



## Priority activities in the area of mental health for the years 2016-2020



Task financed from the resources  
of the 2016-2020 National  
Health Plan

**WPK DORADZTWO**  
Ochrona zdrowia  
Ubezpieczenia zdrowotne



**ISBN 978-83-942213-1-7**

**Edited and redacted by: Sanitas Sp. z. o.o.**

**Editor: Tomasz Kobosz**

**Printed by: Rebellious Investment Sp. z o.o.**



# Priority activities in the area of mental health for the years 2016-2020

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Warsaw, December 2016



Minister of Health



Warsaw, December 2016

Marshals

Starosts

City and Town Mayors

Dear Sir or Madam,

The mental health of citizens is one of the most important resource of the modern society, while the protection thereof constitutes one of the key aspects of the state health policy. The lifestyle of the modern world, the physical, social and working environment expose the mental health of citizens to numerous adverse factors which may deteriorate it and cause the need to receive health services in that scope. To say that there is no health without mental health is not only a cliché, but also indicates the significant role of that aspect of health from a holistic point of view.

The activities that allow to improve the mental health of the society include, in particular, promotion of mental health and prevention of mental disorders. That is why the activities aimed at improving the mental health of the society is one of the key areas indicated in the Public Health Act of 11 September 2015 (Journal of Laws No. 1916) and constitutes one of the operating objectives of the regulation of the Council of Ministers of 4 August 2016 regarding the 2016-2020 National Health Programme (Journal of Laws No. 1492), an executive act for the above Act.

The Ministry of Health would like to present you with the 2016-2020 priorities in the scope of mental health, hoping that this study will allow you to conduct the pro-health policy of the state so as to allow the society to undertake the activities aimed at protecting, reinforcing and increasing the mental health potential.

With regards,

on authority of

the MINISTER OF HEALTH

SECRETARY OF THE STATE

Jarosław Pinkas



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## Introduction by the authors

The report entitled “Priority activities in the area of mental health for the years 2016-2020” was drawn up within the execution of one of the tasks of the 3<sup>rd</sup> operating objective of the “2016-2020 National Health Programme”. The objective is associated with preventing mental health problems and improving the mental well-being of the society.

Our task, as the authors of the report, is to familiarize the readers, in a relatively concise and precise manner, not only the most important issues associated with Poles’ mental health, within the context of the economic and health policies of Poland and the European Union, but also to promote the knowledge of the significance of preventive treatment of mental disorders and daily protection of mental health of every one of us.

Mental health and mental well-being are necessary conditions for every person to function normally in every period of their lives. We need it for development during childhood, while learning at school or later at university, then during the years of our professional activity, as well as while we are seniors. Mental health constitutes our capital necessary for fulfilling the roles of spouses and parents. With it, we can execute our plans and social roles, but also recover from losses and difficulties everyone of us needs to face. The functioning in permanent stress and the inability to maintain the balance between professional and private life, the increasing pace of life and the superficial character of many interpersonal relationships are some of the factors that are destructive for the mental health of many people. Whether we learn to make good decisions and live in such a way as to protect our health depends not only on ourselves, but also on those that develop the conditions for our life in our communes, counties or provinces.

The report is aimed at the self-government units in Poland, because at the local level it is possible to quickly and effectively reach people who, now or in the future, may face mental health problems, such as depression or neurosis. The self-government authorities have the tools which may make the places we live in, as well as our kindergartens, schools, work-

places, the organization of local administration units or the recreational facilities, be available for the citizens of any age, be conducive to promoting physical and mental health. The examples of the preventive programmes indicated in the report, addressed to students, working people or seniors, may effectively protect thousands of people against the destructive effects of stress or depression. Using them as models, or using others which are being developed and implemented by professionals in psychoeducation, may help the local self-government authorities to execute the objectives of their own mental health protection programmes.

The authors of this report on a daily basis deal with the issues of Poles’ public health as well as of the mental health of the people that require psychiatric treatment or psychotherapy. Therefore, we know from practice that mental disturbances and mental health problems have been affecting more and more people living next to us or learning in our local school. If you have an apparently good job, but which you perform in constant stress, or quite opposite, if you don’t have a job for a longer or even a short period of time, family or financial troubles, loss of someone close or relieving stress through alcohol, are some of the causes of depressions, neuroses and even suicides.

Unfortunately, The mental condition of Poles is not the best, which does not mean that we can’t change it. We believe that the report “Priority activities in the area of mental health for the years 2016-2020” will assist many self-government units in Poland to undertake effective activities aimed at improving the mental condition of the inhabitants of Polish villages, towns and agglomerations. Care for your health, understood as the physical, mental and social well-being, present in all the policies in Poland already today, especially closest to the places we live in, provides the opportunity, for every one of us and for our whole communities, for a better tomorrow.

## 1

## Summary

Health is not merely the absence of disease or infirmity. It is the act of pursuing the highest physical, mental and social well-being, as well as the ability to have a satisfactory social and economic life.

Health and well-being are the words from the strategic documents of WHO, OECD and EU which were analyzed upon the preparation of this report, and which are usually used jointly. In the context of health, the English "well-being" is usually translated into Polish as *dobrostan* of each of us separately as well as jointly as a community, but may also be understood as *pomyślność*, *dobro* or even *dobrobyt*. Health as an individual resource of a person, may also be called wealth (Health is Wealth), because it allows you to develop, work and to multiply the goods that you can create, produce or get.

Health is the capital that may bring about the state of physical, mental or social well-being and, as a result, prosperity, while a disease often brings about losses and may lead to poverty. On the other hand, well-being may be conducive to health, while poverty is often conducive to the development of multiple illnesses.

Each of the above-mentioned organizations, in their strategic documents devoted to health, states that several billion, or even several trillion of dollars or euros are lost by the European economy on an annual basis due to premature loss of health or life by tens of millions of the inhabitants of our continent. The diseases that are most significant in epidemiological terms in Europe, which cause the greatest social and economic losses both in Europe in general and in the respective countries of the European Union, include cardiovascular diseases, neoplasms, mental disorders and behavioral disorders. Currently, the order looks like that, but epidemiological projections indicate that over the next 10-20 years, taking into account the rising number of patients, the most common cause of death is going to be neoplasms, while mental illnesses and behavioral disorders are going to become the second most cost-generating health problem of Europe.

The European WHO data indicates that as many as 27% Europeans aged 18-65, i.e. about 83 million

people, feel the symptoms of poor mental health condition at least once a year. Let's add many millions of elderly people who are especially at risk of depressive and anxiety disorders associated with the condition of their health, dependence or loneliness.

Mental disorders, by nature chronic and lasting with varying intensity, often for many years, cause 22% of disabilities in the European Union, calculated by years lived with disability (YLD). The total costs of the poor condition of mental health of the inhabitants of the EU, i.e. both the direct costs, such as treatment, and indirect costs, such as social costs and lost productivity, exceed the amount of EUR 450 billion a year in the EU.

More and more population-based research into the condition of mental health in Europe indicates that the number of people suffering from mental issues associated with pace of living, stress, emotional or financial problems, is rising sharply. Additionally, more and more people consider their mental condition and resilience as poor.

The information on Poles' mental condition may be found in the report entitled "Epidemiology of psychiatric disorders and access to psychiatric healthcare" prepared by EZOP Polska. This allowed to research the occurrence of the most frequently diagnosed mental disorders in our country, such as depression, schizophrenia or substance dependence, as well as the number of people who, because of lack of movement and obesity, accelerating pace of life and work and the associated stress, financial and personal problems, pressure for success and performance, in combination with lack of the ability to rest, relax or lack of support, may require psychiatric care over the next several years. The results of that research indicate that, potentially, the number Poles that are going to require psychiatric care may rise to as many as 6-7.5 million people, from today's ca. 1.6 million people a year.

According to estimates, about 25% Poles of working age suffer from mental disorders, but 75% of them do not receive any professional assistance. The data from the research indicates that about 1.5

million Poles deal with episodes of depression, strong depression or dysthymia, i.e. short-term mood disorders of dysphoric-depressive and anxiety-depressive character. According to various estimates, between 330,000 and 400,000 people suffer from schizophrenia, but fewer than 190,000 are treated from the funds from the National Health Fund. People suffering from mental disorders are less effective at work, and many of them are incapable of working, periodically or permanently. For that reason, the economy and the society, but in particular those persons, suffer great losses.

On the basis of the estimates of the experts from the WHO, OECD and EU, we may assume that the costs of mental disorders in Poland (the total direct and indirect costs) amount to ca. 3-4% of the annual Gross Domestic Product.

According to the Central Statistical Office of Poland (GUS), in 2015 Polish GDP amounted to PLN 1.79 trillion. This means that the costs of all the mental disorders in 2015 amounted to between 54 and 72 billion zloty.

Health and the health care system constitute one of the three fundamental priorities of the "Europe 2020" economic development strategy of the European Union, which states: "The development that is conducive to social inclusion, the support for economy with high level of employment, and ensuring social and territorial cohesion". One of the objectives of the "Europe 2020" strategy is to reduce the number of people at risk of poverty and social exclusion by 20 million. The EU development strategy assumes that the general employment rate in the EU is going to rise to 75%.

Some of the key activities that need to be undertaken in order to achieve that goal, is healthcare, health prophylaxis, as well as the activities that will allow to keep as many people as possible healthy in all the age groups, and better access to health services of high quality and effectiveness. Therefore, the EU countries should also act to support mental health. 25 member countries of the EU, as well as Iceland and Norway, established the organization Joint Action on Mental Health and Wellbeing (JA MH-WB), the objective of which is to develop and promote the solutions that will contribute to promoting the health and well-being of societies, to preventing mental illnesses and disorders, and to improving the care over the persons afflicted with those disorders,

as well as to increasing the social integration of people with mental disorders in Europe. The main task of that organization is to develop the European-level frameworks of activities for mental health. In January 2016, JA MH-WB published the document entitled "European Framework for Action on Mental Health and Wellbeing" which specifies the framework and sets 5 areas of activities for mental health and well-being.

These include:

- promoting mental health at the workplace;
- mental health and schools,
- preventing depression and suicide, and e-health approaches
- transition to community-based and social-inclusive mental health care,
- mental health in all policies

The Polish health policy, the tools of which include the Public Health Act of 11 September (Journal of Laws No. 1916), the regulation of the Council of Ministers of 4 August 2016 regarding the 2016-2020 National Health Programme (Journal of Laws No. 1492) and the Act on Improvement of the Mental Well-Being of Poles of 19 August 1994 (Journal of Laws of 2016, items 546 and 1245), also mentions the development objectives for Poland until 2020, and even until 2030. Just like all over Europe, so in Poland without active, organized and multi-level activities aimed at supporting and promoting mental health, we will be facing an economic standstill and an economic-social crisis of the scale that is difficult to imagine. The local communities, as well as the self-government authorities of our communes, counties and provinces, play a very important role in preventing such course of events. The numerous examples stated in the Joint Action on Mental Health and Wellbeing documents indicate that it is local activity, neighbour associations or small non-governmental organizations, supported by and in cooperation with self-government authorities, that undertake effective activities that actually improve the physical and mental condition of Poles. Therefore, it is not an accident that the 2016-2020 National Health Programme includes over 70 tasks assigned only to local self-government authorities or jointly.

The operational objectives, in which the role of local self-government authorities is of key significance,

include most of the National Health Programme objectives for the upcoming years. Although only two operational objectives mention mental health directly: 2. Preventive treatment and solutions for the problems associated with psychoactive substances, behavioral addictions and other hazardous behaviors and 3. Preventive treatment for mental health problems and improvement of the mental well-being of the society, in fact mental health is indirectly protected through most of the operational objectives of the 2016-2020 National Health Programme.

The analyses prepared within the works on the report indicate that the priorities of protection of mental health for the years 2016-2020 include:

- improving the mental condition of the whole population by promoting a healthy lifestyle,
- developing and protecting the mental health of children and youth, preventive treatment and early diagnosis of depression and behavioral disorders which may lead to mental disorders, addictions or constitute symptoms thereof,
- supporting the mental health of employees in the scope of dealing with stress, preventive treatment and early diagnosis of depression, and the ability to maintain the balance between work and private life,
- improving the mental health of the people from the groups at risk of depression and suicides,
- keeping the elderly active.

The report specifies examples of good practices in the scope of organization of mental health preventive treatment programmes for youth, for the whole population of a province, for employees and seniors. They refer to depression, prevention of suicides, handling of stress and management of own life energy in order to live a healthy life and in order to maintain the balance between private and professional life. It also includes advice and recommendations for how the local self-government authorities should develop effective health policy programmes with regard to promotion of mental health and preventive treatment of mental disorders. The most important ones include cancelling the previous activity-based attitude to preventive treatment, treating the area of mental health as an important component of health and healthy lifestyle, and only using verified models of the programmes of preventive treatment of mental disorders, prepared by the people with competences and experience in psychoeducation.

## 2 Mental health protection in strategic international documents

### 2.1 Mental health as individual and collective capital

Contemporary scientific research (not only in medicine, but also in psychology, sociology or economy) indicates unequivocally that health is not only the opposite of disease or disability. It is the act of pursuing the highest physical, mental and social well-being<sup>1</sup>, as well as the ability to have a satisfactory social and economic life<sup>2</sup>.

Health depends not only on genetic, psychophysical and social factors, but also on one's lifestyle and spiritual dimension. That is why our health, and the ways to protect it, should be thought about and discussed, and should be acted upon, not only in the medical context, but in a much broader one.

WHO as well as other international organizations, such as the Organization for Economic Cooperation and Development (OECD) or the European Union, as well as the governments of the countries that are members of those organizations, together with the authorities of regional or local self-governments and non-governmental organizations (NGO), supported by experts from many fields, have been attempting to protect health while respecting human rights, both in the interests of each of us individually, but also in the interests of the community of people and societies.<sup>3</sup>

The flagship slogans of the most important strategic documents which, for the last decades, have been setting the directions of activities and development of healthcare all over the world, include "Health for All", i.e. the Millennium Objective promoted by the WHO since 1970s, and "Health in All Policies", in effect since 2006 and the Finnish presidency of the European Union.<sup>4</sup> It seems that health, as a universal value and a physical, mental and social condition, should naturally be the priority of a state that serves its citizens.

However, a state does not only consist of a government and its administration, but also its self-government authorities

*"Mental health in all policies" is the most important recommendation resulting from the analysis of the strategic documents of the WHO, OECD and EU devoted to mental health.*

*The recommendations from these organizations are specified to the fullest and most detailed extent by the European organization Joint Action on Mental Health and Wellbeing:*

- *promoting mental health at the workplace;*
- *mental health and schools,*
- *preventing depression and suicide, and e-health approaches*
- *transition to community-based and social-inclusive mental health care,*
- *mental health in all policies*

<sup>1</sup> 1946 Constitution of the World Health Organization.

<sup>2</sup> Social determinants of health.

<sup>3</sup> *Spirituality and health: an initial proposal to incorporate spiritual health in health impact assessment*, 2003 <http://www.who.int/hia/examples/overview/whohia203/en/>.

<sup>4</sup> Leppo K., Ollila E., Peña S., Wismar M., Cook S., *Health in All Policies. Seizing Opportunities, Implementing Policies*, Ministry of Social Affairs and Health Finland, National Institute for Health and Welfare, European Observatory on Health Systems and Policies, UNRISD, Ministry of Foreign Affairs of Finland, 2013.

at various levels that are most familiar with the local communities and their problems, as well as numerous organizations that unite people with various views and goals. Similarly, a society is not only a groups consisting of individuals, but, in particular, a community which, for various reasons, includes the people, the health of whom may cease to be called good based on the contemporary definition of that word.

Health and well-being are the words which are usually used jointly in the documents of the above-mentioned organizations. In the context of health, the English "well-being" is usually translated into Polish as *dobrostan* of each of us separately as well as jointly as a community, but may also be understood as *po-myślność*, *dobro* or even *dobrobyt*. Health as an individual resource of a person, may also be called wealth (Health is Wealth), because it allows you to develop, work and to multiply the goods that you can create, produce or get. A lot of research as well as daily observations prove that health is the capital that may bring about the state of physical, mental or social well-being and, as a result, prosperity, while a disease often brings about losses and may lead to poverty. On the other hand, well-being may be conducive to health, while poverty is often conducive to the development of multiple illnesses. That situation refers both to individual people in every country, but also to various ethnic and social groups, and often - whole nations. Lack of a component of health, i.e. physical health, mental health or social health, in the lack of or insufficient support from the state, local community, family or friends, leads to inequality between the healthy and the ill, which is conducive to isolation and social exclusion.

It is not an accident that health and individual well-being are associated with prosperity. It is proven by numerous studies based on economic analyses

which demonstrate that illnesses cost much more than just the amounts we spend on treating them. That is because the costs of illnesses include not only the costs of their direct treatment, but also the indirect costs associated with absenteeism and sickness benefits paid out by the employers and social insurance systems, as well as the lost incomes resulting from lack of production or sales, which affects the incomes of employees, employers and states. Each of the above-mentioned organizations (WHO, OECD, EU), in their strategic documents devoted to health, states that several billion, or even several trillion of dollars or euros are lost by the European economy on an annual basis due to premature loss of health or life by tens of millions of the inhabitants of our continent.

Most diseases people have - and, based on projections, are going to have in the upcoming decades - are the so-called diseases of affluence. The diseases that are most significant in epidemiological terms in Europe, which cause the greatest social and economic losses both in Europe in general and in the respective countries of the European Union, include cardiovascular diseases, neoplasms, mental disorders and behavioral disorders. Currently, the order looks like that, but epidemiological projections indicate that over the next 10-20 years, taking into account the rising number of patients, the most common cause of death is going to be neoplasms, while mental illnesses and behavioral disorders are going to become the second most cost-generating health problem of Europe.

In many countries, mental illnesses constitute a significant health problem which, for many reasons, remains neglected. So far little, or not enough, has been done to promote the issue of mental health in the society but also among the decision-makers responsible for health and social policies. Meanwhile, the problem is non-trivial and in order to solve it, or at least to significantly reduce its scale, we need multi-path, consistent, multi-annual activities including not only deep organizational and financial changes in the structure of the mental health treatment system, but also the system of education, social welfare and labor market. That is because the main point is not better organization of professional psychiatric, psychotherapeutic or psychological assistance for people with diagnosed mental disorders. The main point is to organize educational activities aimed at gaining:

**Picture 1. Health condition, well-being and economic development**



Source: Gujski M., Kalbarczyk W.P., Tytko Z., Ścibek A., *Zdrowie priorytetem politycznym państwa analiza i rekomendacje* (Health as a political priority of the state: analysis and recommendations), 2nd revised issue, Instytut Ochrony Zdrowia, Warsaw 2013, p. 97.

- the ability of developing relationships with your social surroundings,
- the ability of effectively experiencing both your successes and losses,
- the acceptance of help and support from others and the ability to benefit from them,
- assertiveness,
- the ability to handle the stress associated with the accelerating pace of life and work.

The point is to promote the attitudes and healthy lifestyles among children, youth and professionally active people, but also to support the mental health of the growing numbers of seniors, 65+ and psychogeriatrics. The activities also have to include assistance for caregivers of the persons with mental disorders, but also professionals as a group that is particularly at risk of burnout and depression. Therefore, the scale of needs in terms of primary preventive treatment of mental and behavioral disorders is huge, and the treatment should be provided near people's places of residence, in schools and workplaces, with the use of state-of-the-art IT technology and means of communication. These areas are indicated by the WHO, OECD and European Union.

## 2.2 WHO

The documents of the WHO Regional Office for Europe "Health 2020 A European policy framework and strategy for the 21st century"<sup>5)</sup> and "Health 2020: a European policy framework supporting action across government and society for health and well-being"<sup>6)</sup> unequivocally demonstrate "good health is necessary for economic and social development and has a significant impact on the life of every person individually, every family and community"<sup>7)</sup>. These documents set the strategic objectives to be achieved until 2020 in the scope of health pro-

tection, in the European countries that belong to the WHO. These include:

- **stronger equality and better governance for health,**
- **improving health for all and reducing health inequalities,**
- **improving leadership and participatory governance for health,**
- **working together on common policy priorities for health.**

### The priority areas are:

- **for objective 1:** investing in health through a life-course approach and empowering people,
- **for objective 2:** tackling Europe's major health challenges: non-communicable and communicable diseases,
- **for objective 3:** Strengthening people-centered health systems, public health capacity and emergency preparedness, surveillance and response,
- **for objective 4:** creating resilient communities and supportive environments.

When analyzing the problems of mental health in the European area, the WHO Regional Office for Europe, together with an extensive group of experts from its member states, developed the document entitled "The European Mental Health Action Plan"<sup>8)</sup>. The whole document is devoted to the activities aimed at improving the mental health of the Europeans, addresses the four priority areas of the new European policy for health and well-being defined in Health 2020, and constitutes a valuable contribution in the execution thereof. Its establishment results from the cascade-based model of activity of the WHO and from the development by the WHO global headquarters of the "WHO Global Mental Health Action Plan «WHA66.8»"<sup>9)</sup> and is a response to the 2008 UN Convention on the Rights of Persons with Disabilities<sup>10)</sup>. It also includes the most important conclusions from the European Pact for Mental Health

<sup>5)</sup> *Health 2020. A European policy framework and strategy for 21st century*, [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/199532/Health2020-Long.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1).

<sup>6)</sup> <http://www.euro.who.int/en/publications/abstracts/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-beinga>.

<sup>7)</sup> *Health 2020. A European policy framework and strategy for 21st century*, s. 11, [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/199532/Health2020-Long.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1).

<sup>8)</sup> *The European Mental Health Action Plan, WHO Europe*, 2013, [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/194107/63wd11e\\_Mental-Health-3.pdf](http://www.euro.who.int/__data/assets/pdf_file/0004/194107/63wd11e_Mental-Health-3.pdf).

<sup>9)</sup> WHO Global Mental Health Action Plan 2013-2020, WHO 2013, [http://apps.who.int/gb/ebwha/pdf\\_files/WHA66/A66\\_R8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf).

<sup>10)</sup> Convention on the Rights of Persons with Disabilities, UN 2008 <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.

and Wellbeing of June 2008, established during the Slovenian presidency of the European Union.<sup>11</sup>

The starting point for developing the "Action Plan" was the comprehensive discussion with the leading experts in the issues of mental health from many countries, and the analysis of the situation associated with mental and behavioral disorders in the European countries of the WHO. **The conclusion of that discussion is the first sentence of that strategic document: "The promotion of mental health and prevention and treatment of mental disorders are of fundamental significance for protecting and improving the quality of life, well-being and productivity of individuals, families, employees and local communities, thus strengthening the society as a whole and making it more resilient"**. The document emphasizes all the human and civil rights of the people suffering from mental disorders, the right to realize their aspirations, access to assistance and treatment adequate to their needs, which should be provided in their environments, near their place of residence, so that they can continue to learn and work, and to fully participate in the life of their society. Such an approach to the issues of mental health, adopted through interdepartmental cooperation, with the participation of not only medical structures and professionals, but also of government and self-government administration and non-governmental organizations and local communities that are active in the non-medical areas of life, helps to reduce the scale of exclusion of people with mental disorders. **The data, analyses and conclusions from the research or publications, invoked in that document, demonstrate that what is of key significance for reducing the scale of stigmatization and exclusion of people with mental disorders, is permanent social education regarding mental health and people who suffer from mental disorders.**

"The European Mental Health Action Plan" defines seven objectives which should be achieved by the European states, in the scope of health protection and treatment of mental disorders. Four constitute the main objectives, and three - cross-cutting. A communication issued stated that: **"Actions undertaken by the respective countries should be prioritized according to needs and resources at**

**national, regional and local levels"**. That is because the conducted analyses demonstrated that the scale of diversity of the problems and challenges faced by psychiatry and mental healthcare in the respective European countries, is very big.

**Four main objectives:**

- Everyone has an equal opportunity to realize mental well-being throughout their lifespan, particularly those who are most vulnerable or at risk
- People with mental health problems are citizens whose human rights are fully valued, respected and promoted
- Mental health services are accessible, competent and affordable, available in the community according to need
- People are entitled to respectful, safe and effective treatment

**The remaining 3 objectives** of cross-cutting/interdepartmental character:

- Health systems provide good physical and mental health care for all
- Mental health systems work in well-coordinated partnership with other sectors
- Mental health governance and delivery are driven by good information and knowledge.

Under the rule of drawing up the strategic documents of the WHO, every objective is associated with the assumed, measurable results which should be achieved during the plan execution period. The process of reaching those results should be monitored, and the results should be achieved periodically, so as to adjust the activities undertaken. Therefore, the "Plan" describes the assumed results and the means of measuring them, but, most importantly, it also contains the examples of activities which should or may be conducted in order to achieve every one of the above-mentioned seven objectives. Only a small proportion of those activities belong to the competences of the central authorities, the whole government or the respective ministries. Most belong to the competences and capacities of self-government authorities, local communities, non-governmental organizations connected with health, the associations uniting employers and employees, as well as

<sup>11</sup> *European Pact for Mental Health and Well-being*, EU High-level Conference Together for Mental Health and Wellbeing, Brussels, 12-13 June 2008.



single employers, families and even individuals. The scope of that study does not allow to present all the example activities under each of the seven objectives of that plan, so we are going to state the examples which may be, to the highest extent, executed at the level of local communities by self-government authorities in cooperation with non-governmental organizations and professionals in mental health and well-being.

**Objective 1. Everyone has an equal opportunity to realize mental well-being throughout their lifespan, particularly those who are most vulnerable or at risk.**

**Example activities:**

- provide opportunities for pre-school education and encourage parents to value the home as a learning environment, such as play, reading to children and family meals;
- offer universal and targeted mental health promotion programs in schools, including early identification of emotional problems in children and action on bullying;
- promote lifelong learning: improving literacy, numeracy and basic skills in those who are most deprived and excluded;
- create incentives for employers to reduce psychosocial and job-related stress, enhance stress management and introduce simple programmes to promote wellbeing in the workplace of employees and their families,
- encourage optimal organization of work and working hours to achieve work-life balance,
- promote healthy nutrition and physical activity for all age groups, through sport and other activities, and provide safe play space for children,
- promote the establishment and protection of healthy places outdoors and contact with nature,
- provide living spaces and neighbourhoods that are safe, convenient and accessible, as defined by older people themselves; and that facilitate their participation, mobility and autonomy.

**The activities proposed by the Regional WHO Office for Europe include:**

- strengthen awareness of the impact of the social determinants of health on mental health, the importance of mental health as an intermediary determinant, and the contribution of population mental health to public health,
- identify interventions and develop care pathways for prevention of and early intervention in harmful stress and its consequences at individual and population levels,
- support the promotion and dissemination of sound educational programmes, covering suicide prevention, stigma and discrimination, alcohol and drug use and dementia,
- disseminate evidence of effective workplace interventions to Member States.

“The European Mental Health Action Plan” promotes the development of community-based psychiatric care at the level of local communities of the population of no more than 200,000-250,000 people. It should be based on complex centres offering, depending on the needs of a particular person with mental disorders, the services in the form of psychological, psychotherapeutic or psychiatric assistance, provided on an outpatient basis, on a daily basis or, in case of need, twenty-four hours a day, including through hospitalization. It recommends gradual and consistent departure from the “asylum” model with psychiatric hospitals located on the outskirts of cities or away from cities, in favor of community-based care, with hospitalization limited to the necessary minimum level in small psychiatric wards and specialist centres dealing with serious mental illnesses which should operate within local general hospitals. It recommends far-reaching deinstitutionalization of psychiatric care which, due to easily accessible community-based care centres and, in case of need, due to effective medications, may be provided in the place of residence of the person with mental disorders or illnesses. “The European Mental Health Action Plan” emphasizes the importance of interdepartmental and society-wide involvement in the achievement of the objectives set.

In 2016, 5 years after the publication of the first edition of “mhGAP Intervention Guide for mental, neurological and substance use disorders in

non-specialized health settings<sup>12</sup>), the WHO experts published a new version of that useful guidebook, the name of which was expanded with "Version 2.0"<sup>13</sup>. The document will be hereinafter referred to as the "mhGAP Intervention Guide 2.0". It includes the guidelines and algorithms for conduct of the persons without professional medical education but who may undertake an effective intervention while dealing with the persons who may suffer from mental disorders, neurological diseases or who may be under the influence of intoxicating substances. The algorithms, presented on simple diagrams, were developed on the basis of experience based on the activities with proven effectiveness, by a team of experts that, on a daily basis, deal with diagnosing, assisting and providing therapy to people with mental, neurological disorders or who take intoxicating substances. **With "mhGAP Intervention Guide 2.0", the social welfare workers, teachers and even self-government administration officials, may learn to recognize the symptoms of the most frequent mental and behavioral disorders, such as depression, neurotic disorders, schizophrenia, self-mutilation or suicide attempts, and to effectively help the people with such symptoms by undertaking the activities consistent with the applicable standards. Unfortunately, there exists the common misconception that a person with the above-mentioned disorders may only be assisted by a professional.** Both editions of the "mhGAP Intervention Guide 2.0" serve to stop such stereotypical thinking and, in many countries in the world, they have already helped thousands of people, as they received the first assistance from the people without professional medical education in mental health.

## 2.3 OECD

The Organization for Economic Cooperation and Development (OECD) unites 35 of the most economically developed countries in the world, and its strategic studies concentrate on the economic aspects of health, including, naturally, mental health. In 2014, OECD published the report entitled "Making Mental Health Count"<sup>14</sup>. It contains numerous pieces of information on the direct and indirect costs of mental illnesses, including the costs of social benefits resulting from sickness absenteeism, as well as the costs of lost productivity resulting from the fact that people with mental disorders prematurely leave the labor market, or the fact of their ineffective work caused by poor mood (presentism or presenteeism). The gigantic scale of those costs stated in the report makes mental disorders one of the most serious factors that have a negative impact on economic development.

Also, OECD developed several reports devoted to the issues of mental health and work, in the series entitled "Mental Health and Work". These include: *Fit Mind, Fit Job. From Evidence to Practice in Mental Health and Work*<sup>15</sup> as well a series of reports devoted to those issues in such countries as Australia, Austria, Switzerland, Denmark, Norway, Sweden and Belgium. It also issued the *Mental Health and Work Review* which contains the information on the impact of mental illnesses on the labor market and the resulting economic losses. This is the most important data from the OECD publications:

### **The most important data on mental illnesses in OECD countries<sup>16</sup>**

- 5% of working-age population suffers from serious mental illnesses, and another 15% - from the most frequent mental disorders,
- every other person experiences mental health disorders during their lifetime,

<sup>12</sup> *mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings*, WHO 2010, [http://apps.who.int/iris/bitstream/10665/44406/1/9789241548069\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44406/1/9789241548069_eng.pdf).

<sup>13</sup> *mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings. Version 2.0*, [http://www.who.int/mental\\_health/mhgap/mhGAP\\_intervention\\_guide\\_02/en/](http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/).

<sup>14</sup> *Making Mental Health Count. The Social and Economic Costs of Neglecting Mental Health Care*, "OECD Health Policy Studies", 2014, <https://www.oecd.org/health/health-systems/making-mental-health-count-9789264208445-en.htm>.

<sup>15</sup> *Fit Mind, Fit Job. From Evidence to Practice in Mental Health and Work*, [In series:] *Mental Health and Work*, OECD 2015.

<sup>16</sup> Selected information from the reports: *OECD Making Mental Health Count. The Social and Economic Costs of Neglecting Mental Health Care; Fit Mind, Fit Job. From Evidence to Practice in Mental Health and Work* oraz *Factsheet, Highlights from OECD's Mental Health and Work Review*.

- the persons with serious mental disorders die even 20 years earlier than the average age for the general population,
- the persons with serious mental disorders are unemployed 6-7 times more frequently than healthy persons, and people with mild or moderate disorders are unemployed 2-3 more frequently than healthy persons,
- the direct and indirect costs of mental illnesses may exceed 4% of the Gross Domestic Product,
- the most frequent cause of premature death of people with severe depression, bipolar disease or schizophrenia, is chronic diseases, such as cardiovascular diseases.

**Mental illnesses are common, and their prevalence is not rising:**

- mental illnesses appear more frequently in young adults, women and people with lower level of education,
- mild and moderate mental disorders appear most frequently. Serious mental illnesses and disorders are rare,
- in young people, mental disorders appear, on average, at the age of 15,
- anxiety disorders appear in particular in young people.

**Many people with mental disorders work, but just as many want to work but are not hired by employers:**

- the employment rate of the people with mental disorders in the OECD countries is 55-70% on average, i.e. 10-15 percentage points below the people without such disorders,
- that employment gap is responsible for huge losses for the economy, for the people with mental disorders and their families,
- many people with mental disorders find it impossible to find employment - they are unemployed twice more often than healthy persons,
- working-age people with mental disorders often live on unemployment benefits, not on disability pensions.

**The losses in productivity, caused by mental disorders, are huge:**

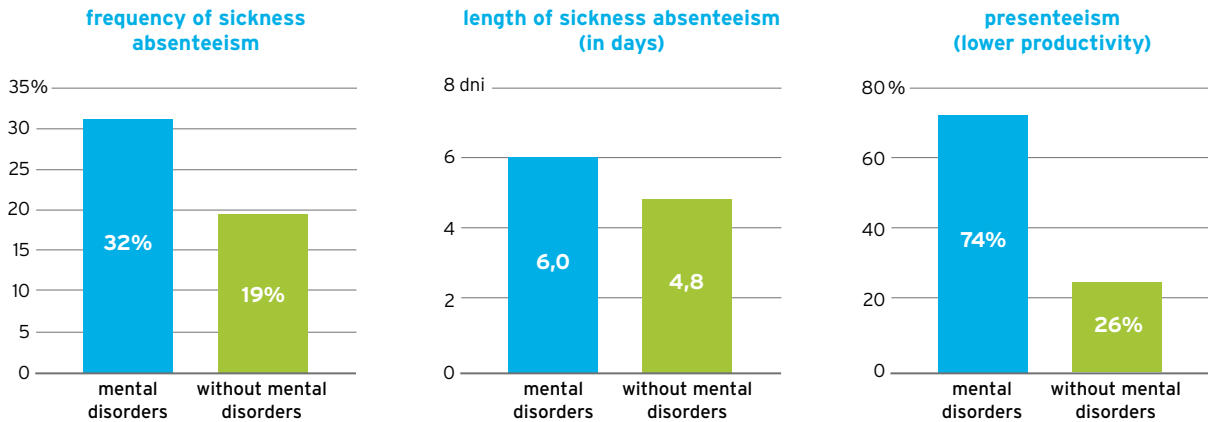
- the employees with mental disorders are absent from work for health-related reasons much more

often than other employees (32% vs. 19%), and their absences are longer (6 days in comparison with 4.8 days),

- many employees with mental disorders do not take medical leaves, but may be less effective at work for health-related reasons: the work productivity of 75% of all the employees with mental disorders over the last 4 weeks was decreased, in comparison with only 26% of other employees.
- such high losses of productivity suggest that the policies focusing on illness monitoring and governance, are of key importance. However, they are not sufficient, because in many cases the interventions and support are provided too late. What is key is working conditions of good quality and, in particular, proper management. Proper therapy may improve the employment rates of people with mental disorders, but inadequate treatment is a common phenomenon.
- the opportunity for staying in the labor market or returning to work increases in the case of a treatment that is adequate to the needs. The treatment of people with mental disorders also causes better results in the scope of their employment,
- in the OECD countries, almost 50% people with serious mental disorders and 70% people with moderate disorders, do not receive any treatment,
- in the OECD countries not only are the treatment rates very low, but also the treatment applied is often inadequate,
- this is caused by the fact that ca. 50% of the people with serious mental disorders, and as many as 2/3 of the people with moderate mental disorders, are not treated by specialists, but only by general physicians, who are not sufficiently prepared to treat people suffering from mental disorders even at the level of minimum therapeutic standards.

**The conclusions included in the above-mentioned OECD reports demonstrate, among others, the need to conduct the health policy that is going to prevent mental disorders, as well as recognize and intervene in the case of the occurrence thereof at the earliest stage possible. The policy should be executed both at schools and at workplaces, to prevent absence from learning, sickness absenteeism or loss of employment.**

Diagram 1. Absenteeism and presenteeism of persons with and without mental disorders



Source: Factsheet, Highlights from OECD's Mental Health and Work Review, p. 2.

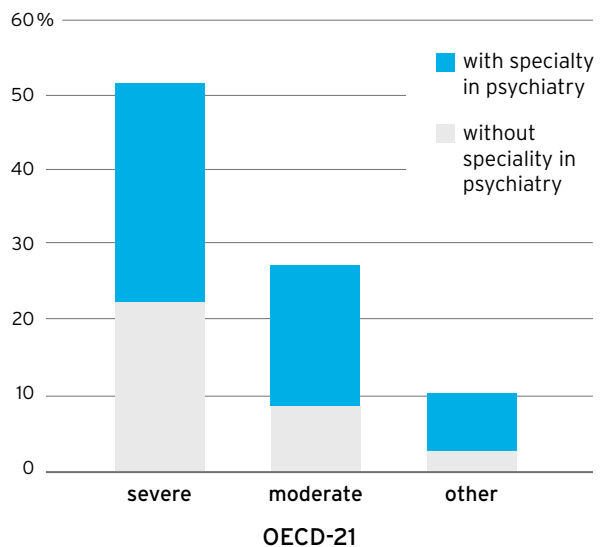
**A lot of emphasis should be placed on the issue of adequate treatment, in particular for working-age people at risk of losing their jobs, and for the unemployed people who suffer from moderate mental disorders. This requires far-reaching cooperation among the healthcare services, employment agencies and social welfare units.**

According to the OECD experts, a health policy in the scope of mental health, the goal of which will be to decrease the costs of mental disorders, will have a significant, positive impact on the economic development of the states and on the well-being of their citizens. This also requires activities in the fields of health education and promotion, a change in the model of organization of psychiatric care from "asylum-and-hospital-based" to community-based and deinstitutionalized, easier access to effective drug treatments, and integration of health and social care so that they are conducive to retention, in the labor market, of the people suffering from mental disorders.

## 2.4 European Union

The framework of the health policy of the European Union countries until 2020, are specified in two documents: the development strategy entitled: "Europe 2020 A strategy for smart, sustainable and inclusive growth" <sup>17</sup> and the Regulation of the

Diagram 2. Percentage share of the people treated by psychiatrists and other physicians (not specialized in psychiatry), by severity of mental disorders



Source: Factsheet, Highlights from OECD's Mental Health and Work Review, p.3.

<sup>17</sup> European Union Communication: Europe 2020 Strategy for smart and sustainable development conducive to social inclusion, KOM (2010) 2020 final version, Brussels, 3 March 2010, [http://ec.europa.eu/eu2020/pdf/1\\_PL\\_ACT\\_part1\\_v1.pdf](http://ec.europa.eu/eu2020/pdf/1_PL_ACT_part1_v1.pdf).

European Parliament and of the Council on establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020<sup>18</sup>, as well as the recommendations from the EU Council<sup>19</sup>.

**Health and the health care system constitute one of the three fundamental priorities of the “Europe 2020” economic development strategy of the European Union, which states: “The development that is conducive to social inclusion, the support for economy with high level of employment, and ensuring social and territorial cohesion”.**

The provisions of that strategy for the EU countries, in the scope of health, are consistent with the objectives specified in the WHO document “Health 2020 A European policy framework and strategy for the 21st century”.

**One of the objectives of the “Europe 2020” strategy is to reduce the number of people at risk of poverty and social exclusion by 20 million. The EU development strategy assumes that the general employment rate in the EU is going to rise to 75%. Some of the key activities that need to be undertaken in order to achieve that goal, is healthcare, health prophylaxis, as well as the activities that will allow to keep as many people as possible healthy in all the age groups, and better access to health services of high quality and effectiveness. Therefore, the EU countries should also act to support mental health.**

**In 2011, the Council of Ministers of the European Union, being aware of the significance of the problems associated with the mental health of the Europeans and their negative impact, among others, on the economy, called all the member countries and the European Union to establish,**

**within the EU Health Programme, an organization/programme entitled Joint Action on Mental Health and Wellbeing (JA MH-WB).**

The programme covers 25 members of the EU, Iceland and Norway. It started in 2013, as a continuation of the European Pact for Mental Health and Wellbeing. **The objective of JA MH-WB is to develop and promote the solutions that will contribute to promoting the health and well-being of societies, to preventing mental illnesses and disorders, and to improving the care over the persons afflicted with those disorders, as well as to increasing the social integration of people with mental disorders in Europe.** The main task of that organization is to develop the European-level frameworks of activities for mental health. Several years of work of the team of experts allowed to develop and publish a document in January 2016 which describes these frameworks and sets 5 areas of activity for mental health and well-being. The document was entitled “European Framework for Action on Mental Health and Wellbeing”<sup>20</sup>) and includes several appendices which, in fact, constitute independent studies devoted to the five areas, in which the activities for mental health and well-being should be undertaken.

**These include:**

- **promoting mental health at the workplace;**<sup>21</sup>
- **mental health and schools,**<sup>22</sup>
- **preventing depression and suicide, and e-health approaches**<sup>23</sup>
- **transition to community-based and social-inclusive mental health care,**<sup>24</sup>
- **mental health in all policies**<sup>25</sup>

**It should be noted that it is the second time that these studies unequivocally demonstrate the places, in which we should act in order to im-**

<sup>18</sup> KOM(2011) 709 Brussels, 9.11.2011.

<sup>19</sup> Recommendations of the European Union Council of 8 July 2014 on the National Reform Programme 2014 of Poland and delivering a Council opinion on the Convergence Programme of Poland, 2014 COM (214) 422 final.

<sup>20</sup> *European Framework for Action on Mental Health and Wellbeing, EU Joint Action On Mental Health and Wellbeing, Final Conference - Brussels, 21-22 January 2016*, [http://www.mentalhealthandwellbeing.eu/assets/docs/publications/Framework%20for%20action\\_19jan%20\(1\)-20160119192639.pdf](http://www.mentalhealthandwellbeing.eu/assets/docs/publications/Framework%20for%20action_19jan%20(1)-20160119192639.pdf).

<sup>21</sup> Joint Action on Mental Health and Wellbeing, *Situation Analysis and Policy Recommendations in Mental Health at Workplaces*, published December 2015, <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP6%20Final.pdf>.

<sup>22</sup> Joint Action on Mental Health and Wellbeing, *Situation Analysis and Policy Recommendations in Mental Health and Schools*, published January 2016, [http://www.mentalhealthandwellbeing.eu/assets/docs/publications/Mental%20Health%20and%20Schools\\_feb2316.pdf](http://www.mentalhealthandwellbeing.eu/assets/docs/publications/Mental%20Health%20and%20Schools_feb2316.pdf).

<sup>23</sup> Joint Action on Mental Health and Wellbeing, *Situation Analysis and Policy Recommendations in Depression, Suicide Prevention and E-health*, published January 2016, <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP4%20Final.pdf>.

<sup>24</sup> Joint Action on Mental Health and Wellbeing, *Situation Analysis and Policy Recommendations in Community-Based approaches to Mental Health*, published December 2015, <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP5%20Final-20151203075843.pdf>.

<sup>25</sup> Joint Action on Mental Health and Wellbeing, *Situation Analysis and Policy Recommendations in Mental Health in All Policies*, published December 2015, <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/MHiAP%20Final.pdf>.

**prove the mental health condition of the Europeans. These places include schools, workplaces and daily life environment.**

Additionally, we should take into account virtual space, where people communicate more and more often, and where they frequently look for information on the available forms of treatment or possibilities to receive help in crisis situations. A change in the model of care of persons with mental disorders to a community-based model that integrates, with the society, the people with serious mental disorders, is basically the only recommendation for the health treatment system and organizers of healthcare. However, **the most important recommendation from JA MH-WB which conditions the success of all the others, is the modified message form WHO, i.e. "mental health in all**

**policies"**. Without such an approach, it would be much more difficult to implement effective preventive treatment programmes at schools of various levels and universities or workplaces, and thus to assist the people at risk of depression or suicide. These two mental health problems are the most important areas that require activities aimed at developing effective intervention methods through specific and verified activities. The descriptions of numerous effective activities, conducted in many European countries, provide a lot of value to the studies devoted to analyzing the situation and recommendations for mental health and well-being. There was developed a platform for getting the information on what, where and how should be done to improve the condition of the mental health of the Europeans until 2020.

### 3

## Mental illnesses and disorders - epidemiological and economic challenges

### 3.1

#### Mental disturbances in the OECD and EU countries

The epidemiological data indicates that over 450 million people suffer from mental disorders all over the world. More and more people suffer from various kinds of mental problems which affect the quality of their lives and those of their next of kin. Mental illnesses, such as depression, schizophrenia or the bipolar affective illness affect not only the patients themselves, but also their families, friends and environments. According to estimates, in Poland the effects of schizophrenia (one of the most invalidating and socially isolating illnesses) of one person affect ten people from his or her environment, mainly their parents or spouses looking after them, but also other family members and friends<sup>26</sup>.

OECD claims that mental disorders and illnesses constitute some of the most important chronic diseases with such a negative impact on the labor market, individual and collective wealth, as well as on the economy, both at state level and worldwide. That is because mental and behavioral disorders result in lower productivity (through presenteeism and periodical or permanent incapacity for work), but also in the costs of benefits resulting from unemployment. According to OECD analyses, the employment rate among the people with serious mental disturbances is lower by 30 percentage points, and among the people with moderate and mild disturbances - by 10-15 percentage points, than in the case of healthy people. Thus, the unemployment rate among the persons with serious mental disorders is 3-4 times higher, and among those with moderate and mild mental disorders - on average 2 times higher than that of healthy people. The European SHARE study (Survey of Health, Ageing and Retirement) proves that people aged 50-59, suffering from serious depression, take twice as many sick leaves in a year in comparison with other people.<sup>27</sup>

The European WHO data indicates that as many as 27% Europeans aged 18-65, i.e. about 83 million people, feel the symptoms of poor mental health condition at least once

*Mental disorders, in particular depression, psychoactive substance dependence (alcohol, illegal drugs and others), as well as behavioral disorders related to new technologies (Internet, computer games, virtual communication) are already causing many billions of losses for the economy.*

*According to projections, in the lack of preventive activities in the scope of mental health, the losses may result in the economic slowdown of many OECD countries, including in the EU.*

*Mental illnesses and disturbances also cause millions of people all over Europe to "leave" the labor market. This is caused by multiple factors, but most of them may be addressed through effective interdepartmental activities that engage, among others, local self-governments and the institutions reporting to them, to reduce the scale of that negative phenomenon.*

<sup>26</sup> Kulik M., Małowicka M., Mucha E., Górka A., Chudzicka A., Ziobro M., *Schizofrenia. Rola opiekunów w kreowaniu współpracy* (Schizophrenia. The role of caretakers in developing the cooperation), HTA Consulting, Cracow 2016.

<sup>27</sup> OECD/EU (2016), *Health at a Glance: Europe 2016 - State of Health in the EU Cycle*, OECD Publishing, Paris 2016., <http://dx.doi.org/10.1787/9789264265592-en>.

a year. Let's add many millions of elderly people who are especially at risk of depressive and anxiety disorders associated with the condition of their health, dependence or loneliness. Mental disorders, by nature chronic and lasting with varying intensity, often for many years, cause 22% of disabilities in the European Union, calculated by years lived with disability (YLD).

**The total costs of the poor condition of mental health of the inhabitants of the EU, i.e. both the direct costs, such as treatment, and indirect costs, such as social costs and lost productivity, exceed the amount of EUR 450 billion a year in the EU<sup>28</sup>.**

**More and more population-based research into the condition of mental health in Europe indicates that, although the number of people with mental illnesses has been at a stable level for several decades (prevalence of ca. 33.2/100,000 for women and 21.7/100,000 for men), the number of people suffering from mental issues associated with pace of living, stress, emotional or financial problems, has been rising sharply. Additionally, more and more people consider their mental condition and resilience as poor.**

### 3.2

#### Prognosis of mental disorders in Poland

The information on Poles' mental condition may be found in the report entitled "Epidemiology of psychiatric disorders and access to psychiatric healthcare" prepared by EZOP Polska.<sup>29</sup> This allowed to research the occurrence of the most frequently diagnosed mental disorders in our country, such as depression, schizophrenia or substance dependence, as well as the number of people who, because of lack of movement and obesity, accelerating pace of life and work and the associated stress, financial and personal problems, pressure for success and performance, in combination with lack of the ability to rest, relax or lack of support, may require psychiatric care over the next several years.

The results of that research indicate that, **potentially, the number Poles that are going to require psychiatric care may rise to as many as 6-7.5 million people, from today's ca. 1.6 million people a year.** The comparison between those numbers demonstrates that the mental conditions of Poles may soon result in fast-rising costs of psychiatric care. The current system of psychiatric treatment in Poland, mainly based on hospitals, mainly emphasizing withdrawal treatment and treatment of serious mental illnesses, is not well-prepared for handling such an inflow of patients.<sup>30</sup> The changes in the scope of organizing psychiatric treatment in Poland and the gradual transition to the model of community-based treatment, adapted to the current needs and standards of treatment, are planned within the next National Mental Health Protection Programme for the years 2017-2020.<sup>31</sup>

The report from the EZOP survey, conducted among 10,000 random respondents aged 18 - 64, provides the information on the condition of mental health of working-age Poles. 23.4% of them have been diagnosed, in their lives, with at least one of the 18 mental disorders defined in the ICD-10 International Classification of Diseases and the DSM-IV Diagnostic and Statistical manual of Mental Disorders of the American Psychiatric Association. Every fourth person asked has experienced more than one disorder, and every twentieth person - three or more disorders. The group of patients in Poland who have experienced several disorders, contains almost a quarter million of people.

**The largest group of mental disorders in Poland constitutes those associated with substance abuse (12.8%), including as much as 11.9% associated with alcohol abuse. Subsequent positions: neurotic disorders (ca. 10% of the population studied), impulsive behavioral disorders (3.5% respondents) and mood disorders (3.5%), including as much as 3% - depression. That illnesses, more and more frequent in Poland and in**

<sup>28</sup> *European Framework for Action on Mental Health and Wellbeing*, EU Joint Action on Mental Health and Wellbeing, Final Conference - Brussels, 21-22 January 2016, p. 4, [http://www.mentalhealthandwellbeing.eu/assets/docs/publications/Framework%20for%20action\\_19jan%20\(1\)-20160119192639.pdf](http://www.mentalhealthandwellbeing.eu/assets/docs/publications/Framework%20for%20action_19jan%20(1)-20160119192639.pdf).

<sup>29</sup> Moskalewicz J., Kiejna A., Wojtyniak B., *Epidemiologia zaburzeń psychiatrycznych i dostęp do psychiatrycznej opieki zdrowotnej* (Epidemiology of psychiatric disorders and access to psychiatric healthcare), EZOP Polska, Instytut Psychiatrii i Neurologii, Warsaw 2012.

<sup>30</sup> Gujski M., Kalbarczyk W.P., Tytko Z., Ścibek A., *Zdrowie priorytetem politycznym państwa analiza i rekomendacje* (Health as a political priority of the state: analysis and recommendations), 2nd revised issue, Instytut Ochrony Zdrowia, Warsaw 2013.

<sup>31</sup> Draft Regulation of the Council of Ministers of 24 November 2016 regarding the 2017-2020 National Mental Health Protection Programme, [http://legislacja.rcl.gov.pl/docs//3/12290251/12380551/12380552/dokument\\_246338.pdf](http://legislacja.rcl.gov.pl/docs//3/12290251/12380551/12380552/dokument_246338.pdf).



Table 1. Prevalence of mental disorders among Poles aged 18-64

	Percentage (CI 95%)	Estimates (in thousand)	Lower limit (in thousand)	Upper limit (in thousand)
<b>Neurotic disorders</b> (agoraphobia, generalized anxiety disorders, panic attacks, social phobias, specific phobias, PTSD, neurasthenia)	9,6 (8,9-10,3)	247,0,3	2298,6	2641,9
<b>(Affective) mood disorders</b> (depression, dysthymia, mania)	2,5 (3,2-2,8)	904,3	825,1	983,4
<b>Impulsive disorders</b> (oppositional defiant disorders, ADHD, behavioral disorders, explosive disorders)	3,5 (3,1-4,0)	906,9	789,0	1024,8
<b>Substance abuse disorders</b> (alcohol abuse, alcohol addiction, drug abuse, drug addiction)	12,8 (11,8-13,8)	3297,1	3040,6	3553,5
<b>Total (at least one disorder), including:</b>	<b>23,4 (22,2-24,7)</b>	<b>6053,5</b>	<b>5751,9</b>	<b>6355,1</b>
two and more disorders	5,7 (5,2-6,3)	1475,5	1343,2	1607,7
three and more disorders	0,9 (0,8-1,1)	242,8	201,6	283,9

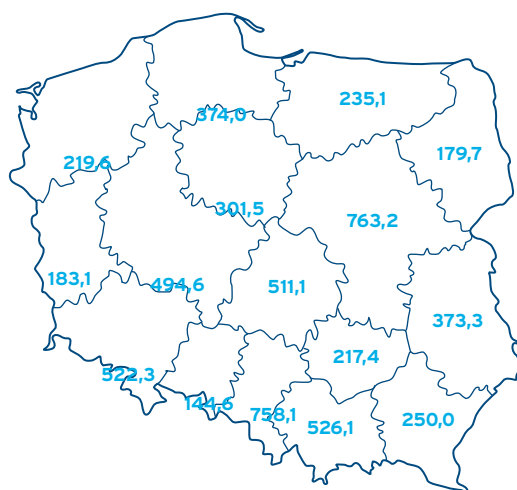
Source: Own study based on Moskalewicz J., Kiejna A., Wojtyniak B., *Kondycja psychiczna mieszkańców Polski. Raport z badań: Epidemiologia zaburzeń psychicznych i dostęp do psychiatrycznej opieki zdrowotnej EZOP Polska* (Mental condition of Poles. Report on the research: Epidemiology of mental disorders and access to psychiatric healthcare by EZOP Polska), IPIŃ, Warsaw 2012.

**other OECD and EU countries, has become a significant health and social problem.**

It is worth emphasizing that the EZOP study, regarding the mental condition of Poles, demonstrated that the conditions which might induce people to

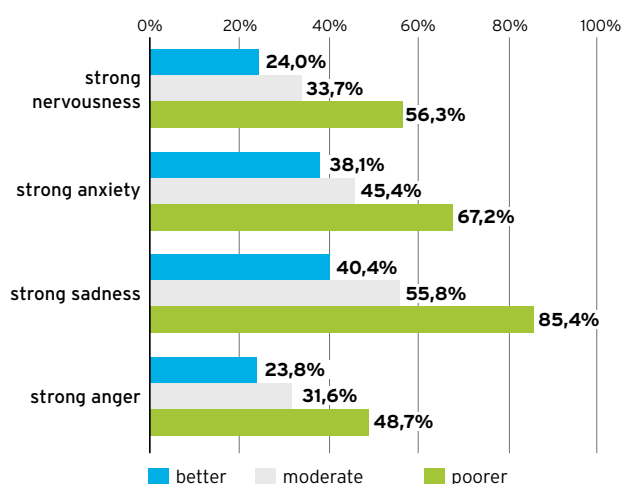
seek some form of treatment in the scope of mental health, are stated both by the people who assessed their feeling of mental health as “poorer” or “moderate”, and who assessed it as “better”. The number of people from the groups who assessed their feeling

Map 1. Prevalence of mental disorders at any time during lifetime, number of people (in thousand) - Poland, by provinces.



Source: Own study based on Moskalewicz J., Kiejna A., Wojtyniak B., *Kondycja psychiczna mieszkańców Polski. Raport z badań: Epidemiologia zaburzeń psychicznych i dostęp do psychiatrycznej opieki zdrowotnej EZOP Polska* (Mental condition of Poles. Report on the research: Epidemiology of mental disorders and access to psychiatric healthcare by EZOP Polska), IPIŃ, Warsaw 2012.

Diagram 3. Percentage of people stating they have experienced certain intensive problems related to mental health over the last 30 days, by groups with different self-assessment of mental health



Source: Own study based on Moskalewicz J., Kiejna A., Wojtyniak B., *Kondycja psychiczna mieszkańców Polski. Raport z badań: Epidemiologia zaburzeń psychicznych i dostęp do psychiatrycznej opieki zdrowotnej EZOP Polska* (Mental condition of Poles. Report on the research: Epidemiology of mental disorders and access to psychiatric healthcare by EZOP Polska), IPIŃ, Warsaw 2012, p/ 274.

of mental health as “poorer” or “moderate” in the population aged 18-64, is estimated for 30% in total, i.e. as many as 7.5 million people.

Mental disorders appear at the stage of our early development, and the first symptoms usually appear at the age of 15. In Poland 9% of children and youth under the age of 18 (9 million people) require psychiatric and psychological assistance.<sup>32</sup> The size of that group constitutes a great challenge for organizing proper care and assistance in the scope of mental health in our country. That is because it must take into account the undeniable fact that the faster and the more effective a therapy adequate to individual needs is introduced, the better the chances for continuing education, entering the labor market and fulfilling the future social roles by young Poles.

### 3.2.1 Depressive disorders

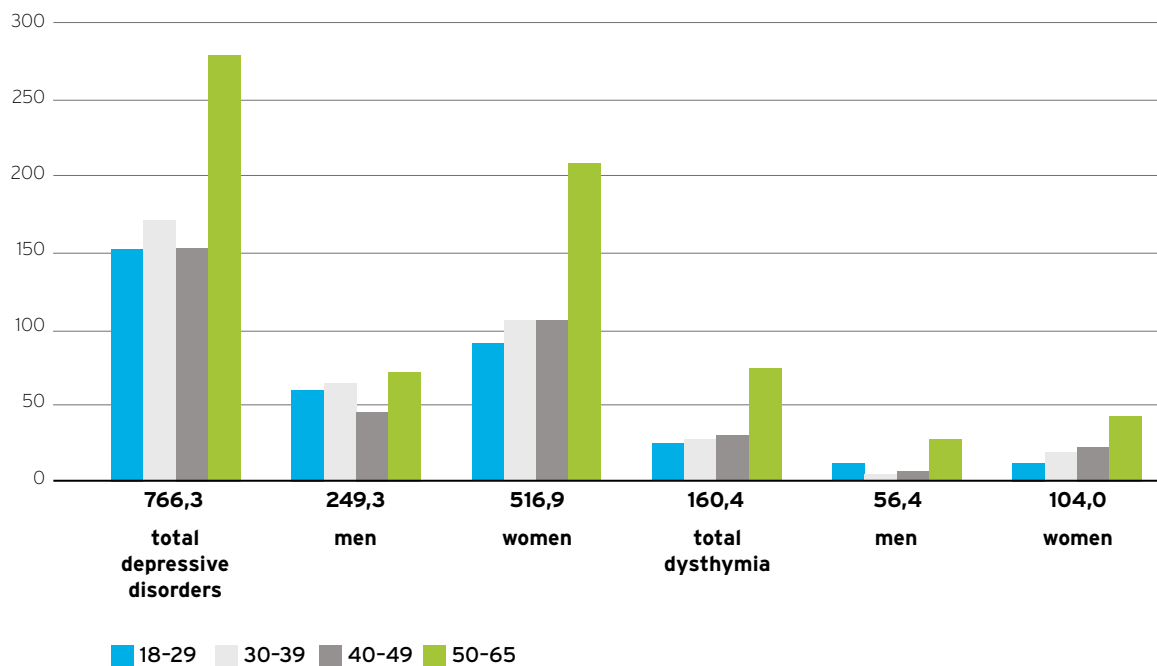
Depressive disorders are some of the most often described and diagnosed mental disorders. They often appear at a very young age, reducing the possibility of proper functioning. They are very often recurrent. Depression is a systemic disease. **The data from the research indicates that about 1.5 million Poles deal with episodes of depression, strong depression or dysthymia, i.e. short-term mood disorders of dysphoric-depressive and anxiety-depressive character**<sup>33</sup>

Lack of proper treatment results in an increased risk of occurrence of somatic diseases, and somatic diseases, especially the chronic ones (type 2 diabetes, cardiovascular diseases, respiratory diseases, osteoarticular and neurological diseases) increase the risk of occurrence of depression.

<sup>32</sup> Heitzman J., *Zdrowie psychiczne i poprawa dobrostanu psychicznego społeczeństwa cel operacyjny Narodowego Programu Zdrowia na lata 2016-2020*, Instytut Psychiatrii i Neurologii, Prezentacja z III Kongresu Zdrowia Publicznego (Mental health and improvement of the well-being of the society - operating objective of the National Health Programme for the years 2016-2020, Institute of Psychiatry and Neurology, Presentation from the 3rd Public Health Congress), 24 November 2016

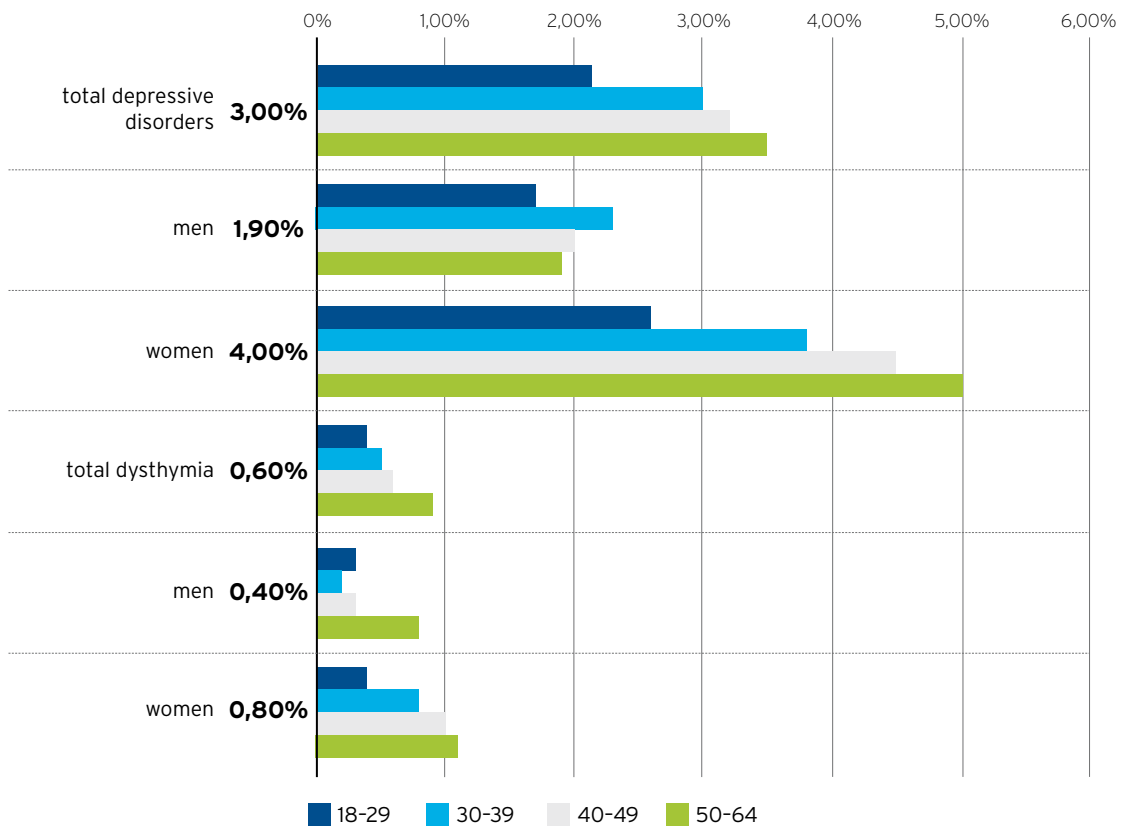
<sup>33</sup> Heitzman J., Review, p. 58 in *Depresja analiza kosztów ekonomicznych i społecznych* (Depression: analysis of economic and social costs), Instytut Zarządzania w Ochronie Zdrowia Uczelni Łazarskiego, Warsaw 2014.

Diagram 4. Persons who have ever had depression in their lives (extrapolation of the results of a CIDI questionnaire study to the population of Poland)



Source: Own study based on Moskalewicz J., Kiejna A., Wojtyniak B., *Kondycja psychiczna mieszkańców Polski. Raport z badań: Epidemiologia zaburzeń psychicznych i dostęp do psychiatrycznej opieki zdrowotnej EZOP Polska* (Mental condition of Poles. Report on the research: Epidemiology of mental disorders and access to psychiatric healthcare by EZOP Polska), IPIŃ, Warsaw 2012.

Diagram 5. Persons who have ever had depression – age groups, percentages



Source: Own study based on Moskalewicz J., Kiejna A., Wojtyniak B., *Kondycja psychiczna mieszkańców Polski. Raport z badań: Epidemiologia zaburzeń psychicznych i dostęp do psychiatrycznej opieki zdrowotnej EZOP Polska* (Mental condition of Poles. Report on the research: Epidemiology of mental disorders and access to psychiatric healthcare by EZOP Polska), IPIŃ, Warsaw 2012.

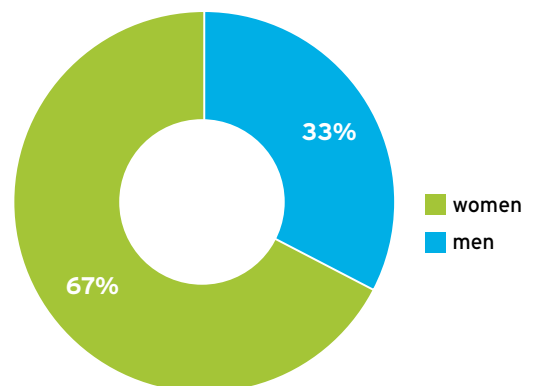
Depressive disorders constitute a high risk factor for suicide. These reasons should make use undertake the activities to prevent the occurrence of that illness, to detect it early and treat it effectively.

Regardless of the age group, the prevalence of depressive disorders is higher in women than in men. Furthermore, the depression prevalence factor in women increases over age, while in men it stays at a similar level. In the light of demographic changes and aging population of Poland, the predictions are that the number of people with depressive disorders is going to rise also in the group of people 65 or more.

### 3.2.2 Suicides

Every year suicides cause Poland to lose the number of citizens comparable to the number of inhabitants of a small town, including the number of

Diagram 6. Percentage distribution of depressive episodes by sex



Source: Own study based on Moskalewicz J., Kiejna A., Wojtyniak B., *Kondycja psychiczna mieszkańców Polski. Raport z badań: Epidemiologia zaburzeń psychicznych i dostęp do psychiatrycznej opieki zdrowotnej EZOP Polska* (Mental condition of Poles. Report on the research: Epidemiology of mental disorders and access to psychiatric healthcare by EZOP Polska), IPIŃ, Warsaw 2012.

Table 2. Number of suicide attempts and suicides in the years 2014 and 2015 by sex

Year	Total	Men	Women	Fatal	Men	Women
2014	10 207	8150	2057	6156	5237	928
2015	9973	7972	2001	5688	4889	799

Source: Data from the General Police Headquarters of Poland.

children aged 14 or less - comparable to one school class, and youth aged 15 - 18 - comparable to one lower secondary school.

The suicide rate has been rising in Poland since the beginning of 1990s, although there have been recorded some years since then when it decreased by several percent annually, only in order to increase 2-3 years later by more than a dozen or several dozen percent. In 1991, the police statistics included 4,159 suicides, including 3,388 by men and 771 by women. Since then, the percentage share of men is rising, and of women - declining. From 81% to 85% and from 19% to 15%, respectively.

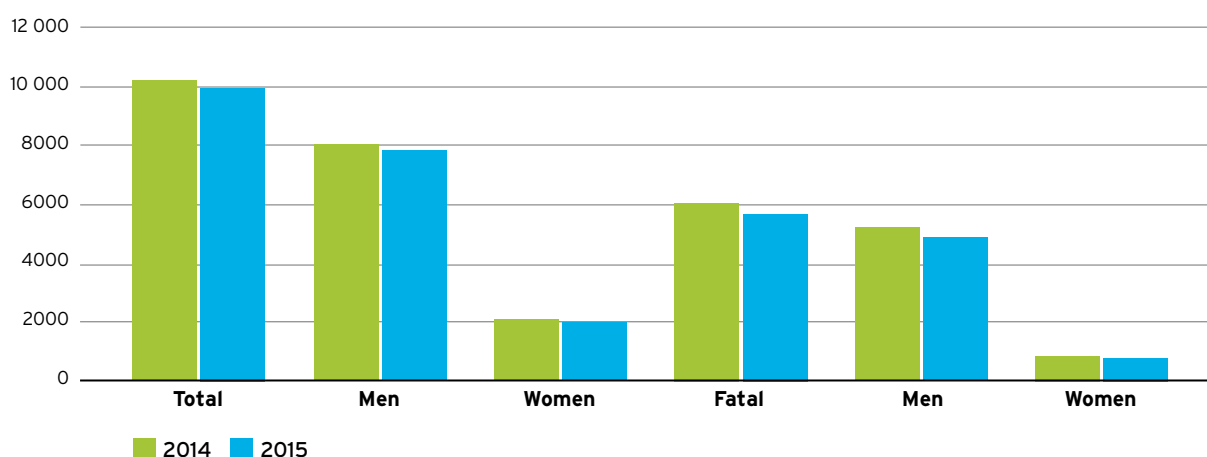
In 2015, the General Police Headquarters of Poland recorded in total 5,688 deaths resulting from suicide attempts, including 4,889 men and 799 women. The record year was 2014, when 6,165 people died of suicide (5,237 men and 928 women). The

most frequent recorded causes of suicide attempts include family misunderstandings, mental illnesses and chronic diseases, while the least frequent one - an unwanted pregnancy. It is also worth noting that the number of fatal suicides of men is over 5 times higher than that of women. Since 1990s, the largest number of suicide attempts has been recorded in the group of people aged 20-24 and 30-34.<sup>34</sup>

The EZOP study confirms the existence of the problem of suicides in Poland, as a significant health problem in the society. The data from the study is much more troubling than police statistics. That is because the study demonstrated that 0.7% working-age citizens of our country have experience something that may qualify as a suicide attempt. The extrapolation of the study results to our population demonstrates that the number of people who have attempted to commit suicide, is 189,000. However, no

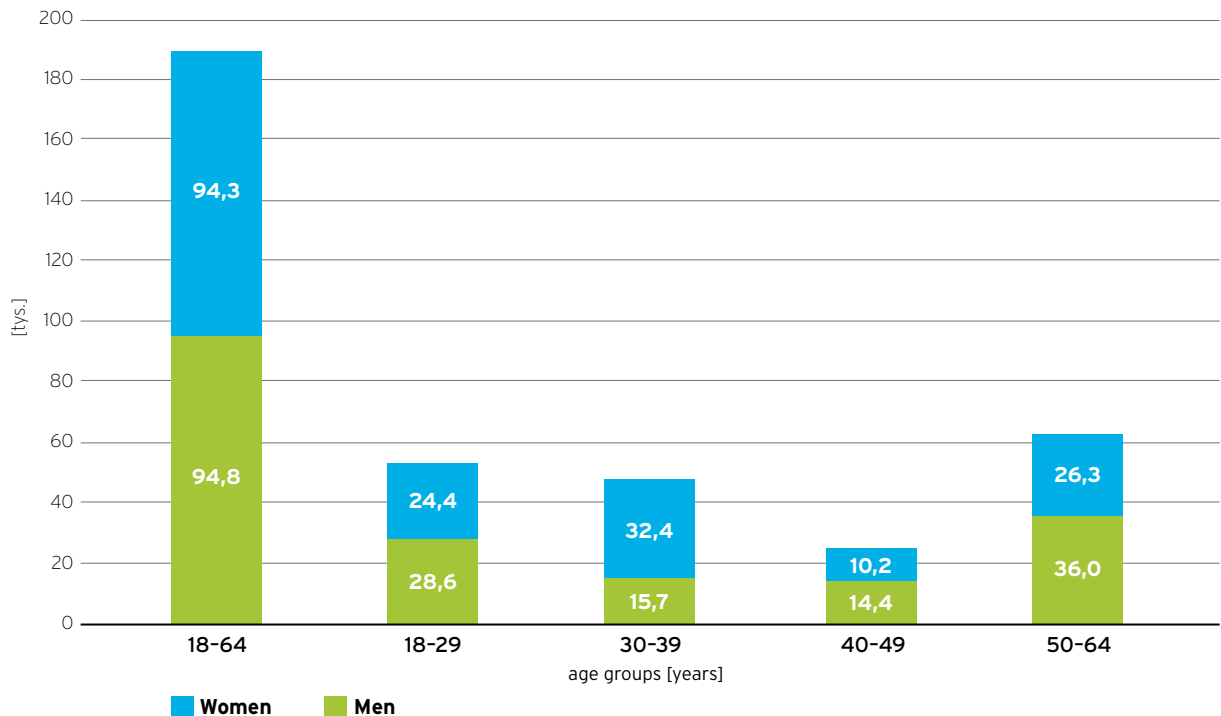
<sup>34</sup> Data from the General Police Headquarters of Poland: <http://statystyka.policja.pl/st/wybrane-statystyki/samobojstwa>.

Diagram 7. Number of suicide attempts and suicides in the years 2014 and 2015 by sex



Source: Data from the General Police Headquarters of Poland.

Diagram 8. Persons with suicide attempts (at any time) by sex and age group



Source: Own study based on Moskalewicz J., Klejna A., Wojtyniak B., *Kondycja psychiczna mieszkańców Polski. Raport z badań: Epidemiologia zaburzeń psychicznych i dostęp do psychiatrycznej opieki zdrowotnej EZOP Polska* (Mental condition of Poles. Report on the research: Epidemiology of mental disorders and access to psychiatric healthcare by EZOP Polska), IPIŃ, Warsaw 2012.

statistical differences were recorded among the age groups, but most suicides are attempted by women aged 30-39, and least – by women aged 40-49.

### 3.2.3 Schizophrenia

Schizophrenia is one of the most serious mental disorders which affect the ability to think critically and perceive reality, express emotion, make decisions and maintain relationships with others. The illness mainly afflicts young people, more or less equally men and women, affecting their assessment of reality and their contacts with their environment. Its course is very individual, characterized by variability and diversity of symptoms, remissions, as well as relapses of those and other symptoms. It is a multiple-factor illness which include genetic, individual (e.g. the ability to handle stress) and environ-

mental factors (among others living in a large city, serious experiences, addictions). **According to the IPIŃ data from 2009, about 16,000 new cases of schizophrenia are diagnosed in Poland every year. According to current estimates, based on different sources, in Poland 335,000-385,000, or even as many as 400,000 people suffer from schizophrenia<sup>35</sup>, but the National Health Fund is only treating ca. 187,000 people for that illness. This means that as much as a half of the people with schizophrenia are not diagnosed or treated.**

The treatment of patients with schizophrenia is long-lasting and, usually, it takes many years. The treatment is most effective if it is started at an early phase of the illness. The perfect therapy includes a combination of pharmacotherapy and psychotherapy conducted in the patient's living environment. The result may be a significant reduction or even removal of symptoms, and avoidance of remissions,

<sup>35</sup> Heitzman J., *Zdrowie psychiczne i poprawa dobrostanu psychicznego społeczeństwa cel operacyjny Narodowego Programu Zdrowia na lata 2016-2020, Instytut Psychiatrii i Neurologii, Prezentacja z III Kongresu Zdrowia Publicznego* (Mental health and improvement of the well-being of the society - operating objective of the National Health Programme for the years 2016-2020, Institute of Psychiatry and Neurology, Presentation from the 3rd Public Health Congress), 24 November 2016

and the patient may go back to normally functioning within the society.<sup>36</sup>

Unfortunately, for various axiological, awareness-related, political, legislative, economic and organizational reasons, and because of the characteristics of schizophrenia itself, that illness eliminates the people suffering from it from social life. The symptoms of untreated or inadequately treated schizophrenia deprive the patients of the opportunities for learning or working. It is one of the most invalidating mental disorders. Schizophrenia may not be prevented through preventive treatment, but it may be detected early with early treatment, to allow the patient to function relatively normally within the society.

### 3.3

#### Costs of mental disorders in Poland

Currently, in Poland there are no analyses with precise information on the total costs of all the mental illnesses and disorders. However, on the basis of the estimates by the experts from the WHO, OECD and EU, it may be assumed that these costs amount to ca. 3-4% of the annual Gross Domestic Product. According to the Central Statistical Office of Poland (GUS), in 2015 Polish GDP amounted to PLN 1.79 trillion. This means that **the costs of all the mental disorders in 2015 amounted to between 54 and 72 billion zloty.**

These amounts include the costs of treatment provided with psychiatric, psychotherapeutic or psychological care, but also the social and economic costs we bear because, on a daily basis, several million people take disability pensions, are on sick leaves or work in a less efficient manner. In the case of mental disorders, and some illnesses in particular, these costs, also called the indirect costs of diseases, may even constitute 2/3 of the total costs.

To realize the respective cost items of mental disorders, we have presented the following data, prepared by Polish experts in health economics, on the total costs of two illnesses: depression and schizophrenia. The first analysis, associated with depression, was conducted due to the current and projected prevalence of that disorders, and, in particular,

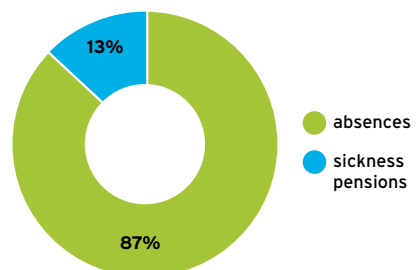
due to the need to undertake preventive treatment, diagnostics and to treat depression in Poland.<sup>37</sup> The second analysis, regarding schizophrenia in young adults which, in inadequate treatment, eliminates them from learning or working, was conducted on account of assessing the role of caregivers in getting better therapeutic effects of treatment of the patients with that disorder.<sup>38</sup> Both analyses provide the data to the persons developing the health policies in Poland, in order to draw conclusions and formulate priorities in the scope of protection of mental health of Poles. However, the persons at the local level of the respective self-government units, who undertake various activities associated with prophylaxis related to mental health, should be aware that, to a high degree, it is up to them whether the costs of mental health disorders in Poland are going to be that huge.

#### 3.3.1

##### Costs of depression

In 2012, the National Health Fund spent ca. PLN 141 million on financing psychiatric services (without the costs of drug reimbursements) for the patients under the age of 65 with depression (advice from psychiatrists – ca. PLN 45 million, hospitalization in psychiatric wards – PLN 96 million). In 2012, the number of the people with at least one medical leave on account of

**Diagram 9. Structure of ZUS costs associated with sickness absenteeism and sickness pensions on account of depressive disorders in 2012**



Source: Own study based on Gałązka-Sobotka M. (ed.), Drapała A., Karczewicz E., Zalewska H., Gierczyński J., Gryglewicz J., Sielicki P., Wrona W., *Depresja analiza kosztów ekonomicznych i społecznych* (Depression: analysis of economic and social costs), Instytut Zarządzania w Ochronie Zdrowia Uczelni Łazarskiego, Warsaw 2014

<sup>36</sup> Kulik M., Małowicka M., Mucha E., Górka A., Chudzińska A., Ziobro M., *Schizofrenia. Rola opiekunów w kreowaniu współpracy* (Schizophrenia. The role of caretakers in developing the cooperation), HTA Consulting, Cracow 2016.

<sup>37</sup> Gałązka-Sobotka M. (ed.), Drapała A., Karczewicz E., Zalewska H., Gierczyński J., Gryglewicz J., Sielicki P., Wrona W., *Depresja analiza kosztów ekonomicznych i społecznych* (Depression: analysis of economic and social costs), Instytut Zarządzania w Ochronie Zdrowia Uczelni Łazarskiego, Warsaw 2014

<sup>38</sup> Kulik M., Małowicka M., Mucha E., Górka A., Chudzińska A., Ziobro M., *Schizofrenia. Rola opiekunów w kreowaniu współpracy* (Schizophrenia. The role of caretakers in developing the cooperation), HTA Consulting, Cracow 2016.

Table 3. Costs of depression in 2013

Cost category	Human capital approach	
	GDP per capita	GDP per employee
Direct costs* (without drug reimbursement)	PLN 141 000 000	PLN 141 000 000
Total indirect costs	PLN 1 036 019 384	PLN 2 562 231 393
DIRECT AND INDIRECT COSTS	PLN 1 177 019 384	PLN 2 703 231 393
TOTAL ZUS EXPENDITURE RELATED TO INCAPACITY FOR WORK	PLN 762 000 000	PLN 762 000 000

\* The direct costs include the costs of advice from psychiatrists (ca. PLN 45 million) and hospitalization in psychiatric wards (PLN 96 million). The amounts stated are rounded up or down to full millions.

\*\* The ZUS costs include, among others, the costs of sickness absenteeism (ca. PLN 353 million) and the costs of pensions resulting from incapacity for work (ca. PLN 360 million). The stated amounts, rounded up or down to full millions, refer to the costs incurred by ZUS in 2012 on account of the incapacity for work of the persons insured in ZUS, caused by a depressive episode or recurrent depressive disorders.

Source: Own study based on Gałązka-Sobotka M. (ed.), Drapała A., Karczewicz E., Zalewska H., Gierczyński J., Gryglewicz J., Sielicki P., Wrona W., *Depresja analiza kosztów ekonomicznych i społecznych* (Depression: analysis of economic and social costs), Instytut Zarządzania w Ochronie Zdrowia Uczelni Łazarskiego, Warsaw 2014

depression was 98,600, and the average sickness absenteeism per 1 patient with depression, amounted to 61 days. The total costs incurred by the Social Insurance Institution (ZUS) in 2012 amounted to ca. PLN 320 million. The costs of sickness absenteeism amounted to ca. PLN 255 million, and the costs of disability pensions caused by the inability to work - PLN 37 million. Therefore, sickness absenteeism caused by depression not only has a large share in the ZUS costs, but also significantly increases the indirect costs of that illness. It is also worth noting that the costs incurred by ZUS are much higher than the costs of treating depression incurred by the National Health Fund.

The above analyses demonstrate that, on an annual basis, depression makes Poland lose almost 25,000 years of productivity. Depending on the assumed attitude to the value of human resources, this means the costs of between 1 and 2.6 billion zloty of indirect costs in 2013. **The total costs of depression of the persons treated and using medical leaves amount to PLN 3 billion a year. However, these are not all of the losses that we suffer. That is because it is difficult to estimate the social and economic losses resulting from depressive disorders that affect the people not benefiting from the ZUS treatment or sickness benefits.**

### 3.3.2

#### Costs of schizophrenia

The expenditure on medical services associated with treating the patients with diagnosed schizophrenia amounted to almost 560 million zloty in 2014. The services related to psychiatric treatment

Table 4. 2013 ZUS expenditure on schizophrenia

Type of benefit	Payments [PLN million]	Share in schizophrenia-related expenditure
Pensions caused by incapacity for work	827,79	74,352%
Social pensions	252,65	22,693%
Rehabilitation services	9,88	0,888%
Sickness absenteeism	23,01	2,066%
Medical rehabilitation	0,02	0,002%
TOTAL	1 113,34	100,0%

Source: Kulik M., Małowicka M., Mucha E., Górka A., Chudzicka A., Ziobro M., *Schizofrenia. Rola opiekunów w kreowaniu współpracy* (Schizophrenia. The role of caretakers in developing the cooperation), HTA Consulting, Cracow 2016, p. 52.

and dependence treatment cost PLN 554,386,115, while nursing and care services - PLN 2,586,109. The costs of reimbursements of the drugs applied in schizophrenia and bipolar affective disease amounted to over PLN 424 million that year.

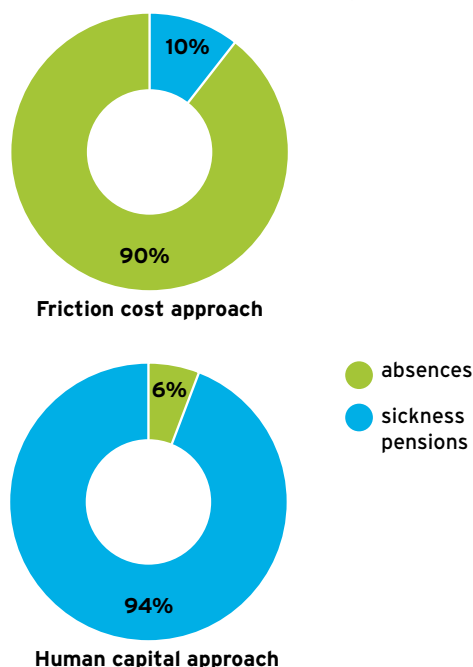
In turn, the expenditure of ZUS associated with schizophrenia in 2013 amounted to over PLN 1.11 billion.

This constituted 3.4% of the total expenditure on all the ailments. Schizophrenia is in the fourth position among the illnesses that cause incapacity for work and generate the highest ZUS expenditure on the associated services.

In 2014, ZUS registered ca. 27,000 medical leaves for temporary incapacity for work for reason of schizophrenia, for the total number of days of sickness absenteeism of 610,000. The average length of a leave on account of temporary incapacity for work related to schizophrenia, amounted to less than 22 days. The costs of sickness absenteeism amounted to over PLN 23 million.

In the quoted study, the indirect costs associated with loss of productivity caused by disease, were set using two methods: human capital approach (HCA) and friction cost approach (FCA). On the basis of the human capital approach, the social losses associated with the disease mean that 100% of the capital of the given person may not be used during the whole period of the illness or during the period of its reduced activity. Therefore, the method specifies the maxi-

Diagram 10. Structure of indirect costs of schizophrenia



Source: Own study on the basis of: Kulik M., Małowicka M., Mucha E., Górka A., Chudzicka A., Ziobro M., *Schizofrenia. Rola opiekunów w kreowaniu współpracy* (Schizophrenia. The role of caretakers in developing the cooperation), HTA Consulting, Cracow 2016, p. 61.

imum loss of productivity. The friction cost approach assumes that an ill patient may be replaced by a person that used to be unemployed or by work reorganization. Therefore, loss of productivity is calculated only for a certain period of time, the so-called friction period, necessary for recovering the previous level of

Table 5. Costs of schizophrenia

Cost category	Friction cost approach	Human capital approach
Direct costs (without drug reimbursement)	PLN 546 937 326	
Drug reimbursement costs*	PLN 419 003 464	
Total indirect costs	PLN 132 781 525	PLN 2 130 513 046
DIRECT AND INDIRECT COSTS	PLN 1 098 722 315	PLN 3 096 453 836
ZUS EXPENDITURE	PLN 1 113,34 million	
EXPENDITURE ON THE NATIONAL MENTAL HEALTH PROTECTION PROGRAMME	PLN 263, 68 million	

\* The list covers the medications applied in the treatment of schizophrenia and bipolar affective disease.

Source: Kulik M., Małowicka M., Mucha E., Górka A., Chudzicka A., Ziobro M., *Schizofrenia. Rola opiekunów w kreowaniu współpracy* (Schizophrenia. The role of caretakers in developing the cooperation), HTA Consulting, Cracow 2016, p. 63.



production. The calculations in the quoted study assumed that the friction period is 3 months. The fact that both methods take into account fundamentally different periods of losses of productivity, causes big differences in calculations of costs of lost productivity.

Depending on the calculation method, the total annual costs of schizophrenia amounted between PLN 1.1 billion and PLN 3.1 billion. It is worth noting that, in the case of that illness, the value of the benefits paid by ZUS is higher than the costs of medical services (without drug reimbursement) incurred by the National Health Fund.

### 3.3.3

#### Rising absenteeism caused by mental disorders

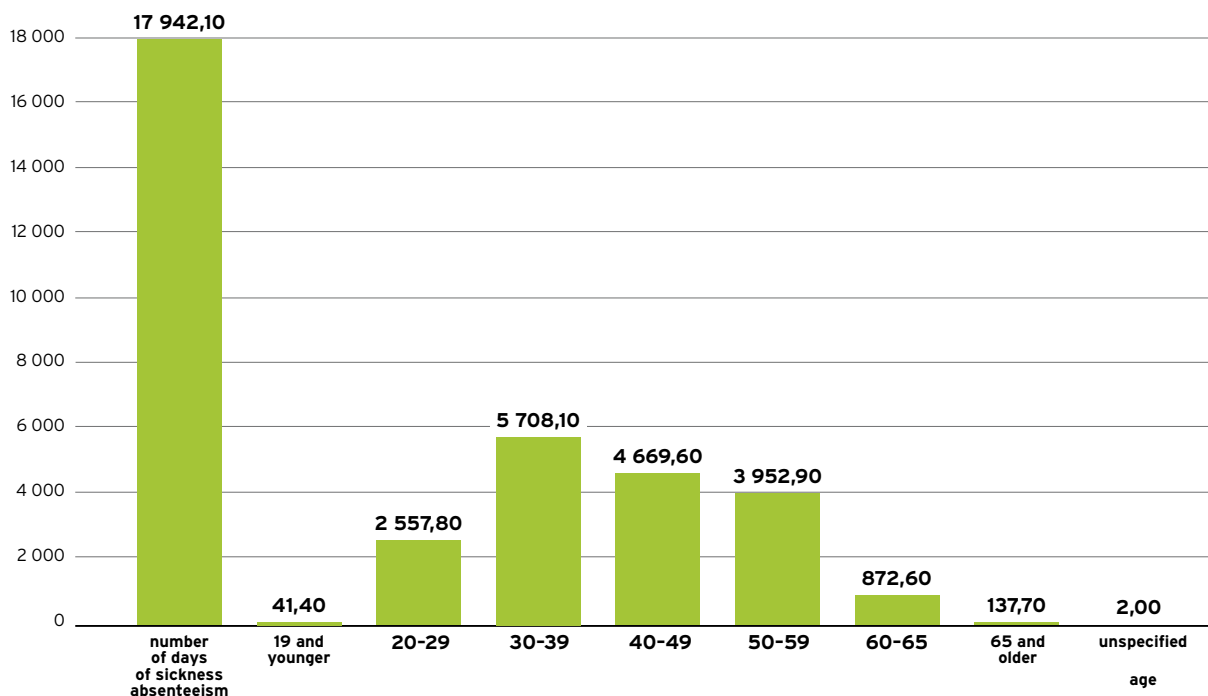
According to the ZUS data, the number of days of sickness absenteeism of Poles, caused by mental and behavioral disorders, is rising. In 2015, the total number of days of medical leaves (the term "medical certificates" is used by ZUS) of the persons insured in ZUS (over 1 million of such leaves) amounted to 17,942,100 days. In 2011 it was 12,669,200 days resulting from 759,700 medical leaves. The average length

Table 6. Sickness absenteeism in 2015 on account on mental or behavioral disorders of the persons insured in ZUS

Illness	Number of days of sickness absenteeism		Number of medical leaves		Average length of a medical leave	Number of days of sickness absenteeism			
	in thousand	in %	in thousand	in %		Total	men	men	unspecified sex
Mental and behavioral disorders	17 942,10	7,9	1 021,80	5,6	17,56	17 942,10	7 059,30	10 871,70	11,1

Source: ZUS.

Table 7. Number of days of sickness absenteeism and medical leaves resulting from depression and mood affective disorders in 2012 and 2015



Source: ZUS.

of sickness absenteeism caused by mental or behavioral disorders is longer, on average, by 5 days than the average length of sickness absenteeism caused by all the illnesses. The average length of a medical leave in 2015 was 12.38 days. For many years, the leaves associated with such disorders have been the longest leaves of the persons insured in ZUS. After neoplasms, mental disorders result in the longest leaves.

It is also worth noting that the largest number of days of sickness absenteeism caused by mental or behavioral disorders appears in the people aged 30-39 and 40-49. In 2015, the persons from those age groups were on medical leaves for almost 104 million days.

If we compare the ZUS data on the sickness absenteeism caused by depression and depressive disorders, as well as mood disorders, from 2012 (i.e. the oldest data available on the ZUS statistical web-

site) and 2015, we will notice that both the number of medical leaves issued for those reasons and the number of days of sickness absenteeism, are rising. The data confirms that depression and mood disorders are becoming more and more problematic for active employees. It causes higher and higher economic losses for Poland and Poles.

Według porównania danych ZUS dotyczących absencji chorobowej spowodowanej depresją i epizodami depresyjnymi, a także zaburzeniami nastroju z 2012 roku (tj. najstarszymi danymi dostępnymi na portalu statystycznym ZUS) oraz z 2015 roku widać wyraźnie, że rośnie zarówno liczba zwolnień lekarskich wydanych z tego powodu, jak i liczba dni absencji chorobowej. Dane te potwierdzają, że depresja oraz zaburzenia nastroju stanowią coraz istotniejszy problem zdrowotny osób czynnych zawodowo. To powód coraz większych strat gospodarczych Polski i Polaków.

**Table 7. Number of days of sickness absenteeism and medical leaves resulting from depression and mood affective disorders in 2012 and 2015**

Illnesses (ICD 10)		2012		2015		2015 versus 2012	
		Number of days of sickness absenteeism	Number of medical leaves	Number of days of sickness absenteeism	Number of medical leaves	Change in the number of days of sickness absenteeism	Change in the number of medical leaves
F32	Depressive episode	3 397 738	180 017	3 919 337	204 232	521 599	24 215
F33	Recurrent depressive disorders	1 467 820	84 877	1 835 247	101 916	367 427	17 039
F34	Persistent (affective) mood disorders	143 436	8 147	146 853	8 075	3 417	-72
F38	Other (affective) mood disorders	93 678	5 465	141 758	7 955	48 080	2 490
F39	Other (affective) mood disorders	69 284	4 204	65 755	3 972	-3 529	-232

Source: ZUS.

## 4

### Protection of Poles' mental health as a priority of the 2016-2020 health policy

The 2016-2020 National Health Plan was established for the first time with a regulation of the Council of Ministers<sup>39</sup> under the act on public health adopted by the Sejm of the Republic of Poland on 11 September 2015<sup>40</sup>. The need to provide statutory law to regulate the issue of public health had been mentioned for over 20 years, so the adoption of the act (despite the fact that the management and financial tools were largely reduced in comparison with the original assumptions, expectations and, in particular, health needs), constituted a step in the right direction on the path towards improving the health condition of Poles. The 2016-2020 National Health Programme is going to be the basic document of the public health policy for Poland for the next 5 years, and sets the strategic and operational objectives as well as the most important tasks to be executed to improve health and the associated quality of life of the society.

The strategic purpose of the Programme is to increase the healthy lifetime of Poles, to improve the quality of life associated with health and to limit the social inequalities in terms of health. The Programme operational objectives include:

- improvement of eating habits, nutrition and physical activity of the society,
- preventive treatment of and solutions for the problems associated with taking psychoactive substances, with behavioral addictions and other risky behaviors,
- preventive treatment in the area of mental health problems and improvement of the mental well-being of the society,
- limitation of the health risk resulting from the physical, chemical and biological threats in the external environment, workplace, place of residence, recreation or school,
- promotion of healthy and active ageing,
- improvement of fertility health.

#### *2016-2020 priorities of protection of mental health:*

- *improving the mental condition of the whole population by promoting a healthy lifestyle,*
- *developing and protecting the mental health of children and youth, preventive treatment and early diagnosis of depression and behavioral disorders which may lead to mental disorders, addictions or constitute symptoms thereof,*
- *supporting the mental health of employees in the scope of dealing with stress, preventive treatment and early diagnosis of depression, and the ability to maintain the balance between work and private life,*
- *improving the mental health of the people from the groups at risk of depression and suicides,*
- *keeping the elderly active.*

<sup>39</sup> Regulation of the Council of Ministers of 4 August 2016 regarding the 2017-2020 National Mental Health Protection Programme.

<sup>40</sup> Public Health Act of 11 September 2015, Journal of Laws of 2015, item 1916.

Mental health and mental well-being are listed directly within operational objective No. 3, but, indirectly, they also constitute elements of other objectives. This is certainly the case of objective No. 2, because there exists a strong correlation between mental disorders and use of psychoactive substances and behavioral dependences. On the basis of the above-mentioned epidemiological data, the problem of alcohol abuse and addiction, and of chemical substance use and addiction, is the most common mental disorder in Poland. According to the EZOP study, it affects over 12.8% of Poles, and as much as 11.9% are people who abuse alcohol or are addicted to it. Most of the addiction-related tasks within objective No. 2 refer to the broadly understood mental health, its protection and preventive treatment of mental disorders.

Mental health is also mentioned in objective No. 5: "Promotion of healthy and active ageing". No healthy aging can take place without taking into account all the aspects of health, not only physical health or absence of afflictions, but also the mental and social-related activity of seniors. Mental health, not stated as such, also appears in operational objective No. 1. Improvement of eating habits, nutrition and physical activity of the society simply means affecting the lifestyle which, with a diet without fruits or vegetables, with a lot of saturated fats and carbohydrates, absence of 3-5 healthy meals a day, eaten at proper times of day and in limited amounts, as well as the sitting lifestyle, leads to numerous illnesses, including mental ones. It is not an accident that nutrition and active leisure are included in the "8 x O" programme.<sup>41</sup> **Movement and physical activity associated with recreation constitute methods of relieving stress and, depending on age, also support physical condition and psychomotor development. A healthy style includes equal portions of mental, physical and social health.**

Examples of promotion of mental health may also be found in objective No. 6 of the National Health Programme which mentions improvement of fertility health. Stress and tiredness are factors that reduce vitality which, beyond a doubt, leads to reduced sexual activity which, in turn, affects fertility health. Therefore, it should be stated that, **in terms of such categories as lifestyle, ageing or**

**addictions, mental health is present in most of the objectives of the 2016-2020 National Health Programme.**

However, it should be noted that the above-mentioned objectives (except for objective No. 2), mental health is not listed by name, and objective No. 3 mentions mental health and improvement of the mental well-being of Poles within a very specific context. It is the context associated with the developmental objectives for Poland until 2020, and also until 2030, but mainly with the fact that we have finally understood that without active, organized and multi-level activities aimed at supporting and promoting mental health, we will be at risk of economic slowdown and socioeconomic crisis of unimaginable scale. The stated data from the study by EZOP Polska mentions 6.5 million people in Poland who, in the upcoming years, may need professional psychiatric, psychotherapeutic or psychological assistance. Neither Poland nor any other country in the world can afford to grant such assistance to everyone. And it's not only a financial or organizational issue of the psychiatric care system. The fundamental problem we need to face, for the benefit of everyone of us and of future generations, is the issue of our individual responsibility for our own choices, our own reality, and future. We bear the most responsibility for our own physical, mental and social health, i.e. for whether we are going to live in good health and prosperity or poor health and poverty. Although many people don't want to believe it, we can still influence our lives to live better, in better health and in a society, the social, mental and physical condition of which is healthier. The local communities, as well as the self-government authorities of our communes, counties and provinces, play a very important role in preventing such course of events. The numerous examples stated in the Joint Action on Mental Health and Wellbeing documents indicate that it is local activity, neighbour associations or small non-governmental organizations, supported by and in cooperation with self-government authorities, that undertake effective activities that actually improve the physical and mental condition of Poles. Therefore, it is not an accident that the 2016-2020 National Health Programme includes over 70 tasks assigned only to local self-government authorities or jointly.

<sup>41</sup> "8 x O" is a programme of preventive treatment for mental health and well-being, addressed to employers and their employees, described as an example good practice later in the report.

As the National Health Programme is a tool of the state health policy which, in turn, is to serve to keep Poles healthy in order to provide our country with economic development, the health of each one of us, including our mental health, has been, probably for the first time in the history of Poland, considered to constitute such an important factor affecting the projections of economic development. The direction of activities adopted in Poland results from the adoption in 2013 of the Europe development strategy entitled "Europe 2020", the health objectives of which are, in fact, tools for executing higher objectives, of economic character, i.e. keeping people in the labor market and providing economic development. Among others, that is why in 2015 the Ministry of Health developed the strategic document entitled: "National strategic framework. Policy paper for health protection for the years 2014-2020"<sup>42</sup>. It is of fundamental meaning for the healthcare system in Poland and for the health of Poles not only for the next several years, but also decades, because it sets the frameworks for activities, objectives and tools for executing them from the perspective of the supreme objective of our country, i.e. economic development and improvement of citizens' lives. That objective is extending the healthy lifetime of Poles, as was indicated above and also recorded as a strategic objective of the 2016-2020 National Health Programme. It is to help us improve the quality of our lives and to reduce the health-related social inequalities.

The fact that mental health and its protection have become so important results from the realization by the economic decision-makers and economists that the current mental condition of Poles, just like that of other Europeans, has a very negative impact on the economy. The above-mentioned data on the costs of the most frequent mental disorders (such as depression, neurotic disorders or schizophrenia) that invalidate young people, including not only the costs of treatment, but also the costs of lost production and economic losses, clearly demonstrate that it is a historical necessity to conduct wide-ranging activities for Poles' mental health.

Having analyzed the facts and scientific knowledge, the minister of health, supported by experts from different areas of medicine and public health,

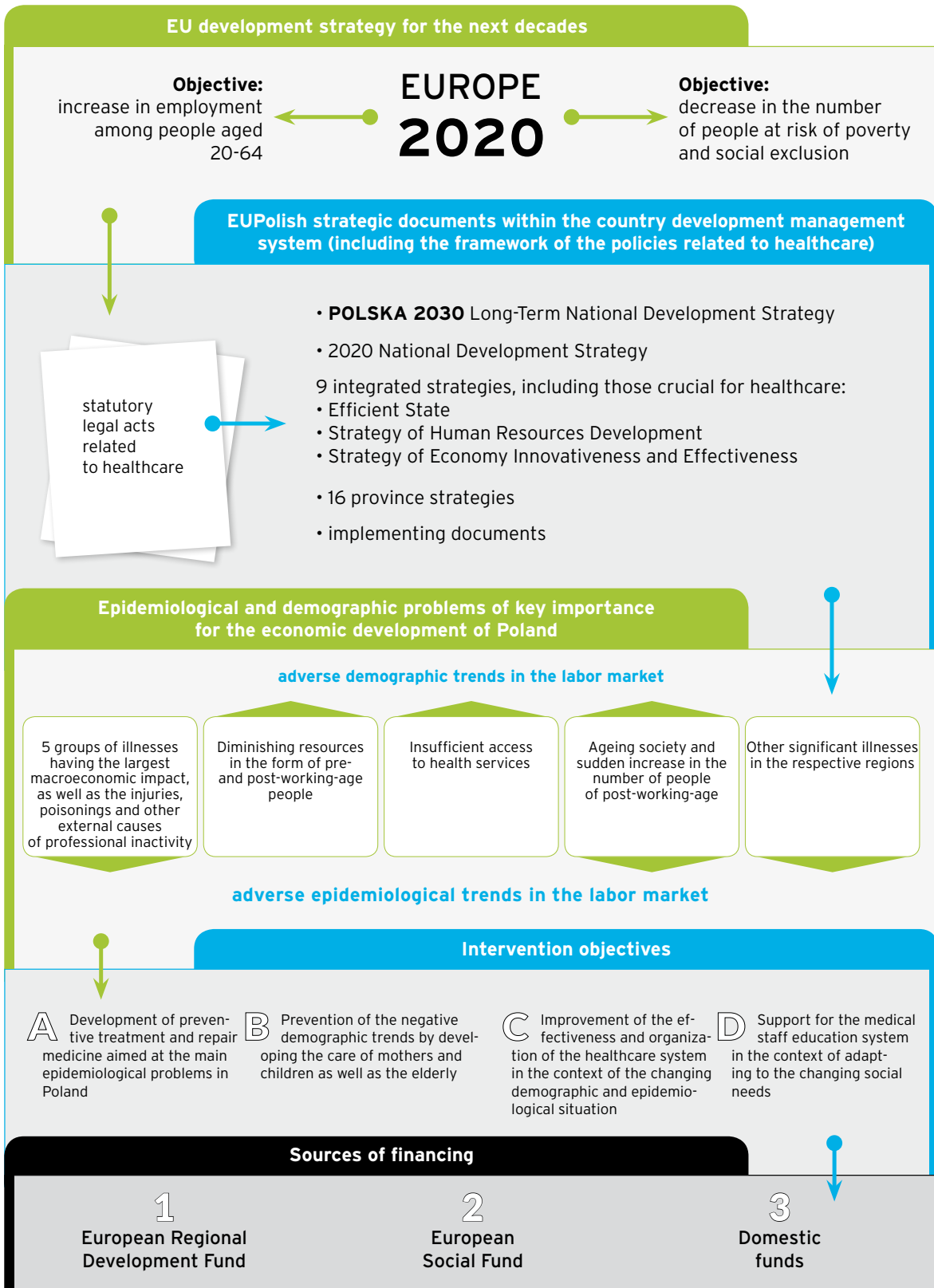
formulated the National Health Programme objectives for the years 2016-2020, associated directly or indirectly with mental health, because numerous pieces of evidence from Europe and the world show that the joint efforts of the whole society and state and local government administration structures are able to slow down, stop and, in the long run, also reverse the negative health trends.

The adoption of the public health act and the development of the National Health Programme objectives for the years 2016-2020 belong to the framework of development of Poland for the upcoming decades. The structure of the framework of activities in the scope of healthcare in Poland, associated with the objectives specified in the strategy for development of Poland and the European Union, is illustrated in the diagram on the next page. Mental health, protection thereof, and, in particular, preventive treatment of mental disorders, belong to objective A (intervention objective) of development of health preventive treatment and repair medicine aimed at the main epidemiological problems of our country. **Without a doubt, mental disorders, including, in particular, depression, as one of the most important causes of premature professional inactivity, belong to the list of illnesses, the prevention, early diagnosis and successful treatment of which in the years 2016-2020, constitute priorities for the state, local government units and for the whole society.**

An important role in executing that task may be played by local self-governments at every level, because the current knowledge of public knowledge clearly indicates that it is the local community near the place of residence that plays the key role for the mental health and quality of life of citizens. That is because the mental health of every one of us is affected by such factors as the conditions, in which we grow up, learn, work or spend our free time. Since the 1970s, it has been known that the biggest factor affecting our individual health is our lifestyle. It is shaped through our whole life, and it can mean keeping unhealthy or risky habits, but also making conscious decisions and changing our daily routines to make them healthy. Different entities and institutions are responsible for the execution of the respective tasks in the scope of preventive treatment related to

<sup>42</sup> Krajowe ramy strategiczne. Policy paper dla ochrony zdrowia na lata 2014-2020 (National strategic framework. Policy paper for health protection for the years 2014-2020), Warsaw, July 2015.

Chart 1. Europe 2020 strategy and the logic of the cohesion policy intervention for the years 2014-2020 for protection of health in Poland



Source: Own study based on *Policy paper dla ochrony zdrowia na lata 2014-2020* (Policy paper for health protection for the years 2014-2020), Warsaw, July 2015.

mental health, depending on the character of problems and on the target group.

These include the minister of health as well as other ministers: of national education, family, labor and social policy, internal affairs and administration, national defense, but also such central institutions as the Central Institute for Labor Protection - National Research Institute, the Polish Agency for Enterprise Development or the Institute of Psychiatry and Neurology. The local government units also play an important role in executing the tasks.

**The experience of the last 27 years clearly indicates that the local hosts address the needs of their own communities much better than the hosts from the state capital city or even from the province capital city, and they are able to provide the solutions that will be acceptable and will solve actual problems. Among others, it is for that reason that the local self-government authorities were assigned with important tasks within the execution of the National Health Programme, Related to preventive treatment related to mental health.**

These include:

- Conducting activities to promote the knowledge of mental health and its conditions, developing the attitudes, behaviors and lifestyle that support mental health, developing the skills of dealing with the situations that pose a risk to mental health, preventing the sexualization of children and youth, in particular through information and educational activities.  
**Executed** by: Ministry of Health in cooperation with the Ministry of National Education, Ministry of Internal Affairs and Administration, Ministry of Justice, Ministry of National Defense, entities selected in the competitions organized by those ministries as well as local self-government authorities and the entities selected in the competitions organized by those authorities.
- Developing and executing regional programmes or strategies for protection of mental health.  
**Executed** by: local self-government authorities.
- Developing and executing programmes of preventing mental health problems in families and local communities.

**Executed** by: State Agency for the Prevention of Alcohol-Related Problems and local self-government authorities.

- Trainings for various groups of professionals (including teachers, physicians, sanitary inspectors, public prosecutors, uniformed services, municipal police), associated with the threats and developmental and health consequences for the children and youth that watch pornography.  
**Executed** by: Ministry of Health in cooperation with the Ministry of National education and the Centre for Education Development, State Sanitary Inspectorate, Ministry of Finance, Ministry of Internal Affairs and Administration, local self-government authorities as well as the entities selected in the competition announced by the Ministry of Health.
- Establishing a team to coordinate and monitor the execution of the tasks associated with promotion of mental health and preventive treatment of mental disorders, with the participation of representatives of the entities responsible for social welfare, healthcare and education in the given area.  
**Executed** by: local self-government authorities.

**In order to execute those tasks, the local self-government authorities, in particular at the level of communes and counties, should look for joint objectives and unite, so that the tasks undertaken by them are not of interim character, but instead possibly permanent character, especially in terms of effects on the development of children and youth, and on development of their pro-health attitudes for life. The tasks associated with mental health, in particular those aimed at preventive treatment of depression, diagnosis of behavioral disorders and mental illnesses as well as prevention of suicides, should be entrusted, based on competitions, to the entities with proper competences and verified experience.**

Examples of good practices in that regard are going to be presented below. They are worth following. Also, while developing the regional programs for protection of mental health, it would be a good idea to use verified solutions and to gradually develop the scope of their effects to a bigger population. Neighboring communes were advised to cooperate

between one another in order to increase their local capacities and uniformly improve the standard of living, and now provinces are also advised to conduct their activities in cooperation with counties. It seems that, until 2020, such an approach should provide us with more synergy of activities for mental health and should allow us to depart from the previous action-based attitude to organization of health promotion activities. The key to success in that area is systematic approach, use of experience and learning from mistakes but, first and foremost, determinedness. **Sharing good examples and making use of the solutions from other countries are highly recommended.**

**A key task of local self-government authorities is establishing a team to coordinate and monitor the execution of the tasks associated with promotion of mental health and preventive**

**treatment of mental disorders, with the participation of representatives of the entities responsible for social welfare, healthcare and education in the given area.** It is to serve to implement, at the local level, the message and objective of the WHO and JA MH-WB, mental health for all, in all the policies managed at the local level.

Permanent cooperation among medical and educational entities and social welfare institutions, is to allow such places as kindergartens, schools or family assistance centres, and not only units of the healthcare system, to affect our mental condition over the whole course of our lives and to provide the necessary help based on needs. As a result, mental disorders are going to gradually cease to be taboo or a cause for exclusion, and instead will become the object of care of our local community.



## 5

### Examples of good practices of mental health protection in Poland, Europe and the world

#### 5.1

##### Promotion of mental health and preventive treatment of mental disorders in Poland

A significant problem of activities in the scope of promoting health, including mental health, both in Poland and in many countries in Europe, is their interim or action-based character.

Many of them do not constitute a well-developed and studied programme of verified effectiveness, but rather an activity organized to follow the health fad or even the response of school authorities or local self-government authorities to the order from their superiors stating that something regarding health has to be done. Sometimes something positive follows, but usually, it doesn't. An action was organized, employees, students or inhabitants of the given town or district were involved, and the only thing we know for sure is how much it cost and how many people participated. Will the result be an actual impact on changing the attitudes towards our own health or the health of our family, did it actually and permanently change people's behaviors associated with diet, movement, tobacco smoking, alcohol drinking or intoxicant taking? In the vast majority of cases, these questions are not even answered in such an action-based model of health promotion activities. In general, there is no time or money to do it, but the simplest and most frequent cause is, usually, lack of description of measures on the basis of which to verify the effectiveness of the action. Unfortunately, there are a lot of such actions in comparison with all the health-related activities undertaken, the challenges we are facing are huge, and the funds are always limited, so it would be a good idea to use the good models of verified effectiveness.

The issues of mental health, and in particular mental disorders are still perceived by many as a difficult, shameful subject, maybe even taboo, so we should resort to verified and recommended solutions. Several examples of good practices from Poland.

*Preventive activities in the scope of mental health protection, should be undertaken, in particular, for children, youth, seniors and for the people who are in the situations that pose risks to their mental health.*

*The promotion of mental health should include the activities aimed at improving mental health, well-being and improving the quality of life of the whole populations, groups and individuals.*

*Mental disorder prophylaxis should include the activities aimed at reducing the risks to mental health and reducing the number of cases of disorders.*

*Both activities should only be executed by the persons educated in psychoeducation.*

*Effective activities aimed at promoting mental health and conducting mental disturbance prophylaxis, should not be of interim character, but instead should be executed as long-term programmes, improved on the basis of the experience gained and monitored, as well as periodically evaluated in terms of effectiveness. Such programmes may and should be executed by local self-government authorities.*



**1. The program of preventive treatment of depression and of promotion of healthy attitudes in the scope of mental health "Overtake the sadness" ("Wyprzedzić smutek").**

That problem has been executed for 5 years (starting in the pilot programme in 2012) in the Lesser Poland Province. Its objectives include:

- increasing the social awareness of the possibilities of early identification and prevention of depressive disorders,
- increasing the access to preventive treatment methods for the inhabitants of Lesser Poland by disseminating the information on the available medical services, such as: psychoeducation, psychological assistance, psychotherapy, psychiatric consultations, dietary and lifestyle counselling.

Within the programme, every year, several hundreds of people from 5 regions of Lesser Poland benefit from free prophylactic advice aimed at preventing depression.

The programme is organized by the Marshal's Office of the Lesser Poland Province, executed by the Dr. Józef Babiński Specialized Hospital in Cracow, in partnership with the Institute of Applied Psychology of the Jagiellonian University, the Polish Society for Psychotherapy and the Winida foundation project entitled "Peron 7F", the objective of which is to provide support for unemployed people with identity disorders.

Within the programme, from spring to the end of October or mid-November, the inhabitants of Lesser Poland who suspect that they are suffering from depression, enjoy free consultations from specialists. The consultations are provided in several places all over Lesser Poland, i.e. in Cracow, Tarnów, Sucha Beskidzka, Limanowa, Oświęcim, Skawina, Wieliczka, Miechów, Muszyna, Brzesko, Nowy Sącz and Nowy Targ, both in medical facilities, in County Offices or Family Assistance Centres. Those interested just need to make an appointment by phone. During the visit, they may get to learn how to apply the "anti-depression knowledge" in specific manners, in daily life, what they can change in their lives in order to

feel better and to make the change permanent. Prophylactic advice is provided during a conversation with a consultant which takes about one hour. It is addressed to healthy people who would like to assess their resilience to depression. It is also recommended to the people who do not feel as well as they would like to. They can get to know how to prevent deterioration of their health and recover the lost mental well-being<sup>43</sup>.

The programme has a useful website with a lot of information on depression. The language used for describing depression, its symptoms and methods of treatment, is simple, reader-friendly and understandable for everyone. After someone reads that information, they are encouraged to use a counselling session and, potentially, specialist assistance.

Program execution is monitored, and its results are assessed and published every year. This serves not only to promote the programme itself, but mainly to prevent depression, to improve its early detection and effective treatment.

**WYPRZEDZIĆ SMUTEK**

**The program of preventive treatment of depression and of promotion of healthy attitudes in the scope of mental health.**  
**Come over for free advice! Prevent depression!**  
The programme was executed with the financial support of the Marshal of Lesser Poland

**Kraków** - tel. 12 412 09 76  
Poradnia Zdrowia Psychicznego  
ul. Olszańska 5

**Miechów** - tel. 512 319 845  
Zespół Leczenia Środowiskowego  
ul. Szpitalna 5

**Skawina** - tel. 12 276 34 10  
Centrum Wspierania Rodziny  
ul. ks. Jerzego Popiełuszki 17

**Brzesko** - tel. 14 662 13 92  
Samodzielny Publiczny Zespół  
Opieki Zdrowotnej, ul. Kościuszki 68

**Chetmek**  
tel. 517 103 812  
Gminny Zakład  
Opieki Zdrowotnej  
ul. Szaicha 1

**Tarnów** - tel. 14 631 58 59  
Szpital Wojewódzki św. Łukasza  
ul. Lwowska 178a


**Andrychów** - tel. 539 631 052  
Ośrodek Pomocy Społecznej  
ul. Starowiejska 22b

**Nowy Sącz** - tel. 533 72 03 03  
Ośrodek Profilaktyki i Terapii  
Uzależnień, ul. Waryńskiego 1

**Sucha Beskidzka** - tel. 607 135 539  
Zespół Opieki Zdrowotnej  
ul. Szpitalna 22 (budynek RIKTS)

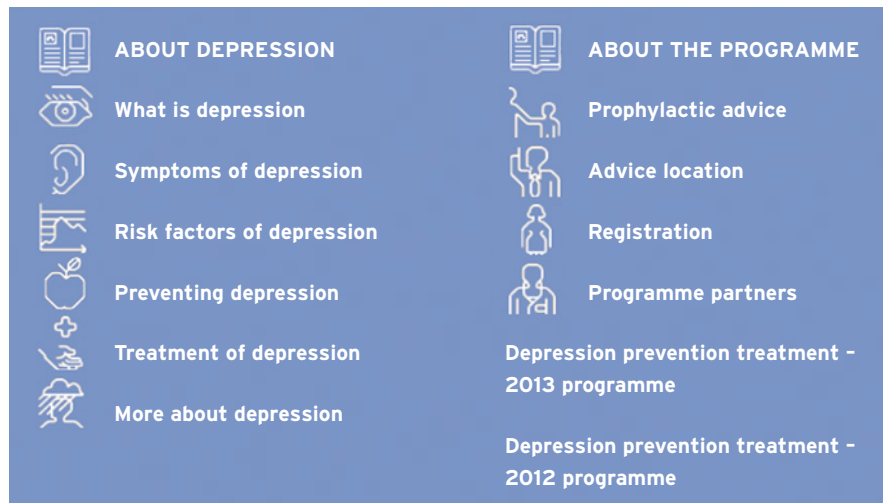
**Muszyna** - tel. 18 471 42 05 wew. 100  
Uzdrowisko Muszyna nad Popradem  
ul. Mściwujewskiego 1

**Limanowa** - tel. 18 330 17 80  
Szpital Powiatowy  
ul. J. Piłsudskiego 61

[www.profilaktykawmalopolsce.pl](http://www.profilaktykawmalopolsce.pl)  [profilaktykawmalopolsce](https://www.facebook.com/profilaktykawmalopolsce)

Source: Website of the "Overtake the sadness" programme, <http://www.profilaktykawmalopolsce.pl/depresja>.

<sup>43</sup> Information from the programme website: <http://www.profilaktykawmalopolsce.pl/depresja>.



Source: Website of the "Overtake the sadness" programme, <http://www.profilaktykawmalopolsce.pl/depresja>.

### Advantages:

A multiannual programme addressed to the public, professionally developed, managed, monitored, assessed and improved on the basis of evaluation and conclusions, executed in more and more places, in medical or non-medical facilities, in the whole province, within the province programme for protection of mental health, financed by the province self-government, performed jointly by a specialist psychiatric treatment unit in partnership with a university, a scientific society and a non-governmental organization.

The project was started with five 90-minute lessons in the 3<sup>rd</sup> grades of lower secondary schools in Warsaw, and then successfully implemented in May and June 2015. The lessons were conducted by psychiatrists and psychologists. The project may be executed both in Warsaw and, upon prior arrangements, also in other cities, all over Poland. The website of the programme presents an application form for schools from Warsaw and other cities.<sup>44</sup>

The objective of the programme is to prevent depression among young people learning in lower secondary schools, through education on the issues of symptoms of that illness and to develop rational attitudes of young people towards specialist assistance in cases of mental crises. The description of the programme does not specify that it is a programme for preventing suicides and suicidal behaviours, but as depression is one of the main causes of suicides among young people, it increases the risk of self-mutilation and suicide attempts among children and youth, that programme belongs to the catalogue of activities that may help to reduce the number of suicides and suicide attempts among adolescents.

The programme is based on a comic book about depression, entitled "Black waves" and the accompanying lesson scenarios. That form of message makes young people easily take in the useful knowledge in the form that is attractive for that age group. The schools covered by the program organize workshop lessons lasting 2 x 45 minutes. Each class is divided into two groups and the subjects are presented in



## 2. "Black waves" ("Czarne fale") - lessons about depression

"Black waves" educational programme aimed at preventing suicides, developed under the management of leading Polish psychiatrists and education specialists. Addressed to the students of three grades of lower secondary school.

The project was developed and is executed by the "Syntonia" Foundation of the 3<sup>rd</sup> Psychiatry Clinic. The project included development of a comic book about depression, entitled "Black waves", and lesson scenarios based on it. The comic book presents the work of a psychiatrist and a psychologist, demonstrates the ideas of therapy, and helps to reduce the concerns associated with taking antidepressants.

<sup>44</sup> Information from website: <http://czarnefale.blogspot.com/>.

an intimate atmosphere. The lessons are conducted by two psychiatrists or by a psychiatrist and a psychologist. Young people have the chance to talk to professionals about diagnosing and treating depression, get to know where to look for help or verify one's skills during practical exercises. The semi-open formula of the scenario allows to adapt it to the needs of any group.

In 2015, the "Syntonia" Foundation of the 3<sup>rd</sup> Psychiatry Clinic executed a pilot project in the lower secondary schools in Warsaw (covering, in total, about 450 students). The evaluation confirmed the positive reception of the programme among youth and teachers. In 2016, the programme was co-financed by the Education Office of the capital city of Warsaw (80% of project costs) and so, from March 2016 to June 2016, it is going to be executed in 106 classes of the lower secondary schools in Warsaw (so far 45 lessons have taken place, for ca. 1,125 students). The "Syntonia" Foundation prepared a team of 23 educators (resident psychiatrists and psychologists)<sup>45</sup>.

#### Advantages:

The programme was developed jointly by psychiatrists and psychologists with experience in psychoeducation, verified on the basis of a pilot project, executed in coordination with the local self-government authorities that supervise schools or directly with school principals, supported with a comic book as a tool that is understandable for young people, and, in compliance with the recommendations for the programmes of preventing suicides, it does not directly inform what it serves to do. The programme is addressed to the proper age group - people aged 14-16, the characterized by defiant attitudes, as well as development of life attitudes, at the time of progression to the next stage of education, which is associated with stress, rivalry and the risk of failure to handle emotions.



### 3. "8 X O" programmes and "Antidepressja" ("Antydepresja") addressed to companies and individual professionals

These are training programmes addressed to companies<sup>46 47</sup> and individual professionals, organized in the form of workshops for between several and several dozen people. They teach, in a practical manner, how to manage your own "life energy", how to prevent burnouts, how to regenerate and maintain the balance between professional and private life, and how to avoid and handle the situations that may lead to depression. Although these programmes are positioned in a certain way, they possess all the characteristics of preventive programmes in the scope of mental health and promotion of a healthy lifestyle. The name 8 x O is based on the first letters of the following Polish words: oddech, obecność, oparcie, odreagowanie, odmawianie, odżywianie and opiekowanie się sobą (breath, presence, support, release, refusal, nutrition and taking care of oneself). "Antidepressja" consists of workshops that present mindfulness techniques as well as practically teach the exercises for calming emotions and handling difficult situations. The most important information on how to prevent depression are presented in a simple and friendly manner, and the participants start the process of autotherapy.

The method of conducting them provides very good effects, and so they are highly valued both by the participants themselves and by employers. They are consistent with the recommendations of the Joint Action on Mental Health and Wellbeing at workplaces, associated with promotion of mental health, ways of dealing with stress and preventing mental disorders. The examples of such programmes from other European countries, organized by "business to business", as well as state or cooperative employment establishments, are included in the Joint Action on Mental Health and Wellbeing, Situation Analysis and Policy Recommendations in Mental Health at Workplaces report<sup>48</sup>.

<sup>45</sup> Additional information on the "Black waves" programme comes from the management board of the "Syntonia" Foundation.

<sup>46</sup> Information from website: <http://ipsi.pl/8xo/>.

<sup>47</sup> Information from website: <http://ipsi.pl/antydepresja/>.

<sup>48</sup> Joint Action on Mental Health and Wellbeing, *Situation Analysis and Policy Recommendations in Mental Health at Workplaces*, published December 2015, <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP6%20Final.pdf>.

Those programmes are managed by specialized training companies in those countries, and so the “8 x O” or “Antidepressant” programmes may also be conducted all over Poland by trained psychologists and psychoeducators.

#### **Advantages:**

The programme has been developed for several years by a group of psychologists with many years of experience in therapy, and is professionally organized by a company of psychologists and psychotherapists who are specialized in psychological assistance and trainings for employees of corporations and companies where, due to the high demands set before managers and employees, they are often exposed to life in permanent stress, burnout, depression or even suicide. It is a practical programme promoting mental health, teaching how to change your attitudes and how to develop and maintain healthy habits. It used to be addressed to corporations, but now to small and medium companies, as well as to individuals from the professional groups at risk of mental disorders related to lifestyle.

The awareness, among entrepreneurs operating in small and medium companies in Poland, of existence of such programmes, is still low. The situation is similar in the case of employers in such sectors as education, healthcare or public administration.

The promotion of such programmes as “8 x O” or “Antidepressant”, aimed at employees by employers of the public sector, managed by local self-government authorities, as well as small and medium private companies, in particular in small towns, counties and even communes surrounding the cities, or districts of large cities, may and should be taking place with the involvement and support from local self-government authorities. At that level of self-government, they often integrate local entrepreneurs, and may have an actual effect on the culture of management and work in the municipal companies reporting to them.



#### **4. Universities of the Third Age and other organizations that support the elderly policy in Poland**

“The elderly policy comprises all the targeted activities by public administration authorities of all levels, as well as other organizations and institutions, that execute the tasks and initiatives that develop the conditions for decent and healthy ageing. Its objective in Poland is to support and provide the possibility for active aging in health, and the possibility to continue leading an independent and satisfactory life, even despite functional limitations”. That quote from the “Assumptions of the long-term elderly policy in Poland for the years 2014-2020”<sup>49</sup>, adopted in 2013, was stated here in order to emphasize that one of the areas which should prioritize the preventive activities supporting mental health, is elderly policy. A vast majority of those activities may and should (and, to a high degree, already do) execute numerous local self-government authorities, independently or jointly with non-governmental organizations and social activists being seniors. It is a key element in the process of developing the policy of active, healthy and decent ageing.

The above-mentioned Movement of Universities of the Third Age<sup>50</sup>, as well as other non-governmental organizations of local or all-Polish character, or even Seniors’ Councils operating at Local Self-government Units, in fact conduct, within their educational, social, cultural, tourist or even recreational tasks, the activities which the Joint Commission for Action on Mental Health and Wellbeing describes as promotion of mental health of seniors.

In fact, every activity of that type, as a result of which seniors are activate in physical and mental sense, supports their physical, mental and social health, allowing pension-age people not only to stay in better health and independence for a longer period of time, but also to actively make use of the potential that they still possess. Maintaining relationships with other people of the same age, with the same interests and problems, but also different life experiences, is conducive to keeping seniors (people aged 60/65+)

<sup>49</sup> *Assumptions of the 2014-2020 Long-Term Senioral Policy in Poland*, „Monitor Polski”, Warsaw, 4 February 2014, item 118, <https://www.mpips.gov.pl/seniorzyaktywne-starzenie/zalozenia-dlugofalowej-polityki-senioralnej-wpolsce-na-lata-20142020/>, ZDPS%2014-02-04%20%20Monitor%20Polski%20(1).pdf.

<sup>50</sup> Hasińska Z., Tracz E., *Rola uniwersytetów trzeciego wieku w aktywnym starzeniu się* (The role of universities of the third age in active aging), „Nauki Społeczne – Social Sciences” 1 (7), Uniwersytet Ekonomiczny, Wrocław 2013.

in a better mental and physical condition. Although they are not called health prophylaxis activities (and it's a good thing, based on the best standards of public health communication), these activities definitely belong to the category of preventive treatment of old-age mental disorders. Such activities aimed at seniors are promoted by the Joint Action on Mental Health and Wellbeing among all the states, local self-governments and societies, through their recommendations addressed to Europeans, by saying "Mental health in all policies"<sup>51</sup> and in the report devoted to the organization of psychiatric help at the level of local communities and life environment of people with mental disorders and people from risk groups<sup>52</sup>. Loneliness and lack of independence are two strongest risk factors of depression in seniors.

#### Advantages:

Multiple offers from various areas of science, culture, tourism or recreation, in particular in large cities, growing awareness of seniors themselves and their improving self-organization, both at the local and national level. The self-government authorities of every level should be commended for supporting and promoting such activities. The best experiences in the area of activities aimed at seniors, should be promoted among the all-Polish seniors' organizations as well as other non-governmental organizations that support seniors.

## 5.2

### Preventive treatment of mental disorders in the world

Having analyzed the documents drawn up by international organizations, such as WHO<sup>53</sup> and Joint Action on Mental Health and Wellbeing<sup>54</sup>, another conclusion appears.

In many countries of the world, in the USA, Canada, Australia and in Western Europe, the programmes for prevention of depression and suicides are orga-

nized and conducted by professionally trained teams of psychoeducators, people educated in psychology, psychotherapy and psychiatry, on the basis of a set of verified communication tools and methods adequate to the target age group.

The activities are part of a multi-level programme affecting the whole population (or that is the plan). That is why, based on the recommendations from WHO and JA MH-WB, all the activities in that scope should be part of the national programmes for preventing depression and suicides, in which, apart from legislation, it is the communication and preventive treatments (primary prevention) that play the key roles.

In the scope of primary prevention of depression, **the Joint Action on Mental Health and Wellbeing recommends reduction of stress and development of mental resilience based on the following definition:**

**"Prevention of depression includes all kinds of activities aimed at preventing depression from appearing. Therefore, primary prevention of depression covers diversity of childhood behaviors and problems, development of emotional resilience, support for people and promotion of a healthy lifestyle".**

These activities should be addressed particularly to families of young children, to support them in raising their children and developing their mental health, but also the mental health of their caregivers and teachers in kindergartens or starting grades of primary schools.

In turn, secondary prevention of depression should concentrate on preventing its occurrence at the population level, for example through programmes addressed to students in schools, also involving teachers, and programmes addressed to risk groups, e.g. children of people with depression, caregivers looking after persons suffering from schizophrenia or LGBTQ people). These also include the programmes, the objectives of which include developing individual mental resilience and reducing stress. Their targets should include:

<sup>51</sup> Joint Action on Mental Health and Wellbeing, *Situation Analysis and Policy Recommendations in Mental Health in All Policies*, published December 2015, <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/MHiAP%20Final.pdf>.

<sup>52</sup> Joint Action on Mental Health and Wellbeing, *Situation Analysis and Policy Recommendations in Community-Based approaches to Mental Health*, published December 2015, <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP5%20Final-20151203075843.pdf>.

<sup>53</sup> *Health 2020: a European policy framework supporting action across government and society for health and well-being*, <http://www.euro.who.int/en/publications/abstracts/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being>.

<sup>54</sup> Joint Action on Mental Health and Wellbeing, *Situation Analysis and Policy Recommendations in Depression, Suicide Prevention and E-health*, published January 2016,

- children and adolescents (aged 15-17),
- people working within programmes organized at workplaces,
- persons from risk groups,

**The objective of the programmes addressed to children and youth should be:**

- acquisition, in childhood and adolescence, of the basic skills of handling difficulties for the purpose of developing individual mental resilience.

**The objectives of the programmes addressed to employees should be:**

- dissemination of the knowledge of depression and acquisition by employees of practical skills for dealing with stress and developing a balance between professional and private life,
- promotion of the ability to change one's attitudes and behaviors to healthy ones, which should be based on verified methods related to public health (e.g. Mental Health First Aid MHFA),

**The objective of the programmes addressed to the groups with increased risk of depression and suicide, should be:**

- support in the scope of the basic life skills, dealing with stress, solving problems.

The persons from the groups with increased risk of depression and suicide include: the unemployed, immigrants, people suffering from progressive and incurable diseases (depression often accompanies type 2 diabetes, cardiovascular diseases, chronic respiratory diseases, osteoarticular and neurotic diseases), people grieving after losing someone close, as well as LGBTQ people.

**These programmes should be organized and financed mainly from public resources and by international aid organizations, and should be conducted by specialized public institutions as well as non-governmental organizations possessing proper organizational and staff resources.**

An analysis of the programmes associated with preventive treatment of depression and with preventing suicides, addressed mainly to secondary school students, indicates that the "Black waves" programme is conducted on the basis of effective

methods, similar to those in other countries. **The difference between Poland and some other European countries mainly consists in the scale of such undertakings.**

**It is worth emphasizing the following strong recommendations by the international organizations that deal with promoting mental health and preventing mental disorders: interdepartmental cooperation of healthcare, social and education systems, and multi-level development of social awareness in the scope of mental health problems.** Currently, people with such disorders are not isolated individuals living outside of the society with serious symptoms, but students, employees and other people living next to us, our colleagues, neighbours and family members who, for various reasons, at a certain stage of their lives that are usually too active and only apparently happy, may find it difficult to receive help, escape financial or emotional difficulties and find themselves on the borderline of life. They are people just like us, maybe it's even us. More and more publicly available examples indicate that depression and suicides also afflict famous, successful people, which proves that success and wealth do not guarantee good health. Good health is not provided by isolated, fenced or walled districts or houses.

What is conducive to mental health of people and is achievable by local self-government authorities, is development of the atmosphere of openness, mutual support, assistance in difficult situations, referring the people in emotional crisis to trained professionals.

The basic information has to be provided to inhabitants in the form of leaflets or posters and through local media, trainings for the employees that handle citizens in public offices or family assistance centres. In those places, the inhabitants may receive assistance in the form of information or conversations which will constitute a starting point for professional help. Joint Action on Mental Health and Wellbeing emphasizes that professional help should best be provided near one's place of residence, by organizing psychiatric treatment and psychotherapy in the form of community-based psychiatric assistance.

The model to be followed by all the European countries is the community-based psychiatric assistance in the Italian city of Trieste<sup>55</sup>. Just like for 50 years in Trieste, the organization of such assistance

<sup>55</sup> Mezzina R., An „Open Door - No Restraint“ System of Care for Recovery and Citizenship, „The Journal of Nervous and Mental illnesses“ - Volume 202, Number 6, June 2014. <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP4%20Final.pdf>.

in Poland depends on the determination of the local authorities that should serve their communities in the best possible manner. The development of such a model of psychiatric assistance in Poland was already assumed by the National Mental Health Protection Programme for the years 2010-2015, but the people ruling in Poland at that time did almost nothing to execute its objectives. In the draft National Mental Health Protection Programme for the years 2016-2020, which is currently at the stage of approval, such organization of psychiatric assistance in Poland constitutes one of the main programme objectives. Its essence is operation of community psychiatric health centres, available 24 hours a day and all-year-round serving populations of several dozen thousand people, situated under one roof, or in consortium, with nearby integrated units providing psychological, psychotherapeutic and psychiatric assistance, depending on the needs of patients, on an out-patient, daily or hospital basis, with 4-8 beds at their disposal. Apart from that, the model of organized psychiatric assistance will include a psychiatric ward with several dozen (20-40) beds in the local general hospital. The support for the people with mental disorders and mental illnesses should be provided by local social services, employment agencies and work cooperatives which closely cooperate with community mental health centres. With such organization of psychiatric care, the costly and long-lasting hospitalizations will be significantly reduced, and the number of properly treated persons with mental disorders will increase, so that they can learn, work and fulfill their social roles. The number of suicides and

suicide attempts is dropping. The level of stigmatization and social exclusion of people with mental disorders is dropping, too.

Developing such a model is not a task resulting from the 2016-2020 National Health Programme and it is not possible for the local self-government authorities to develop it in Poland independently. However, the awareness of how such a model should operate in our country, is necessary at the level of county and district authorities, because without such awareness, such a model is not going to be developed for many years. In terms of prevention and early detection of depression, in Europe there already exist similar programmes, such as "Overtake the sadness", the difference being that in the places where community-based psychiatric assistance already exists, those programmes are conducted in the local mental health centres, and not, like in Cracow, in a large specialist psychiatric hospital. The programmes of managing and handling stress in the companies are organized in many European countries by private training companies. In large companies, in particular in large corporations, such programmes constitute important elements of health and well-being policies. In such corporations, the mental health and well-being of employees are at least just as important as flu vaccinations or assistance in quitting smoking. This results from the growing awareness among employers of the importance of health, including mental health, for the condition of companies and for the whole economy.



## 6

### How to prepare and implement a good regional mental health protection programme?

The instruction of how to draw up a health policy programme, until recently also called a health prophylaxis programme or health promotion programme, was published by the Agency for Medical Technology Assessment and Tariffication, on its website<sup>56</sup>. It illustrates that a "Health Policy Programme is a set of planned and intentional activities in the scope of healthcare, assessed as effective, safe and justified, allowing to achieve, within a certain period of time, certain assumed objectives consisting in detecting and meeting certain health needs and improving the health condition of a certain group of service recipients, developed, implemented, executed and financed by the minister or a local self-government unit".

The basic piece of legislation regulating the functioning of health policy programmes within the healthcare system, is the Act on Health Care Benefits Financed from Public Resources of 27 August 2004 (Journal of Laws of 2016, item 1793, as amended). Health Policy Programmes should take into account the health priorities specified in the acts issued on the basis of art. 31a section 2 of the Act (regulation of the Minister of Health regarding Health Priorities of 21 August 2009 (Journal of Laws of 2009, No. 137, item 1126)). Also, Health Policy Programmes should be consistent with the National health Programme. The Act obliges the local self-government authorities to submit the draft Health Policy Programmes to the Agency for Medical Technology Assessment and Tariffication (AOTMiT) for review. AOTMiT has 2 months to analyze the submitted project and to prepare its opinion.

#### The programme preparation process consists of 8 stages:

- planning the programme,
- defining the health problem and epidemiology,
- specifying the objectives and effectiveness measures based on the SMART rule,
- characterizing the target population and planning the interventions,
- monitoring and evaluating the programme,
- ensuring sustainability of health effects,
- planning the budget and costs,
- organizing the programme.

The first three ones are significant, i.e. planning, defining the health problem and its epidemiology, as well as specific determination of objectives and effectiveness measures. No undertaking of the character described in the Health Policy Programme will be successful without a good plan, without description of the health problem, of the objectives and execution measures. The objective must be achievable and measurable, based on the SMART rule:

**Specific**, detailed and well-defined.

**Measurable**, i.e. one that can be monitored and measured.

**Achievable**. The objectives that are impossible to achieve, should not be set.

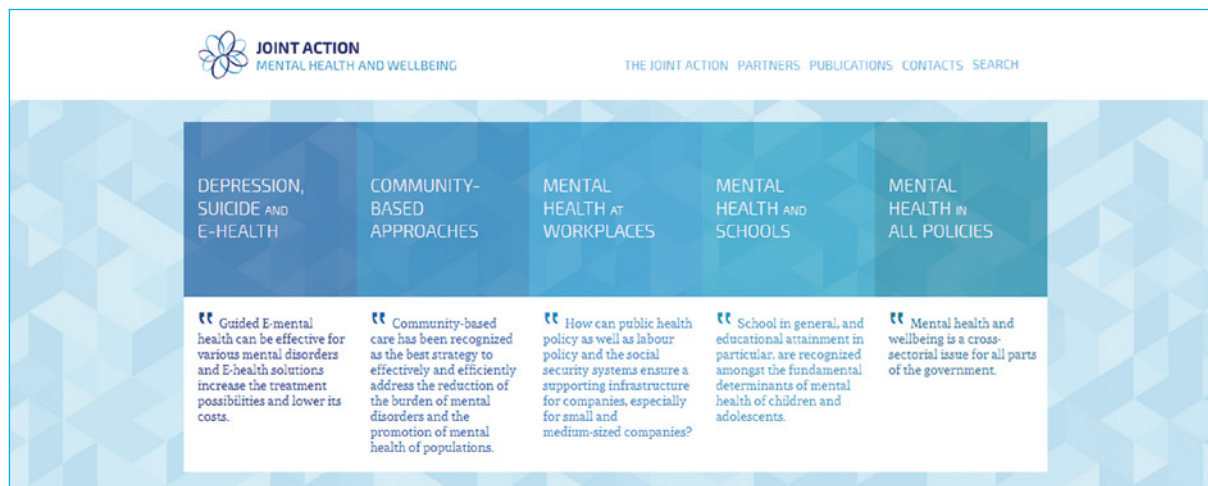
**Relevant** - crucial, important, it must answer the question of what important may be attained by executing it or what important will change after it is executed?

**Time-bound** - planned for a certain period of time.

The progress of the Health Policy Programme must be monitored, so you have to be able to measure the starting point, to set the points in time for measurements and the effectiveness measures, which will allow you to assess, in other words, to evaluate whether the Health Policy Programme achieved the assumed main objective or secondary objectives.

The assessment of mental health programmes often uses surveys, filled in by participants before,

<sup>56</sup> *Practical guidelines for planning, implementing and executing health policy plans*, AOTMiT 2016, <http://www.aotm.gov.pl/www/programy-polityki-zdrowotnej/instrukcja-planowania-wdrazaniaoraz-realizacji-Health-Policy-Programme/>.



Source: Website: <http://www.mentalhealthandwellbeing.eu/>.

during and after the programme. It is quite common practice to visit the persons who participated in the programme, e.g. a training of dealing with stress or of assessing one's mental condition, several months later or even after a longer period of time. Surveys need to be anonymous. Another good practice is to prepare them in electronic versions. The anonymity of surveys, both paper or electronic, increases the chance of better assessment of the condition of the given population, for example in the scope of depression or anxiety. It also demonstrates professionalism and respect for the rights of people with mental disorders, who may be ashamed of them out of concern for exclusion or even stigmatism.

What is also very important that the development of a Health Policy Programme should be handled by local self-government authorities, while it may (and, in the case of such important issues as prevention of suicides or risky behaviors, should) be conducted by professionals in psychiatry, psychology or psychoeducation, selected in a competition.

**Therefore, it is worth making use of verified and recommended programmes, either Polish or foreign.** The latter may be found on the website

of the Joint Action on Mental Health and Wellbeing <http://www.mentalhealthandwellbeing.eu/> in the bookmark with publications regarding recommended activities associated with improvement of mental health and well-being.

**Also, it is worth remembering the key rule, i.e. that the programme and its associated communication must present positive messages.** For example, you must not publicly talk or write, in any materials, that the objective of the programme is early detection of people with self-destructive tendencies. The *primum non nocere* rule is a must<sup>57</sup>.

**If you want to organize such a programme at the level of a commune or county, you should consider cooperation with the authorities of the neighbouring counties and communes, so that the scope of its impact and budget are as big as possible. However, the plan or resources for executing a large programme are not what counts most - what does is the awareness that mental health is promoted by every activity associated, for example, with promotion of systematic recreation or physical activity. Remember that “Healthy body is healthy mind”.**

<sup>57</sup> Szymańska J., *Programy profilaktyczne. Podstawy profesjonalnej psychoprofilaktyki* (Preventive treatment programmes. Basics of professional psychoprophylaxis), Ośrodek Rozwoju Edukacji, <https://www.ore.edu.pl/>. Source: Website: <http://www.mentalhealthandwellbeing.eu/>.

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