

**MENTAL HEALTH OF CHILDREN AND ADOLESCENTS IN POLAND.
NEEDS AND OPPORTUNITIES**

Beata ZIĘBA-KOŁODZIEJ

Prof. S. Tarnowski State Vocational University in Tarnobrzeg

beatazkolodziej@wp.pl

Piotr KOŁODZIEJ

albrechtpk@wp.pl

Abstract

The article discusses the most serious and common mental problems of young people and addresses the epidemiology of suicide, self-injury, depressive and anxiety disorders among children and adolescents. It also raises the issue of the current condition of psychiatric and psychological care in Poland, as well as of the level of trust in psychologists.

Keywords: *mental health, children and adolescents, psychiatric and psychological care.*

Introduction

Mental health is an integral part of health which is now understood not only as the absence of symptoms of illness and suffering, but as full physical, mental and social well-being. According to the World Health Organization, mental health is also the capacity for development and self-actualization (WHO, 2001). A state of well-being refers to an individual's disposition to adapt to a specific environmental context and to be able to pursue their own goals, cope with stress and participate in social life. The references used in the definition have a broad meaning, are culturally and environmentally conditioned, and their understanding is subjective. Mental health manifests itself in self-worth, adequate self-esteem, responsibility for oneself and one's own life, coping with stress, achieving one's goals, involvement in education, work and social life. Health is a social good that goes

beyond the good of the individual and the family. Such an approach requires to look at the mental health of children and adolescents in numerous and diverse contexts.

Children's lives have never been easy if we consider the history of childhood. In many epochs and in many social groups, the everyday life of a child was characterized by a lack of subjectivity and respect, a frustration of needs, violence and sexual abuse. For centuries, this treatment has been supported by the lack of a distinct childhood period and the lack of clearly defined rights of the child (P. Ariès, 2010). It is difficult to compare the suffering of children of past eras with the suffering of children living today, although many authors go so far as to make such comparisons, claiming that today's childhood is extremely difficult, due to the constant and dynamic changes that take place in the world and in the living environment. But it is precisely now that children's problems are being discussed, children's rights are being fought for, educational campaigns are being conducted, strategies are being developed to protect them from threats, legal provisions are being established to protect children from violence, exploitation and human trafficking. Yes, there is still a long way to go before an ideal and safe world is reached, but it is much better than it was 100 years ago. Today, the subjects of discussion are also mental health in general and the health of children and adolescents in particular.

The loss of mental health is not only a problem for the person who has lost it. In addition to the undeniable suffering of the individual and the family, it is also a problem for each country. The need to create a system that responds to the needs of people with mental illnesses and mental disorders comes to the fore, as it is much more difficult for sick parents to fulfill their parental roles. Children with disorders who are not helped in a timely manner become later adults with disorders that make it difficult to function on a daily basis. It is also known that medical care is a huge cost. Before the COVID-19 pandemic, the cost connected with the loss of the mental health among EU citizens amounted to € 600 billion, or more than 4% of GDP (European Commission, 2023). Currently, these costs may be higher due to the consequences of the pandemic. Access to mental health care is not at same level in every country and region.

This article describes selected issues related to the mental health of children and adolescents in Poland. It includes the epidemiology of certain phenomena and selected actions undertaken to protect the mental health of young people.

1. Context or general characteristics of selected mental health threats

When analysing contemporary developmental threats and problems faced by children and adolescents, it is not physical health that comes to the fore, but their mental and social well-being. A number of threats are barriers to full development. Every day, a child learns about the divorce of their parents, an illness of their loved one, the death of somebody important. Every day, a child dies as a result of war, experiences violence, struggles with loneliness and rejection. The lives of children and adolescents are accompanied by stress, sometimes so great that it blocks their proper development. To the above-mentioned risks we should add those that characterize the present day - among them, Internet addiction.

The 'Nastolatki 3.0' [*Teens 3.0*] research conducted in Poland between October and November 2022 showed that adolescents use the Internet for an average of 5 hours and 36 minutes on weekdays; on weekends - 6 hours and 16 minutes. This time is increasing every year. It is also worrying that the average adolescent gets their first Internet-enabled phone at the age of just over 8. The results of the study show that when adolescents experience violence, they most often do not react and do not tell anyone about it; more than 4 in 10 adolescents (44.5%) have low levels of self-esteem; more than half of adolescents (53.9%) have high (10.6%) and above-average (43.3%) levels of loneliness in social media, and three in ten (31.1%) adolescents admitted to having participated in a challenge that may have put their physical or mental life or health at risk (Lange et al., 2023, pp. 7-9). In a situation of an uncontrolled interaction of children and adolescents with the Internet, the danger is higher the more difficult it is for the child to find themselves in the real world. Living in a virtual environment distances a child from the real world, but at the same time it allows many young people to live in any world. It is there that children and adolescents with difficulties in social relationships find friends, but also in the Internet young people weaken already acquired social skills. Children and adolescents with mental disorders can find themselves in the virtual world. The risks associated with the Internet are phenomena related to sexuality – grooming, sexting, pornography, child prostitution. These are harmful phenomena, and each of them also entails psychological consequences.

Eating disorders, anxiety disorders, depression, various types of addictions, self-injury and suicide are other worrying phenomena that indicate poor mental health in children and adolescents. These phenomena may be a consequence of difficult childhood experiences. Interpersonal traumas, experienced in the family, are dangerous for children. According to Widera-Wysoczańska (2011, p. 142) children most often experience this type of trauma in

their own family. It is a consequence of various types of violence - physical, emotional, sexual violence, parental addictions, neglect, disturbed relationships or abandonment. Interpersonal trauma tends to escalate, and at first children suffer from one type of violence, only to later experience negative emotions due to different parallel traumas. The phenomenon of multiple interpersonal traumas occurring at the same time is called polyvictimization (Shaw, 2010; Finkelhor, Ormrod, Turner, 2007; Finkelhor, Turner, Hamby and Ormrod, 2011, p.1). The consequences of interpersonal trauma include specific symptoms, which occur only as a result of experiencing a particular type of violence, as well as non-specific symptoms, which indicate that trauma has been experienced, but it is difficult to indicate the specific type of trauma. Their consequences in children and adolescents may include post-traumatic symptoms (e.g. constant agitation), changes in the regulation of affect (e.g. self-destruction and suicide attempts, problems in the regulation of affect, impulsive and risky behavior), a cognitively distorted perception of oneself and the world, defense mechanisms (e.g. regressive behavior, dissociations and addictions), as well as relationship problems and somatic problems (Widera-Wysoczańska, 2011, pp. 142, 147-148). These disorders may be a consequence of low mental resilience, and at the same time they may be a consequence of weakened psychological resilience as a result of the child experiencing many traumas at once or traumas of strong intensity that the child is unable to cope with. This happens when the child's resources are not sufficient to cope with difficult experiences.

There can be different and overlapping risk factors for developing mental health disorders in children and adolescents. These can include genetic and biological, as well as family and social factors (Arango et al., 2018). Childhood experiences of abuse or other negative events significantly increase the risk of mental health disorders. The strongest relationship can be seen in situations of emotional abuse and neglect in childhood by loved ones (e.g. lack of emotional support, humiliation, feeling unwanted and/or unloved). Research conducted among Polish students shows that people with such experiences were 7 and 10 times more likely to attempt suicide, and those who experienced 4 or more negative events in childhood were 17 times more likely to attempt suicide and 11 times more likely to self-harm (Makaruk et al., 2018; FDDS, 2023, p. 140). At the same time, it is indicated that non-suicidal self-injury (NSSI), such as self-cutting and non-suicidal burns, are more common than suicide attempts, and are estimated to occur in approximately 17–18% of adolescents (American Academics of Pediatrics, 2020).

As a result of the violence suffered, children may develop symptoms that indicate PTSD and other problems and disorders. These include developmental disorders, attachment disorders, separation anxiety disorder, attention deficit and hyperactivity disorder (ADHD), oppositional defiant disorder, behaviour disorder, and addiction disorder (DSM-V; Wiedera-Wysoczańska, 2011, p.165).

The European Parliament's Committee Report highlights that mental health is both a social and economic imperative and underlines the fact that before the COVID-19 pandemic, mental health problems affected around 84 million people in the EU, or one in six persons. The pandemic posed a threat to mental health, especially among young people; during the pandemic, the number of people affected by loneliness increased, and the fear for loved ones and the loss of loved ones generated post-traumatic stress disorders. In the EU, suicide is the second leading cause of death among 15-19 year-olds following road accidents (European Commission, 2023). Mental health problems are increasing, complex and multifactorial. Their vectors include the difficulties of adolescence and family life problems, such as difficult relationships and conflicts, family breakdown, violence, problems related to alcohol and other parental addictions, low social and economic status. An important factor influencing the mental health of children and adolescents are also inadequate relations between parents and children, resulting from their low parental and educational competences, crises and traumas. Improper relationships are conducive to the development of (interpersonal) trauma in the child, a sense of loneliness, a frustration of psychological and social needs, which in turn can lead to low mood, depression, addictions, eating disorders, anxiety, self-injury and suicide.

2. The condition of mental health and threats to children and adolescents in Poland

According to the Supreme Audit Office (NIK), 9% of children and adolescents below the age of 18, i.e. about 630,000, require assistance from the psychiatric and psychological treatment system. In this respect, we are no different from other countries, where about 10% of children and young people require help from professionals (Supreme Audit Office, 2020). According to UNICEF analyses, the prevalence of mental disorders in children aged 10-19 in Poland is 10.8%, i.e. 409,000 adolescents (181,000 girls and 228,000 boys). Discrepancies in the data are due to the fact that many cases of disorders go undiagnosed (UNICEF, 2021) and to different research methodologies.

One of the problems among children and adolescents are eating disorders. The results of one study on the mental health of students indicate that 32.8% of them regularly lose weight (Dębski, Flis, 2023, p. 17). An uncontrolled adherence to different diets can lead to the development of eating disorders. In 2020, 2987 children and adolescents up to the age of 18 were treated for eating disorders in Poland (Fundacja Dajemy Dzieciom Siłę [*Empowering Children Foundation*], 2022, p. 126).

The Report prepared by the UNaweza Foundation by Dębski and Flis (2023) prompts a deeper reflection on the cause of the above-mentioned disorders, but also on the need for change when it comes to psychological help for children and adolescents. It is also important to support caregivers in terms of parenting competences. The authors write that the picture emerging from the research is loneliness, extremely low self-esteem, and a low sense of agency in young people. This condition has been provisionally called the "triad of mental health crisis among children and adolescents". The triad contributes to a dramatic increase in suicidal ideation among young people, suicidal behavior, and suicide attempts. Young people in a mental crisis are convinced that they cannot do anything, that they are not important to anyone and that they do not mean anything. This image is further exacerbated by the low level of social trust, a lack of faith in the effectiveness of professional help, and the experience of peer violence, domestic violence and hate speech (Dębski, Flis, 2023, p. 6). The results of the study show that among students (group = 184,447 people): 37.5% feel lonely, 52.4% of them feel a lack of motivation to act, 28% do not have the will to live, 1/3 report problems with learning, (37%) have trouble sleeping, 32.5% do not accept who they are and how they look, 43.3% overeat or starve, 16% mutilate their body, 20.7% watch pornography, 39.5% watch violent materials online, 49.1% make in-game purchases, 34.2% regularly exercise beyond their strength despite feeling unwell. The poor mental health of students is also evidenced by the following data: 29.3%, i.e. one in three respondents, are suspected of having depression, 39.2% of the respondents (4 out of 10) have thought about making a suicide attempt, 25.9% (one in four people) admit that they have talked about suicide, every 10th student (8.8%) declares that they have attempted suicide, 20.1% (1 in 5 students) do not want to live, almost one in five students has planned suicide, and 41.9% admitted that someone in their immediate environment has talked about suicide, attempted suicide or taken their own life. The results of the study also show that students experience violence online – one in three students bullies others. Peer violence (9.5% of respondents) and domestic violence (4.5% of respondents) are also their experiences. Young people feel

neglected by their parents (11.3%) and 30.7% of them declare that they most often hear cruel content about themselves from themselves (Dębski, Flis, 2023, pp. 17 - 21).

The difficult mental situation of children and adolescents is also evidenced by the effects of the activities of the Dajemy Dzieciom Siłę Foundation – one of the thriving organizations in Poland. The Report for 2022 shows that consultants of the helpline for children and adolescents had 54,808 calls, including 1,912 calls with children and young people in Ukrainian, and provided 8,094 on-line consultations. The foundation also undertook 885 interventions in situations of direct threat to life or health. The number of these interventions increased compared to previous years (Table 1). There is also a noticeable increase in the number of clients of psychological assistance in other forms organized by the foundation.

Violence is a constantly emerging topic of conversation on the foundation helpline. In 2021, there were 3627 contacts concerning psychological violence (about 10 contacts per day), 3,337 contacts concerning physical violence (over 9 per day) and 2,037 calls concerning peer violence. The consultants also registered 976 contacts regarding child sexual abuse, including online grooming (approx. 3 contacts per day) (The Dajemy Dzieciom Siłę Foundation – media, news, 2022).

Table 1. Areas of activity and beneficiaries of the *Dajemy Dzieciom Siłę* Foundation

Areas of activity	Years / number of beneficiaries				
	2018	2019	2020	2021	2022
Psychological consultations and individual therapy sessions for children	1,207	3,034	4,210	4,844	4,417
Psychological consultations and individual therapy sessions for caregivers	1,085	2,663	5,875	5,675	5,819
Psychiatric consultations	425	584	680	590	467
Helpline for children and young people 116 111	98,388	81,849	61,625	57,621	54,808
On-line consultations with children and young people	9,373	10,161	12,525	9,232	8,094

Interventions in situations of immediate threat to life or health	346	519	747	823	885

Source: Reports by Dajemy Dzieciom Siłę Foundation

In 2022, violence was reported 7,832 times, of which 4,049 people reported domestic violence, 2786 reported peer violence, and 997 young people reported sexual abuse (The Dajemy Dzieciom Siłę Foundation Helpline Statistics, 2023; glos.pl). The results of the research conducted by the Dajemy Dzieciom Siłę Foundation indicate an increase in the number of people who have experienced verbal sexual violence (from 8% in 2013 to 11% in 2023). Between 2018 and 2023, the percentage of adolescents who encountered exhibitionism in their lives also increased significantly (from 9% to 14%) (Makaruk, Drabarek, Popyk, Wójcik, 2023, p. 51).

2.1. Suicide

Data from the National Police Headquarters (KGP) show that the number of fatal suicide cases in Poland is increasing in the 13-18 age group. In 2022, there were 150 such cases and 6 cases were reported in children aged 7-12. Compared to 2021, this is an increase of 25 suicides in the first group and 4 more cases in the second group. At the same time, there is a decrease in fatal suicides among people aged 19-24. In 2022, there were 317 such incidents, which is 27 fewer cases (National Police Headquarters, Statistics 2023). Among adolescents, suicide is the second leading cause of death, and it is more than the number of victims in traffic accidents. To compare, in 2022, 53 children aged 0-14 died as a result of road accidents in Poland (National Police Headquarters, 2023, p.39) and 31 people aged 15-17 (National Police Headquarters, 2023, p.45).

The data from the National Police Headquarters at the request of the GrowSPACE Foundation show that in 2023, the Police recorded 2,139 suicide attempts by children and adolescents below 18 years of age, and 146 suicide attempts ended in death. It should be noted that many suicide attempts do not make it into the statistics (OKO.press, 2024). According to the data from the Dajemy Dzieciom Siłę Foundation, in 2022 885 interventions were undertaken in a situation where there was a threat to health and life (The Dajemy Dzieciom Siłę Foundation, 2022). It can be assumed that some of these interventions were related to the suicidal crisis.

It is also a worrying phenomenon that stereotypes and myths about suicide, people who have committed suicide and people who have attempted suicide, circulating in society, delay or even prevent the search for help (WHO, 2023; Zięba-Kołodziej, Marzec 2022, p. 30).

Following the American Academics of Pediatrics (2022), it can be assumed non-fatal suicide attempts are more frequent, especially among adolescents and young adults, where some estimates suggest that there are about 100-200 suicide attempts for every suicide death.

2.2. Self-injury

Young people, especially in adolescence, often find it difficult to identify and express their emotions. Problems with self-regulation, a lack of support from the people around them, a lack of friends, emptiness and a sense of loneliness, tension related to school and adolescence, as well as a lack of the ability to effectively cope with stress are conducive to self-injury. They can be thought of as a way to relieve tension, but they are dangerous and do not solve the problem. The statistics of the nationwide and free helpline of the Dajemy Dzieciom Siłę Foundation for children and young people 116 111 (According to a study conducted by the Dajemy Dzieciom Siłę Foundation in cooperation with ABR SESTA and SYNO POLAND, the number 116 111 is the most recognizable helpline in Poland in the group of people aged 12 to 17. <http://media.fdds.pl/178702-codziennie-odbieramy-telefony-z-wolaniem-o-pomoc-dramatyczne-statystyki-telefonu-zaufania-116-111-za-2021-rok>) indicate an increase in psychological interventions related to self-injury. The number of children reporting with this type of problem is increasing. In 2016, 1,414 young people needed help related to self-injury, 2,500 in 2018, 3,119 in 2000 and 3,301 in 2022 (The Dajemy Dzieciom Siłę Foundation. Helpline Statistics, 2023). The report prepared by the Dajemy Dzieciom Siłę Foundation on violence against children and young people (2023) shows that boys are less likely than girls to self-injure, and that self-injury is more common in urban than rural areas. Disfunctions in the family contributed to self-injury - most often a mental illness of a household member, then drug abuse by a household member, and alcohol abuse by a household member. The chance of self-injury was 4 times higher among those who experienced peer violence, 2.5 times higher among those who were sexually abused without physical contact, and 2 times higher among those who were physically neglected than among adolescents without such experiences. The risk of self-injury was higher in people who had

experienced peer violence and lacked social support from adults (The Dajemy Dzieciom Siłę Foundation, *Diagnosis...*, 2023, p. 73).

2.3. Depression

Adolescence is the period when more or less severe mental health disorders and depression may occur. It is estimated that about one-third or even half of adolescents suffer from these problems – and in most adolescents they are temporary (Bomba i wsp., 2002; Bomba, 2011). The onset of symptoms of mental health disorders – in generally healthy adolescents – is associated with identity formation and the resulting personality development crisis.

According to the National Health Fund (NFZ), in 2017 12,100 people below the age of 18 were treated for depression. In 2021, 25,300 children and adolescents required specialist help of that kind. It is assumed that the number of cases of depression among children and adolescents is higher than the official data, since not all cases of people with depression are diagnosed.

Experts estimate that about 2% of children and about 20% of adolescents suffer from depression in Poland. Data from the National Health Fund indicate that the number of people below the age of 18 for whom prescriptions for antidepressants have been filled is growing (Kuta, 2022).

2.4. Anxiety disorders

Anxiety disorders are considered to be some of the most common mental disorders in children and adolescents. It is estimated that 7.3% of children and adolescents aged 7-17 years have internalizing disorders (e.g., withdrawal, somatic symptoms, depression, anxiety, and phobias). Fears and anxiety that do not allow them to function normally are being increasingly reported by children calling the 116 111 helpline (glos.pl, 2023). In 2022, the issue of anxiety appeared 10,082 in the helpline of the Dajemy Dzieciom Siłę Foundation (on average 27.6 times a day). Young people said that they felt permanent fear and anxiety. These conditions negatively affected their daily activities. Girls were more likely than boys to report this problem (69% of girls vs. 30% of boys). The number of young people reporting anxiety is high. In 2016, it was the subject of conversation in 7658 contacts; In 2018, anxiety was reported 8,865 times; in 2020 – 11354, and in 2022 – over 10,000 times (The Dajemy Dzieciom Siłę Foundation. Helpline Statistics, 2023). It should be remembered that these data

do not fully reflect the problem. Many children are not provided with psychological or therapeutic help and are not listed in the psychiatric health system. Many have never used the helpline either, despite the difficulties they have experienced.

3. Mental health care - possibilities

The basic principle of therapy for children and adolescents with mental health problems is comprehensiveness. It consists of a psychological, pedagogical (functioning of the child at school) and medical (neurological and psychiatric) diagnosis, as well as a multidirectional treatment process, psychological and therapeutic assistance and social support. The process of restoring mental health to children and adolescents takes into account the broad contexts of family, peer and school life. Meanwhile, both the system of psychiatric assistance for people below the age of 18 and the education system in the field of mental health care require new solutions and a strengthening of existing good practices in this area.

3.1. Child and adolescent mental health care system

An audit performed by the Supreme Audit Office (2020) found that the system of psychiatric treatment for children and adolescents in Poland does not provide children and adolescents with comprehensive and universally accessible psychiatric health care. This condition is due to several reasons. First of all, there is not enough psychiatrists and child neurologists in Poland, which significantly delays the diagnosis of disorders and their treatment. At the end of March 2019, there were 419 doctors working as child and adolescent psychiatrists, 169 were specialists in training, and the national consultant in the field of child and adolescent psychiatry indicated a shortage of about 300 doctors in this field. According to the data provided on the government website, in 2023 there were 493 child and adolescent psychiatrists practicing the profession (Ministry of Health. Department of Public Health, 2023), which still did not fully meet the demand for this type of consultants.

According to the auditors from the Supreme Audit Office, the biggest problem is the uneven distribution of child and adolescent psychiatrists in Poland and the lack of prevention both in psychiatric care and in the education system. The report points out that the school education system does not guarantee easy access to psychological and pedagogical care. Many schools do not employ either a pedagogue or a psychologist on separate positions (Supreme Audit Office on the Availability of Psychiatric Treatment for Children and

Adolescents, 2020). Admittedly, the current situation is better when it comes to the employment of pedagogues and psychologists in schools, but it is still not a satisfactory condition. An audit performed by the Supreme Audit Office (2023) showed that there is still a shortage of experienced psychologists and psychotherapists in schools, and the waiting time for specialist psychological assistance from the submission of an application for assistance to obtaining an opinion or certificate took over 61 days, and in extreme cases (about 5% of the cases examined) exceeded 201 days. The problems of the newly established community psychological and pedagogical care centres are also pointed out – in many of them there is a problem with the full staffing of certified psychotherapists and problems with the availability of psychiatric care facilities. This access is uneven in Poland. There are regions where there is a shortage of places in child psychiatry wards and child psychiatry outpatient clinics (Supreme Audit Office "Za dużo...", 2023)

3.2. System of education - pedagogical and psychological support at school

In Poland, the obligation to employ psychologists in educational institutions was introduced as of the 2022/2023 school year. As it turns out, the problem is the conversion of the number of full-time hours to the number of pupils / students in the school. This is an incomprehensible procedure, which means that in many schools psychologists are employed on a part-time basis (sometimes for 3-4 hours a week). Meanwhile, both incidents and serious psychological crises of pupils / students can happen on any day of the week and often require longer intervention and systematic and coordinated help. Psychological support at school is a necessary initiative, but it requires refinement in the number of full-time positions, funding of school psychologists and a strict definition of the duties of school psychologists and pedagogues.

According to the legislation, the need for psychological and educational support in a kindergarten, school or other educational institution stems, in particular, from social maladjustment; from the risk of social maladjustment; from behavioral or emotional disorders; special talents; specific learning difficulties; competence deficits and language impairments; from a chronic disease; crisis or traumatic situations; educational failures; environmental negligence related to the living situation of the pupil / student and their family, the way in which they spend their free time and social contacts; adaptation difficulties related to cultural differences or changes in the educational environment, including those related to previous education abroad (Announcement of the Minister of Education and Science, 2023).

Unfortunately, this support, as has already been mentioned, is not enough. According to the GrowSPACE Foundation's Report, there is a shortage of 27.32% of psychologists in Polish schools for the 2023/2024 school year. As many as 450 declared that they do not currently have a single vacancy filled. In some provinces, the shortages are above 52%. There are also situations in which one psychologist works in several schools and is employed in each of them for a few hours a week. The aforementioned study was conducted in 91% of Polish local governments, and the results clearly indicate that psychological care and assistance is not provided in all schools (Pacuła, 2023).

At the same time, the above-quoted report of the UNAWEZA Foundation shows that many young people have a negative attitude towards psychological help. Among the surveyed students, 8% of them have never sought help from a school psychologist because they do not believe that such support can be effective, and 6.9% do not seek help from a psychologist because they do not believe that the psychologist will keep a secret. Only 1 in 20 students declares that they would seek help from a psychologist in difficult situations; 43.1% of them believe that teachers do not care about their future, 49.6% declare that they do not trust other people, 53.2% of respondents seek support from parents in difficult times (Dębski, Flis, 2023, p. 22). This situation requires awareness-raising activities in the field of mental disorders and the scope of tasks of the psychologist at school, not only among pupils / students, but also their parents and teachers.

Conclusions

Mental health problems in children and adolescents are not only problems for the child and their family. It is also a problem of the education system, the health care system, and society in general when it comes to the costs of medical and therapeutic care. Disturbing and growing phenomena hindering the daily functioning of children and adolescents require intensive corrective, educational and preventive actions of various degrees.

In Poland, access to psychological and psychiatric care is uneven. This state of affairs is partly due to the imperfections of the medical care system (e.g. a spatial accessibility of healthcare facilities, lack of specialists) and school care (e.g. a small number of psychologists), and partly due to other reasons. These include the socio-economic status, the level of education, prejudice against specialists – psychiatrists, pedagogues and psychologists, as well as harmful stereotypes and myths about mental disorders and mentally ill people.

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