

Review Article

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The Development of the Care of Patients with Mental Diseases and Disorders on the Example of the Oldest Psychiatric Hospital in Operation in Poland

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ABSTRACT

Since ancient times, people with mental disorders have aroused public interest. Their behavior has aroused fear, anger, and even pity in those around them. The care of the mentally ill and disturbed has been a long and bumpy road. From the days of isolation, torture and executions to the days of modern medicine. For 170 years, the Provincial Hospital for the Nervous and Mentally Ill has been striving to extend medical, psychological and therapeutic care to people struggling with mental disorders.

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Entry

The Dr. J. Bednarz Regional Hospital for Nervous and Mental Diseases in Swiecie is celebrating its 170th anniversary this year. It is the oldest psychiatric hospital in Poland, which provides inpatient care for 480 patients, has a thriving community care service covering the districts of Swiecie, Chełmno and Tuchola, numerous outpatient clinics for children, adolescents and adults, an addiction treatment clinic and a counseling center, which receive dozens of patients every day.

The hospital is located on the banks of the Vda River, overlooking the German Castle, and most of its grounds include a large park open to patients and the public. Currently, the hospital's inpatient

units include 7 general psychiatric wards, a rehabilitation ward, a forensic psychiatric ward with enhanced security, 4 forensic wards with basic security, a psychiatric ward for children and adolescents, a ward for the treatment of alcohol abstinence syndrome, a ward for the treatment of psychoactive substance abstinence syndrome, and a ward for the treatment of alcohol dependence. In addition, the hospital has a mental health clinic for adults, a mental health clinic for children and adolescents, an addiction treatment clinic, a psychiatric day hospital, a counseling center, and diagnostic laboratories, including diagnostic imaging and laboratory laboratories. In addition to the treatment and diagnostic pavilions, in 2017 the hospital commissioned a newly built kitchen for patients, staff and individual clients.



Figure 1: Aerial view of the hospital

The Beginnings of Psychiatry

The problem of mental disorders dates back to pre-scientific times - to primitive man. In this period, most likely, on the basis of available sources, it can be concluded that the supernaturalistic view prevailed - the fear of natural forces and supernatural explanations - magic, evil spirits. In the person of a priest, a magician, a sorcerer was seen as a helper, in the modern assessment, a doctor. Among the practices used by priests were some elements of psychotherapy, prayers, herbal medicine. The first cases of mentally ill people are recorded in the Old Testament, as well as in the time of ancient Egypt and the priest Imhotep [1].

Different schools and researchers approached the subject, debating the correct perception of the problem, its causes and recommended treatment. The theories and beliefs constructed were often based on philosophical or religious systems to guide and facilitate the understanding of the phenomenon. Some approaches were more sacred in nature, others secular or mixed, which directly translated into the form of perception of the subject of mental disorders. It was in ancient Greece, at the turn of the fifth and fourth centuries BC, that Hippocrates, as a physician and clinician, described the first cases of mental illness. It is to him that we owe the first descriptions of postpartum psychosis, anxiety psychoneurosis (phobia) or delirium based on somatic diseases. The nomenclature created by Hippocrates - such as mania, epilepsy, paranoia or melancholia - persists to this day [2].

The oldest surviving medical work from ancient Greece, "Corpus Hippocraticum," presented problems of the nature of the soul, according to which the accumulation of certain types of fluids (phlegm and bile) affected the occurrence of mental disorders. The relationship between the state of the brain and its effect on the functioning of the rest of the body was presented in a simple way. This led to the appearance of delusions and hallucinations, then called insanity, or in other cases could lead to depressed mood, memory loss, anxiety, and nightmares. Methodists, who abandoned the medical tradition to focus on finding effective treatments, had a different view of people with mental disorders and divided mental illness into acute and chronic. They were the ones who proposed the first forms of treatment such as bathing, music, singing, various forms of activity and exercise. They also took into account the need to place the patient in certain conditions (availability of light, ambient temperature), depending on the disease, to speed up the healing process. They were reluctant to treat by bloodletting or direct force [1,2].

In addition to the Methodist school, there was also the Pneumatic school, whose name came from the fact that its representatives focused on the phenomenon of pneuma, or "breath of life". In their understanding, it was a substance necessary for life, which should take the form of the soul and respond to the psychic sphere.

The medieval period marked a regression in the care of the mentally ill and the examination of mental illness. Despite the abundance of texts authored by Greek, Roman, and Arabic medical practitioners, mental disorders began to be regarded as diseases of the soul rather than the body, signifying a reversion to pre-existing beliefs in supranaturalism. Concomitant with the prevailing negative perspective toward earthly life stemming from philosophical and theological controversies, individuals afflicted with mental illness began to be subjected to increasingly unfavorable treatment. These individuals were often subjected to stigmatization, being perceived as either possessed or involved in witchcraft. As a result, the blame for various epidemics and disasters was attributed to them, leading to the use of violence and restraint against the sick [1,2].

The seminal advancement in the domain of mental healthcare was marked by the contributions of Philippe Pinel, a French physician who is widely regarded as the progenitor of modern psychiatry. During the late 18th century, Pinel pioneered a paradigm shift in the treatment of the mentally ill by advocating for their fundamental rights and introducing novel therapeutic modalities, such as occupational therapy and physical rehabilitation, aimed at enhancing patients' functionality [1].



Figure 2: Tony Robert Fleury, Pinel Triggers Crazy Women in Salpêtrière, 1876.

Psychiatric Care in Poland

The provision of care for the mentally ill in Poland was initially primarily the responsibility of monasteries. The first documented „institutions for the insane” in Poland were established in Krakow and Gdansk at the end of the 16th century [2,3].

The earliest documented accounts of care for the mentally ill in the Pomeranian lake district date back to 1426, when a residence for the insane was founded at the Teutonic convent. Subsequently, during the Prussian partition, a National Psychiatric Institution with twenty beds for the mentally ill was established in 1822 in post-convent buildings. A significant development occurred two decades later when the city authorities authorized the construction of a psychiatric hospital, which was formally inaugurated on April 1, 1855, under the name Westpreussische Provinzial-Irren-Heil und Pflege-Anstalt zu Schwetz (German: West-Prussian Provincial Insane Treatment and Care Facility in Swiecie). The initial construction phase involved the erection of four pavilions, which are still in operation today as part of the treatment facility. Subsequently, an additional six pavilions and two residential buildings for medical personnel were constructed [2].



Figure 3: Patients during Therapy Classes

The attitudes towards the mentally ill and their care and treatment were significantly influenced by the wars that occurred in the first half of the 20th century. There were efforts to advocate for the rights of the sick, to ensure access to outpatient care, and to establish aid groups. However, the prevailing trend of sterilizing the mentally ill ultimately prevailed. The proponents of this trend asserted that this practice would address the issue of overcrowding in institutions and reduce treatment costs. However, with the advent of World War II, the Nazis initiated a program known as Operation T4, which targeted patients of psychiatric hospitals for extermination, including those residing in the Psychiatric Hospital in Swiecie.

In the postwar period in Poland, efforts were made to rebuild and restore earlier forms of patient care. Group psychotherapies were introduced in hospitals, and care was taken to establish therapeutic communities. The primary task of these communities was to move away from the regime and authoritarianism of the hospital and to involve patients in the social life of the wards.

In the aftermath of World War II, there was a notable surge in the number of patients requiring hospitalization. Concurrently, there was a gradual increase in the number of beds allocated for these patients. It was in the 1970s that the highest number of mental patients was recorded. The hospital, in its capacity as a medical unit, in collaboration with its staff, provided care for a total of 2,190 patients.

As medicine has evolved and treatment options have expanded over time, the hospital has adapted its treatment options, consistently aligning with global medical trends.

Therapeutic Interventions

In the absence of advanced pharmacological interventions, early therapeutic interventions primarily encompassed various forms of therapy. Initial therapeutic interventions centered on patient education to facilitate comprehension of their symptoms, with the objective of accelerating recovery and enhancing family functionality [1,4]. Psychotherapeutic interventions were aimed at enhancing the cooperation of the patient and their family with the therapeutic team, thereby facilitating the establishment of a social support network following hospital discharge. These interventions could take various forms, including individual and group sessions, or the provision of directives, lectures, discussion groups, or homework assignments. The advent of psychotherapeutic interventions for patients with mental disorders can be traced back to the early 20th century, as evidenced by the publication of seminal works in this field. Initially, these publications were associated with the work of Sigmund Freud, who developed the psychodynamic approach. In subsequent periods, the cognitive-behavioral approach emerged as an alternative to earlier forms of therapy, including humanistic-existential and systemic therapy [4,5].

Labor therapy had a significant impact on patients at the Psychiatric Hospital in Swiecie. In 1911, the hospital's director procured agricultural land with the objective of providing a facility for the rehabilitation of patients. Individuals treated at the unit were assigned to cultivate the land. In subsequent years, the hospital constructed its own bakery, butcher shop, and butcher shop for patients as part of its ongoing development.

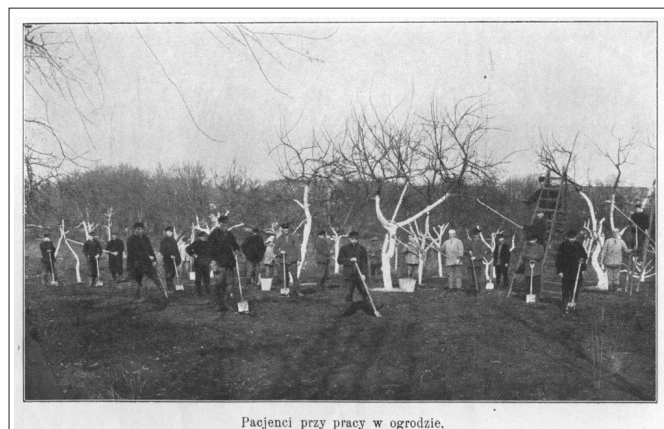


Figure 4: Patient Therapy through Work

In the ensuing years of the hospital's operation, additional sheltered workshops were established on the premises, encompassing a carpentry workshop, a tailor shop, and a locksmith shop. The hospital possessed its own orchards, which were operational until the 1990s. Due to alterations in Polish legislation during the 2000s, sheltered work at the hospital became unfeasible. Consequently, all workshops in which patients were employed were closed.



Figure 5: Patient Therapy through Work

The hospital's operations encompass therapeutic interventions related to art and music, with treatment through art, also known as art therapy, having originated in Great Britain and the United States [6]. This approach was predicated on the notion that artistic aptitude was not a prerequisite for patients, with the creations they produced serving as catalysts for self-discovery and a deeper comprehension of their challenges and difficulties. An additional form of therapy that has been utilized since antiquity is music therapy. The aforementioned treatment modalities were divided into two categories: "active music therapy," which incorporates "physical" elements such as singing, playing instruments, movement with music, and improvisation, and "receptive music therapy," which is predicated on the principles of listening to music as a means of relaxation and visualization. These aforementioned forms of therapy are still in use today as an integral component of therapeutic interventions within the hospital stay.

Pharmacological Effects

The inaugural pharmaceutical agent utilized for the treatment of mental disorders in psychiatric hospitals, including the institution

in Swiecie, was morphine. Morphine, an organic chemical compound derived from opium, was first isolated in 1806 [7]. From the inception of the hospital's operations in Swiecie, it was employed as a sedative and a sleeping aid until its adverse effect, addiction syndrome, came to light. Subsequent drugs employed included bromine salts (1857), chloral hydrate (1869), and scopolamine (1880) [8]. In light of the ineffectiveness of monotherapy, drugs began to be administered in the form of mixtures, colloquially termed "cocktails." One notable mixture involved morphine, scopolamine (hyoscine), and atropine, with the latter two substances intended to mitigate the symptoms of opioid abstinence syndrome [4]. The introduction of barbiturates into therapeutic practice represented a significant development in the treatment of mental illness, although it was not a revolutionary innovation. The 1950s witnessed the emergence of a transformative approach with the creation of the first antipsychotic medication, chlorpromazine, by Paul Charpentier in 1950. Introduced in 1952 under the name Largactyl, this drug marked a pivotal shift in the management of psychiatric conditions. Despite the increasing number of drugs appearing on the market for mental patients over the years, chlorpromazine (sold in Poland under the name Fenactil) remains a prevalent treatment for patients with psychomotor agitation of various etiologies. Substances with similar effects, such as haloperidol, levomepromazine, and promethazine, have been synthesized over the years. These medications have been demonstrated to exert an inhibitory effect on the dopaminergic system, which plays a pivotal role in the manifestation of psychotic symptoms [9]. In the 1970s, clozapine, the first atypical neuroleptic, was introduced. This medication has been shown to stimulate both the dopaminergic and serotonergic systems, and it continues to be utilized in the treatment of drug-resistant psychosis [10]. The advent of second-generation neuroleptics has led to a decline in the utilization of first-generation neuroleptics, owing to their deleterious adverse effects on the dopaminergic system. These newer medications have been shown to have a reduced adverse effect profile on the dopaminergic system while also exerting stimulant effects on other systems, including the histamine, adrenergic, muscarinic, and serotonergic systems. Drugs in this group, primarily employed in the contemporary treatment of psychotic disorders, include olanzapine, aripiprazole, quetiapine, amisulpride, and cariprazine.

Lithium salts have been the prevailing treatment for affective disorders since 1949, when they were first introduced. Initially prescribed for both depressive and manic states, lithium salts are currently used as normothermic drugs to prevent recurrence of affective episodes. Imipramine, a tricyclic antidepressant, is considered the first antidepressant drug to be introduced for treatment. However, tricyclic antidepressants were associated with numerous side effects, prompting the development of selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine in 1986, and serotonin and norepinephrine reuptake inhibitors (SNRIs), including venlafaxine in 1993, to enhance safety and reduce adverse effects. In 2013, antidepressants were the most commonly prescribed medications. To provide comfort and the latest treatment for patients suffering from affective disorders, the Regional Hospital for the Nervous and Mentally Ill in Swiecie participated in the first drug program reimbursed by the National Health Fund with esketamine for people with drug-resistant depressive disorders.

Following the year 2000, a growing problem has emerged concerning patients with a dependency on painkillers, primarily opioids. In response, the hospital, one of 25 units nationwide, has established a treatment program for addicts, offering

them the opportunity to participate in a substitution treatment program. The program utilizes methadone hydrochloride in various concentrations, including 0.1%, 0.5%, and 0.25% for sublingual use, as well as levomethadone hydrochloride in syrup formulation. Additionally, buprenorphine tablets or buprenorphine in combination with naloxone are administered.

Other

Throughout history, a variety of treatment methods have been employed to address mental health concerns, including the utilization of malarial fever (through inoculations) for the management of psychosis. Since the 1920s, barbiturate-based sedatives, such as Somnifen, have been employed in medical settings for the purpose of inducing prolonged sleep. In the absence of readily available sedative medications, alternative approaches were adopted, including extended baths lasting approximately two to two and a half hours.

Various forms of physical therapy were employed to treat anxiety disorders, primarily electrification and quartz or Sollux lamp irradiation. In contrast, sex hormone injections were utilized to treat hysteria [11].

As early as 1935, the hospital began utilizing a range of advanced therapeutic interventions, including insulin comas and cardiosol shocks, which represented the pinnacle of medical innovation at the time. Insulin comas were regarded as the prevailing treatment for schizophrenia, entailing the induction of repeated states of profound glycemia and comatose conditions subsequent to insulin injections. There existed no rigid guidelines for the enrollment of patients in this treatment modality, and the administered doses of insulin varied between 50 and 80 units, interspersed with glucose infusions [12].

Cardiazole shock was a therapeutic approach that preceded the adoption of electroconvulsive therapy (ECT). Following the administration of cardiazole, patients experienced a loss of consciousness and exhibited tonic-clonic seizures. Due to the discomfort associated with the seizure aura and the memory impairment during this period, this therapeutic modality was discontinued in favor of ECT, which did not exhibit these adverse effects. From the 1940s until the advent of neuroleptics, electroconvulsive therapy and insulin comas were regarded by practitioners as the only efficacious treatment modalities for schizophrenia. In select cases of drug-resistant depression and schizophrenia, electroshock therapy is employed in designated psychiatric hospitals [13-16].

Summary

Since ancient times, individuals afflicted with mental disorders have elicited significant public interest, evoking a wide range of emotions, including fear, anger, and empathy, within their immediate social circles. The management of individuals grappling with mental illness and psychological distress has undergone a protracted and turbulent evolution, spanning from bygone practices of isolation, torture, and execution to the present era of modern medicine. According to data presented by the World Health Organization (WHO), one in eight people worldwide currently experiences some form of mental disorder. In the contemporary context, there is an increasing emphasis on the diagnosis and treatment of mental disorders, with a particular focus on reducing the stigma associated with mental health challenges.

For 170 years, the Provincial Hospital for the Nervous and Mentally Ill has endeavored to extend medical, psychological,

and therapeutic care to individuals grappling with disorders of the mental sphere. Over the years, the facility has undergone significant development, particularly in the domain of contemporary pharmacological and therapeutic interventions. Concurrently, there has been a drive towards modernization, with the objective of ensuring that the hospital environment, widely recognized as a high-stress setting, meets international standards of excellence for patient care.



Figure 6: Basic Security Forensic Psychiatry Units 9a and 9b

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