

IS AN EU-WIDE APPROACH TO THE MENTAL HEALTH CRISIS NECESSARY? Results from Polish Case Study

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Mental healthcare in Poland - overview

- Permanent state of *crisis*
 - severely underfunded, understaffed
 - Insufficient capacity to accommodate patients
 - Attitude of staff
- 9 psychiatrists per 100 000 Poles
 - France, 23/100 000
 - Germany 27/100 000
 - Acute shortage of child psychiatrists
 - Unequal distribution of specialists across the country
 - 30 mins new patient/ 15 returning
 - Availability/waiting time
- Little investment into Mental Healthcare (staffing, conditions, resources)
- Political tool and influence of the governing party
 - MH reform paused

Overview

- First Mental Health Act – 1994
 - Return to the attention 2011-2015 – modernization
 - 2016 – less than 2% used community based MH
- Biomedical approach -> overmedicalization
- Private vs public – a gap that is difficult to overcome
 - Availability
 - Career/development opportunity
 - earnings
- The role of NGOs/charities (TVN, mobilization during COVID or after Russian invasion)
- Stigma

“If it remains in the hands of government – nothing will change”
[part.no.2]

“We know it is quite bad. That is why the private services are blooming”
[part. no.4]

Biomedical approach

- Evolution of treatment opportunities

COVID helped with the shift from medicines in a pill form to injections. . The use of psychotropic drugs rose steadily, but it is not that COVID caused the sudden spike in drug take use. Perhaps few percent throughout the year.” [part.7].

- Quick solution vs long-term effect
- Funding structure challenge (per occupied bed)
- Lack of coordinated system to address all the patients needs
- Reform attempt: *move patient out from hospitals* – shift towards community based care



Addictions & social stratification

- Socially vulnerable groups: single parents, elderly, migrants
- *People who are single parents, mostly single mothers. People who started asking for help in our centre were those who were raising the children alone, but also with worse moods among children because they have no contact with their peers; they stay at home. Mothers said that kids don't want to go out; they just want to stay at home all day, in front of the computer. So, also addictions, from playing computers. [Interview PL6]*

Addictions, social stratification & MH

- Blurring home/work balance boundaries
- Substance abuse supports dealing with the problem
- alcohol abuse affects more than 2.5 million Poles
- There are 3-4 million people living in families with alcohol problems, including 1.5-2 million children. In turn, 700-900 thousand people in our country are addicted to alcohol
 - Nearly 2% of polish population drink on daily basis
 - Poland 12.3 L per capita daily
 - Men (30-59)
 - Lower education
 - Living in partnership
 - Working/looking for a job

Source: GUS (Główny Urząd Statystyczny)

“Hospital should treat as much as it is needed. The society – as much as it is possible.” [part9].

Recommendations

- Early intervention policies & community centers (cultural training)
- Inclusion of *wellbeing* teaching at the early school years – shift in the dominant approach
- Strengthening mental health services in both schools and higher education institutions
- Incidence and outcomes of mental health conditions cannot be improved without addressing the social determinants and inequalities of mental health – multiple inequalities.
- Target mental health services to vulnerable groups and groups with specific needs: children, migrants, elderly, working families
- More funding for targeted programs (beyond governmental provision)