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SOME ASPECTS OF POLICY ON MENTAL WELL-BEING OF CHILDREN AND ADOLESCENTS AND THE POLISH EDUCATIONAL LAW

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Introduction: the article deals with policy in the field of mental well-being of children and adolescents in Poland. Special attention is paid to the country's educational law and the tasks that face the entities constituting the Polish educational system in terms of taking effective measures to protect mental health of children and adolescents, including health promotion, prevention of mental disorders and the provision of care for people with mental aberration.

Purpose: the article aims to identify and discuss some aspects of policy on mental well-being of children and adolescents in Poland. **Methods:** the complex and interdisciplinary nature of the issue in question determined the methodological framework of the study. The authors employ methods traditionally used in research on public policies, such as political analyses of processes, methods used by researchers in the field of law, administration and economics. The main research tool in this study is the analysis of political public contexts which occur in the administration and enforcement of law. A functional system analysis is employed as an auxiliary tool.

Results: despite the fact that the discussion on maintaining the mental well-being of children and adolescents has been taking place for many years, and that the educational law system and health policy, including its elements related to mental health, cover many aspects being of fundamental significance to the issue in question, practice shows that there are still systemic and institutional deficiencies in this field. **Conclusions:** mental health promotion and mental disorder prevention in children and adolescents cannot be treated as separate activities, but they require a holistic, systemic, and hence horizontal approach. These activities must be integrated into a unified prevention policy at all decision-making and operational (executive) levels.

Keywords: mental health; children and adolescents; educational law; health policy; educational system in Poland

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**ОТДЕЛЬНЫЕ АСПЕКТЫ ПОЛИТИКИ
В ОБЛАСТИ ПСИХИЧЕСКОГО БЛАГОПОЛУЧИЯ ДЕТЕЙ И ПОДРОСТКОВ
И ПОЛЬСКОЕ ОБРАЗОВАТЕЛЬНОЕ ПРАВО**

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Введение: статья посвящена анализу политики в области психического благополучия детей и подростков в Польше. Особое внимание уделяется образовательному праву и задачам субъектов, составляющих образовательную систему Польши, в части принятия эффективных мер по охране психического здоровья детей и подростков, включая укрепление здоровья, профилактику психических расстройств и оказание помощи людям с психическими отклонениями. **Цель** данной статьи – выявить и проанализировать отдельные аспекты польской политики в области психического благополучия детей и подростков. **Методы:** учитывая комплексный, междисциплинарный характер проблемы, авторы используют методы, традиционно применяемые при изучении государственной политики, такие как политический анализ процессов, а также методы, характерные для исследований в области права, управления и экономики. Основным исследовательским инструментом является анализ общественно-политических контекстов, возникающих в ходе правоприменения. В качестве вспомогательного инструмента применяется функционально-системный анализ. **Результаты:** дискуссия об обеспечении психического благополучия детей и подростков ведется уже много лет; система образовательного права и политика в области здравоохранения, включая ее элементы, связанные с обеспечением психического здоровья, охватывают многие аспекты, имеющие фундаментальное значение для обсуждаемого вопроса. Однако, как показывает практика, в этой области все еще существуют системные и институциональные недостатки. **Выводы:** укрепление психического здоровья и профилактика психических расстройств у детей и подростков не могут рассматриваться как отдельные виды деятельности, эти вопросы требуют целостного и системного подхода. Соответствующие меры должны быть интегрированы в единую политику по профилактике здоровья на всех уровнях принятия и исполнения решений.

Ключевые слова: психическое здоровье, дети и подростки, образовательное право, политика в области здравоохранения, образовательная система Польши

Introduction

Mental health is defined by the World Health Organization as one of the basic elements of general health. It means not only the absence of disorders or illnesses, but is treated as a mental potential that enables an individual to meet his or her needs, achieve success, enjoy life, learn, overcome difficulties and cope with changes. Mental well-being helps to establish and maintain good relations with other people and makes it possible for an individual to

actively participate in social life [11; 12]. Mental health promotion is an activity aimed at enhancing mental health and well-being, as well as at improving the quality of life of entire populations, groups and individuals. In turn, mental health prevention is an action to reduce the number of occurrence of disorders and risks to mental health. Health promotion and prevention overlap. Many activities in the area of health promotion are a crucial part of educational

prevention programs (*Prevention and Promotion in Mental Health* 2002)¹.

There is no doubt that the enormous changes in the civilization have negatively affected the mental health of young people. Nowadays, children and adolescents are struggling with increasingly complex environmental, social, cultural and economic conditions. Moreover, they have to face more and more complicated challenges. Inequalities, including those connected with poverty, gender and sexual orientation, also significantly affect some aspects of adolescents' health and well-being – minorities have been put at disadvantage. It is considered that there are many structural and social factors that put children and adolescents at risk of developing mental disorders. The issues related to the mental aberration in young people constitute an interdisciplinary matter, and for this reason their study is extremely difficult and requires specialized methods, techniques and tools. There is a lack of holistic as well as comprehensive data sources, and the efforts undertaken in this field are often scattered and insufficient.

The first study of the mental health of Poles conducted in Poland was the 2009–2012 survey entitled *Epidemiology of Mental Disorders and Access to Mental Health Care – EZOP Poland* [2]. The study used the latest version of the *Composite International Diagnostic Instrument* questionnaire made available by Harvard Medical School – a coordinator of CIDI research worldwide. The main objective of the project was to estimate the prevalence of particular mental disorders in the population aged 18–65, taking into account its demographic and social diversity; to assess social distancing from people with mental disorders and opinions on the availability of psychiatric treatment. The research work involved the study of almost 11,000 Poles aged 18–64. The summary of the report includes significant conclusions. Firstly, it is reported that the mental condition of Poles is not solely a matter of health care but a classic example of a public issue. The complex determinants of the examined mental

disorders involve an integrated effort of all state authorities, local government, employers and non-governmental organizations. Health care in itself is not able to effectively influence mental health of the population. Decisive actions for the promotion of mental health and preventive projects are urgently required. The research has shown that the number of potential recipients of services provided by the mental health care system over the analysed period exceeded six million (almost a decade has passed since then!). Every third Polish family has experienced mental disorders. Noteworthy is that mental health highly correlates with physical health.

It is strongly recommended by the researchers that there should be developed model mental health promotion programs for local communities, workplaces, schools and universities. Additionally, they highlight the need for enhanced protection of people with disabilities (including those suffering from mental disorders) against exclusion, discrimination on the labour market, in education, in access to health and social services. Researchers also emphasize the fact that specific health promotion is required in large urban centres, which constitute an additional risk factor. Apart from the organizational and legislative conditions, the awareness of mental disorders should be raised and taken care of as part of health promotion. What is more, it is extremely needed to counteract stereotypes, stigmatization and social exclusion.

In 2017 another nationwide study was conducted to estimate the prevalence of mental problems among Polish inhabitants. The project called *Comprehensive Survey on the State of Mental Health of the Society and Its Determinants – EZOP II* [1] is coordinated by the Institute of Psychiatry and Neurology in Warsaw and co-funded by the National Health Program for 2016–2020. This study is a continuation and extension of the research conducted within *EZOP I* project. In the current edition, however, for the first time the scope of analysis covered a probability sample (15,000 people) of all residents of the country with no age limit. The objective of the study is to estimate the prevalence of mental disorders and to collect opinions on experiences with psychiatric

¹ WHO Meeting on Evidence for Prevention and Promotion in Mental Health, Conceptual and Measurement Issues, Prevention and Promotion in Mental Health. Geneva, 2002.

treatment. Unfortunately, the results of the study are not yet available. Moreover, such analyses and research devoted only to children and adolescents are also not accessible, which makes the discussed issue even more complicated.

Purpose and Methods

The article aims to identify and discuss some aspects of policy on mental well-being of children and adolescents in Poland, with special attention being paid to the country's educational law. The complex and interdisciplinary nature of the issue in question determined the methodological framework of the study. The authors employ methods traditionally used in research on public policies, such as political analyses of processes, methods used by researchers in the field of law, administration and economics. The main research tool in this study is the analysis of political public contexts which occur in the administration and enforcement of law. A functional system analysis is employed as an auxiliary tool.

Mental Health Policy in the World

The World Health Organization recognizes mental health protection of children and adolescents as a priority in health policy in the document entitled *Mental Health Policy, Plans and Programs* of 2004 [7]. According to the WHO, mental health protection covers a wide range of activities, including, inter alia, mental health promotion, mental disorder prevention, treatment and rehabilitation. This issue is treated as a priority by the European Union [3].

The current objectives of the WHO connected with enhancing the mental health of children and adolescents are: (1) reinforcing advocacy, effective leadership and management for the mental health of children and adolescents; (2) providing comprehensive, integrated and flexible mental health and social care services in local environment for the early identification and evidence-based management of childhood mental disorders; (3) implementing strategies for the promotion of psychological well-being, prevention of mental disorders, and protection of rights of young people with mental problems; enhancing information systems, evidences and research [5].

The framework for strengthening the potential of the WHO member states to meet the mental

health needs of children and adolescents is provided by *Mental Health Action Plan 2013–2020* [6] adopted on 27 May 2013 by the 66th Assembly of the World Health Organization. The four main aims of the action plan are: to reinforce leadership and effectiveness of mental health management; to provide comprehensive, integrated and flexible mental health and social care services in local environment; to implement strategies for mental health promotion and prevention; to enhance information systems, evidence and research on mental health. The document emphasises, inter alia, the importance of intensifying efforts as well as the significance of greater involvement and support for entities responsible for the mental health of children and adolescents, including ongoing evaluation and monitoring of the services provided, and an emphasis on more flexible actions, adapted to the emerging and changing needs. The role of more extensive cooperation with 'informal' mental health service providers, for instance, families, churches, religious associations, schools, institutions, the police and local non-governmental organizations, is also highlighted.

National Legal Regulations on the Protection of Health of Children and Adolescents

According to Article 68 of the *Constitution of the Republic of Poland* of 2 April 1997¹ everyone has the right to health protection, and public authorities are obliged to provide special health care to children, pregnant women, the disabled and the elderly. This means that the protection of health (including mental health) of children and adolescents is the responsibility of the state.

Children and adolescents are one of the priority groups in the *Act on the Protection of Mental Health* of 19 August 1994². Article 4 paragraph 1 states that preventive measures in the field of mental health protection are primarily taken for children, adolescents, the elderly and people in situations posing a threat to their mental health. In accordance with Article 4 paragraph 1, these actions involve, in particular, implementing the principles of mental health protection in schools, other educational institutions, educational care and re-

¹ The Constitution of the Republic of Poland of 2 April 1997. *Journal of Laws*. 1997. No. 78. Item 483.

² The Act on the Protection of Mental Health of 19 August 1994. *Journal of Laws*. 2020. Item 685.

socialisation centres; creating facilities conducting preventive activities, in particular, psychological counselling, and specialized institutions that deal with early recognition of the needs of children with psychomotor development disorders; supporting self-help groups and other social initiatives in the field of mental health protection; developing preventive measures in the field of mental health protection by therapeutic entities; introducing mental health issues into the vocational training program for people involved in education, teaching, rehabilitation, treatment and care, management and organization of work and leisure; undertaking scientific research to enhance mental health and prevent disorders that are connected with it; and incorporating mental health issues in the media space, specifically in radio and television programs.

The *National Health Program for 2016–2020*¹ plays a significant role in child and adolescent health prevention. This program is a strategic document for public health. Its aims include: extending the life expectancy of Poles, improving the quality of life and reducing social inequalities in health. These indicators are also used in macroeconomics as measures of social and economic development of countries. The adoption of the program was one of the main provisions of the *Public Health Act of 11 September 2015*², which came into force on 3 December 2015. As it is stated in the literature, ‘one of the basic objectives of the *Public Health Act* was to create a master plan concerning public health. The consequence of that was the inclusion of programs related to selected health problems, previously functioning as separate, in the *National Health Program*, which was a right decision. As a result, the *National Health Program* activities in the field of alcohol and drug policy, and partially those related to mental health protection, became more integrated. However, their incorporation in the *National Health Program* was only symbolic, and the individual policies remained practically separate’ [4, p. 130].

The second and third operational objective seem to be specifically crucial in terms of children

and adolescents: (1) prevention and solution of problems connected with the use of psychoactive substances, behavioural addiction and other risky practises and (2) prevention of mental health problems as well as improvement of mental health well-being of society. As to the tasks assigned in the program to the second operational objective, which are the responsibility of the Ministry of National Education, the following were defined: information and education activities on the risks arising from the use of narcotic drugs, psychotropic substances and the so-called ‘legal highs’. Furthermore, the emphasis was put on the indispensability of increasing the skills of people working with children and adolescents (teacher training) concerning the early recognition of the risks associated with various addictions. In the section entitled ‘universal prevention’, the program also intends to implement prevention programs with a scientific basis or proven effectiveness addressed to school-age children and adolescents and taking into consideration common protective and risk factors of the use of psychoactive substances and other risky behaviours, especially those advised by the *System of Recommendations on Prevention Programs and Mental Health Promotion* (System rekomendacji programów profilaktycznych i promocji zdrowia psychicznego). The ‘selective prevention’ category incorporates, inter alia, implementation of early intervention and selective prevention programs, particularly advocated by the *System*, aimed at groups under threat, especially children and adolescents from marginalised environments, being at risk of demoralization, social exclusion, and people occasionally using intoxicants, psychotropic substances and new psychoactive substances.

The list of tasks to be performed under the third operational objective, being the responsibility of the Ministry of National Education, contains among others: supporting mental health, including through activities for raising social awareness of mental health and its determinants, shaping beliefs, attitudes, behaviours and lifestyles that stand up for mental health, developing skills and abilities that help to cope with situations that threaten mental health, counteracting sexuality of children and adolescents, especially through informational and educational activities; developing mental potential and focusing on the strengths of children and adoles-

¹ Regulation of the Council of Ministers on the National Health Program for 2016–2020. *Journal of Laws*. 2016. Item 1492.

² The Public Health Act of 11 September 2015. *Journal of Laws*. 2019. Item 2365.

cents – reinforcing the potential of children and adolescents by promoting positive and harmonious development, shaping personality, individual and social skills, providing support in solving developmental problems and crises, increasing mental resilience and improving emotional functioning; preventing mental disorders; taking action to prevent depression, suicide and other self-destructive behavior in high-risk populations, and training teachers on the dangers, developmental and health consequences for children and adolescents who watch pornography.

Specific tasks of the Ministry of National Education in the field of promoting knowledge about mental health and health prevention were also included in the *National Mental Health Protection Program for 2017–2022*.¹ One of the objectives of this program is to provide people suffering from mental disorders with comprehensive, multifaceted and publicly accessible care necessary to live in a family and social environment and to shape proper social attitudes towards people with mental disorders, notably understanding, tolerance, kindness, as well as counteracting their discrimination through, inter alia, psycho-pedagogical support for students, parents and teachers. Not only psychological and pedagogical counselling centres are obliged to provide such support, but also kindergartens, schools and educational institutions. Local government units are the entities responsible for the implementation of this obligation.

Educational Law and Mental Health of Children and Adolescents

In accordance with educational law, the educational system of Poland has to ensure the adaptation of the content, methods and organization of teaching to the psychophysical abilities of students, psycho-pedagogical support, as well as safe and hygienic learning conditions in schools and educational institutions. The duty of government administration, especially the Ministry of Health and the Ministry of National Education, as well as other public institutions, is to take effective measures to protect mental health of children and adolescents. These tasks entail, inter alia, health promotion and prevention of mental disorders and

providing care for people struggling with mental disorders. Article 6 paragraph 2 of the *Teachers' Charter of 26 January 1982*² states that it is the teacher's responsibility to support each student in his or her development. Such a task may also be found in Article 5 of the *Act of 14 December 2016. The Law on School Education*³. The regulations say that in his or her didactic, educational and caring activities, a teacher is obliged to consider the best interest of students, take care of their health, moral and civic attitudes with respect for the personal dignity of each student.

According to Article 1 of the *Act of 14 December 2016. The Law on School Education*, the educational system ensures, inter alia, the adaptation of the content, methods and organization of teaching to the psychophysical abilities of students, as well as the possibility of getting access to psychological and pedagogical support or special forms of didactic work. Under Article 26, schools are obliged to implement an educational and preventive program which includes educational content and activities intended for students as well as content and activities of a preventive nature aimed at students, teachers and parents. Pursuant to Article 26 paragraph 2, the educational and preventive program is compiled based on the results of the annual diagnostic assessment of students' developmental needs in school environment, including protective and risk factors, with special regard to threats associated with the use of psychotropic and new psychoactive substances. The headmaster of a school or institution or its staff member authorized by the principal is responsible for the diagnostics. The abovementioned regulations do not apply to kindergartens, adult schools, level I vocational schools, post-secondary schools and post-secondary art schools. According to Article 47 paragraph 1 item 5, the minister responsible for educational and pedagogical matters determines the principles of organization and provision of psychological and pedagogical support in schools and institutions, which are obliged to create conditions for meeting students' developmental and educational needs, in particular to ensure the effectiveness of students'

¹ Regulation of the Council of Ministers of 8 February 2017 on the National Mental Health Protection Program for 2017–2022. *Journal of Laws*. Item 458.

² The Teachers' Charter of 26 January 1982. *Journal of Laws*. 2019. Item 2215.

³ The Act of 14 December 2016. The Law on School Education. *Journal of Laws*. 2020. Item 910.

development and learning. Pursuant to Article 68 of the Act of 14 December 2016. *The Law on School Education*, the powers of the headmaster of a school or institution include, inter alia, taking care of students and creating conditions for harmonious psychophysical development through active pro-health measures.

In accordance with the *Regulation of the Minister of National Education of 14 February 2017 on the core curriculum for preschool education and the core curriculum for general education in primary schools, incl. for pupils with moderate and severe intellectual disability, and for general education in stage I sectoral vocational schools, general education in special schools preparing for employment, and general education in post-secondary schools*¹, kindergartens and schools are obliged to perform tasks related to mental health promotion and mental disorder prevention. The same is established by the *Regulation of the Minister of National Education of 27 August 2012 on core curricula for preschool education and general education in individual types of schools*². It is worth mentioning that the core curriculum takes into account the developmental capabilities of students – by describing the expected learning outcomes for particular stages of education. The specific needs related to mental health are mentioned there only in general – in recommendations to organize special classes enabling equal educational opportunities and the obligation imposed on schools to provide psychological and pedagogical support for students with special educational needs, including disabilities. Additionally, some content related to mental

health can be found in the core curriculum of selected classes.

The provision of psychological and pedagogical support for students is an obligation resulting directly from the Regulation of the Minister of National Education of 9 August 2017 on the rules for organisation and provision of psychological and educational support in public nursery schools, schools and educational institutions³. These regulations indicate that psychological and pedagogical support provided for a student in a kindergarten, school and educational institution consists in recognizing and meeting his or her individual developmental and educational needs as well as in identifying individual psychophysical abilities of the student and environmental factors influencing his or her functioning in the kindergarten, school and educational institution in order to foster the student's development potential and create conditions for his or her full and active participation in the life of the kindergarten, school and educational institution, as well as in the social environment (clause 2 paragraph 1). The need to provide a student with psychological and pedagogical support in a kindergarten, school and educational institution may stem from, inter alia, disability, maladjustment, behavioral or emotional disorder, special abilities, specific learning difficulties, competence deficits and speech disorders, chronic disease, a crisis or traumatic situation, educational failures, neglect by others connected with the living standard of the student and his or her family, social contacts, the way of spending leisure time, or adaptation difficulties associated with cultural differences or changes in the educational environment, including those related to previous education abroad (clause 2 paragraph 2). Pursuant to clause 4 paragraphs 1 and 2, the psychological and pedagogical support shall be organized by the headmaster of the kindergarten, school and educational institution, and provided by teachers, form masters of educational groups and specialists who perform tasks from the scope of psychological and pedagogical support in the kindergarten, school and

¹ The Regulation of the Minister of National Education of 14 February 2017 on the core curriculum for preschool education and the core curriculum for general education in primary schools, incl. for pupils with moderate and severe intellectual disability, and for general education in stage I sectoral vocational schools, general education in special schools preparing for employment, and general education in post-secondary schools. *Journal of Laws*. 2017. Item 356 – applies to schools of the so-called new type (eight-year primary school, level I vocational school, special vocational school, post-secondary school).

² The Regulation of the Minister of National Education of 27 August 2012 on core curricula for preschool education and general education in individual types of schools. *Journal of Laws*. 2012. Item 977 – applies to schools of the so-called old type (six-year primary school, middle school, basic vocational school, three-year secondary school, four-year technical school, special vocational school, post-secondary school).

³ The Regulation of the Minister of National Education of 9 August 2017 on the rules for organisation and provision of psychological and educational support in public nursery schools, schools and educational institutions. *Journal of Laws*. 2020. Item 1280.

educational institution, particularly psychologists, pedagogues, speech therapists, guidance counsellors and pedagogical therapists. The support may be provided, *inter alia*, at a request of a student, parent, headmaster, teacher, form master, school nurse or hygienist, clinic, Roma teaching assistant, social worker, family assistant, court-appointed curator or non-governmental organization (clause 5).

The psychological and pedagogical support is provided at schools during the ongoing work with the student and through integrated activities of teachers and specialists, as well as in the form of the following types of classes: therapeutic, developing abilities, developing learning skills, teaching-compensatory, and specialized classes, for instance, corrective-compensatory classes, speech therapy classes, classes developing emotional and social competences, and other classes of a therapeutic nature, classes connected with the choice of education and profession – in the case of primary and secondary school students, individualized learning pathway, advice, consultations, or workshops (clause 6 paragraph 2).

Psychological and pedagogical outpatient clinics constitute an important systemic entity which supports schools and educational institutions in performing tasks related to the mental health of children and adolescents. Their work does not only consist in diagnosing and issuing opinions and recommendations. Such institutions cooperate with schools and offer a wide spectrum of preventive, educational and therapeutic activities. Their principles are set forth in the *Regulation of the Minister of National Education of 1 February 2013 on detailed rules governing the functioning of public psychological – pedagogical outpatient clinics, including specialized outpatient clinics*¹. According to these regulations, outpatient clinics have to implement preventive activities by supporting the didactic and educational function of kindergartens, schools and educational institutions, as well as to organize and pro-

vide support for the indicated institutions in terms of performing didactic, pedagogic and educational tasks. These duties include providing teachers with support in solving didactic and educational problems. The objective of such provisions is to establish and reinforce long-term cooperation with schools and educational institutions.

Control Activities

Unfortunately, the manner in which the abovementioned obligations are fulfilled leave a lot to be desired. In accordance with the post-inspection report by the Supreme Audit Office (2017) on the prevention of mental disorders in children and adolescents, children and adolescents were not provided with sufficient psychological and pedagogical support in the years 2014–2016. Nearly half of the public schools (44.2 %) did not hire pedagogues or psychologists as individual employees. Often, the decision on employing specialists in a school was made based not on the scale of needs but on the economic situation of a particular local government unit. In this regard, the worst situation was reported in schools run by *powiaty*: 66 % of technical schools did not hire specialists, while 55 % of the audited basic vocational schools did not employ psychologists and pedagogues. Students in need of support could only rely on teachers with additional qualifications, or on specialists from psychological and pedagogical outpatient clinics. In schools where specialists were employed, there were, on average, 475 students per one pedagogue. However, this number was even higher in the case of psychologists and amounted to 1,904. Considerable differences were observed in the number of working hours of hired specialists (pedagogues and psychologists). Some of them worked 18 hours per week, but there were also those who spent 40 hours a week at school. The average working time was 20 hours in most cases. In accordance with the data, there was approximately 0.75 FTE for a pedagogue and 0.2 FTE intended for a psychologist per school in the school year 2015–2016. Fewer specialists were employed in rural schools: 0.55 FTE for a pedagogue and 0.09 FTE

¹ The Regulation of the Minister of National Education of 1 February 2013 on detailed rules governing the functioning of public psychological-pedagogical outpatient clinics, including specialized outpatient clinics. *Journal of Laws*. 2013. Item 199.

for a psychologist. The difference in the access to specialists depending on the location of the school is confirmed by the number of separate posts taken by psychologists per 1,000 students: in 2016 this ratio amounted to 0.89 for schools located in cities and to 0.57 for schools from rural areas. Concurrently, in the years 2014–2015, there was an increase in the number of opinions stating the need to provide psychological and pedagogical support for students in schools – up to 8.07 %. The help provided by psychological and pedagogical outpatient clinics was also not fully available. The waiting time for an appointment was about one month. Interestingly, a questionnaire-based study conducted by the Supreme Audit Office showed that cooperation with specialists working with children and their families was declared by just a little over half of the teachers (52 %), whereas it as many as 48 % of teachers were found to have no contact with such specialists. Every third teacher pointed out insufficient assistance from external entities, such as psychological and pedagogical outpatient clinics, as a factor hindering schools from proper performance of preventive and educational tasks, including recognizing psychophysical problems of students.

It is worth adding that the only indicator used to describe issues related to psychological and pedagogical support in the audited period was the number of children and adolescents who received various forms of psychological and pedagogical support in relation to the total number of students. According to the Supreme Audit Office, such an indicator is insufficient for assessing the situation since it does not relate undertaken actions to the current needs of children and adolescents. Moreover, it does not allow for evaluating the results of the support provided. There has also been criticism of the fact that rules established in acts and regulations on education formulate only a general obligation of providing students with free psychological and pedagogical care by the governing authority. Consequently, the decision on employing spe-

cialists in a particular school is made based not on the scale of needs but on the economic situation of a particular local government unit where a given school is located. It was also noted that there is a lack of standards of psychological and pedagogical care that would oblige schools to provide services at similar levels.

The most common problems indicated during the audit by school headmasters and directors of psychological and pedagogical outpatient clinics (besides learning difficulties) were: violence and aggression among students, addiction to computer games and the Internet, low attendance, depressive state, and drugs – all these stemming from educational problems and mental health disorders. In accordance with the Supreme Audit Office, increasing psychological and pedagogical support, including easier access to specialists, should be one of the factors minimalizing undesirable behaviours. The implementation of preventive and educational tasks by teachers, including recognition of students' psychosocial problems, was mainly hampered by a too high number of students in classes (as indicated by 55 % of teachers) as well as by limited knowledge about what is happening in students' families (54 %). Teachers claim that the lack of a psychologist in schools, a pedagogue available once a week and overcrowded classes pose a serious problem. These factors result, inter alia, in difficulties connected with an individual approach to students' problems. Another impediment in recognizing students' psychosocial problems pointed out by the teachers was insufficient training and preparation of the latter. From among 2,354 of the surveyed teachers, 17 % admitted to the lack of sufficient knowledge and competence in terms of implementing preventive and educational tasks, while 24 % of them acknowledged that they were not trained enough to recognize students' psychosocial problems.

Recommendations related to the functioning of psychological and pedagogical support in schools proposed by the Supreme Audit Office include: a smaller number of students in classes,

providing more trainings for teachers, psychologists and pedagogues, increasing the number of specialists and extending their working time, improving cooperation among teachers and cooperation of teaching staff with specialists from outside the school who deal with family, clear emergency procedures, and reducing the number of students per one specialist (a psychologist and/or a pedagogue).

Works on the Reform of the Mental Health Care System for Children and Adolescents

Currently, the Ministry of Health is working on the reform of the mental health care system for children and adolescents [10]. Its aim is to provide all children and adolescents in the country with proper psychiatric care by levelling out differences between individual regions and preventing excessive burden on psychiatric wards through the development of support for patients suffering from mental disorders at other reference levels. The new model of the mental health care system for underage patients is the result of work of the *Team for Mental Health of Children and Youth* that has been functioning since February 2018. The team consists of representatives of various groups dealing with health protection, including prominent experts in the field of psychiatry, psychology and psychotherapy. Nowadays, the team is continuing its activities by monitoring changes and preparing recommendations related to improving the care of children and adolescents in psychiatric treatment. By virtue of the *Ordinance of the Minister of Health of 28 October 2019 on appointing the First Deputy of the Minister of Health for the reform of child and adolescent psychiatry*¹, Professor Małgorzata Janas-Kozik, MD, Ph.D., was appointed as the Plenipotentiary for the reform in child and adolescent psychiatry.

The basis of the new model of providing care for children and adolescents who suffer from mental disorders is the creation of networks of psychological and psychotherapeutic clinics. At least one in each powiat. These clinics are in-

tended to be the first level of help, being lacking until now. The second level shall consist of outpatient clinics where psychiatric help will be available on the basis of the existing clinics as part of outpatient specialist services (Public Mental Health Center for Children and Adolescents [Środowiskowe Centrum Zdrowia Psychicznego dla Dzieci i Młodzieży]). The third level is meant to be created by wards and psychiatric hospitals for children – the so-called highly specialized centres for 24-hour psychiatric care. Support will be provided at the earliest possible stage so that it would be possible to prevent exacerbations and to reduce the treatment burden and duration in psychiatric wards and hospitals. The principles of psychiatric care should be considered with reference to the determinants of mental health of children and adolescents. Among them, the literature points out the following: ‘support for families, teachers, social and legal services, paediatricians, general practitioners, maternal and infant care units and other social institutions in the process of raising children; development of early intervention systems, effectiveness and safety of treatment as well as its accessibility for all children aimed at reducing their suffering and disability or helping them reveal their developmental potential’ [8, p. 4].

The new model of mental health protection was introduced by the *Regulation of the Minister of Health of 14 August 2019*². Under its provisions, children and adolescents can benefit from psychological, psychotherapeutic and similar services without getting a referral. In the foreseeable future, it is planned to start work on preparing recommendations and standards related to the provision of benefits under the new mental health care system for children and adolescents. According to the new regulations, the so-called community psychological and psychotherapeutic care centres – the first reference level of the new mental health care system for children and adolescents – started their activities in April 2020. These centers employ specialists – psychologists, psychotherapists and community therapists – who can be contacted by parents of children as well as by adolescents (per-

¹ Official Journal of the Minister of Health. 2019. Item 91.

² The Regulation of the Minister of Health of 14 August 2019. *Journal of Laws*. 2019. Item 1640.

sons under the age of 18 must have a consent from a legal guardian to use the services) in the case of abnormal symptoms connected with mental problems. As to the forms of assistance, the following services are available in the centres: diagnostic psychological counselling, psychological counselling, individual psychotherapy session, individual and group therapy session, psychosocial support session, appointment, and home or community counselling. Currently, due to the epidemic situation, the support is provided through ICT tools. In the future, the work of the centres will be based on community work – primarily on cooperation with the patients' families and their school environment. For this reason, it is advisable to choose the centre that is located as close to the place of residence as possible. So far, 138 centres have signed agreements for the provision of services, of which 120 have already started their work and provide support for patients and their families in spite of the difficult situation caused by the COVID-19 pandemic.

Conclusions

Despite the fact that the discussion on maintaining the mental well-being of children and adolescents has been taking place for many years, and that the educational law system and health policy, including its elements related to mental health, cover many aspects being of fundamental significance to the issue in question, practice shows that there are still systemic and institutional deficiencies in this field. Contemporary challenges and threats to mental health, especially that of young people, being the most vulnerable to various crises, develop and change, often going beyond the current public policy framework. Schools, as educational institutions that are the closest to daily problems of children, adolescents and their parents, seem to be the most adequate space for different kinds of efforts. Furthermore, they have the best implementation possibilities that stem from their institutional position, and therefore it seems that the most attention should be paid to supporting changes in the school environment and creating a relevant methodological background for teachers.

Mental health promotion and mental disorder prevention in children and adolescents cannot be treated as separate activities, but they require a holistic, systemic, and hence horizontal approach. These activities must be integrated into a unified prevention policy at all decision-making and operational (executive) levels. Such a system should consist of at least four elements related to: creating a friendly environment and promoting psychosocial health, education on mental health aimed at acquisition of knowledge by students, parents and teachers through developing appropriate attitudes and behaviours; interventions in case of problems and crises, as well as professional treatment when necessary [13, p. 594].

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