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Ways of Managing Mental Health Programmes for Children and Adolescents Based on the Example of Polish Schools

Načini upravljanja programov duševnega zdravja otrok in mladostnikov po vzoru iz šol na Poljskem

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Ways of Managing Mental Health Programmes for Children and Adolescents Based on the Example of Polish Schools

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Psychiatrists in Poland are becoming increasingly alarmed about deteriorating mental health of children and adolescents in Poland. The foundation for building and developing psychosocial health of children and adolescents is the family environment. However, it is important to remember that school is also an important part of that environment. Educational institutions should therefore be places that engage in comprehensive actions to protect the mental health of children and adolescents, with all members of the organization getting involved in the process. Mental health must be recognized as an important issue in student development. There is also a need to build a culture of openness and understanding, as well as to promote pro-health attitudes and behaviors, and to promote mental health education. Therefore, it is worth considering how Polish educational leaders deal with the growing mental problems among their students. How do they manage the school's mental health programme for children and young people? To that end, a desk research was performed by searching for nationwide programmes for mental health protection for children and adolescents and a survey was conducted among Polish school principals to find out what specific protection and education measures regarding pupils' mental health are being taken. The results of the conducted research show that both education and protection concerning the mental health of children and youth in Poland are insufficient. Therefore, it is necessary to diversify and intensify the activities undertaken. The results and conclusions may be useful for policymakers in establishing mental health protection programmes for children and adolescents, as well as for school leaders. Moreover, the results provide an excellent basis for further research and may therefore be of interest to researchers. This article is also addressed at those interested in prevention of mental health issues in children and adolescents.

Keywords: educational leadership, management in education, mental health, school principal, social development

Education and Disease Prevention in the Scope of Mental Health of Children and Adolescents in Poland

To start with, it should be pointed out that ‘health is not only physical, mental and intellectual fitness, but also a will to live a full life, an ability to cope with various problems and an ability to fulfil everyday life roles and professional roles. It is also mental resilience and an ability to deal with various ailments and diseases’ (Wojtczak 2009, 3). Whereas wellbeing is ‘a subjective assessment of the state of health, not so much related to its biological dimension, as to such experiences as self-esteem and a sense of social belonging’ (p. 208). Both definitions clearly mention a number of issues directly related to mental health.

However, it is worth stressing that ‘mental health problems can take the form of mental disorders (causing suffering or impairment, being more than a generally accepted form of response to a particular event and constituting a manifestation of mental dysfunction) or difficulties in any psychosocial sphere of one’s functioning (emotional, behavioral, cognitive or social)’ (Tabak 2014, 114). In this context, education and prevention of mental health issues in children and adolescents is important.

At this point it should be stated that health education is ‘planned and comprehensive activities involving transfer of knowledge, experience and practical skills in order to strengthen health’ (Wojtczak 2009, 109) and disease prevention is ‘measures taken independently of the state of health to maintain the health of individuals or communities. They aim to reduce the incidence of diseases and premature death by reducing the impact of factors detrimental to health, leading to disease or disability’ (Wojtczak 2009, 212).

In Poland, the most important document on mental health is the Mental Health Protection Act (Ustawa z dnia 19 sierpnia 1994 r. o ochronie zdrowia psychicznego 1994), stating from the very beginning that ‘mental health is a fundamental personal human good and protection of the rights of persons with mental disorders is the responsibility of the state.’ For this reason, preventive activities in the scope of mental health protection should be primarily aimed towards children, young people, the elderly and people in situations posing a risk to their mental health. Such activities include, in particular, applying the principles of mental health protection in schools, educational establishments, care and educational facilities and rehabilitation centres. Whereas the National Programme for Mental Health Protection for 2017–2022 (Rozporządzenie Rady

Ministrów 2017) contains more detailed provisions, stating that local government units are obliged, *inter alia*, to:

- provide psychological and pedagogical support for pupils, parents and teachers;
- provide psychological and pedagogical support to children and youth at nurseries, schools and institutions.

There is also a consensus in Polish literature that ‘support and promotion of mental health of children and adolescents and prevention of mental disorders should be provided by parents, school staff (teachers, educators, school counsellors) and primary care physicians’ (Tabak 2014, 132). The need to create an environment favourable to health is therefore recognized, which means ‘favourable conditions for health both at home and in all places where people work, learn and rest’ (Wojtczak 2009, 104). Unfortunately, ‘there are virtually no national mental health promotion programmes in schools, and the activities undertaken in this area are implemented on a local or even an individual scale’ (Tabak 2014, 132–133).

Meanwhile reports indicate that mental health issues in children and adolescents in Poland are increasing. It needs to be frankly admitted that ‘information on the prevalence of mental disorders among children and adolescents in Poland is incomplete and fragmented. There are no methodologically-correct, comprehensive epidemiological studies which would determine the prevalence of mental health disorders among Polish children and adolescents’ (Namysłowska 2013, 4–9; Tabak 2014, 117).

Aim

Therefore, the aim of the study is to determine the state of disease prevention and education in the scope of mental health of children and adolescents, as well as to identify ways of managing that system based on the example of Polish schools.

Research Questions

1. How Polish educational leaders deal with growing mental problems among their students?
2. How do they manage the school’s mental health programme for children and young people?

Method

In order to achieve the objectives of this work:

- desk research was performed in a search for nationwide mental health care programmes aimed at children and adolescents, and
- a survey was conducted among Polish school principals.

In the first part of the questionnaire, school principals were asked to indicate the importance of disease prevention and mental health education for children and young people in order to find out to what extent (if at all) mental health was perceived by them as a value in student development.

In the second part, school principals were asked about classes and special activities fully devoted to mental health issues. Respondents were then asked to specify who at their school was responsible for direct provision of psychological support for pupils.

In the third part, an attempt was made to find out whether Polish school principals see the need to introduce a comprehensive programme of disease prevention and education in the scope of mental health of children and adolescents at every school. They were also asked if there was such a programme in place at their establishment. Subsequently, depending on the answer given, further questions were adjusted:

1. Those who replied that they did not have a comprehensive mental health disorder prevention and education programme for children and adolescents implemented at their school were asked about:
 - the reasons why such a comprehensive mental health disorder prevention programme did not exist and
 - if they would like to have such a programme in place at their organization.
2. Whereas those school principals who replied that such a programme was in place at their organization were asked about:
 - who is involved in the process of its creation and implementation,
 - what kind of activities does it involve,
 - whether they have encountered problems with management of such a programme (and if so, what specific ones), and

TABLE 1 Numerical Distribution of Respondents

Category	Group	Number
Age	25–34	0
	35–44	3
	45–54	20
	55–64	13
	Total	36
Educational level	Bachelor's degree	1
	Master's degree	9
	Master's degree + postgraduate studies	25
	Doctoral degree	1
	Total	36
Experience as a school principal	First term of office (0–5 years)	12
	Second term of office (6–10 years)	8
	More than two terms of office (11 years or more)	16
	Total	36
Type of managed school	Nursery school	3
	Primary school	22
	General secondary school	4
	Technical college	3
	Vocational school	1
	Other	3
	Total	36

- what kind of support would be useful in the process of managing such a programme.

At the end of the form, there was also a particulars section to collect basic information about the surveyed school principals and their schools.

Study Group

The survey involved 36 school principals from Poland (i.e. 30 women and 6 men). The main group consisted of principals aged 45–54, with a Master's degree supplemented with post-graduate studies, with experience as a school principal of more than two terms of office (i.e. 11 years or more), managing public primary schools.

Table 1 presents a detailed numerical distribution of respondents in terms of age, level of education, experience as a school principal and type of school managed.

Results

This section first presents the results of the study derived from desk research, i.e. national mental health care programmes for children and adolescents, and subsequently presents detailed results of the study from the questionnaires addressed at Polish school principals.

Results of Desk Research, i.e. Nationwide Mental Health Care Programmes Aimed at Children and Adolescents

As far as a coherent programme in the scope of mental health of children and young people is concerned, it unfortunately has not yet been made. The Ministry of Health is currently working on a reform in order to ‘establish a nationwide, comprehensive system to provide support for minors experiencing mental health disorders and their families’ [...] The aim of the reform is, inter alia, to ensure that all children and young people in the country receive appropriate psychiatric care by levelling out differences between regions (see <https://www.gov.pl/web/zdrowie/ochrona-zdrowia-psychicznego-dzieci-i-mlodziezy>). In connection with the reform, the Ministry of Health’s expectations towards the education system are as follows: ‘creating a first line of support for children and families (school and psychological-pedagogical counselling centers).’ It is worth noting that the new model of mental health protection for children and adolescents in the whole country is to become fully operational only from September 2023. It should also be mentioned that in accordance with the Regulation of the Minister of Health of 31 January 2019, a new specialization was introduced, namely ‘psychotherapy for children and adolescents.’

In conclusion, the debate on mental health of children and adolescents on the national level is only just beginning.

Results of the Survey Conducted among Polish School Principals

The results of own research show that for majority of the 36 school principals surveyed, prevention and mental health education for children and adolescents is very important (25 out of 36 responses). A detailed distribution of responses can be found in figure 1.

14 out of 36 school directors surveyed declared that the school they manage sometimes (i.e. once a month) organizes lessons fully

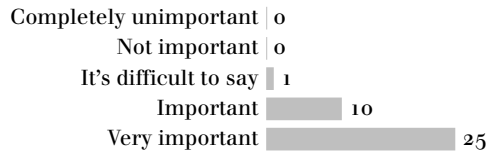


FIGURE 1 Principals' Opinion on the Importance of Prevention and Education in the Area of Mental Health of Children and Adolescents

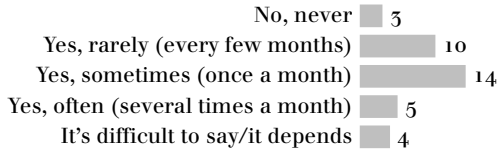


FIGURE 2 Frequency of School Lessons on Mental Health Issues



FIGURE 3 Occurrence of School Campaigns on Disease Prevention and Education in the Area of Mental Health of Children and Adolescents

devoted to mental health issues in children and adolescents. A detailed distribution of responses can be found in figure 2.

2/3 of the respondents (i.e. 24/36 school principals) declared that the school they manage also organizes special campaigns in the scope of prevention of mental health disorders and mental health education for children and adolescents. A detailed distribution of responses can be found in figure 3.

Among 24 surveyed schools which organize special campaigns on disease prevention and mental health education for children and adolescents:

- as many as 21 organize different workshops (e.g. in the area of stress management),
- 20 offer consultations with a psychologist-therapist,
- 5 organize mental health weeks,
- 4 organize mental health knowledge competitions,
- and among 4 other answers the principals mentioned: information boards displaying information on how to look after mental health, classes on emotions for the first grade of primary school, prevention of eating disorders, campaigns

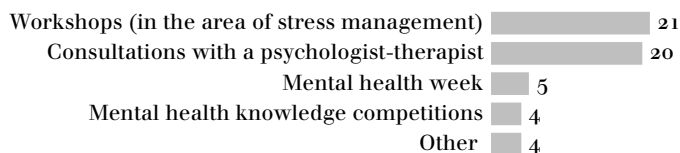


FIGURE 4 List of School Campaigns on Mental Health Disorder Prevention and Mental Health Education for Pupils (Multiple Choice)

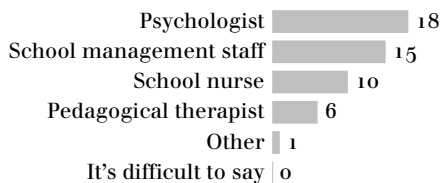


FIGURE 5 List of Persons Responsible for Providing Direct Psychological Support to Pupils in Schools Surveyed (Multiple Choice)

related to the influence of cyberspace on peer relations and mental health (cyber-bullying) and training for teachers.

A detailed distribution of responses can be found in figure 4.

Among the 36 schools surveyed, the person responsible for providing direct psychological support to students is:

- in as many as 31 of them – school counsellor,
- in 28 – also head of year (class tutor),
- in 19 – the entire teaching staff,
- in 18 – psychologist,
- in 15 – school management staff,
- in 10 – school nurse,
- in 6 – pedagogical therapist,
- and in one school it was declared that ‘in practice, we all try to be aware of any alarming symptoms and possible threats to the mental health of our pupils.’

A detailed distribution of responses can be found in figure 5.

The vast majority (i.e. 30 out of 36) of school principals see the need to introduce a comprehensive programme of disease prevention and education in the scope of mental health of children and adolescents at every school. A detailed distribution of responses can be found in figure 6.

Unfortunately, at 30 out of the 36 schools surveyed, there is no



FIGURE 6 The Need to Introduce a Comprehensive Programme of Disease Prevention and Education in the Scope of Mental Health of Children and Adolescents in Every School, in the Opinion of School Principals



FIGURE 7 Occurrence of a Comprehensive Mental Health Disorder Prevention Programme for Pupils in the Schools Surveyed

integrated mental health disorder prevention programme for pupils. A detailed distribution of responses can be found in figure 7.

30 school principals who said that their school did not have a comprehensive and integrated mental health disorder prevention programme for pupils in their school were asked about the reasons:

- the most frequent response was pointing out a shortage of people who could implement such a programme (14/30 responses),
- many respondents also stated that there was no time for such activities (11/30 responses),
- and a lack of financial resources (8/30 responses),
- among 8 other answers there were statements that ‘some issues related to mental health disorder prevention are included in the educational and disease prevention programme of the school’ and that ‘such tasks are performed by specific persons as part of their duties,’
- in addition, 1 principal stated that there was no motivation to engage in such activities.

A detailed distribution of responses can be found in figure 8.

The 30 school principals who declared that they did not have such a comprehensive programme for mental health disorder prevention for children and adolescents were also asked whether, if possible, they would like such a programme to exist in their organization. Vast majority, i.e. 23 out of 30, said they would. A detailed distribution of responses can be found in figure 9.

On the other hand, school principals who declared that they had such an integrated mental health disorder prevention programme

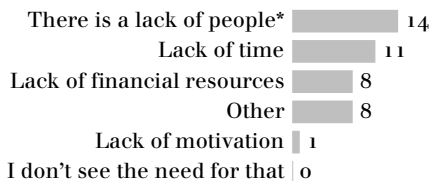


FIGURE 8 Reasons for the Lack of a Comprehensive Mental Health Disorder Prevention Programme for Pupils in the Schools Surveyed (*who could implement such a programme)

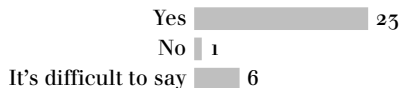


FIGURE 9 Willingness to Have a Comprehensive Mental Health Disorder Prevention Programme for Pupils in the Schools Surveyed

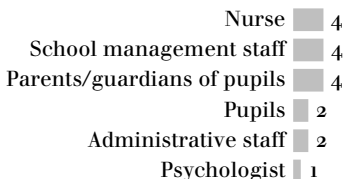


FIGURE 10 Persons Involved in the Process of Creating and Implementing an Integrated Mental Health Care Programme for Students in the Schools Surveyed

for students (i.e. 6/36), were asked who was involved in the process of its creation and implementation. Almost all of them replied that they were the school counselor (5/6), heads of year (5/6) and the whole teaching staff (5/6). A detailed distribution of responses can be found in figure 10.

Principals with a comprehensive programme of mental health disease prevention for pupils (6/36) were also asked what exact activities it involved. Their answers are given in table 2.

Of the six school principals, as many as five report that they sometimes face challenges in managing their mental health care programme for pupils, and one of them acknowledges that there are problems, but very rarely.

Of these six school principals, five gave examples of specific challenges in the process of managing the mental health care programme for pupils, as shown in table 3.

Due to the challenges they face, they were also asked what kind

TABLE 2 Activities of Six Schools Surveyed Within an Integrated Mental Health Care Programme for Children and Adolescents

Consultations, workshops, individual talks during festivals and integrative games.
Dealing with difficult situations, emotions and stress.
Workshops for pupils, talks for parents, individual consultations for pupils and parents, school campaigns promoting mental health, specialized classes for pupils, sport and recreation events. Monitoring behavior of pupils with mental health problems, meetings with a psychologist.
Ongoing monitoring of the situation and needs of students. Close cooperation between head of year, specialists and parents. Rapid intervention. Individual and group classes and workshops taking into account genuine needs of students. Cooperation with support institutions from the local environment.
A number of activities included in the School Education-Disease Prevention Programme, e.g. Tolerance Day, peer violence prevention programme, 'Stress under Control' programme, training in inclusive education, cooperation of Class Teachers' Teams in providing psychological and pedagogical support to students, 'Cyber-Security' programme, parental education, motivational classes, socio-therapeutic classes conducted by a counsellor, activities aimed to integrate the school community, e.g. Christmas Eve celebrations at school, etc.

TABLE 3 Challenges Faced by the Schools Surveyed in the Process of Managing the Mental Health Care Programme for Pupils

Resistance of pupils and their parents to participation.
Too many children in need of support and assistance in relation to qualified staff and restricted number of hours available for working with children. Lack of interest in children's emotional problems by their parents.
Lack of knowledge among parents and pupils.
Poor parental cooperation or lack of it.
The challenge is to efficiently coordinate and manage a large team, a large number of pupils at school.

of support they could use to manage such a comprehensive programme of mental health care for pupils. Their answers are given in table 4.

Discussion

When summarizing the analysis of the results of the conducted research, the main conclusion is that disease prevention and education in the field of mental health of children and adolescents is insufficient, although the need for it is increasingly noticed both by state authorities (i.e. the Ministry of Health, which is working on a reform of the system) and by school principals (who confirm that this is a very important issue for them).

Although many of the schools surveyed sometimes conduct les-

TABLE 4 Need for Support in the Process of Managing the Mental Health Care Programme for Pupils

Consultations with a counsellor.
Training.
Increasing the number of hours allocated to provision of psychological and pedagogical support.
Workshops for pupils, parents and teachers.
Specialized support from healthcare services.
A possibility for pupils to access quick, free consultations with children's psychiatrists, especially a possibility to access quick psychological consultations, diagnoses and regular, free therapy/psychotherapy.

sons and special campaigns in the scope of mental health of children and adolescents, in practice still only few of them have an integrated programme dedicated to this subject, although at the same time a vast majority of them declare that they would like to implement such a programme in their schools. The main obstacles are lack of people who could do it, lack of time and lack of financial resources. In addition, experience of school principals who have such a programme in place shows that greater involvement of parents/guardians is also needed.

It is therefore difficult to talk about ways of managing a mental health care programme for children and adolescents following the example of Polish schools, when there are not many projects of the kind. However, based on results of the research conducted, there are a few practical recommendations to be made.

First of all, a consultative approach is required in preparing a nationwide reform of the system of mental health care for children and adolescents. Not only psychologists, psychiatrists, therapists, but also family doctors, paediatricians, nurses, midwives, school principals, counsellors, teachers, educators and parents should be involved in the process of planning the reform. Only this way, by using knowledge and experience of different groups, will it be possible to create a system, which responds to the growing needs. It is necessary to successfully implement a nationwide reform, as well as to continuously improve the system in the course of its evaluation.

Also, additional positions are needed in schools, as well as significantly more financial resources for disease prevention and education in the scope of pupils' mental health.

On a local level, in turn, it is important to create a comprehensive and integrated programme of mental health disorder preven-

tion and education for children and young people in every school, because the demand in this area is increasing and the school and everything that happens in it is an important part of young people's lives. It is worth using this for their benefit, but in the long run, for the benefit of the society as well. It seems equally important to involve the whole school community, and not just selected groups of people, in this complex process of development and implementation. This is crucial as it not only takes into account the perspective and thus the needs of all groups, so that the programme is highly likely to be effective; but it also grows a sense of being part of a creative community, which in itself can be a preventive measure in terms of maintaining good mental health.

Therefore the role of a school leader is to build the organizational culture of the school based on central values, i.e. care for the development and well-being of students. In connection with the above, the role of a school leader in managing mental health programs in school is to initiate, coordinate and supervise activities in the field of education and prevention of mental health in children and adolescents.

Finally, it should be emphasized that it is not only necessary to introduce a reform of the mental health protection system for children and young people, but also to improve the existing programmes for disease prevention and education in the scope of mental health of pupils, as well as to develop such programmes in all schools. Further research in this area is also needed in order to deepen the understanding of the phenomenon, but also to support practice by constantly improving it.

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