



# Infrastructure, Policies and Practices in Child and Adolescents' Mental Health

## CAMHEE PROJECT –

### COUNTRY PROFILES QUESTIONNAIRE<sup>1</sup>

#### 1. BACKGROUND INFORMATION

1.1 Details of Project Co-ordinator (person with overall responsibility for co-ordinating the completion of the Country Profile)

<b>Name</b>	Czeslaw Czabala		
<b>Country</b>	Poland		
<b>Area of work</b>	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Other _____		
<b>Profession</b>	Psychologist, psychotherapist		
<b>Please specify if your work entails the following (please tick all that apply)</b>	<input checked="" type="checkbox"/> Mental health care	<input checked="" type="checkbox"/> <u>Mental disorders prevention</u> 	<input checked="" type="checkbox"/> <u>Mental health promotion</u> 
<b>Position and Title</b>	1. Head of the Department of Psychology and Mental Health Promotion; 2. Director of the Institute of Applied Psychology  Professor		
<b>Organisation</b>	1. Institute of Psychiatry and Neurology (IPiN) 2. Academy of Special Education (APS)		
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1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): **22/07/08 through 25/08/08** -

<sup>1</sup> This questionnaire is based and adapted mainly from Imhpa + HP-source questionnaire for Prevention and Promotion in Mental Health and the Mental and Neurological Health Policy and Services Development Country Profiles Questionnaire

1.3 Will this questionnaire describe the situation at the national or a regional level?

- National – Go to 1.4
- Regional only – If regional only, please specify which region or regions are covered?

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1.4 Details of members involved in the working group.

Name	Area of work (e.g. Govt, NGO, academic etc)	Profession	Position and Title	Organisation	Contact e-mail Address
Jaroslawa Rola	academic	psychologist	Prof.	APS	
Dorota Danielewicz	academic	psychologist	Ph.D.	APS	
Lidia Zablocka- Zydka	academic	psychologist	M.A.	APS	
Michal Szulawski	academic	psychologist	M.A.	APS	
Joanna Wojda	academic	psychologist	M.A.	APS	
Irena Namyslowska	researcher	psychiatrist	Prof.	IPiN	
Ludmila Boguszewska	researcher	sociologist	M.A.	IPiN	
Wanda Langiewicz	researcher	economist	M.A.	IPiN	
Grazyna Herczynska	researcher	historian	M.A.	IPiN	
Malgorzata Gawron	NGO	educator (pedagogue)	M.A.	NGO	

## 2. POLITICS, POLICIES AND PRIORITIES

This covers public policy and judicial enactments, which may impact on children's and adolescents' mental health (CAMH) in either a positive or negative way, including general public health measures, taxation, general legislation, equity and human rights. Please indicate the presence or absence of each policy and the year it was made.

- 2.1 Have **national (or regional) level**<sup>2</sup>, governmental policy documents for children and adolescents' mental health been published (available in paper or electronic format) in any of the following areas?

Please tick  if any policies available, even if not all in a category are available, and give specifications of each policy as a separate document reference.

**Please specify** if all or some of these are at regional level rather than national level:

### 2.1.1. GENERAL POLICIES related to CAMH

National	Regional	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(i) Poverty and social exclusion [2.1.1(i)-camhee-Poland-Czabała-07.08.08] [2.1.1(i)(2)-camhee-Poland-Czabała-07.08.08] [2.1.1(i)(3)-camhee-Poland-Czabała-07.08.08]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(ii) Social welfare (e.g. benefits and payments for disabled) [2.1.1(ii)-camhee-Poland-Czabała-08.08.08] [2.1.1(ii)(2)-camhee-Poland-Czabala-07.08.08] [2.1.1(ii)(3)-camhee-Poland-Czabala-20.08.08]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(iii) Child protection [2.1.1(iii)-camhee-Poland-Czabała-18.08.08] [2.1.1(iii)(2)-camhee-Poland-Czabała-19.08.08]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(iv) Education and school programmes (e.g., school age, availability) 2.1.1(iv)-camhee-Poland-Czabała-18.08.08 2.1.1(iv)-camhee-Poland-Czabała-07.08.08] 2.1.1(iv)(2)-camhee-Poland-Czabała-07.08.08]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(v) Day care legislation/policy for pre-school children [2.1.1(v)-camhee-Poland-Czabała-19.08.08]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(vi) Family friendly workplace policies 2.1.1(vi)-camhee-Poland-Czabała-18.08.08]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(vii) Adoption, fostering policies [2.1.1(vii)-camhee-Poland-Czabala-07-08-08]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(vii) Divorce and custody policies [2.1.1(vii)-camhee-Poland-Czabala-07-08-08]
<input type="checkbox"/>	<input type="checkbox"/>	(viii) Industrialisation policies (e.g. building & expansion causing displacement) [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	(ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure) [Document Reference]
<input type="checkbox"/>	<input type="checkbox"/>	(x) Housing (e.g. state provided housing for certain groups, etc.) [Document Reference]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(xi) Anti discrimination (e.g., race, gender, disability, etc.) [2.1.1(xi)-camhee-Poland-Czabała-07.08.08]
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(xii) Other that apply directly or indirectly to CAMH Mental health promotion and prevention of mental disorders in general [2.1.1(xii)-camhee-Poland-Czabała-19.08.08] [2.1.1(xii)-camhee-Poland-Czabała-07.08.08] [2.1.1(xii)-camhee-Poland-Czabała-08.08.08]

<sup>2</sup> If you are answering the questionnaire for a region rather than at the national level, please indicate for which region on p.1 of the questionnaire

## 2.1.2. SPECIFIC POLICIES and LARGE-SCALE PROGRAMMES for CAMH

Please tick  as appropriate to indicate the scale of the policies/programmes and whether the action has gone beyond the stage of approval to be allocated a budget and implemented.

National	Regional	Budgeted + Implemented	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Programmes for <u>infants and toddlers</u> <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(ii) Parenting support provision <b>[2.1.2(ii)-camhee-Poland-Czabała-22.07.08]</b> <b>2.1.2 (ii)(2)-camhee-Poland-Czabała-07.08.08</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(iii) To improve life skills (education in life skills, socio emotional learning, etc.) <b>[2.1.2(iii)-camhee-Poland-Czabała-22.07.08]</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(iv) To prevent depression and anxiety <b>[2.1.2(iv)-camhee-Poland-Czabała-22.07.08]</b> <b>[2.1.2(iv)(2)-camhee-Poland-Czabała-19.08.08]</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(v) To prevent suicide and self-harm/mutilation <b>[2.1.2(v)-camhee-Poland-Czabała-22.07.08]</b> <b>[2.1.2(v)(2)-camhee-Poland-Czabała-19.08.08]</b> <b>2.1.2(v)(3)-camhee-Poland-Czabała-12.09.08</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescents <b>[2.1.2(vi)-camhee-Poland-Czabała-22.07.08]</b> <b>[2.1.2(vi)(2)-camhee-Poland-Czabała-19.08.08]</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(vii) To prevent violence and aggression perpetrated by children/adolescents <b>[2.1.2(vii)-camhee-Poland-Czabała-22.07.08]</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(viii) To prevent criminal detention <b>[2.1.2(viii)-camhee-Poland-Czabała-22.07.08]</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(ix) To reduce stigma and discrimination (racism, bullying, homophobia) <b>[2.1.2(ix)-camhee-Poland-Czabała-22.07.08]</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(x) To prevent disorders in children associated with parental mental health problems <b>[2.1.2(x)-camhee-Poland-Czabała-22.07.08]</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(xi) To prevent disorders in children associated with parental alcohol and drug problems <b>[2.1.2(xi-a)-camhee-Poland-Czabała-22.07.08]</b> <b>[2.1.2(xi-b)-camhee-Poland-Czabała-22.07.08]</b>

2.2. Please summarise the key points of the most important mental health policies for the improvement of mental health of children and adolescents and when they were enacted (put into action). Describe briefly how implementation has proceeded, and any problems/obstacles that have emerged in the course of implementation

Most important mental health policies etc	When enacted (put into action)	Key points of implementation process and obstacles to implementation.
National Health Program	1996	Preventing mental disorders by appropriate promotion actions
National Mental Health Programme	Since 1995 it has been implemented partially without proper funding;  Amendments to the Mental Health Act were adopted by the Parliament in August 2008. Amended Act allows full implementation & funding of the Programme starting in the year 2009	Key points: Promoting mental health among children, adolescents and families Preventing mental disorders in the whole population (especially in the high risk groups), Increasing accessibility of out-patient mental health services for children and adolescents.  Obstacles: Lack of an adequate number of child and adolescent psychiatrists
The National Program for Prevention Alcohol Related Problems	1994	Decrease alcohol consumption among teenagers, Reduce alcohol related harms in families, Support alcohol prevention programmes in schools
National Action Plan for Children – “Poland for Children”	2004	Carrying out comprehensive health education, Assuring the adequate quality of education and equal access to it for all children
The National Program for Prevention of Social Maladjustment and Crime among Adolescents and Children	2003	Public education on consequences of risk behaviours, Working out guidelines on conduct of teachers in the situation of risk behaviours of children (use of psychoactive substances, crime activities), Cooperation between schools and the police
State Strategy for Adolescents	2003	Shaping knowledge and skills of young people needed for coping with stress, environmental demands and taking responsibility in adult life

2.3. Have non-governmental (private enterprise, research institute, NGO, etc) policy documents on child and adolescents' mental health been published?

- Yes – if yes, please specify below: (a)  
 No – Go to 2.4  
 Don't Know/Unsure – Go to 2.4

(a) Please provide the origin, content area and **[Document Reference]** for of the policy document.

	<b>Non-governmental bodies</b>	<b>Content area of policy document</b>	<b>Document reference</b>
(i)	<b>Fundacja "Masz szansę"</b> <b>[Foundation "You have a chance"]</b>	Prevention, early intervention, addiction, social exclusion "Program Rowiesniczych Doradców"  "Letni Oboz Terapeutyczny"  „Efektywnosc instytucjonalnych form pomocy na rzecz mlodziezy zagrozonej wykluczeniem spolecznym"	<b>2.3(i)-camhee-Poland-Czabala-22.07.08</b>  <b>2.3(i)(2)-camhee-Poland-Czabala-22.07.08</b>  <b>2.3(i)(3)-camhee-Poland-Czabala-22.07.08</b>
(ii)	<b>Fundacja "Dzieci niczyje"</b> <b>[Nobody's Children Foundation]</b>	Peer violence, electronic media  Przemoc rowiesnicza a media elektroniczne- raport 2007	<b>2.3(iii)-camhee-Poland-Czabala-22.07.08</b>
(iii)			

2.4. Is there an ombudsman  for children's rights in your country/region?

- Yes – Please give details as an **[2.4-camhee-Poland-Czabala-08.08.08]**  
 No – please state here which department/body is responsible for children's rights, if any

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### 3. MONITORING, SURVEILLANCE AND EVALUATION

This section covers the *monitoring* and assessment of trends in children's and adolescents' mental health (CAMH) – both positive and negative – and the evaluation of policies and action aimed at improving or maintaining CAMH.

3.1 Is there information on the prevalence of mental disorders among children and young people (e.g. MH disorder prevalence rates) in young country?

- Yes – go to part (a)  
 No – go to section 3.3

(a) Is the information available at a nation or regional level?

- National – go to part (b)  
 Regional (specify) \_\_\_\_\_ - go to part (b)

(b) What are the sources of data of prevalence rates of childhood mental disorders?  
 (Please tick  all that apply)

- National surveys carried out for the National office of statistics or National Statistical Institutes (NSIs)  
 Administrative data (GP records, Hospital records, registries)

3.2 Using what you regard as the best source of data, please give prevalence rates for the following child/adolescent mental disorders:



Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K

Disorder	Prevalence rate of suicide per 100000 of children and adolescent population to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.10. Self-mutilation or self harm	N/C				
3.2.11. Childhood/Adolescent suicide attempt	N/C				
3.2.12. Childhood/Adolescent Suicide according to medical statement (a)	5.6	10-19	year		2005
3.2.13. Childhood/Adolescent suicide attempted and committed, registered by police (b)	7.5 7.3	10-19 10-19	year year		2005 2006

Source of data: **(a)** Rocznik Demograficzny 2007 [Demographic Yearbook of Poland 2007]. GUS [Central Statistical Office], Warszawa 2007

**(b)** Rocznik Statystyczny 2007 [Statistical Yearbook 2007]. GUS [Central Statistical Office] Warszawa 2007

Disorder	Prevalence rate of disorders per 100000 of children and adolescent population - <b>inpatient</b> mental health facilities to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.1 <u>Anxiety disorders</u> (F93, F93.0-93.3, 93.8-9, F.40, F.41, F.41.0-F41.1, F.42, F.43.1) 	11.1	3-18	year		2006
3.2.2 Depression (moderate to severe diagnosis) (F.32, F.33, F34.1)	3.6	3-18	year		2006
3.2.3 Bipolar disorder (Manic-depressive) [F.31, F.34.0]	1.0	3-18	year		2006
3.2.4 Attention-Deficit/Hyperactivity Disorder (ADHD [F.90, F.90.0-1, F.90.8-F.90.9])	10.7	3-18	year		2006
3.2.5 <u>Learning disorders</u> 	N/C				
3.2.6 Conduct disorder (act out their feelings or impulses in destructive ways) [F.91, F.91.0-3, F.91.8-9]	11.7	3-18	year		2006
3.2.7 Eating disorders [F.50, F.98.2-3]	5.5.0	3-18	year		2006
3.2.8 Autism and pervasive developmental disorders	N/C				
3.2.9 Schizophrenia	6.3	0-18	year		2006
3.2.10 Self-mutilation or self harm	N/C				
3.2.11 Childhood/Adolescent suicide attempt	N/C				
3.2.12 Childhood/Adolescent Suicide	see table above				
3.2.13 Other common disorder in your country (please specify): A. Mental and behavioural disorders due to substance use other than alcohol [F.11-F.19] B. Mental retardation [F.70-F.79] C. Schizotypal and delusional disorders [F.21-F.29]	A. 25.8 B. 7.2 C. 5.8	0-18	year		2006

Disorder	Prevalence rate of disorders per 100000 of children and adolescents population - <b>out-patient</b> mental health facilities to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.1. <u>Anxiety disorders</u>	N/Spec				
3.2.2. Depression (moderate to severe diagnosis)	N/Spec				
3.2.3. Bipolar disorder (Manic-depressive)	N/Spec				
3.2.4. Attention-Deficit/Hyperactivity Disorder (ADHD)	N/Spec				
3.2.5. <u>Learning disorders</u>	N/C				
3.2.6. Conduct disorder (act out their feelings or impulses in destructive ways)	N/Spec				
3.2.7. Eating disorders	N/Spec				
3.2.8. Autism and pervasive developmental disorders	N/C				
3.2.9. Schizophrenia F.20	23.7	0-18	year		2006
3.2.10. Self-mutilation or self harm	N/C				
3.2.11. Childhood/Adolescent suicide attempt	N/C				
3.2.12. Childhood/Adolescent Suicide	see table above				
3.2.13. Other common disorder in your country (please specify):  <b>A.</b> Behavioural and emotional F.90-98 <b>B.</b> Neurotic, stress related, F.40-48 <b>C.</b> Mental retardation F.70-79 <b>D.</b> due to drug & tobacco use F.11-19 <b>E.</b> Eating disorders F.50-59 <b>F.</b> Manic & depressive F.30 & F.32 <b>G.</b> Organic F.00-09 <b>H.</b> Affective disorders F.34, F.38-39 <b>I.</b> Bipolar affec. & recurrent F.31&F.33 <b>J.</b> Personality & behaviours F.60-69 <b>K.</b> due to alcohol use F.10	  <b>A.</b> 573.0 <b>B.</b> 218.1 <b>C.</b> 184.0 <b>D.</b> 66.5 <b>E.</b> 46.5 <b>F.</b> 26.3 <b>G.</b> 25.6 <b>H.</b> 16.6 <b>I.</b> 15.4 <b>J.</b> 15.0 <b>K.</b> 14.9	0-18	year		2006

Source of data: BOGUSZEWSKA L., MOSKALEWICZ J., SŁUPCZYNSKA-KOSSOBUDZKA E., MILEWSKA D., SOWINSKA M., BARTNIK A., GIAZOWSKI C., GOMULKA J., WELBEL M., SKIBA K. (ed.) (2007) Zakłady psychiatrycznej oraz neurologicznej opieki zdrowotnej. Rocznik Statystyczny 2006 [Mental health care and neurological care facilities. Statistical Yearbook 2006] Instytut Psychiatrii i Neurologii, Warszawa.

Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.13. Emotional and behavioural disorders	Average from three scales 9	7-19	School year	Child Behaviour Checklist (CBCL)	1999- 2000
	-----	-----			
	<b>CBCL</b>				
	28.2 - boys	7-11		Youth Self Report (YSR)	
	24.7 - girls	-----			
	-----				
	23.4 - boys	12-19		Teacher's Report Form (TRF)	
	23.9 - girls	-----			
	-----				
Withdrawn	Boys    Girls	7-11			
Somatic complaints	2.4    2.1				
Anxious and depression	1.5    1.5				
Social problems	4.0    4.1				
Thought problems	2.0    1.9				
Attention problems	0.5    0.4				
Delinquent behaviour	5.1    4.0				
Aggressive behaviour	2.0    1.5				
	8.1    6.6				
	-----				
	Boys    Girls	12-19			
Withdrawn	2.3    2.5				
Somatic complaints	1.6    2.3				
Anxious and depression	3.4    3.9				
Social problems	1.6    1.5				
Thought problems	0.4    0.4				
Attention problems	4.4    3.8				
Delinquent behaviour	2.1    1.7				
Aggressive behaviour	6.0    5.9				
	-----				
	<b>YSR</b>				
	35.0 - boys	12-19			
	38.7 girls	-----			
	-----				
	Boys    Girls				
Withdrawn	2.8    3.5				
Somatic complaints	2.3    3.3				
Anxious and depression	5.2    7.2				
Social problems	2.4    2.3				
Thought problems	1.4    1.4				
Attention problems	4.7    4.7				
Delinquent behaviour	3.9    3.9				
Aggressive behaviour	8.1    8.1				

Source:

Wolanczyk T. (2002) Zaburzenia emocjonalne i behawioralne u dzieci i młodzieży szkolnej w Polsce [Emotional and behavioural disorders among children and adolescents in Poland]. Warszawa

## Regional data

### Krakow region

Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.2. Depression  (symptoms: emotional, anxiety, learning, activities disorders, self-destructive behaviours and somatic symptoms)	29 30 26  24.6 24.5 26.6  27.3 27.4 26.7	10 11 12  13 14 15  17 18 19	year	Krakow Depression Inventory	2001-2003, and 2006  The prevalence of depression was relatively stable

#### Sources:

Bomba J. Modrzejewska R. (2006) Prospective studies on dynamics of depression from preadolescence to early adolescence. *Psychiatr. Pol.*, 40, 3, 481-490

Bomba J. Modrzejewska R. (2006) Prospective study on dynamics of depression in mid-adolescence. *Psychiatr. Pol.*, 40, 4, 683-693

Bomba J. Modrzejewska R. (2006) Prospective study on dynamics of depression in late adolescence. *Psychiatr. Pol.*, 40, 4, 695-706

The results of research concerning the year 2006 prepared for publication. Information – Renata Modrzejewska, Children and Youth's Psychiatric Department, Chair of Psychiatry, Collegium Medicum, Jagiellonian University, Krakow

### Lodz region

Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.10. Self-mutilation or self harm (1)	15,6%	12-18	Year		2006
3.2.11. Childhood/Adolescent suicide attempt (2)	3.8 %	15-19	Year		2004

#### Sources:

(1) Lewandowska A., Gmitrowicz A. (2007) Samouszkodzenia u młodzieży szkolnej [Self-harm among adolescents], *Psychiatr. Pol.* 41, suppl. 88.


(2) Rosa K., Gmitrowicz A. (2007) Regionalny Program Zapobiegania Samobójstwom Młodzieży. Cz. I. Charakterystyka populacji regionu łódzkiego [Regional Youth Suicide Prevention Programme. Part.I. Population characteristic in the Lodz region]. *Suicidologia*, vol.III, p.18-22.

3.3. Please give the percentage of the following child population (if available).

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K


Vulnerable child populations	% of child population (or not available code)	Age-range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Description of the data given (e.g. region/ city data applies to, qualitative explanatory information, Year, accurate reflection? etc.)
3.3.1. Children living in poverty	poverty rate among children - 29.5%  (poverty rate in general -16,2%)	0-17 No nationwide data on poverty in particular age groups in Poland is available	year 2001	poverty rate in general: the percentage of population living in "relative" poverty defined as all members of households, which are entitled to and received the social help by the terms of the Act on Social Support	Poverty is related to the family type. The poverty rate among children from: - two-parent families with three children - 22.7%; - single-parent families - 14.7%; - two-parent families with one child - 4.9%. data from the first half of the 1990s.  Regional differentiation concerning the population poverty is not documented in Poland. The Statistical Yearbook contains no data allowing establishing the poverty rate of child population.  Source of data: Warzywoda - Kruszyńska W. (2002) Zjawisko biedy dzieci a zagrożenie wykluczeniem społecznym w przyszłości [Poverty of children and threat of social exclusion in the future], in <a href="http://www.brpd.gov.pl/detail.php?recid=56">http://www.brpd.gov.pl/detail.php?recid=56</a> - the Bureau of the Ombudsman for Children's Rights
	----- 12,7 % of children living below national poverty line	----- N/Spec	----- year 1999	----- The percentage of children living in "relative" poverty defined as households	----- During the 1991-1999 child poverty rate increased by 4.3%.  Source of data: UNICEF, Child poverty in rich countries 2005. Report

				with income below 50% of the national median income.	Card No. 6. UNICEF Innocenti Research Centre, Florence 2005 <a href="http://unicef-icdc.org/publications/pdf/repcard6e.pdf">http://unicef-icdc.org/publications/pdf/repcard6e.pdf</a>
3.3.2 Homeless children	N/C	N/C	N/C	N/C	N/C
3.3.3. Early school leavers  (Please specify age range)	0,28% <hr/> 0,19%	7-13 (primary school) <hr/> 14-16 ( lower secondary school)	Year 2007 <hr/> Year 2007		The total number of children eligible for compulsory education: 2541 649  The number of children exempt from compulsory education: Total N=7215 (0.28%) 1. Due to delayed enrolment N=4182 (0.16%) 2. No reason N=3033 (0.12%) <hr/> The total number of children eligible for compulsory education: N=1559288  The number of children exempt from compulsory education: Total N=2887 (0.19%) 1. Due to delayed enrolment N=56 (0.004%). 2. No reason N=2831 (0.18%).  Source of data: Oświata i Wychowanie w roku szkolnym 2006/2007 [Education in the school year 2006/2007 ] GUS, Warszawa 2007 <a href="http://www.stat.gov.pl/cps/rde/xbcr/gus/PUBL_oswiata_wychowanie_2006-2007.pdf">http://www.stat.gov.pl/cps/rde/xbcr/gus/PUBL_oswiata_wychowanie_2006-2007.pdf</a>

3.3.4. Children experiencing bullying	Number of domestic violence victims: N=31001	Children under the age of 13 (population 4994000)	Year 2007	According to "Blue card" procedure	Source of data: Polish National Police, <a href="http://www.policja.pl">www.policja.pl</a> including: Raport o dzialaniach Policji w zakresie zapobiegania przestepczosci oraz zjawiskom patologii społecznej w 2007 [Report on Police activities in prevention of crime and social pathology in 2007]. Komenda Glowna Policji, Warszawa 2008 <a href="http://www.policja.pl/portal/pol/296/22999/Raport_o_dzialaniach_Policji_w_zakresie_zapobiegania_przestepczosci_oraz_zjawisk.html">http://www.policja.pl/portal/pol/296/22999/Raport_o_dzialaniach_Policji_w_zakresie_zapobiegania_przestepczosci_oraz_zjawisk.html</a>
	Number of domestic violence victims N=14963	13-18 (population 3141000)	Year 2007	According to "Blue card" procedure	
	Sexual act with minors N=1882	under the age of 15 (population 5448000)	Year 2007	-	
	Presenting pornographic content to minors N=429	under the age of 15	Year 2007	-	
	Profiting from prostitution of a minors N=44	under the age of 15	Year 2007	-	
	Infanticide N=13	N/Spec	Year 2007	-	
	Abandonment N=78	N/Spec	Year 2007	-	

<p>3.2.5. Youth unemployment</p>	<p>Total N= 332669 19%</p> <p>Women N= 200234 19,7%</p> <p>Men N=132435 18,2%</p>	<p>18-24</p>	<p>Year 2007</p>		<p>Source of data: Statystyki rynku pracy [Labour market statistics] <a href="http://www.psz.praca.gov.pl">www.psz.praca.gov.pl</a></p>
<p>3.3.6. Children in care (living in any residential places other than families)</p>	<p><b>Care and Education Centres for Children and Young People Residential centres</b> N = <b>20663</b></p> <p>including:</p> <p>1.Intervention centers N =1301</p> <p>2.Family centers- N =1951</p> <p>3. Re- socialization centres - N =10629</p> <p>4.Multi-functional centres - N = 6782</p> <p>-----</p> <p><b>Residential social welfare facilities -</b> N = <b>3609</b></p>	<p>N/Spec</p> <p>-----</p> <p>under the age of 18</p>	<p>Year 2006</p> <p>-----</p> <p>2006</p>		<p>In 2006 (as of 31 XII), 51342 children under the age of 18 lived in 36955 foster families</p> <p>Source of data for this question: Maly Rocznik Statystyczny 2007 [Concise Statistical Yearbook 2007] GUS, Warszawa 2007; part: Health Care and Social Welfare <a href="http://www.stat.gov.pl/gus/opracowania_zbiorcze_PLK_HTML.htm">http://www.stat.gov.pl/gus/opracowania_zbiorcze_PLK_HTML.htm</a></p>

	<p>of which:</p> <p>homes for the mentally disabled (adults, or children and youth, separately) - N = 1756</p> <p>homes for the physically disabled - N = 53</p> <p>homes for the homeless N = 728</p> <p>homes for mothers with child and for pregnant women - N = 953</p>				
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<p>3.3.7. Asylum seeker children</p>	<p><u>Children and adolescents applied for the refuge status with parents:</u></p> <p>40.8% (out of 6909 applicants). ----- 43.8% (out of 8079 applicants) ----- 45.9% (out of 6860 applicants) -----</p> <p><u>Number of children and adolescents applied for the refuges status without parents or guardians</u></p> <p>213 (20 received asylum) ----- 211 (71 received asylum permanent or temporary) ----- 131 (69 received asylum permanent or temporary)</p>	<p>under the age of 18 ----- N/Spec ----- N/Spec -----</p> <p>N/Spec ----- N/Spec ----- N/Spec</p>	<p>year 2003 ----- year 2004 ----- year 2005 -----</p> <p>year, 2003 ----- year, 2004 ----- year, 2005</p>		<p>Asylum seeker children in Poland has not been sufficiently studied –there are no statistical data concerning children without parental care transiting through Poland. Although there are some discrepancies in the data on the number of children without parental care applying for the refugee status, nevertheless the scale of the phenomenon can be estimated.</p> <p>In 2005, 335 person received refuges status. 25% of them were children younger than 4. More than a half of the recognized refugees were below 18. 12 separated children received asylum in Poland. Six of those children were younger than 4.</p> <p>The high number of asylum seekers (incl. children and adolescents) came to Poland from the Russian Federation, mainly Chechnya. Chechnyans constituted over 90% of a total number of asylum seekers in Poland in 2005.</p> <p>Sours of data: The Office of the UN High Commissioner for Refugees (Poland) – <a href="http://www.unhcr.pl">www.unhcr.pl</a></p>
<p>3.3.8. Traveller children </p>	<p>N/C</p>	<p>N/C</p>	<p>N/C</p>	<p>N/C</p>	<p>N/C</p>

3.3.9. Juvenile offenders (cautioned or prosecuted)	<p>Juvenile offenders, to whom educational measures were validly adjudicated for <b>demoralization</b></p> <p>total - N=16978 (of which boys 12438)</p> <p>N=3790</p> <p>N=1931</p> <p>N=2389</p> <p>N=3344</p> <p>N=3591</p> <p>N=1933</p> <p>-----</p> <p>Juveniles offenders, to whom educational measures were validly adjudicated for <b>punishable acts</b></p> <p>total - N=27419 (of which boys 23597)</p> <p>N= 4316</p> <p>N = 6480</p> <p>N= 8281</p> <p>N= 8342</p> <p>including:  <u>Against life and health</u>  N =5409 (boys - 4748)  e.g.  1.Homicide-</p>	<p>0-17 (population 7661000)</p> <p>up to 12 (pop 5035000)</p> <p>13 (pop 483000)</p> <p>14 (pop 505000)</p> <p>15 (pop 535000)</p> <p>16 (pop 549000)</p> <p>17 (pop 554000)</p> <p>-----</p> <p>13-16</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>N/Spec</p>	<p>year, 2006</p> <p>-----</p> <p>year 2006</p>	<p>Source of data:  Rocznik Statystyczny 2007 [Statistical Yearbook 2007]. GUS [Central Statistical Office] Warszawa 2007, p.173-174</p>

	<p>N = 19, (boys - 16</p> <p>2. Damage to health, N = 1561, (boys - 1410</p> <p>3. Participation in violence or assault, N = 2427, (boys - 2096)</p> <p>4. Criminal acts against the Act on Counteracting Drug Addiction N = 1314, (boys - 1146)</p> <p><u>Against freedom conscience, religion, sexual freedom, morals</u> N=1631 (boys - 1250) e.g. 1. Rape, N = 50, (boys - 50)</p> <p><u>Against property</u> N=16640 (boys - 14452) e.g. 1. Property theft, N= 3876, (boys - 3417)</p> <p>2. Burglary, N = 2606, (boys - 2518)</p> <p>3. Robbery, N = 1849, (boys - 1728)</p>				
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3.3.10. Children abandoned due to parental migration for employment	27.1% of the migrant population (N=4930120)	9-18 year old	year, 2006	self- administrative questionnaire among pupils	Children, whose parents migrated, were left with family or friends.
	26.0% of the migrant population (N =406943)	9 year old			All migrations, even the shortest, were taken into account.
	33.6% of the migrant population (N = 426502)	10 year old			Between 25.9% and 29.3% of pupils in the 9-18 age range experienced migration of at least one parent.
	35.3% of a migrant population (N= 438302)	11-year-olds			Migrants constituted 24.0% of the total number of fathers (male guardians) and 9.0% of mothers (female guardians).
	30.4% of a migrant population (N= 463650)	12-year-old			Parental migrations affected: - seasonal (under 2 months) between 161 and 236 thousand children;
	28.9% of a migrant population (N = 482886)	13-year-old			- short-term (from 2 to 6 months inclusive) between 92 and 151 thousand children;
	22.1% of a migrant population (N = 504696)	14-year-olds			- middle-term migrations (from over 6 months to 12 months incl.) between 28 and 66 thousand children.
	28.3% of a migrant population (N = 534787)	15-year-olds			- long-term migrations (for over a year) between 12 and 40 thousand children.
	27.9% of a migrant population (N = 548787)	16-year-olds			Survey carried out: February - March and 21 May - 6 June 2008
	22.4% of a migrant population (N = 554633)	17-year-olds			Source of data: Walczak B. (2007) Społeczne, edukacyjne i wychowawcze konsekwencje migracji rodziców i opiekunów prawnych uczniów szkół podstawowych, gimnazjalnych i ponad gimnazjalnych [Social and educational consequences of migration of parents and legal
23.9% of a migrant population (N = 568934)	18-year-olds				

					guardians of primary, lower secondary and secondary school students]. Warszawa 2008 <a href="http://www.brpd.gov.pl/eurosieroctwo/raport_eur_migracje.pdf">http://www.brpd.gov.pl/eurosieroctwo/raport_eur_migracje.pdf</a>
3.3.11. Other Vulnerable populations: _____	N/C				

3.4 Is there information on national or regional child and adolescents' positive mental health (e.g. children's wellbeing, self-esteem, quality of life, resilience, etc) collected through monitoring and/or surveillance activities (tick  one)?

- Yes – please provide **[Document Reference]** for the most recent report  
 No – Please use coding for not available as above (NC, N/Acc etc): \_\_\_\_\_ - Go to 3.6  
**Information on child and adolescents' positive mental health has not been collected in Poland. Since 2003 a small groups of children and adolescents have been researched (e.g. pupils of secondary schools in Warsaw - self-esteem, resilience)**

3.5 Using what you regard as the best source of data, please give prevalence rates for the following aspects monitored for positive CAMH:

Positive child and adolescent mental health	Prevalence (%) to 1 decimal place or N/A (not available)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.5.1 Wellbeing/self-esteem (please specify) _____ _____					
3.5.2 Quality of Life _____ _____					
3.5.3 Resilience _____ _____					
3.5.4 Other (please specify) _____ _____					

3.6 Are policies for children and adolescents evaluated and reported in the following areas (tick  all that apply)?

- (i) Mental health service and care policies **[Document Reference]**  
 (ii) Mental health promotion policies (evaluation and/or reporting) **[Document Reference]**  
 (iii) Mental disorder prevention (evaluation and/or reporting) **[Document Reference]**  
 None of the above

Where applicable comment on evaluation and/or reporting process, methods, variables, etc using the table below.

Policy	Evaluation methodology	Reporting process including Document Reference
(i) Mental health service and care policies		
(ii) Mental health promotion policies (evaluation and/or reporting)		
(iii) Mental disorder prevention (evaluation and/or reporting)		

#### 4. IMPLEMENTATION

*This covers initiatives and capacity for public health action aimed at improving, maintaining or promoting CAMH. Providers of services and programmes should be included in this section. Please indicate the availability of services and programmes as the percentage of the relevant child population with access to the specified action (whether it is universal, targeted or indicated).*

- 4.1. Please provide names and **[Organisational Reference(s)]** for the principal bodies (main providers) that are involved in implementing programmes and other action (such as helpline initiatives, services and legislation affecting MH) for children and adolescents:

4.1.1. Mental health care and services: **Ministry of Health**  
**[4.1.1-camhee-Poland-Czabala-21.08.08]**

**National Health Fund**  
**[4.1.1(2)-camhee-Poland-Czabala-21.08.08]**

4.1.2. Mental health promotion and mental disorder prevention:

**Ministry of Health**  
**[4.1.2-camhee-Poland-Czabala-21.08.08]**

**Ministry of National Education**  
**4.1.2(2)-camhee-Poland-Czabala-21.08.08**

**Ministry of Justice**  
**4.1.2(3)-camhee-Poland-Czabala-21.08.08**

- 4.2 How available are services for child and adolescents' mental health care and treatment? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). If you do not know the approximate availability, please write D/K in the quantification column.

Where service availability varies in different parts of your country, please try to take the country or region as a whole. The term "appointment" also includes telephone consultations.

Services	Not available ↓				Widely available ↓	Quant.(1) or D/K ↓
4.2.1 Child Psychiatric appointments	0%	1-25%	26-50%	51-75%	76-100%	506.0
4.2.2 Psychologist appointments	0%	1-25%	26-50%	51-75%	76-100%	552.1
4.2.3 Social service appointments for children (e.g. child protection)	0%	1-25%	26-50%	51-75%	76-100%	1.3
4.2.4 Family therapy/counselling appointments	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.5 Infant-specific services (e.g. early intervention services)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.6 Adolescent-specific services (e.g. outpatient centres)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.7 Group therapy	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.8 School counselling	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.9 Pharmacological treatment	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.10 Psychosocial rehabilitation centres for adolescents	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.11 in-patient beds on child psychiatric wards in general hospitals	0%	1-25%	26-50%	51-75%	76-100%	0.9
4.2.12 in-patient beds on child wards in psychiatric hospitals	0%	1-25%	26-50%	51-75%	76-100%	2.0
Other (please specify):						
4.2.13 Telephone consultations	0%	1-25%	26-50%	51-75%	76-100%	29.4
4.2.14 Family therapy and group therapy	0%	1-25%	26-50%	51-75%	76-100%	29.6
4.2.15. Individual psychotherapy	0%	1-25%	26-50%	51-75%	76-100%	55.7

(1) rate of counselling/consultations/beds/therapy per 100000 of general population in 2006

Source: BOGUSZEWSKA L., MOSKALEWICZ J., SŁUPCZYNSKA-KOSSOBUDZKA E., MILEWSKA D., SOWINSKA M., BARTNIK A., GIAZOWSKI C., GOMULKA J., WELBEL M., SKIBA K. (ed.) (2007) Zakłady psychiatrycznej oraz neurologicznej opieki zdrowotnej. Rocznik Statystyczny 2006 [Mental health care and neurological care facilities. Statistical Yearbook 2006] Instytut Psychiatrii i Neurologii, Warszawa.

- 4.3. How available are programmes for child and adolescents' mental health promotion and mental disorder prevention? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country or region.

If you do not know the approximate availability, please write D/K in the quantification column

Programmes	Not available ↓				Widely available ↓	Quant. or D/K ↓
4.3.1 Home-based for infants	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.2 Home-based for children	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.3 Parenting programmes (general population)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.4 Parenting programmes (specified at risk population)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.5 School mental health promotion (e.g. teaching well-being life skills)	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.6 School targeted preventive programmes (e.g. anti-bullying)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.7 Drug and alcohol abuse prevention	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.8 Promotion/prevention at hospital/clinic	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.9 In Churches, clubs, recreation centres	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.10 Promotion/prevention via Internet	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.11 Protective services	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.12 Custodial settings (detention centres)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.13 Community settings	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.14 telephone counselling	0%	1-25%	26-50%	51-75%	76-100%	_____
Other (please specify):						
4.3.15 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.16 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

#### [Document References]

- 4.3.1. **4.3.1-camhee-Poland-Czabała-22.07.08**
- 4.3.2. **4.3.2-camhee-Poland-Czabała-23.07.08**  
**4.3.2[2]-camhee-Poland-Czabała-22.07.08**
- 4.3.3. **4.3.3-camhee-Poland-Czabała-22.07.08**  
**4.3.3[2]-camhee-Poland-Czabała-23.07.08**
- 4.3.4. **4.3.4-camhee-Poland-Czabała-28.08.08**
- 4.3.5. **4.3.5-camhee-Poland-Czabała-22.07.08**
- 4.3.6. **4.3.6-camhee-Poland-Czabała-22.07.08**
- 4.3.7. **4.3.7-camhee-Poland-Czabała-22.07.08**  
**4.3.7[2]-camhee-Poland-Czabała-22.07.08**
- 4.3.8. **4.3.8-camhee-Poland-Czabała-22.07.08**
- 4.3.9. **4.4.9-camhee-Poland-Czabała-22.07.08**
- 4.3.10. **4.3.10-camhee-Poland-Czabała-22.07.08**

4.3.11. **4.3.11-camhee-Poland-Czabała-22.07.08**

4.3.12. none

4.3.13. none

4.3.14. **4.3.14-camhee-Poland-Czabała-22.07.08**

4.4. In addition, are there specific subgroups of children and adolescents that have access to specially designated mental health services or promotion/preventive action, tailored to the subgroup's unique needs?<sup>3</sup>

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

Subgroups	<u>Specially designed services</u>					Quant. or D/K ↓
	Not available ↓	1-25%	26-50%	51-75%	Widely available ↓	
4.4.1 Minority groups	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.2 Migrant populations	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.3 Orphans	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.4 Children living in poverty	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.5 Runaways/homeless	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.6 Refugees/disaster-affected populations	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.7 "Seriously emotionally disturbed"	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.8 Victims of bullying	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.9 Early school leavers	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.10 Unemployed youth	0%	1-25%	26-50%	51-75%	76-100%	_____
Other (Please specify):						
4.4.11 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.12 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

**[Document References]**

- 4.4.1. **4.4.1-camhee-Poland-Czabała-22.07.08**
- 4.4.2. **4.4.2-camhee-Poland-Czabała-22.07.08**
- 4.4.3. **4.4.3-camhee-Poland-Czabała-22.07.08**
- 4.4.4. **4.4.4-camhee-Poland-Czabała-22.07.08**
- 4.4.4. **4.4.4[2]-camhee-Poland-Czabała-22.07.08**
- 4.4.5. **4.4.5-camhee-Poland-Czabała-22.07.08**
- 4.4.5. **4.4.5[2]-camhee-Poland-Czabała-07.08.08**
- 4.4.6. **4.4.6-camhee-Poland-Czabała-22.07.08**
- 4.4.7. **4.4.7-camhee-Poland-Czabała-07.08.08**
- 4.4.8. **4.4.8-camhee-Poland-Czabała-22.07.08**
- 4.4.8. **4.4.8[2]-camhee-Poland-Czabała-28.08.08**
- 4.4.8. **4.4.8[3]-camhee-Poland-Czabała-11.09.08**
- 4.4.9. **4.4.9-camhee-Poland-Czabała-22.07.08**
- 4.4.10. **4.4.10-camhee-Poland-Czabała-22.07.08**

<sup>3</sup> Question adapted from WHO MH Atlas on children and adolescents (2005)

## 5. KNOWLEDGE DEVELOPMENT, RESEARCH AND INFORMATION DISSEMINATION

*This section covers country or regional initiatives to develop the knowledge base and disseminate knowledge in the area of children's and adolescents' mental health.*

*Please indicate and give details in an accompanying reference sheet for key research and dissemination activities and the organisations which carry this out.*

5.1 Provide **[Document or Organisational Reference(s)]** of up to 3 key research projects being conducted in your country into:

### 5.1.1 Child and adolescent psychiatric disorders

- (i) Epidemiology of depression, eating disorders and other mental disorders in developmental age [Children and Youth's Psychiatric Department, Chair of Psychiatry, Collegium Medicum, Jagiellonian University, Krakow]  
**[5.1.1(i)-camhee-Poland-Czabala-22.08.08]**
- (ii) Different subgroups of anorexia nervosa and their genetic and neurophysiological correlates [Department of Child and Adolescent Psychiatry, Institute of Psychiatry and Neurology]  
**[5.1.1.(ii) -camhee-Poland-Czabala-22.08.08]**
- (iii) Research on genes in ADHD with chosen cognitive function and clinical factors [Department of Child and Adolescent Psychiatry, Chair of Psychiatry, Poznan University of Medical Sciences]  
**[5.1.1.(iii) -camhee-Poland-Czabala-22.08.08]**
- (iv) Research on thinking processes in schizophrenia [Department of Child and Adolescent Psychiatry, Chair of Psychiatry, Poznan University of Medical Sciences]

### 5.1.2 Care related issues

- (i) Narrative family therapy [Children and Youth's Psychiatric Clinic, Chair of Psychiatry, Collegium Medicum, Jagiellonian University, Krakow]
- (ii) Treatment of eating disorders [Children and Youth's Psychiatric Clinic, Chair of Psychiatry, Collegium Medicum, Jagiellonian University, Krakow] and [Department of Child and Adolescent Psychiatry, Institute of Psychiatry and Neurology]
- (iii) Etiopathogenesis and treatment of affective disorders among children and adolescents [Department of Child and Adolescent Psychiatry, Chair of Psychiatry, Poznan University of Medical Sciences]

### 5.1.3 Prevention of mental disorders

- (i) Assessing major risk and preventive factors in drug and alcohol use among children and adolescents [Institute of Psychiatry and Neurology]
- (ii) Prevention programme of eating disorders [Department of Child and Adolescent Psychiatry, Institute of Psychiatry and Neurology]
- (iii) Reasons for self-aggression behaviours among adolescents treated in psychiatric facilities and suicide prevention programmes [Department of Affective Disorders and Psychiatry of Adolescents, Chair of Psychiatry, Medical University, Lodz]  
**5.1.3.(iii) -camhee-Poland-Czabala-15.09.08**

### 5.1.4 Promotion of mental health

- (i) Evaluation of mental health promotion programmes - the case of Mazovian Province [Institute of Psychiatry and Neurology]
- (ii) Studies in the frame of EC project Screening for and Promotion of Health Related Quality of Life in Children and Adolescents - a European Health Perspectives KIDSCREEN [Institute of Mother and Child, Warsaw]  
**5.1.4.(ii) -camhee-Poland-Czabala-02.09.08**
- (iii) \_\_\_\_\_

- 5.2 What are the principal bodies involved in information dissemination to keep health care professionals informed about children's and adolescents':
- 5.2.1 Mental health care and services provision? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.  
Institute of Psychiatry and Neurology **[5.2.1(1) -camhee-Poland-Czabala-01.09.08]**  
Institute of Mother and Child **[5.2.1(2) -camhee-Poland-Czabala-02.09.08]**
- 5.2.2 Mental health promotion and mental disorder prevention? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.  
Institute of Psychiatry and Neurology **[5.2.2(1) -camhee-Poland-Czabala-01.09.08]**  
Institute of Mother and Child **[5.2.2(2) -camhee-Poland-Czabala-02.09.08]**  
National Bureau for Drug Prevention **[5.2.2(3) -camhee-Poland-Czabala-02.09.08]**  
State Agency for Prevention of Alcohol Related Problems **[5.2.2(4) -camhee-Poland-Czabala-02.09.08]**  
Methodological Centre of Psychological and Pedagogical Support **[5.2.2(5) -camhee-Poland-Czabala-02.09.08]**

## 6. YOUTH INVOLVEMENT

Here, we are interested in how children and adolescents are included in the process of policy decision-making and programme planning and implementation, which aim to affect their mental health and well being. This includes means by which children are consulted, through surveys or focus groups for opinion and information as well as their involvement as active agents in programme implementation (e.g. in peer-led initiatives).

6.1 Are children and adolescents involved in:

6.1.1 Implementing national, regional and municipal programmes in the field of CAMH and related fields?

- Yes – provide **[6.1.1(a)-camhee-Poland-Czabała-23.07.08]**,  
**[6.1.1(b)-camhee-Poland-Czabała-23.07.08]** and briefly describe

*The National Action Plan for Children and the National Program for Prevention of Social Maladjustment and Crime among Adolescents and Children are large-scale programs, describing methods of including children and adolescents into the process of implementation of various actions concerning their mental health.*

No

6.1.2 Programme design and implementation of mental health promotion and/or mental disorder prevention programmes?

- Yes – provide **[6.1.2(a)-camhee-Poland-Czabała-23.07.08]**,  
**[6.1.2(b)-camhee-Poland-Czabała-23.07.08]** and briefly describe

*The National Program of Prevention Alcohol Related Problems and the National Programme of Counteracting Drug Addiction are large-scale programs, describing methods of including children and adolescents in mental health promotion activities, especially in the area of drug and alcohol abuse.*

No

6.1.3 Decision-making processes?

- Yes **[6.1.3-camhee-Poland-Czabała-23.07.08]**,

*The National Program for Prevention of Social Maladjustment and Crime among Adolescents and Children, 2003 – 2008 is a large-scale program, describing methods of including children and adolescents into the process of decision-making. Proposes of activities in organizing and implementing different kind of social activities, aimed to make young people responsible, are described.*

No

6.1.4 Development of CAMH policies?

- Yes **[6.1.4-camhee-Poland-Czabała-23.07.08]**,

*Children and adolescents take part in development of the CAMH policies mainly through participation and evaluation of the programs. They complete questionnaires and feedback surveys concerning the programs. The document published by Wojcieszek and Szymańska describes the necessary basic rules of developing prevention programs and the standards of their implementation in educational institutions.*

No

6.2 In your opinion, what could be done in your country to increase participation of children and adolescents in the development of action for mental health?

To increase participation of children and adolescents in developing policies and programmes on mental health, the following actions are needed:

- training of peer-leaders,
- widening cooperation between children, adolescents and institutions, professionals responsible for developing CAMH programmes and their implementation,
- increasing awareness and knowledge on threats to mental health among children and adolescents,
- taking into consideration views of children in developing and implementing promotion and prevention programmes.

## 7. HUMAN AND FINANCIAL RESOURCES

*This section asks about professional resources and financial resources, looking at the provision mechanisms, distribution and availability as well as the quality of human resources (specialisation and training) in the field of CAMH in your country.*

### *Professional Workforce*

7.1 Is higher education specifically in children and adolescents' mental health promotion and/or mental disorder prevention available from at least one institution of higher education (tick one)?

- Yes – provide **[Organisational Reference(s)]** for each institution
  - (i) Academy of Special Education **[7.1(1)-camhee-Poland-Czabala-02.09.08]**
  - (ii) Medical Universities **[7.1(2)-camhee-Poland-Czabala-02.09.08]**
  - (iii) Medical Centre of Postgraduate Education  
**[7.1(3)-camhee-Poland-Czabala-03.09.08]**
- No

7.2 Is training in CAMH issues included in the curricula of relevant higher education qualifications?

Yes – if yes, please fill in table (a)

No – go to 7.3

(a) Please specify what training in children and adolescents' mental health issues forms a part of the higher education national curriculum (as a specific course or part of a general course) of different relevant professionals and the number of credits/hours this entails

	Undergraduate	CAMH-specific course?	Post graduate/ Master level	CAMH-specific course?	Num credits		Num hours
Medical doctors (basic undergraduate training)	Psychiatry incl. child and adolescent psychiatry	<input type="checkbox"/>	Specialization in psychiatry: - Family therapy - The essentials of children and adolescents psychiatry	<input checked="" type="checkbox"/>	5		Undergr 125  Specializ. 4 months
Primary care doctors/GPs		<input type="checkbox"/>	Specialization in family medicine: - Care on special groups of patients, incl. children, adolescents (school's phobias, ADHD, disabled child), youth (eating disorders, behaviours disorders, addictions, suicide attempts)	<input type="checkbox"/>			
Paediatricians		<input type="checkbox"/>	Specialization in paediatrics: - General paediatrics, incl. psychopathology of disorders of children and adolescents, behaviours, emotional, stress-related, somatoform, eating disorders of children and adolescents	<input type="checkbox"/>			

Public health professionals		<input type="checkbox"/>	Postgraduate: - Health promotion among youth and adults with mental disorders - Role of health education in coping with social maladjustment of adolescents	<input checked="" type="checkbox"/>			
Primary care nurses	- Paediatrics and paediatrics nursing, including mental disorders of child - Psychiatry and psychiatric nursing, including psychiatry of children and adolescents	<input type="checkbox"/>	Master level - Psychotherapy  Specialization in psychiatric nursing: child and adolescent psychiatry in the general module	<input type="checkbox"/>	Undergr. 13 8	Master lev. 3	undergrad. 30 125  Master lev. 30
Psychiatric nurses		<input type="checkbox"/>		<input type="checkbox"/>			
Psychologists		<input type="checkbox"/>	Master level (M.A.): - Clinical psychology of child - Clinical psychology of developmental age - Rehabilitating psychology of children and adolescents - Stress and trauma among children and adolescents - Mental disorders of children and adolescents - Psychotherapy of children - Developmental psychology of children and adolescents - Health psychology of children and adolescents - Psychological training for adolescents - Psychological support of child with chronic illness - Psychologist working with children with difficulties in social functioning	<input checked="" type="checkbox"/>		Master lev. 1-7,5	Master lev. 15-60  Postgrad. 15-75

			Postgraduate: - Psychological diagnosis of children and adolescents with developmental disorders - Clinical psychology of children and adolescents, including: risk factors, psychological diagnosis, forms of assistance, qualifications of psychologist working with children and adolescents				
General psychiatrists		<input type="checkbox"/>	Specialization in child and adolescents psychiatry: - Psychiatry of children and adolescents - Family therapy	<input checked="" type="checkbox"/>			60 months
Staff of juvenile detention centres		<input type="checkbox"/>		<input type="checkbox"/>			
Teachers	- Clinical psychology of children - Psychosexual development of children and adolescents - Support for children and adolescents in education and social work	<input checked="" type="checkbox"/>	Master level: - Clinical psychology of child - Psychiatry and psychopathology of children and adolescents - Prevention of disorders in children and adolescents behaviours - Depression of children and adolescents - Addiction's problems among children and adolescents  Postgraduate: - Mental health and behaviours disorders among children and adolescents - Psychology of children and adolescents - new conceptions	<input checked="" type="checkbox"/>	Undergr. 1-5	Master lev. 1-8	Undergr: 15-48  Master lev: 30-60  Postgrad. 20-40

			and achievements - Prevention of child and adolescent addiction				
Social workers	- Support for children and adolescents in education and social work - Therapy of adolescents dependent on psychoactive substances	<input checked="" type="checkbox"/>		<input type="checkbox"/>	3		30
Other relevant professional (please specify) neurologists _____ _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Specialization in child neurology: Child psychiatry -	<input checked="" type="checkbox"/>			

7.3 Do medical professions specialised exclusively in CAMH exist in your country?

- Yes – go to part (a)
- No – go to 7.4

(a) Please give the number of practitioners registered and the number of these in private practice:

7.3.1 Number of child or adolescent psychologists? \_\_\_\_\_ in private practice? \_\_\_\_\_.

7.3.2 Number of child or adolescent psychiatrists? **228 (49 persons specialise in), 2008**  
in private practice? \_\_\_\_\_.

### **Funding**

7.4 In the past 5 years, how has resource allocation to child and adolescents' mental health in general changed? (Please tick )

- Large increase in resources
- Small increase in resources
- No or little change in resources
- Small decrease in resources
- Large decrease in resources

7.5 In the past 5 years, how has resource allocation to specific areas of child and adolescents' mental health changed?

Please refer to real (proportional) change in resources, not to change due to economic growth, inflation or currency change. (For example, because of a general increase in a country's economic growth, resources may appear to increase, while their proportional allocation does not increase – do not record this as an increase).

7.5.1 Evidence-based and community-oriented / family-focused services (please tick ):

- Large increase in resources
- Small increase in resources
- No or little change in resources
- Small decrease in resources
- Large decrease in resources
- Information not available

7.5.2 Evidence-based MH promotion activities (please tick ):

- Large increase in resources
- Small increase in resources
- No or little change in resources
- Small decrease in resources
- Large decrease in resources

7.5.3 Treatment and care in residential institutions (please tick ):

- Large increase in resources
- Small increase in resources
- No or little change in resources
- Small decrease in resources
- Large decrease in resources

7.6 Are funds dedicated to children and adolescents' mental health clearly identifiable in the most recent national budget? (please tick )

- Yes – If yes, please specify the amount \_\_\_\_\_€ - then give details in part (a)
- No – go to 7.7
- Don't know

(a) How are the clearly identifiable funds distributed across CAMH services?

- Distributed for specific areas – please provide the amounts, if available:

Area	amount
Mental health care	€
Mental health promotion	€
Mental disorder prevention	€
Other (specify)	€

- Distributed for relevant activities (e.g., parent training programmes, school suicide and violence prevention, screening and early detection, drug and alcohol abuse prevention, etc.) – please provide the amounts, if available:

Activity (please specify)	amount
(i)	€
(ii)	€
(iii)	€
(iv)	€

7.7 Are funds used for CAMH **not** clearly identified but rather mixed in with other funds in the most recent national budget?

- Yes – If yes, please identify the areas which hold funds used for CAMH (e.g. mental health budget, education budget allowance, housing etc.) and where available, indicate the proportions:

CAMH prevention programs - budget of the Ministry of National Education,  
alcohol and drug prevention - budget of the Ministry of Health.

Proportions do not available

- No – go to question 7.8
- Don't know

7.8 Are funds dedicated to children and adolescents' mental health clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, associations, etc)? (Please tick )

- Yes
- No – go to Section 8
- Don't know

7.9 Which are main donors of funds to NGOs (state budget, regional/municipal budgets, international organisations/foundations, private for-profit sector, etc)?

State budget, regional/municipal budgets, international organizations

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## 8. PERSONAL EVALUATION OF THE STATE OF THE FIELD

Here we would like to hear your opinion of the state of the field of CAMH in your country. Please try to reach a level of agreement in your coalition group. If this is not possible, please indicate with the phrase: "difference of opinions".

### Recent advances

- 8.1 What have been the key recent advances in your country related to children and adolescents' mental health care? Please list up to 5 and include their dates:

Key recent advances in CAMH <b>care</b>	Date	Additional comments
1. Children and adolescents psychiatry established as the separate medical speciality	2005	
2. Amendments to the Mental Health Act adopted by the Parliament; the amended Act allows to implement fully the National Mental Health Programme.	2008	
3. The role of psychotherapy (especially family therapy) in treatment of children and adolescents has increased	the last years	
4. Scientific conferences of children and adolescents has been held regularly	the last years	
5.		

- 8.2 What have been the key recent advances in your country related to children and adolescents' mental health promotion or mental disorder prevention? Please list up to 5 and include their dates:

Key recent advances in CAMH <b>promotion/prevention</b>	Date	Additional comments
1. Introduction into the school curricula hours devoted to healthy physical and psychological life-style		
2. Prevention of family violence implemented by State Agency for Prevention of Alcohol-Related Problems		
3. Draft of the programme "Save school"	2008	Prepared by the Ministry of National Education
4. Two national conferences on mental health promotion	2005, 2007	almost 100 participants
5.		

### Tackling inequalities

- 8.3 In your view, is the data routinely being collected on CAMH issues in your country the right data?

Yes – Please provide an example of appropriate data collection:

Data collected by the Institute of Psychiatry and Neurology and published yearly *Zakłady psychiatrycznej oraz neurologicznej opieki zdrowotnej. Rocznik Statystyczny [Mental health care and neurological care facilities. Statistical Yearbook]*

No

8.4 In your view, is the data routinely being collected on CAMH issues in your country used in an effective way?

Yes – Please provide an example of appropriate data use:

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No

8.5 In your view, which are the most important sectors for the promotion of children and adolescents' mental health in your country?

Ministry of National Education;

Ministry of Health and its agendas:

State Agency for Prevention of Alcohol-Related Problems

National Bureau for Drug Prevention;

Ministry of Labour

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8.6 Are there any examples of successes in intersectoral work? (E.g. involvement of social welfare, the school systems, media, employment sector)?

No – go to 8.2.5

Yes – Please give descriptions of successes:

In 2007, the Ministry of National Education provided special subvention for disabled children 9.5% higher than for an average child. This subvention is especially important for treatment and care of autistic children.

Cooperation between the Institute of Psychiatry and Neurology, Ministry of National Education, State Agency for Prevention Alcohol Related Problems and National Bureau for Drug Prevention in the programme "Positive Action", a proven evidence-based program for improving mental health, social skills, behaviour and character.

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8.7 Are there examples in your country of barriers or obstacles in working across sectors for children and adolescents?

No – go to 8.2.6

Yes – Please give:

Example of a barrier to intersectoral work in your country:

Lack of adequate cooperation between sectors on every level. especially between the Ministry of Health and the Ministry of National Education.


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Suggestion of how these barriers might be overcome:

Meetings across sectors should take place regularly; common scientific project should be carried out

Cooperation between interested sectors, aimed at developing common programme as the first step to prepare the Action Plan

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8.8 Is there a clear understanding of the wider determinants  for children and adolescents' mental health among:

(a) Policymakers?:

Yes – please suggest at least 1 example of a factor which have contributed to this:

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No – Please give an example of a main obstacle and suggest how it might be overcome

Unwillingness to introduce mental health promotion into school curricula

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(b) Professionals?:

Yes – please suggest at least 1 example of a factor which has contributed to this:

Stressing the role of family for mental health of children and adolescents in mass media

Rising number of professionals interested in CAMH promotion

Increasing number of professional participated in international conferences on CAMH and organizing local meetings

No – Please give an example of a main obstacle and suggest how it might be overcome \_\_\_\_\_

\_\_\_\_\_

(c) The general public?:

Yes – please suggest at least 1 example of a factor which has contributed to this:

Films, TV and radio programmes and articles in popular press on neglected children and their sexual abuse

\_\_\_\_\_

No – Please give an example of a main obstacle and suggest how it might be overcome

Still widespread negative attitudes toward people with mental health problems. More educational campaigns are needed

### 8.3 Further development

8.3.1 In your view what have been/are the most important barriers or issues that impede action on children and adolescents' mental health care in your country? Please list up to 5:

Most important barriers to action in CAMH <b>care</b>	Date	Additional comments
i. Lack of child and adolescents psychiatrists (only 228 for 9 million of child and adolescents population)		
ii. Inadequate funding, especially out-patient and community services by the National Health Fund		
iii. Low availability of psychotherapy and sociotherapy for children and adolescents in the national health service system		
iv. Lack of intersectorial cooperation (Ministry of Labour, Education, Health)		
v.		

8.3.2 In your view what are the most important barriers or issues that impede action on children and adolescents' mental health promotion or mental disorder prevention in your country? Please list up to 5:

#### General

Most important barriers to action in CA <b>MHP and MDP</b>	Date	Additional comments
i. Social attitudes		
ii. Lack of CAMH national policy (e.g. lack of the separate National Programme Promoting Mental Health for Children and Adolescents)		
iii. Lack of CAMH promotion and prevention programmes		
iv. Lack of professionals		
v. Lack of tradition on positive thinking about mental health		

**Particular**

Most important barriers to action in CA <b>MHP and MDP</b>	Date	Additional comments
vi. Not enough number of programs of early intervention		
vii. Not enough centers for dysfunctional families and families in crises		
viii. Lack of interest in leisure time of youth in villages and small towns among policy makers		
ix. No enough interest in promotion and prevention of mental health among school staff		

8.3.3 What support would be needed in your country to increase action to improve child/adolescent mental health services?

Adequate financial system

Stress on out-patient and community services for children and adolescents

Financial support for research

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8.3.4 What support would be needed in your country to increase action to improve child/adolescent mental health promotion and prevention of mental health problems/disorders?

Education in promotion and prevention of mental health problems of general public, policy makers, physicians, teachers

Intensification of international cooperation

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9. ***Any further comments on CAMH infrastructures, policies and practice in your country not addressed in this form:***

**THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**