

## COMPARATIVE CHARACTERISTICS OF THE CONDITIONS OF STAY AND SOCIALIZATION OF PATIENTS WITH PSYCHONEUROLOGICAL PATHOLOGY IN UKRAINE AND THE POLAND REPUBLIC

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### INTRODUCTION

Maintaining mental, emotional, and moral health in the modern world with the growth of psycho-emotional load, informational impact, stress is one of the most complex processes in human life<sup>1</sup>.

The mental health of Europe's population is a constant and newsworthy focus of E.U.'s strategy. Representatives of the Member States of the European Region joined forces in Helsinki in 2005 to fight against the epidemic of psychosocial and mental disorders, which are the grandest issues for the prognosis for the health and well-being of Europeans.

From 1990 to 2013, the number of people with symptoms of anxiety and depressive disorders increased from 416 million to 615 million, almost 50%. In 2015, the prevalence of mental disorders in many European countries ranged from 3.8% to 6.3%. Mental disorders are the reason for establishing 44% of cases of social benefits and disability pensions in Denmark, 43% – in Finland and Scotland, and 37% – in Romania, which is a social burden for society<sup>2</sup>.

In this regard, an action plan for the period 2013–2020 was developed and approved at the meeting of the 66th session of the WHO in Geneva. Health 2020: A framework for a European strategy to support the action of the whole state and society in the interests of health and well-being “to protect the mental health of the population”. This action plan, Europe Health 2020, provides measures to create a system of socialization for people with mental health problems, which is spectacular in European countries. “WHO Global Plan of Action for the Prevention and Control of Noncommunicable Diseases 2013–2030” adopted by the WHO in 2013 is

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<sup>1</sup> Чорна В.В. Детермінація психічного здоров'я населення України та країн ЄС. *Довкілля та здоров'я*. 2020; 2(95). <https://doi.org/10.32402/dovkil2020.02.047>.

<sup>2</sup> Качаева М.А., Шпорт С.В. Трущелев С.А. Стратегические направления деятельности ВОЗ по охране психического здоровья населения. *Российский психиатрический журнал*. 2017. № 6. С. 10–23.

one of the priority plans of the Member States and other countries, including measures to protect the mental health of the population and the socialization of the mentally ill. The result of the effectiveness and efficiency of the Global Plan for the Prevention of Noncommunicable Diseases – 2030 is the employment rate for people with mental disorders, which ranges from 18% to 30% in European countries<sup>3,4,5,6,7</sup>.

In search of new approaches, including overseas experience, the most popular method of studying the satisfaction of mentally ill with sanitary and hygienic conditions and the quality of medical care is their questionnaires and questionnaires of their relatives. This survey's significant results can serve as one of the criteria for a comprehensive assessment of a psychoneurological healthcare institution (HCI). Since the opinions of patients and their relatives on satisfaction with sanitary and hygienic conditions, the quality of medical services provided in the HCI quite accurately reflect the positive or negative trends in the hospital and identify factors that reduce patient satisfaction and are the basis for appropriate decisions by the HCI management<sup>8,9,10</sup>.

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<sup>3</sup> Carr Robert F. Psychiatric facility. Nika. for VA Office of Construction & Facilities Management (2017). (CFM) Revised by the WBDG Health Care Subcommittee. <https://www.wbdg.org/building-types/health-care-facilities/psychiatric-facility>.

<sup>4</sup> Концепція розвитку охорони психічного здоров'я в Україні на період до 2030 року (ПРОЄКТ) Розпорядження КМУ від 27.12.2017 р. № 1018-р.

<sup>5</sup> Охрана психического здоровья: проблемы и пути их решения: Отчет о Европейской конференции ВОЗ на уровне министров. 2006. ISBN 92-890-4377-6.

<sup>6</sup> Основи Європейської стратегії у підтримку дій всієї держави і суспільства в інтересах здоров'я і благополуччя: «Здоров'я – 2020». Копенгаген: СРБ, 2012. 18 с.

<sup>7</sup> Глобальный план действий по профилактике неинфекционных заболеваний и борьбе с ними. План действий на 2013-2030 г.г. Публикации. Неинфекционные заболевания и психическое здоровья. Программы и проекты. Всемирная организация здравоохранения. Официальный сайт. <http://www.who.int/nmh/publications/ned-action-plan/ru/>.

<sup>8</sup> Чорна В.В., Сергета І.В., Махнюк В.М. Сучасні підходи до створення внутрішньолікарняного комфорту для хворих та медичного персоналу в психіатричних закладах охорони здоров'я. *Biomedical and Biosocial anthropology*. 2019. № 35. P. 48–53 DOI: <https://doi.org/10.31393/bba34-2019-08>.

<sup>9</sup> Сидоровская Т.В., Данилова С.Л. Оценка удовлетворенности жителей северных регионов качеством медицинских услуг. Корпоративное управление и инновационное развитие экономики Севера. *Вестник Научно-исследовательского университета*. 2019. № 1. С. 46–54. doi: <https://doi.org/10/34130/2070-4992-2019-1-46-54>.

<sup>10</sup> Druy, D.L., Adamo, P., Cloeren, M., Hegmann, K.T., & Thiese, M. (2018). Patient Satisfaction measurement in occupational and environmental medicine practice. *Journal of Occupational and Environmental Medicine*. 60(5):e227-e231. doi: <https://doi.org/10.1097/JOM.0000000000001331>.

The study of these issues defined the relevance of our research, which was a comparative description of the conditions of living and socialization of patients with psychoneurological pathology in Ukraine and Poland, as well as determining the satisfaction of mentally ill with sanitary and hygienic conditions and quality of care in psychoneurological hospital.

The study involved 28 patients who were treated at the Municipal Non-Profit Enterprise “Vinnytsia Regional Clinical Psychoneurological Hospital. acad. O.I. Yushchenko Vinnytsia Regional Council”, of which men – 39.3% and women – 60.7%, of whom aged 21 to 30 years – 17.9% (n=5), from 31 to 40 years – 35.7% (n=10), from 41 to 50 years – 21.4% (n=6) and over 50 years – 25.0% (n=7). The study involved patients with basic secondary education – 10.7%, specialized secondary education – 39.3%, vocational education – 14.3%, higher education (bachelor) – 14.3%, higher education (master) – 21.4%. Of the total number of respondents, 67.8% are unemployed, 14.3% are employed, 14.3% are pensioners and 3.6% of respondents are studying.

The survey has conducted using a specially designed author’s questionnaire: "Method of determining the quality of medical care to a patient in a psychiatric hospital and the relationship “doctor-patient” (Certificate of innovation proposal from 16.01.2020 № 1)<sup>11,12</sup>.

The obtained results were processed using the licensed standardized package “Statistica 6.1 for Windows” with the arithmetic mean, standard arithmetic mean. The significance of the difference has evaluated using Student’s t-test (t) and Pearson’s correlation coefficient.

The analysis of the domestic and foreign scientific sources, bibliosemantic, analytical, and statistical research methods have been using in this work.

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<sup>11</sup> Shirley, E.D., Sanders, J.O. (2016). Measuring quality of care with patient satisfaction scores. *Journal of Bone and Joint Surgery-American*. 98(19):e83. doi: <https://doi.org/10.2106/JBJS.15.01216>.

<sup>12</sup> Садовой М.А., Кобякова О.С. Деев И.Ф. и др. Удовлетворенность качеством медицинской помощи: «всем не угодишь» или «пациент всегда прав»? *Бюллетень сибирской медицины*. 2017. 16(1). С. 152–161. doi: <https://doi.org/10.20538/1682-0363-2017-1-152-161>.

## 1. Retrospective analysis of the concept of interpersonal relations “doctor – patient” in Ukraine and the Republic of Poland

In Ukraine, in 2000, the Law “On Psychiatric Care” (as amended) was adopted to provide psychiatric care and legal and social protection for persons suffering from mental disorders. Article 1 of this Law defines “psychiatric care” only the medical aspect of this problem, namely psychiatric care is the provision of a set of special measures aimed at examining the mental health of persons on the grounds and in the manner prescribed by this Law and other laws. Ukraine, prevention, diagnosis of mental disorders, treatment, supervision, care, medical and psychological rehabilitation of persons suffering from mental disorders. However, the preamble of this Law states on the legal and organizational principles of providing citizens with psychiatric care based on the priority of human and civil rights and freedoms, the responsibilities of executive and local governments to organize psychiatric care and legal and social protection, training of persons suffering from mental disorders, social security, and preparation of people suffering from mental disorders, “which are not currently implemented in bylaws and at the local level”. However, the World Health Organization (WHO) in its Comprehensive Plan of Action on Mental Health for 2013–2020 (WHO, 2013) emphasizes that mental health services provided at the place of residence, much more effectively for the needs of the population (namely in emergencies) than a centralized mental health system in the form of large psychiatric hospitals, usually located in places far from large cities<sup>13,14</sup>.

In 2017, the Law of Ukraine “On Amendments to Certain Legislative Acts of Ukraine Concerning the Provision of Psychiatric Care” came into force. It came into effect in 2018, bringing the current legislation in line with international norms and European practice. These changes to Ukraine’s Law on the provision of psychiatric care concerned the creation of conditions for the development of habilitation and rehabilitation programs for persons with mental disorders. According to the definition of the term, “Habilitation” is a system of activities and social services aimed at mastering the knowledge and skills necessary for

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<sup>13</sup> Свідоцтво на раціоналізаторську пропозицію від 16.01.2020р. № 1 «Спосіб визначення оцінки якості надання медичної допомоги пацієнту психіатричної лікарні та взаємовідношення «лікар-пацієнт»» Чорна В.В., Махнюк В.М., Очеретяна Г.В., Хлестова С.С., Гуменюк Н.І.

<sup>14</sup> Закон України «Про психіатричну допомогу» (із змінами). *Відомості Верховної Ради України (ВВР)*. 2000. № 19. ст. 143). <https://zakon.rada.gov.ua/laws/show/1489-14#Text>.

independent living in a social environment: awareness of their capabilities and limitations, social roles, understanding of rights and responsibilities, ability to exercise self-service.

These latest laws have been adopted in Ukraine due to the large number of lawsuits filed by people with mental illness with the European Court of Human Rights. The new provisions of the enacted laws ensure the rights of incapacitated persons and patients to access justice, protection against the arbitrariness of psychiatrists in the application of coercive measures of a medical nature, which will reduce the number of lawsuits to the European Court of Human Rights. In Ukraine, mental health care is provided by the Concept of the state target program for the period up to 2030, which defines the strategy and measures for the prevention of mental illness, improving the quality of medical care.

The Concept of the State Target Program for 2030 adopted in Ukraine envisages the implementation of programs to support the employment of persons with mental and intellectual disabilities, social integration, education, housing at the local community level, improving the system of rehabilitation and social services, and reducing discrimination and violations of the rights of persons with mental disorders and physiological disorders, regardless of age<sup>15,16</sup>.

The new legislation updates the paradigm of psychiatric care, namely preventive measures to prevent adverse changes in mental state, rather than focusing only on inpatient treatment, as well as the transition to a multidisciplinary form of rehabilitation services (family doctor, psychiatrist, psychologist (psychotherapist), nurse, social worker).

In comparison with the legislation of European countries, in particular the Republic of Poland, the Law of Ukraine “On Amendments to Certain Legislative Acts of Ukraine on Psychiatric Care” does not contain norms on the participation of civil society institutions in protecting the rights of the mentally ill. in connection with the application of coercive medical measures, development of legislative initiatives and recommendations for the executive branch.

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<sup>15</sup> Закон України «Про внесення змін до деяких законодавчих актів України щодо надання психіатричної допомоги», 2017. № 2205-VIII.

<sup>16</sup> Психічне здоров'я на перехідному етапі: результати оцінювання та рекомендації для інтеграції охорони психічного здоров'я в систему первинної медичної допомоги та громадські платформи в Україні. Міжнародний медичний корпус за підтримки групи Світового Банку. World Bank Group. documents.worldbank.org/120767-Ukrainian-PUBLIC-mental-health-UAaipz.org.ua/uploads/2018/01/MH-report-for\_INTERNET\_All\_ua.

The Law of the Republic of Poland “On the Protection of Mental Health” (“Ustawa o ochronie zdrowia psychicznego”), which has been in force for 26 years (adopted on August 19, 1994) defines the term “mental health is the essential personal good of man, and protection of the rights of persons with mental disorders is the duty of the state”. The Law provides for participation in mental health activities in addition to the Ministry of Health, local governments, non-governmental organizations, self-help groups of patients and their families. Treatment of such patients is free, which is capital support for Polish citizens with mental disorders and the prospect of their socialization<sup>17</sup>.

## **2. An experimental study to determine the quality of medical care for a patient in a psychiatric hospital and the relationship “doctor – patient”**

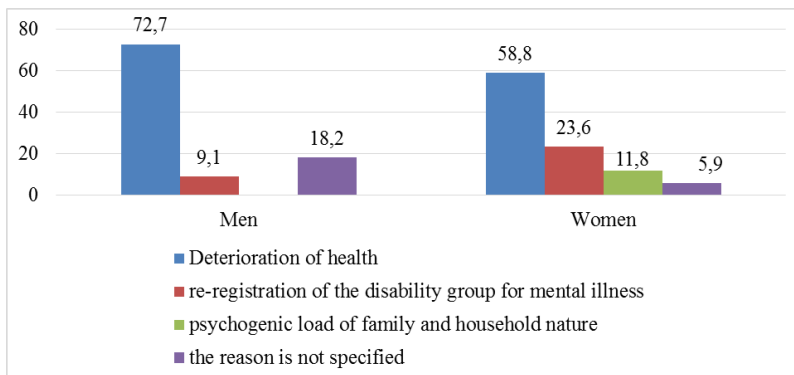
The study involved determining the degree of satisfaction of mentally ill people with medical care provision in a psychoneurological hospital. For comparison, we studied the conditions of stay of mentally ill people in the newly created by the health care reform of the Republic of Poland state "environmental" psychiatric centers, as well as studied the experience of socialization of patients with psychoneurological pathology.

The sociological study was conducted on the author’s questionnaire to determine the quality of medical care for a patient in a psychiatric hospital and the relationship “doctor-patient”.

According to the results of the survey of patients, the reason for seeking psychiatric care in 64.3% of cases was the deterioration of health, 72.7% of men and 58.8% of women responded, in 17.9% – in connection with the re-registration of the disability group on the incidence of mental disorders (of which 9.1% – men and 23.6% of women), 7.1% – in connection with the psychogenic burden of family and domestic nature (of which only 11.8% of women) and 10.7% of cases – the reason was not specified (of which 18.2% men and 5.9% women, respectively) Fig. 1.

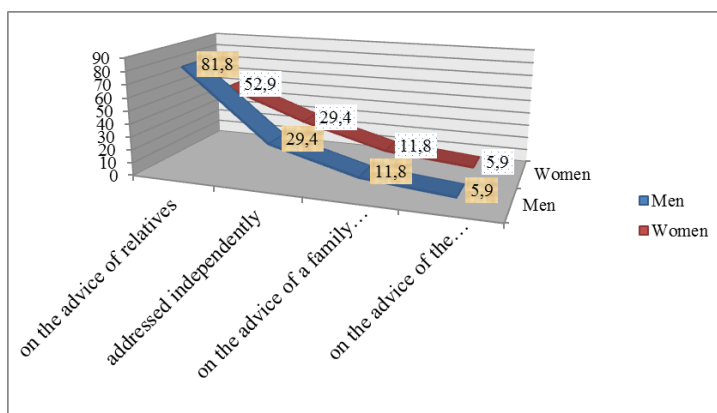
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<sup>17</sup> «Ustawa o ochronie zdrowia psychicznego» 19 sierpnia 1994 r. «Закон з охороною психічного здоров'я» Республіки Польща 19.08.94 р.



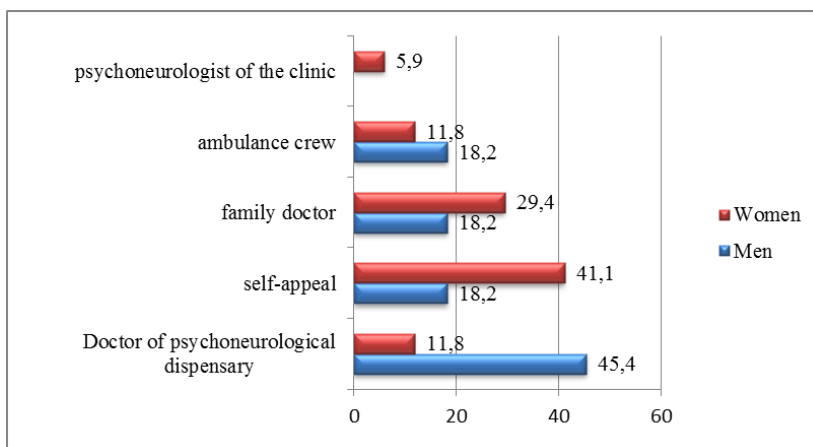
**Fig. 1. The results of a survey of patients regarding the reason for seeking psychiatric care, %**

To the question “Who advised you to seek psychiatric help?” the following answers were received from patients. Patients in 64.3% of cases (out of the total number of respondents) have advised seeking psychiatric inpatient care by their relatives (81.8% of the men and 52.9% women). 18.2% of men and 29.4% of women made the independent decision to receive psychiatric inpatient treatment. 11.8% of women surveyed sought psychiatric inpatient care, and 5.9% of women have hospitalized at the request of the administration from the place of work, respectively (Fig. 2).



**Fig. 2. The results of the survey of patients to the question “Who advised you to seek psychiatric care?”, %**

When studying the answers to the question “Who sent these patients to the hospital according to medical records” it was found that: for self-treatment (without a doctor’s referral), 32.1% of patients (out of the total number of respondents) sought a referral for inpatient treatment. And a doctor of a psychoneurological dispensary – 25.0% of patients (from the total number of respondents), patients who were delivered by an ambulance – 14.3% of patients (from the total number of respondents) and 3.6% (from the total number of respondents) referred by a psychoneurological respectively (Fig. 3).



**Fig. 3. The results of the survey of patients: "Who has sent for treatment in a psychiatric hospital?", %**

Abroad, family physicians play an important role in counseling, treating the mentally ill, and interacting with the patient’s relatives. Family doctors are permanently at the forefront of the sick mentally treatment, helping relatives rest from aggressive, dangerous patients, facilitating positive interaction with patients<sup>18,19</sup>.

Unfortunately, in Ukraine, when reforming the primary healthcare sector, referring patients with mental disorders to family doctors at the

<sup>18</sup> McBride J.L. (2016). Family physician support for a family with a mentally ill member. *Annals of Family Medicine*, 14(5):460-462. doi: <https://doi.org/10.1370/afm.1969>.

<sup>19</sup> Chomienne M.H., Grenier J., Gaboury I. & Farmanova-Haynes E. (2011). Family doctors and psychologists working together: doctors’ and patients’ perspectives. *J Eval Clin Pract*, 17(2):282-287. doi: <https://doi.org/10.1111/j.1365-2753.2010.01437.x>.



stage of the first diagnosis and subsequent hospitalization in specialized healthcare facilities is a serious challenge. As psychiatrists and paramedics' staff has reduced as a result of healthcare reform, the bed stock of psychiatric hospitals has also been reduced.

In the study for patients, satisfaction with the sanitary and hygienic conditions of the CHP and clean and living conditions in the hospital has been determining by the extent to which they meet their needs and expectations.

The quality of medical services has assessed by patients in terms of how well the professional doctor and medical staff can adhere to the deontological culture of them and provide adequate and scientifically sound advice, diagnosis, qualified treatment, and rehabilitation<sup>20</sup>.

From the patient's point of view, the quality of medical care has been explaining by the availability of skills, resources, conditions necessary to improve the patient's health, knowledge, and ability to perform professional duties. But in addition to the professionalism of the health worker, the patient needs to communicate with the doctor, mutual understanding, explanation of the causes of the disease, treatment tactics, and the need to prescribe a drug. The patient continually observes the attitude of the medical staff of the hospital to him as a self-person, to his rights. In European countries, the doctor is permanently building interpersonal relationships with the patient and jointly make decisions on many issues in treatment, rehabilitation, socialization<sup>21</sup>.

To the question "Are you satisfied with the sanitary and living conditions?" there were two possible answers: "yes" or "no". Similarly, questions have asked about the quality of treatment and the attitude of medical staff to patients in the hospital (Table 1).

Analyzing the data in table 1, it can have stated that the hospital stay conditions are unsatisfactory in the opinion of 75% of patients out of the total number of respondents and 100% of male patients, which requires significant changes. The second place, which causes resistance in patients, is occupied by a strict regime of hospital stay (60.7%), which

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<sup>20</sup> Vainola R. Kh., Khliestova S. S. (2017). Characteristics of the Experimental Work on the Formation of University Students' Deontological Culture in the Process of Socio-Educational Work. *Science and Education*. Issue 4, 63-67. DOI: <https://doi.org/10.24195/2414-4665-2017-4-11>.

<sup>21</sup> Kiek Tates, Marjolijn L Antheunis, Saskia Kanters, & Maria Be Gerritse (2017). The effect of screen-to-Screen Versus face-to-face consultation on doctor-patient communication: an experimental study with simulated patients. *J Med Internet Res*, 19(12),e421. doi: <https://doi.org/10.2196/jmir.8033>.

includes restricting their rights to use the phone, walking, doing their favorite thing, and more.

Table 1

**The results of the survey of patients of the psychoneurological hospital on sanitary and domestic conditions, the quality of treatment and the attitude of medical staff to patients in the hospital, (in%)**

<b>Disadvantages/survey</b>	<b>Poor sanitary conditions</b>	<b>Poor treatment</b>	<b>Hard mode</b>	<b>Bad attitude of doctors</b>	<b>Bad attitude of nurses</b>
male patients	100%	18,2%	81,8%	9,1%	36,4%
female patients	58,8%	5,9%	47,1%	17,6%	17,6%
Total of the total number of respondents	75,0%	10,7%	60,7%	14,3%	25,0%

In the Republic of Poland, similar problems have been observing inexisting psychoneurological hospitals, which led to the reform (deinstitutionalization) of the mental health care system. The deinstitutionalization of psychiatric institutions completed in 2000. It took place simultaneously with the development of dispensary psychiatric wards, psychiatric day hospitals, state “environmental” psychiatric centers, mobile outpatient mental teams, psychiatric hospices, and other forms of psychiatric care.

Assessing the material and technical condition and sanitary and hygienic conditions in psychiatric health care institutions of Ukraine in retrospect, the following is established: the construction of mental institutions in Ukraine carried out in the XVIII–XIX centuries, and most psychiatric institutions have built during Ukraine’s independence. There are 55 psychiatric hospitals in Ukraine, of which 28.6% were built in the XVIII – XIX centuries (from 1786 to 1945), 28.6% – after the Great Patriotic War (from 1945–1991).), 42.8% – during the independence of Ukraine (from 1991–2013).

Most of the pre-revolutionary buildings of psychiatric institutions in Ukraine were adapted and previously used for other purposes – the former royal stables, barracks for soldiers, religious places of worship, which have gone for the poor. For the privileged sections of the population, the mentally ill have kept in private mental hospitals,

where, in addition to comfortable sanitary and domestic conditions, qualified care has provided. In particular, in 1885, Kharkiv organized the “Private Psychiatric Hospital of Dr. I. Ya. Platonov”, where the founder introduced his head idea – to create an institution with a scientific approach to treatment – instead of a soothing shirt for violent and complete inattention to all other patients has organized occupational therapy. The hospital had 35 beds. Men and women were in different buildings, surrounded by gardens, flower beds, and fountains, with halls for recreation and entertainment, which housed grand pianos, pool tables, and other leisure items. Unique in this institution was the “Zander Mechanotherapy Office”, which had a variety of simulators, including a rowing machine and a stationary bicycle, and so on. That is impossible to imagine in the Ukrainian (post-Soviet) mental hospital even today<sup>22</sup>.

In Soviet times, mental hospitals were built on the principle of centralization, to wit by order “from above”. In Soviet times, psychiatry has often abused to crack down on free-thinking in the country. It was not uncommon for Soviet colleagues to declare people mentally ill because of their political, social, or religious views, after which they were imprisoned and “treated” in psychiatric facilities for such “unreliable” beliefs. This principle of isolation and removal of mental hospital buildings from populated areas has reflected in the normative Soviet documents, which were re-approved during the period of independent Ukraine<sup>23</sup>.

The buildings of most mental hospitals were of the same type as the wards’ location with an entrance from the corridor (“corridor” type) and sanitary facilities at the end of the corridor and have not taken into account the needs of psychological comfort of the patient. This approach was incorrect as part of the lives of people with chronic mental illness occurs in institutions such as hospitals.

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<sup>22</sup> Робак І.Ю. Історичні умови організації та специфіка розвитку охорони здоров’я в Харкові (XVIII – початок XX ст.) : дис. ... доктора іст. наук : 07.00.01 / Робак Ігор Юрійович. Київ, 2009. 438 с.

<sup>23</sup> Платонов К. К. Мои личные встречи на великой дороге жизни (Воспоминания старого психолога) / К.К. Платонов; [под ред. А.Д. Глоточкина, А.Л. Журавлева, В.А. Кольцовой, В.Н. Лоскутова]. Москва : Изд-во «Институт психологии РАН», 2005. 310 с.

### 3. The role of the state and the psychiatrist in addressing issues of socialization of mentally ill persons

As of today, 22,000 people with chronic mental illness have registered in Ukraine, including 4,200 “social patients” who do not have permanent residence. This problem is extremely relevant and complex, as it needs to be solved by building dormitories, houses, providing psychiatric care, and providing a social package to such patients. A similar situation occurred in the United States in 1955 and Great Britain in 1985–1990. That was the case in the United States in 1955 when public psychiatric hospitals were overcrowded. For example, with a total population of 165 million, there were 559,000 patients in such institutions. During the deinstitutionalization of state mental hospitals in the United States, the main ways to solve the main problems of modern psychiatry have identified, namely the question of “social patients”: housing for the homeless mentally ill, which accounted for 75% of their total implementation of treatment in the so-called environmental model. About 78.0% of patients in the U.K. have transferred to dormitories from 1985–1990. In addition to social assistance, they received psychiatric care from medical staff attached to them<sup>24,25</sup>.

In each regional center of Ukraine, psychoneurological dispensaries or mental health centers have located in a suburban area at a distance of more than 1000 m from residential buildings.

The specified hygienic requirement has been regulating by the regulatory document of the sanitary legislation of union value “Sanitary rules for the construction, equipment, and operation of hospitals, maternity hospitals, and other medical hospitals. SanPiN No. 5179-90” (clause 2.1), which has passed on to the next: “psychiatric, tuberculosis and other hospitals must be located in a suburban area or outlying areas, if possible in green district, observing gaps from the residential area of at least 1000 m”. A similar standard of sanitary distance in 1000 m was taken into account in the Ukrainian legislation in the “State sanitary rules of planning and development of settlements 173-96”, which have approved by order of the Ministry of

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<sup>24</sup> Широкова І.В. Позиція західної медичної спільноти щодо каральної психіатрії в СРСР (1960–1980-ті рр.) *Журнал Національного університету «Києво-Могилянська академія» НАУКОВІ ЗАПИСКИ*. Том 143. 2013. Історичні науки С. 36–42.

<sup>25</sup> Julian Leff (1999). Outcome of long stay psychiatric patients resettled in the community: prospective cohort study. *BMJ*, 319(7201):13-16. doi: <https://doi.org/10.1136/bmj.319.7201.13>.

Health of Ukraine of June 19, 1996, № 173, registered in the Ministry of Justice of Ukraine on July 24, 1996, for № 379/1404.

According to the town-planning national legislation, namely the State building norms (SBN) B.2.2-9-99 “Public buildings and constructions”, which were replaced by SBN B.2.2-9-2009 “Public buildings and constructions”, and today new SBN B.2.2-9: 2018 “Public buildings and structures”. Basic provisions “in the section” Planning requirements for the organization of sites “is a similar standard. In another specialized normative document SBN B.2.2-10-2001 “Buildings and structures. Health care facilities” (as amended № 2, Order of the Ministry of Regional Development, Construction and Housing of Ukraine dated 20.09.2013 № 454) there are no special requirements for the design of mental hospitals. Only in Appendix A, “List of types of buildings and structures of health care facilities”, there is a reference that specialized psychiatric hospitals have included in treatment and prevention facilities. To ensure the conditions of socialization for the mentally ill, it is necessary to create a new type (design) of treatment and prevention facilities with internal art-ecological-therapeutic space and develop the latest regulations for the design of these institutions<sup>26</sup>.

According to scientists Deenik J. and the authors, it has been proving that exercise, walks for patients with mental disorders, who are in hospital for a long time, improves their quality of life. Therefore, patients of psychiatric hospitals for outdoor physical activity and occupational therapy must provide and equip separate sports grounds and saving areas for each department separately, as produced in the E.U.<sup>27</sup>.

In European countries, a momentous emphasis in the design or reconstruction of old buildings of psychiatric hospitals is a special place occupied by psychological comfort for both patients and medical staff. Article 8 of the Law of the Republic of Poland “On Mental Health” regulates the rights of a psychiatric hospital patient who has the right to appoint an ombudsman, whose responsibilities include the protection of the rights of patients with mental disorders in matters

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<sup>26</sup> Холявка А.Б., Шафран Р.С. Дизайн психіатричних закладів у створенні арт-терапевтичного простору. Наукове видання. *Масова культура у сучасному художньо-комунікаційному просторі*: матеріали III Міжнародної науково-практичної конференції 18–20 квітня 2017 р. Видання та друк : ФОП Грінь Д.С. С. 18–19.

<sup>27</sup> Deenik J., Kruisdijk F., Tenback D. & van Harten P. (2017). Physical activity and quality of life in long-term hospitalized patients with severe mental illness: a cross-sectional study, 17(1). doi: <https://doi.org/10.1186/s12888-017-1466-0>.

related to admission, treatment, conditions of stay and discharge from the hospital, as well as access to medical records with the consent of the patient or guardian. For these purposes, a separate room has provided for the confidentiality of the patient and the ombudsman. There is also a separate room for the patient's personal (intimate) life, scilicet for meetings with persons of the opposite sex, not provided by Ukrainian Law.

Article 12 of the Law on Mental Health of the Republic of Poland states that the choice of type and methods of treatment and rehabilitation must take into account the objectives of health measures, the rights of the patient and the desire to rehabilitate the mentally ill in the least harmful to this person, return to society, performing appropriate social roles. Social workers analyze and assess the patient's social and life situation, determine the demand for social assistance, consider professional interests and many other issues, and maintain the confidentiality of information of each patient with mental disorders.

According to the results of the study of sanitary-hygienic and sanitary-domestic conditions in psychiatric institutions of the Republic of Poland, on the example of the psychoneurological hospital Dřewnica in Zombka near Warsaw, the following was established: Pelagia Popławska, who received her medical education in Switzerland and founded the Warsaw Society of Medical Care and Care for Patients with Mental and Nervous Diseases. In 2018, a modern complex of new buildings (Pas Projekt Archi Studio) had opened. The architects took into account the needs of patients as much as possible: music therapy rooms, rehabilitation center, cafe, reading room, conference hall, winter hall, etc. (Figure 4).

As can be seen from Figure 5, the ward-bedroom of a psychiatric hospital has designed for two patients. The room has equipped with home furniture (wardrobes, linen sideboard, armchairs, beds), the windows have decorated with curtains, which creates a cozy home space.

Mentally ill people who have treated in psychiatric hospitals are entitled to pastoral care following the Constitution of the Republic of Poland. Information about chaplains who provide pastoral care of any denomination has been posting on bulletin boards in the hospital. Patients can contact him at any time of the day. Chaplain positions have often been including in these institutions (Figure 6).



**Fig. 4. View of the psychiatric hospital Drewnica in Zombka (Republic of Poland)**

Figure 5 shows a bedroom of a modern medical institution in the town of Gorzice in the province of Silesia (Republic of Poland).



**Fig. 5. Bedroom for the care and treatment of psychoneurological patients in a psychiatric hospital in Gorzice (Republic of Poland)**



**Fig. 6. Room for religious service in a psychiatric hospital in Gorzice (Republic of Poland)**

In Ukraine, to determine the actual sanitary and hygienic condition of regional psychoneurological hospitals in 2015 at the initiative of the Ukrainian Helsinki Human Rights Union, NGOs, and with the support of the Ministry of Health of Ukraine conducted monitoring of three regional psychoneurological hospitals Mykolaiv, Poltava and Kherson regions. Conclusions on the actual sanitary and hygienic condition were almost the same in all three institutions, namely: the wards needed repair, the area of the dormitory per patient did not meet the standard (norm 6m<sup>2</sup>), the number of individual furniture in the room did not match the number of patients, bedside tables, cabinets, chairs), showers and bathrooms were far from the apartment and did not provide the right to privacy when using them, etc. This situation is similar in most psychiatric hospitals in Ukraine<sup>28</sup>.

According to the results of field studies of physical factors: artificial lighting, the microclimate in the wards of treatment and prevention facilities of Vinnytsia region (for the period 2016–2019), which were conducted by the State Institution “Vinnytsia Regional Laboratory Center of the Ministry of Health of Ukraine” the following was established: microclimate (air temperature, humidity, and airspeed) in 10.2% of cases did not meet the requirements of LTO 3.36.042-99

<sup>28</sup> Імереллі Р.Е., Казачинська К.П., Мойса Б.С., Шум С.С. (2016). Права осіб із проблемами психічного здоров'я. Дотримання прав людини у психіатричних лікарнях. Аналітичний звіт Української Гельсінської спілки з прав людини. Українська Гельсінська спілка з прав людини. Київ : КИТ, 34.



“Sanitary standards of the microclimate of industrial premises” artificial lighting – in 11.8% did not meet the claim of SBN B.2.5. – 28: 2018 “Natural and artificial lighting” which indicates non-compliance with the temperature and humidity regime of the chambers and the lack of electric lamps to replace used.

To determine the assessment of patients’ sanitary and living conditions, we developed a questionnaire with an extensive range of questions and briefly direct answers “yes” or “no”.

The survey has established in January 2020 before the start of quarantine on COVID-19 and before the beginning of the second phase of medical reform in the field of psychiatry.

The results of the answers have been presenting in tables 2 and 3.

Table 2

**The results of the questionnaire of patients of the psychoneurological hospital on the assessment of their sanitary and living conditions, (in%)**

<b>Disadvantages</b>	<b>The proportion of male patients</b>	<b>The proportion of female patients</b>	<b>The proportion of patients</b>
No conditions for personal hygiene (no washbasins in the ward)	72,7**	82,4**	78,6**
No conditions for storage of personal belongings (not enough cabinets or bedside tables)	81,8**	88,2**	85,7**
Insufficient area per patient compared to the normative indicator of 6 m <sup>2</sup>	90,9**	88,2**	89,3**
Poor quality bed linen and towels	72,7**	82,4**	78,6**
The bathrooms are far from the wards	81,8**	82,4**	82,1**
Bathrooms and showers with the permission of the medical staff	81,8**	82,4**	82,1**

\*\* –  $>0,70 \leq |r_{SI}| \leq 1,00$  – strong connection.

Table 3

**The results of the questionnaire of patients of the psychoneurological hospital regarding the violation of the regime conditions of their stay, which they noted as a violation of their rights (in%)**

<b>Disadvantages</b>	<b>The proportion of male patients</b>	<b>The percentage of female patients</b>	<b>The proportion of patients</b>
Restrictions on phone use	72,7**	47,1*	57,1*
Limiting the number of appointments	36,4	29,4	32,1
Limit the number of walks	72,7**	52,9*	60,7**
Lack of opportunity to do your favorite thing	63,6**	47,1*	53,6*

\* –  $>0,30$   $|rS| \leq 0,69$  – moderate connection, \*\* –  $>0,70$   $|rS| \leq 1,00$  – strong connection.

According to the questionnaire results, there are strong relationships between unsatisfactory sanitary and living conditions for both men and especially women and compliance with sanitarian and hygienic conditions and rules of personal hygiene of patients in a psychiatric hospital.

It has found that female patients pay more attention to the conditions created in the department for personal hygiene, so 82.4% (Rs – 0.95), noted the lack of washbasins in the ward against the figure among men – 72.7% (Rs – 0.91). The answers of male patients (90.9%) and female patients (88.2%) regarding the concentration of patients inwards due to non-compliance with the normative area per patient ( $6 \text{ m}^2$ ), which violates the requirements of sanitary-hygienic and sanitary-anti-epidemic, were almost unanimous. modes ( $rS$  – 0.97). 85.7% of patients reported a lack of bedside tables for personal belongings, which violated their right to privacy ( $rS$  – 0.96). Bed linen is old and dilapidated – this is the answer of 82.4% of patients, the same number of answers about the distance of bathrooms and showers from the ward (82.4%), which cause psychological and physiological stress in patients ( $rS$  – 0.95). 82–88% of the respondents' answers were comparable to similar conclusions based on the inspection results of three regional psychoneurological hospitals for unsatisfactory sanitary and living conditions.

Creating hygienic conditions is a valuable factor in promoting the fastest recovery of patients, preventing nosocomial infections, and prevention of “hospitalization”.



**Fig. 7. View of the office for art therapy of the Józef Babinski Psychoneurological Hospital in Krakow (Republic of Poland)**



**Fig. 8. View of the workshop-kitchen in the psychoneurological hospital of Józef Babinski (Krakow) after reconstruction for the training of mentally ill people in the preparation of snacks or meals**

Table 4

**List of measures to improve the work of the psychiatric hospital  
according to the results of the questionnaire of patients, (in%)**

<b>Activities</b>	<b>The proportion of male patients</b>	<b>The proportion of female patients</b>	<b>The proportion of patients</b>
Improve hospital facilities	72,7**	82,4**	78,6**
Improve the skills of doctors	27,3	64,7**	50,0**
Hire on a competitive basis and increase the salaries of medical workers	27,3	76,5**	57,1**
In case of violations of the patient's rights, it is necessary to provide measures on penalties and fines for persons who have committed violations	72,7**	94,1**	85,7**
Improve the quality of treatment, rehabilitation, spa treatment, nutrition	90,1**	88,2**	89,3**
Redesign hospitals to crisis center only for acute patients	27,3	17,6	21,4
To create conditions of environment therapy for chronic patients (to live at home, hospices, etc.)	72,7**	47,1**	57,1**
Limitation of the mode of differentiation depending on the condition of patients	0	5,9	3,6
Ensure that patients have access to information about their health and information about the medicines they have prescribed	36,4	47,1**	42,9**
Allow taking part in the decision – by regulating the procedure of studying and taking into account the views of patients during psychiatric care and the implementation of recovery scheme	18,2	23,5	21,4
Ensure access to justice for psychiatric care recipients, use videoconferencing and room arrangements for out-of-court hearings in psychiatric institutions when considering cases of involuntary hospitalization, change or abolition of coercive medical measures	27,3	23,5	25,0

Table 4 (continuance)

Provide access to public organizations for quality control of medical, diagnostic, medical, preventive, rehabilitation and other services and rapid response to possible conflict situations	72,7**	23,5	42,9**
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\* –  $>0,30$   $|rS| \leq 0,69$  – moderate connection, \*\* –  $>0,70$   $|rS| \leq 1,00$  – strong connection.

Moderate and ripped relationships identified between violations of the regime of both male and female patients in psychiatric hospitals and violations of their rights.

There are no playgrounds also, as, a result, the number of walks is limited, and sometimes absent during hospitalization of the patient – so noted 72.7% of male patients ( $rS = 0.95$ ), restrictions on the use of telephones – 72.7% of male patients ( $rS = 0,95$ ). The answer “I do not have the opportunity to do my favorite things” answered – 63.6% of male patients ( $rS = 0.95$ ), and 47.1% of female patients ( $rS = 0.67$ ).

In comparison with the Republic of Poland institutions, conditions created for such patients – separate rooms for occupational therapy, which has focused on various forms: art therapy, erg therapy, music therapy, etc. The type of treatment and scope of application is selected by the specialist for each patient individually, taking into account the sort of problem and the degree of the patient’s disorder (Fig. 7).

The Józef Babinski Psychoneurological Hospital is located within the park complex in Kraków and has been including in the register of architectural monuments of the Republic of Poland. This historic building is over 100 years old. On the territory of this hospital, there are sports grounds for active recreation of patients in the open air.

In addition to art therapy for the mentally ill, specialized kitchens are equipped for patients to prepare snacks or meals (Fig. 8). Computer equipment and televisions have widely used by patients. These rooms have decorated with works of art made by the patients.

To improve the situation in the existing psychoneurological hospitals in terms of material and technical condition and sanitary and hygienic conditions, we have developed measures and proposed to patients to assess their effectiveness.

The block of questionnaire questions concerned the implementation of the proposed measures to improve the work of the psychiatric hospital, to which patients gave the following answers (Table 4).

The presence of moderate and strong relationships between the wishes of both men and women patients of psychiatric hospitals about improving the material support of the department and hospital ( $rS = 0.95$ ), improving the quality of nutrition, treatment, rehabilitation (sanatorium treatment) ( $rS = 0.91$ ), no regime restrictions for general patients ( $rS = 0.97$ ), application of measures on penalties and fines for persons who violated the rights of the patient ( $rS = 0.93$ ), creating conditions for environmental therapy for chronic patients as in hospital buildings and on its territory ( $rS = 0.57$ ), qualification of medical staff (availability of qualification category, and recruitment on a competitive basis) and their material support (high salary) ( $rS = 0.47$ ), access to public organizations regarding the control over the functioning of the hospital ( $rS = 0.42$ ) and the efficiency (improvement) of the work of the psychoneurological health care institution.

These results and European experience indicate the exhaustion of the Soviet system of hospital medicine in mental health and the need to introduce innovative practices in modern psychiatry.

## **CONCLUSIONS**

### **I. On state issues.**

1. Based on the results obtained in the course of the research, the inconsistency of national legislation in the field of mental health with Europeans, particularly the Republic of Poland's Law. The legislation of the Republic of Poland, in contrast to the Ukrainian one, is focused on decentralization of the mental health care system, development of mental health services at the place of residence with social integration of patients (education, accommodation) at the regional community level, capacity building, and competent staff with the introduction of a system of accreditation and certification of mental health professionals, as well as the restructuring of public funding for specialized mental health services, which is entirely consistent with the Comprehensive Action Plan in the field of mental health for 2013–2020, developed WHO. Ukraine has taken only the first steps on this issue, adopted the Concept of the state target program for the period until 2030, the Law of Ukraine "On Amendments to Certain Legislative Acts of Ukraine on Psychiatric Care" which provides for the implementation of

socialization programs for patients with psychoneurological pathology residence), the transition to a multidisciplinary form in the provision of rehabilitation services (family doctor, psychiatrist, psychologist (psychotherapist), nurse, social worker) and others that are not implemented in any bylaws and have not provided with state funding. The National Plan of Action in the field of mental health needs to was developed with the involvement of the Ministry of Health, the Ministry of Education and Science, the Ministry of Regional Development, the Ministry of Social Policy and other interested ministries and services, as well as professional associations related to mental health and service users. Resources for the development of new mental health services at the residence and support for the decentralization process (deinstitutionalization).

2. The normative base of sanitary and town-planning legislation on requirements for designing new health care institutions of psychoneurological profile with internal art-ecological-therapeutic space (art therapy, erg-therapy, music therapy, reading room, conference hall, winter hall) needs to have developed, rehabilitation center, etc. Territory for the motor activity of patients in the fresh air and the abolition of Soviet standards for the centralization of health care, a maximum distance from the place of residence, will improve their quality of life and promote the social integration of patients. As part of harmonizing national and European regulations, it has recommended implementing requirements to create conditions for ensuring the right to freedom of religion (participation in religious ceremonies, worship), patient and ombudsman confidentiality, for which hospitals must provide separate facilities.

3. From the standpoint of a comprehensive hygienic assessment of the satisfaction of mentally ill with sanitary and hygienic conditions and the quality of medical care in a psychoneurological hospital, the presence of moderate and powerful relationships between leaving a lot to be desired material and technical base, unsatisfactory sanitary and hygienic and sanitary and non-sanitary regime for patients with mental disorders and their right to decent conditions, personal space and social integration ( $r_S = 0.96$ ). 82–88% of the respondents' answers were comparable to similar conclusions based on the Ministry of Health's inspection of three regional psychoneurological hospitals for unsatisfactory sanitary and living conditions and confirmed by the results of field studies of hospital stays.

4. Provide access to public organizations for quality control of medical, diagnostic, treatment, prevention, rehabilitation, and other services of CHC and rapid response to possible conflict situations and conduct constant monitoring (social survey) of quality medical care in psychiatric hospitals and crisis centers for acute patients.

## **II. Regarding questions concerning the patient:**

1. Regarding psychosocial care, it is necessary to conduct: psycho-educational work with patients and their families on issues of diagnosis and expected course of the disease, modern, compelling treatment approaches, features of drug treatment, and their possible side effects.

2. Cognitive-behavioral, interpersonal, family, and other forms of psychotherapy with the patient make him aware of his disorder, the essence of the therapeutic process, and the restoration of social functioning (psychiatric care centers).

3. Psychological counseling and psycho-corrective work to support the recovery process, solve problems and achieve the goals set by the patient in his rehabilitation program, an individual rehabilitation program is a basis for providing care based on the unique needs of the patient, aimed at preventing relapse, which includes known provoking factors and strategies to reduce the risk of recurrence. The individual rehabilitation program should be developed and agreed with the patient and family members. It should be reviewed 30 days after the start of care and further adjusted according to needs.

4. Training in self-monitoring and self-management, training in social and communication skills to promote social integration.

5. Counseling on educational and professional needs, finding opportunities and promoting the patient's return to work/study, developing professional skills, as well as learning problem-solving strategies to achieve such goals, teaching the patient the skills of independent living and self-care to improve the ability to provide for their basic daily needs; training and providing information on obtaining community services (post office, shop, medical facilities, public transport, etc.), how to dispose of money and personal property; practical assistance in meeting basic needs (self-care, housekeeping, use of transportation, etc.) in cooperation with relatives/caregivers and other services (dormitories, homes for the mentally ill under the supervision of medical and social workers and psychiatric care centers).

6. We advise on increasing the patient's motivation to undergo regular medical examinations, maintaining a healthy lifestyle (nutrition,



physical activity, alcohol consumption, etc.) and reducing health damage, including motivational interviews.

7. Socio-legal assistance: social and legal advice on the rights of citizens with mental illness, assistance in processing documents, financial aid, and obtaining legal aid.

8. Support for family and caregivers: psycho-educational work with the patient's family on his illness and strategies to increase adherence to medication, psychological counseling to improve family interaction, teaching communication skills, mastering problem-solving techniques, family psychotherapy, aimed at forming optimal family interaction and look up family functioning.

### **SUMMARY**

The article presents data on the living conditions and socialization of patients in a psychoneurological hospital, and their survey results on doctors and paramedics' attitudes. The most popular method of studying satisfaction with sanitary and hygienic conditions, and the mentally ill is the quality of medical care is a questionnaire.

The results of a sociological survey of patients on their assessment of living conditions, attitudes, and treatment by medical staff and evaluation of the quality of medical care according to the following criteria: satisfaction with sanitary and hygienic conditions, satisfaction with the doctor-patient relationship, satisfaction with treatment, stigma medical staff, measures to improve living conditions, socialization and others. The article describes the terms of stay of patients in psychiatric hospitals of the Republic of Poland. The comparative analysis of the legislation of Ukraine and the Poland Republic on the protection of the rights and dignity of people with mental disorders.

Proposals for the regulation of legal norms and organizational principles concerning mentally ill patients, measures to improve the material and technical condition, and sanitation of patients and health care workers to create more comfortable conditions in the hospital environment and conditions for the socialization of patients.

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