;
- Brother Albert Foundation: 12 WTZ centers, 586 participants;
- Polish Society for Combating Disability: 7 WTZ centers, 230 participants;
- Invalides and Disabled People Foundation "MERCY" in Kalisz: 6 WTZ centers, 190 participants;
- Polish Association of the Blind: 6 WTZ centers, 214 participants.

In big cities the contribution of the associations may differ from that observed on a national level, for example in Warsaw the most important MGO's are: Catholic Association of the Disabled of the Archdiocese of Warsaw (2 WTZ). Foundation for Helping People with Intellectual Disabilities "Dom", Association of Parents and Guardians of the Mentally Impaired People "Faith and Hope", Social Welfare Home "At the Early Spring", PSONI, Association "Open Door" (Morysińska 2014).

Physical health of persons with intellectual disability

The young population with intellectual disabilities have many physical health problems (Young-Southward et al. 2017). However current results of activities aimed at improving the health of young people with intellectual disabilities in Poland are not fully satisfactory (Krawczyńska et al. 2013). Their physical fitness according to available reports is insufficient (Wieczorek 2008). Inadequate diet and lack of proper physical activity, which may be the result of a lack of awareness, are serious health risk factors (Matuszak 2014). They often have an increased BMI (Pop et al. 2007). In 2003 a questionnaire survey concerning physical activity was carried out among students aged 15-17 of with mild intellectual disability, in the region of Upper Silesia. It was found that only every second girl and over 62% of boys take a moderate physical activity during their free time. Their peers without disabilities schools are more active in both gender groups (Baranowski 2013). Studies on obesity in children and adolescents with intellectual disability indicate a wide scale of the phenomenon, which often has a social background. This may be one of the conditions for the difficulties in the treatment and rehabilitation of this population (Matuszak et al. 2010). Increased risk for comorbid medical conditions in persons with intellectual disability is also reported in studies from other countries. Reichard & Stolze (2011) found that persons with intellectual disabilities are more likely to have diabetes, arthritis cardiovascular disease and asthma. As the population of people with intellectual disabilities ages, we observe a substantial increase in the rates of chronic conditions and their relative impact on health (Krahn and Fox 2014, Reichard et al. 2011, Bratek et al. 2017).

Psychiatric services for persons with intellectual disability and comorbid psychiatric disorders

In Poland there are no special psychiatric services dedicated for patients with intellectual disabilities. The comorbid psychiatric disorders are treated in general psychiatric wards or hospitals or in outpatient settings (Boguszewska et al. 2008). The persons staying in the long-term care institutions are usually visited by a consultant psychiatrist every 2-3 months. In case of a more serious challenging behavior of psychotic exacerbation, they are referred to a local general hospital. Bobińska et al. (2009) in their analysis list the most frequent reasons for hospital admissions: aggression, appearance or worsening of psychotic symptoms, worsening or change of behavior. In their opinion the direct causes of hospitalizations are determined by environmental reasons, among which conflicting relationships and lack of personal support were the most common. Psychotic decompensations are the most frequent among patients with mild level of intellectual disability, behavior disorders among those with a more serious disability (Bobińska et al. 2009a). In one third of the

admitted patients repeated hospitalizations are observed, and women are more frequently represented in this group (Bobińska et al. 2009b). It is very common that the environmental background is the factor leading to a deterioration being a reason of a hospitalization (Bobinska et al. 2008). Some changes in this situation are expected in the course of the implementation of the National Program of the Mental Health Care, which postulates the creation of so called Centers of Mental Health, which would be responsible for the development of community psychiatry services for different groups of psychiatric patients. At the moment preparations for the pilot phase of this reform are being done (Wciórka et al. 2014). Children with intellectual disability and comorbid psychiatric disorders are treated in inpatient and outpatient departments of child and adolescent psychiatry. However, the accessibility to such services are still limited due to too small number of specialists and psychiatric hospitals and wards for children (Tabak 2014).

Services for offenders with intellectual disability

Polish law excuses a defendant if an offense committed in a state of insanity. Past offenders and suspected or potential future offenders with mental health problems or an intellectual or developmental disability may be referred by the court to specialist secure units caring for mentally ill offenders. The court may make a decision on the stay in a psychiatric institution only to prevent an offence of significant social harmfulness (Kmieciak 2013, Heitzman & Markiewicz 2017).

The total number of hospital beds for offenders in psychiatric institutions in Poland in 2013 was 2132: Units with a basic degree of security - 1162 beds. Units with enhanced security level - 777 (730 for men and 47 for women) Units with the maximum degree of security - 193 (only men) (Markiewicz 2013).

Polish Ombudsman, Adam Bodnar has been focusing on the problem of offenders with intellectual disabilities since 2015. According to him in Poland there is a lack of systemic solutions regarding the treatment of persons with mental or intellectual disabilities who are participants of criminal proceedings (Bodnar 2017). He initiated a research program to analyze the situation of a group of patients with intellectual disabilities in Polish penitentiary system. As part of the research project, the situation was verified for a group of persons deprived of their liberty (convicted and remand prisoners), who have been diagnosed with moderate intellectual disability, and prisoners with mental or intellectual disability to whom doubts arose as to guaranteeing them the right to defense in criminal proceedings and premises for continued detention in prison isolation. Most convicts with intellectual disabilities are referred to a therapeutic system in a ward for convicts with non-psychotic mental disorders intellectual disabilities. The aim of the interventions are preventing the aggravation of pathological features of personality, restoring mental balance and shaping the ability of social coexistence and preparation

for independent living. However this system misses certain elements like special education or addiction treatment services for this group of prisoners. One of the conclusions of the above program was that from the point of view of the effectiveness of a modern penitentiary system, the attitude to the offenders with intellectual disability requires deep transformations. In present, the current practice in our country cannot be effective (Brzostymowska et al. 2017). It is emphasized the need to increase the financing of prison health care and the number of medical personnel, as well as to improve the material and living conditions and sanitary conditions in the prevention of suicidal behavior and improve the health of people in custody and convicts (Kurlak 2017).

Training of specialist working with person with intellectual disability

The main university in Poland training specialists working with the persons with intellectual disability is The Maria Grzegorzewska University in Warsaw.

The main goal of the University is training future teachers, including specialists working in special education system. But the program of the University offers also Interdisciplinary Trainings for those graduates of social sciences, humanities, medicine, art or technical sciences who combine their career aspirations with broadly understood activities for the benefit of people with disabilities or intend to pursue a research career in disability research and are interested in continuing their studies (Głodkowska & Gasik 2017). Except for this there are departments of oligophrenopedagogy in 9 other Polish Universities training mainly teachers for special schools.

Training of medical students offers only very limited basic knowledge on intellectual disability within psychiatry classes. The curriculum of specialty in psychiatry also gives little coverage on this topic. There is no separate specialty in mental health in intellectual disability within psychiatry. Patients with MIDH are usually taken care of by general specialists.

DISCUSSION

The model of care for patients with intellectual disability in Poland has certain strengths. One of them is a complex system of different forms of services designed for different age groups and focusing on different forms of activities. EIC's and OREW's concentrate on the support for children with intellectual disability and their families. These institutions are run mainly by NGO's and other non-government institutions. Education of children and young people is provided by a network of a state-provided special education system. This system consists of special primary schools and secondary vocational schools. Adult persons with intellectual disability may take advantage of the offer of WTZ's and OAC's. These are also run by NGO's, local government and church institutions. Concerning

the education system, the main strength is the well prepared staff of teachers being trained by a network of university degree colleges, with a long tradition and good quality of teaching, with a special contribution of the Maria Grzegorzewska University, which is a leader not only in training of specialists, but also in scientific research on intellectual disabilities in Poland. Concerning the care for patients with comorbid psychiatric disorders the advantage is a relatively good access to general psychiatry specialists, who mostly take care of MHID patients in Poland, as there are no psychiatrists specializing in the treatment of comorbid psychiatric disorders and intellectual disability. Except for a regular outpatient care, an access to inpatient treatment in general psychiatry wards is also guaranteed. However they are not run by the state, but mostly NGO's.

The model of care of patients with intellectual disability in Poland also has certain weaknesses. In Poland MHID patients are treated in general psychiatric hospitals and outpatient and services. There are no special units dedicated for them, and no specialized treatment and rehabilitation programs. One of the negative phenomena is the fact, that many psychiatric drugs, including second generation antipsychotics are not refunded for persons with intellectual disability, which results in a common prescribing of traditional neuroleptics like haloperidol, causing many side-effects. The changes in this field are limited by the fact, that in our country there are no published statistical data about the comorbidity of intellectual disability and psychiatric disorders. There are also no available publications on pharmacological treatment, number of hospital beds, outpatient consultation, comorbidities, mortality etc. in this population.

There is a need to prepare and publish guidelines for Polish doctors, on proper diagnosing and treatment of persons with intellectual disability, with the focus of their special needs. A good example could be Canadian guidelines, which put emphasis on following aspects of care: a person-centered approach to care, proper communication, engagement in a shared decisions with patients and their caregivers. These guidelines postulate also a creation of interprofessional health care teams of different specialists. The Authors of these guidelines, Sullivan et al. (2018) advise also to review regularly the indications, dose, effectiveness, and side-effects of medications, and to monitor such parameters like weight, WCR, BMI, vision and hearing impairments and challenging behaviors. Concerning the treatment of comorbid psychiatric disorders, they propose the use of disorder-specific psychotropic medication accompanied with other possible interventions (Sullivan et al. 2018). There is a need to translate into Polish, validate and use questionnaires developed for people with ID, which are used in other countries. As some authors postulate the need to introduce new diagnostic guidelines (Bertelli et al. 2016), we should follow the research on this topic and introduce the results in our clinical work. It is also very important to increase the availability of modern

pharmacological treatment methods including the use of second generation antipsychotics. We should also make efforts to introduce new methods taking advantage of new technology like telemedicine and virtual reality (Krysta et al. 2017).

CONCLUSIONS

The main challenges in the care of persons with intellectual disability include the changes in the mental care system. At the moment there are no special services either in the inpatient hospital system or in the outpatient care. There is an expectation that the newly introduced national Program of the Mental Health Care, which will focus on the community psychiatry will improve the accessibility for specialist help for patients with intellectual disability with comorbid psychiatric disorders. Another challenge is the reform of the penitentiary system, which will change the present attitude to offenders with intellectual disability. The system of training medical students and young doctors also needs to be reformed as now very little time in the teaching curriculum is devoted for patients with intellectual disability. A better interdisciplinary co-operation of specialists in different fields is also necessary to improve the effectiveness of care.

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Krzysztof Krysta & Janina Krysta: design of the review, literature researches and analyses, interpretation of results, manuscript writing.

Anna Szczegielniak & Marek Krzystanek: literature researches and analyses, manuscript writing

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