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## **Mental health, mental hygiene – education for mental well-being – actuality of Kazimierz Dąbrowski's concepts and views**

*I dedicate this article to the highly esteemed Professor Tadeusz Pilch, an outstanding scholar, sensitive to human and social issues. An academic, pedagogue and humanist for whom there are no unimportant matters and who, with his attitude and actions, inspires to change the existing world. He is an unquestionable authority and model for young scientists and humanists. On the occasion of the Jubilee, I wish you the best health and everything that is exceptional from the world and people – a lot of happiness in everyday life!*

**ABSTRACT:** The article alludes to the concepts and views of Kazimierz Dąbrowski (1902–1980) – doctor of medicine and philosophy, psychiatrist, psychologist and pedagogue, creator of the concept of positive disintegration. The analyses undertaken in the text concern the definition and understanding of mental health and mental hygiene in relation to contemporary problems related to the deteriorating mental health condition of our society (including children and adolescents) and the urgent need for health education in the dimension of learning to build mental well-being.

**KEYWORDS:** Kazimierz Dąbrowski, mental health, mental hygiene, positive disintegration, health education, mental well-being.

## Introduction

Mental health is one of the areas for analyzing the concept of health, which is defined as physical, mental, social and spiritual well-being. These areas are interlinked. The definition of mental health (mental well-being) varies. The World Health Organization (WHO) defines mental health as a state of wellbeing in which an individual is able to exercise their abilities, cope with normal life stress, it can work and is able to act for the benefit of their community. Health is the basis for good quality of life in every phase of the life cycle. The WHO Mental Health Declaration states: "Mental health and well-being are essential for the quality of life, enabling people to experience life as meaningful, allowing them to be creative and active citizens" (Wojnarowska 2007, p. 391). Based on his own concept of positive disintegration, Kazimierz Dąbrowski (1989) defined mental health as the ability to achieve comprehensive and multilevel mental development through positive disintegration processes and partial secondary integration aimed towards comprehensive secondary integration (Dąbrowski 1989, p. 31, see also Dąbrowski 1989). This author, explaining in an in-depth manner the various definitions of mental health, analyzes numerous concepts and views, indicating that mental health is the absence of mental disorders, the state of mental balance (homeostasis), the ability to perform productive and effective actions, the expression of team performance of basic mental functions, the ability to harmoniously coexist with the environment and to transform this environment, the ability to adapt to changing living conditions, the full psychological, mental and social well-being and not only the absence of disease (Dąbrowski 1989, pp. 20–29, see also Dąbrowski 1962). Due to the results of numerous analyses and reports depicting the deteriorating psychosocial condition of the contemporary society, including children and adolescents, the aim of the article is to draw the attention of pedagogues, parents and teachers to selected issues related to the issue of mental well-being of people in reference to the concepts of Kazimierz Dąbrowski, an outstanding physician, psychologist, psychiatrist, pedagogue, world-famous scientist, while briefly recalling his biography. His scientific perspective on mental health and mental hygiene remains valid and modern health education concerning learning to build mental well-being is an urgent need and an important task for all those who contribute to the mental well-being of the young generation.

## **Diagnosis of the mental condition of the Polish society – EZOP research**

World Health Organization (WHO) research is the basis for estimating that the Global Burden of Disease (GBD) of mental and behavioral disorders in the European Region form about 20% of all disease conditions. Mental health problems in different phases/periods of life affect one in four people. 450 million people worldwide suffer from mental disorders (National Mental Health Programme 2017–2022, p.4). EZOP studies (“Epidemiologia zaburzeń psychiatrycznych i dostępu do psychiatrycznej opieki zdrowia” – “Epidemiology of psychiatric disorders and access to psychiatric health care – EZOP Polska”) were the first epidemiological studies of mental disorders in Poland, conducted in accordance with the methodology of the World Health Organization (WHO) in cooperation with the World Mental Health Consortium (WMH). The Composite International Diagnostic Interview (CIDI) was used. The study covered a randomly selected population of 10 thousand respondents aged 18–64. As the report indicates, the most frequent mental disorders are caused by the use of substances (12.8%), including alcohol abuse and dependence (11.9%) and drug abuse and dependence (1.4%). Extrapolation of the results allows to conclude that in Poland, 3 million people abuse or are addicted to alcohol and 700 thousand to drugs. Nervous disorders occur in 2.5 million Poles (phobias: 4.3%, social phobias: 1.8%). Extrapolation of results also allows to conclude that 1 million Poles have mood disorders (depression, dysthymia, mania – 3.5%) and behavioral disorders (e.g. oppositional defiant disorder) occur in 1 million people in Poland. In the 18–64 year old population there are problems related to mood reduction, anxiety, anger attacks, etc. A total of 766.2 thousand people have experienced a depressive episode. At the age of 18–29 (154.7 thousand); 30–39 (173.8 thousand); 40–49 (155.1 thousand) and at the age of 50–64 (282, 7) people (National Programme, p. 5–9). Depressive disorders are diagnosed on the basis of specialist medical principles at a very early age. They are a high risk factor for suicide attacks. Depression in the development period results in many negative consequences in school, family and social functioning, it increases the risk of worsened functioning in adult life (Kalinowska et al. 2013, p. 35). “A significant number of suicides are committed by young people under the influence of depressive states due to a lack of professional help, lack of knowledge of parents and teachers about symptoms preceding the suicide act which makes it difficult to carry out preventive actions” (Falkowska, Telusiewicz-Pacak, ed. 2013, p. 52). According to the “First WHO

report on suicide prevention” published on 4th September 2014, suicides occur worldwide and can affect people of almost any age ([www.who.un.org.pl](http://www.who.un.org.pl)). Suicide attempts were recorded in Poland among 189 thousand people. Between 2011 and 2014, the number of people with mental disorders increased by 150,000, i.e. by 14%. In terms of the mental health (without addictions) of children and adolescents, outpatient care was provided to 96,183 people in 2011 and 105,123 people in 2014. 24-hour care was provided to 7,697 people in 2011 and 7,311 in 2014 (National Programme, pp. 10–12, see also e.g. Namysłowska 2013, pp. 4–9; Tabak 2014, pp. 113–138; Szymańska 2014). The analysis of statistical data shows that mental health problems occur in different forms and for different reasons, regardless of the age of the individual. An important information is that in the opinion of the Supreme Chamber of Control (2017) „The National Programme for Mental Health Protection for 2016–2020 ended in failure. Neither the government nor local government administration implemented the set goals and tasks. Mental health risks have not been reduced and the quality of life of people with mental disorders and their relatives has not been improved. The availability of psychiatric care services in 2011–2015 has not improved either. In the opinion of the Supreme Audit Office, the main reasons for the failure of the Programme were failure to plan financial resources by the implementers of particular tasks, ineffective coordination of the Programme, as well as vagueness of some of the objectives and tasks” ([www.nik.gov.pl/aktualnosci/fiasco-narodowego-programu-ochrony-zdrowia-psychicznego.html](http://www.nik.gov.pl/aktualnosci/fiasco-narodowego-programu-ochrony-zdrowia-psychicznego.html), see also e.g. Łoza, Gryglewicz 2015). A signaling outline of the problems related to the mental condition of our society convinces about the necessity of undertaking many activities at various levels of social organization aimed at health education and shaping skills conducive to taking care of the mental well-being of individuals and social groups and indicating the possibility of obtaining medical, psychological, therapeutic and pedagogical assistance in various age categories. The present day imposes a huge pace of life, which is connected with numerous requirements in terms of fulfilling various social roles, it generates difficulties and problems of everyday life, which often leads to living in constant stress and sometimes it exceeds the possibilities of coping with problems, especially in situations of lack of support from the living environment and aid institutions (see e.g. Surzykiewicz, Kulesza 2013; Cywińska 2014; Jankowiak, Matysiak-Błaszczyk 2017).

### **Kazimierz Dąbrowski (1902–1980) – biographical outline**

The creator of the theory of positive disintegration — Kazimierz Dąbrowski (Kawczak 1996, pp. V–XVIII) — was born on September 1, 1902,

in Klarów (near Lublin). He died in 1980 in Warsaw. He began his studies at the Faculty of Polish Philology at the Catholic University of Lublin, then in 1924 he continued his studies in Polish Philology and Philosophy at the University of Poznań, where he attended lectures by eminent Polish scholars, including Stefan Szuman, Czesław Znamierowski, Bogdan Nawroczyński and Florian Znaniecki. He also studied at the Faculty of Medicine of the University of Warsaw. In 1928 he went to Switzerland to study medicine, pedagogy and psychology at the University of Geneva. His doctorate in medicine was based on a thesis entitled *Les conditions psychologiques du suicide* (in 1929) on the psychological conditions of suicide. It is worth noting that in 1929 he graduated from the University of Geneva with a degree in pedagogy. After obtaining a nostrification of his diploma, in 1931 Kazimierz Dąbrowski took up work in Warsaw as a psychotherapist in a clinic for nervous and mentally handicapped children, which established created himself. Then, in 1935, he created the Department of Child Neuropsychiatry at the City Hospital. In recognition of his scientific and organizational achievements, the National Culture Fund granted Dąbrowski another scholarship to study abroad in Vienna and Paris, where he would meet outstanding scientists, conducts research and publish. As a result of these studies, Dabrowski “is already fascinated by the observation that what is most valuable and creative in the life of man deviates from the norm, mediocrity, routine and conformism. These reflections would later serve as a starting point for the development of the developmental theory of mental health...” (Kawczak 1996, p. VII). The culmination of his studies abroad was his habilitation in 1934 at the University of Geneva. The Rockefeller Scholarship resulted in a trip to the United States of America and the opportunity to do research at the School of Public Health at the Harvard University. After returning to Poland, he took up pedagogical activities and organized the mental hygiene movement in Poland. He lectured at the Free Polish University and Warsaw junior high schools. In 1935, he founded the Institute of Mental Hygiene in Warsaw, where he led scientific research, organized clinical facilities, training activities and popularized the ideas of mental hygiene. During the war, after moving the Institute of Mental Hygiene and the clinical facilities to Zagórze near Warsaw, Dąbrowski undertook many activities to save the lives of children in educational and therapeutic facilities for children, the sick, orphans, those deprived of care, and the homeless as a result of the war. In 1943, under the authority of the Social Welfare Department of the city of Warsaw, the House for the Separated (*Dom Rozdzielczy*) was established in the area of the former ghetto, where children in need of help were treated. In 1945, on the basis of the Study of

Mental Hygiene, the Higher School of Mental Hygiene was established, where lectures were given by eminent scholars such as Marcin Kacprzak, Stefan Szuman, Bogdan Suchodolski, Sergei Hessen, representatives of biological, medical, psychological, pedagogical, anthropological and social sciences. He received his doctor habilitatus degree in psychiatry in 1948 and went to the United States to do research at the universities of New York, Harvard and Illinois. As a result of political changes, the Institute of Mental Hygiene was closed in 1949 and in 1950 the Polish Society of Mental Hygiene was dissolved. Two years later, the Higher School of Mental Hygiene was dissolved. He and his wife spent eighteen months in prison, and after a change of political atmosphere he was rehabilitated in 1956 and received the title of professor and Chair of Psychology at the Academy of Catholic Theology in Warsaw. Since 1958 he had been a professor at the Polish Academy of Sciences, where he established the Department of Child Mental Hygiene and Child Neuropsychiatry. He conducted research on the issues of mental hygiene in gifted adolescents, which showed a correlation between intellectual and artistic talents and increased nervousness and symptoms of neurosis (Kawczak 1996, pp. IX–XII). He established numerous contacts with foreign research centers and outstanding scientists, including the Université Laval in Quebec. At the Congress of the World Federation for Mental Health in Lima, in 1970, he gave a lecture that aroused great interest and recognition for his concept of positive disintegration, which is why he organized the 1st International Congress of Positive Disintegration in the same year. The professor received numerous invitations to lectures and lectures on his theory at many Canadian and American universities. In 1975, he received permission to establish in Warsaw the Center for Mental Hygiene for Healthy People, the aim of which was to provide preventive services for people who were sensitive, creatively talented, inhibited, but also with increased mental excitability and psychoneurosis in order to help them in their comprehensive development towards creative and moral values (Kawczak 1996, pp. XV–XVII). It is not possible to include all of professor Kazimierz Dąbrowski's scientific and organizational achievements in Poland and abroad in the presented biographical outline. The next year – 2020 – will mark the 40th anniversary of the professor's death, so it is worth to recall, at least briefly, his outstanding figure, significant for science and everyday life, especially since his ideas and views have been highly acclaimed in the world and are also of exceptional importance for the education sciences.

## **Mental health – mental hygiene and developing resources for health**

Mental health is a complex, ambiguous and difficult to define concept. Nowadays, mental health is identified with happiness, quality of life, and in the literature on the subject we find various criteria, e.g. self-acceptance, autonomy, development and self-realization, proper perception of reality, philosophy of life, coping with difficulties (Woynarowska 2007, pp. 393–395; Heszen, Sęk 2007, pp. 55–59). Similarly, the approach to the notion of health is different, e.g. that it is a physical and mental potential enabling the development of various activities for personal fulfillment and creative life, or as a good quality of life, happiness, satisfaction with life, as the ability to function normally and fulfill social roles, adapt to a changing environment (Woynarowska 2017, p. 17). The further reference to Kazimierz Dąbrowski's views in the text clearly shows their contemporary relevance. Kazimierz Dąbrowski (1974) presented mental health in the context of „partial” analyses, as he put it, i.e. mental health as the absence of mental disorders, as an integrated structure, as the expression of hierarchical action under the control of reality functions, as the expression of mental balance (homeostasis), as the expression of productive abilities, as the collective efficiency of basic mental functions, as the ability of an individual to harmoniously coexist with the environment and transform it, as the ability to adapt to changing conditions so that as a consequence, taking into account the multilevel nature of emotional and drive functions from the developmental side, it is oriented towards values and it defines the concept of mental health as a positive system and secondary integration (Woynarowska 2017, pp. 12–42). “Mental health would be the ability to move towards higher and higher values as goals up to personality level (Woynarowska 2017, p. 42). In the context of the concept of positive disintegration, he considers as a mental illness the “total lack of ability to develop mentally towards the realization of the personality, i.e. increasingly higher, essential human values” (Woynarowska 2017, pp. 55–56). In order to understand this way of analyzing and defining mental health, it is necessary to briefly explain the concept of positive disintegration, about which the author writes in general:” Unlike integration, which is a process of unification of the self, disintegration means loosening and breaking down the mental structure, its dispersion and division. This term applies to many processes ranging from emotional disharmony to dismantling, fragmentation of the structure of personality.” (Dąbrowski 1979, pp.10–11). The author stresses that “disintegration

[...] is a positive development process. Its negative aspect is marginal in relation to the whole phenomenon, and thus relatively less important in the evolutionary development of the personality. This disintegrating process – although it relaxes and even breaks down the cohesive internal environment and generates conflicts within it and with the external environment – is fundamental for the formation and development of a higher mental structure. Disintegration is the basis for development upwards, for the creation of new developmental dynamics, for the development of the personality towards a higher level, which marks the way towards secondary integration. The disintegration of the psychological structure takes place under the influence of hereditary factors, external environment factors and individual experiences (development of the internal environment, growing autonomy” (Wojnarowska 2017, p. 11, see also Dąbrowski 1988). It is worth noting that the publication titled *O dezintegracji pozytywnej* (On positive disintegration) was published in 1964 by the State Medical Publishers, where the author presented the first full formulation of the theory of positive disintegration. The book aroused great interest and in the same year it was translated into English with a foreword by Jasoan Aronson, professor of the School of Medicine at the Harvard University. Abraham Maslow wrote: “I consider this work to be one of the most important contributions to psychology and psychiatry in the last decade” (Dąbrowski 1996, p. XIV). The basic, most important message of Kazimierz Dąbrowski’s views and concepts was the development and creative activities of man, therefore, the important issue addressed was mental hygiene, which he considered to be the study of mental health of the individual and the social group, of reinforcing health, adapting the individual and the group to phenomena occurring in the internal and external environment and about the prevention of mental disorders. He did not combine mental hygiene as a science with prophylaxis or psychotherapy. “Mental hygiene is a science that aims to develop the principles of comprehensive human development as a biological and social individual, development of a child and adult, a family member, a citizen of the state and a member of the entire human race. It intends to capture in embryo all these individual and social characteristics, all these developmental ‘ambulances’, the recognition and appropriate use of which is conducive to the development of the individual and of the group, allows them to overcome their life difficulties and to take advantage of their creative tendencies, dynamic cultural and moral attitudes” (Dąbrowski 1962, p. 8). Due to the scope and importance of this issue, the author points to the importance of cooperation with other medical sciences, pedagogy, sociology and psychology. “The cooperation of mental hygiene with pedagogy develops,



among others, in educational therapy widely used on the grounds of mental hygiene. Moreover, pedagogy is closely connected with mental hygiene in view of the purpose of education, the educational ideal, which is the achievement by an individual of the highest possible moral and mental level, the highest possible level of human values” (Dąbrowski 1974, p. 68). The author also considers and indicates the tasks of mental hygiene to be applied in everyday life and concerning, among others, professional work, free time, sport and entertainment, life difficulties and marital and family life (Dąbrowski 1964). Nowadays, these issues can be related to health behaviors (pro-health behaviors) and improvement of lifestyle oriented towards health and especially mental well-being, which is defined, among others, as „cognitive and emotional assessment of one’s own life. This assessment covers both emotional responses to events and cognitive judgments concerning satisfaction and fulfillment” (Woynarowska 2007, p. 396; see also: e.g. Woynarowska 2017, p. 329). The tasks of mental hygiene, necessary to be applied in everyday life and defined by Kazimierz Dąbrowski, are connected on many levels with the contemporary definition of mental toughness, which in the literature on the subject has many definitions and generally means: “...coping with pressure, interference and people who are trying to distract us. Mental toughness consists of concentration, discipline, self-confidence, patience, perseverance, responsibility, no complaints or excuses, visualization, tolerance to pain and positive approach” (quoted from: Strycharczyk, Clough 2017, p. 39). Resilience is particularly important in building mental toughness, i.e. such action of a person that is aimed at changing the reaction in situations of psychosocial risk, and so called mental hardness, which consists of such elements as: sense of control, approach to challenges and involvement. Not without significance is the personality of the individual and the preferred way of coping (Strycharczyk, Clough 2017, p. 37). Given the need but also the necessity to raise awareness of mental health and building mental resilience in different social groups, it is worth to stress, not only for the younger generation, the importance of health education. Barbara Woynarowska (2017), referring to many authors who prefer the concept of positive psychology, emphasizes that there is an opportunity to learn how to improve well-being by: creating a positive mood in different ways (e.g. sport, watching TV, positive messages), increasing the frequency of positive events depending on individual preferences, staying in the company of other people (establishing contacts, improving communication skills), spending free time actively, changing the way of thinking about the experienced events, setting realistic goals. The author proposes twelve activities that increase well-being, including: expressing gratitude (cultivating optimism and positive thinking),

taking care of the body and the soul (developing spirituality and physical activity), investing in social relations (cultivating social relations), living in the present (achieving goals, appreciating the joys of life), stress management (learning strategies for coping) (Woynarowska 2017, p. 332). The list is certainly not exhaustive, but it convinces us that individual resources and the living environment are also important for mental well-being, especially in relation to the socio-ecological model of health, which points to the relationship between the human being and the environment. The most important resources for protecting the mental well-being of children and adolescents include individual resources (intellectual abilities, intelligence, the ability to learn, positive temperament, social skills, positive self-esteem and appreciation and possession of life plans), resources linked to positive relationships with parents (emotional support, parents' acceptance, mutual trust, parents' involvement in schooling and other responsibilities, preferring a healthy lifestyle), resources relating to relationships with other adults who are important to the child (having an adult mentor to provide developmental support and support in difficult situations), resources relating to the local environment (good school climate, teacher support, activities available in the living environment) (Woynarowska 2007, p. 498). These resources are values that contribute to mental wellbeing. A healthy living environment is one that creates opportunities to meet the needs of individuals and groups, i.e. is rich in values (resources), is cognizable and can be distinguished from others and understood and evaluated. The changes in the environment should be adapted to the adaptability of people at different stages of life (at different ages), the environment and/or its elements are possible to modify and change (Heszen, Sęk 2007, p. 59). Resource-based health education aimed at building and improving the mental well-being of individuals and social groups should be tailored to the needs of people of different ages, living in different environments, and its aim is to help them acquire appropriate competences (knowledge and skills), to strengthen their mental well-being and toughness (see e.g. Nowicka, Wzorek 2016). Health education is a life-long process necessary to promote health and raise the health awareness of the population. Health education aimed at building mental well-being begins in the family environment with a positive emotional atmosphere (the so-called family climate) through actions and positive attitudes of parents towards the child, providing emotional support, building a sense of value in the child, emphasizing successes and joyful moments in everyday life, strengthening positive attitude towards people and the world, through teaching and developing good relations with others. In the school environment, the mental well-being of teachers and educators

will be conducive to the creation of an environment (climate) conducive to mental health. However, the issue of health education at school, which I am omitting in this article because of its limited framework, needs to be treated separately. The issue of mental health discussed in the article does not exhaust this complex and multifaceted problem, but it certainly leads to some reflections: first of all, interest in mental health of people, including young people, can be found in many scientific works of eminent scholars — doctors, psychologists, psychiatrists, sociologists, educators, one of which is certainly Kazimierz Dąbrowski. His positive definition (partial definitions) of mental health is still valid and there are many similar ones in the literature on the subject. His concept of positive disintegration is particularly important, as it argues that mental health is a developmental process and that breakdown/disintegration leads to integration at a higher level of development. The lack of adequate knowledge of mental health processes among adults (parents, teachers, educators) results in inappropriate responses and behaviors that hinder/interfere with the mental well-being of children and adolescents. However, the concept of mental hygiene as a science corresponds to the contemporary concept of health promotion. In his numerous studies, he indicated the application of mental hygiene principles in everyday life, referring to human functioning in various spheres of life in different environments, which fits into the current social and ecological model of health, all the more so because he emphasized the importance of the impact of socio-economic conditions on the mental health of the population. Nowadays, the subject of interest of social sciences in the areas of health and its determinants emphasizes the importance of social inequalities generating inequalities in the health of the population — public health. Many programmes/documents identifying the tasks to be carried out in the field of mental health can be cited here. The most important objectives of the actions in the field of mental health of the population are set out in the National Programme for Mental Health Protection for 2017–2020: providing people with mental disorders with health care appropriate for their needs, taking actions to prevent stigmatization and discrimination of people with mental disorders, monitoring and evaluating the effectiveness of the actions of the entities implementing the programme.

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