

Key Mental Health Challenges: The Role of Health Policy After COVID-19

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Abstract: *Background;* The COVID-19 pandemic profoundly impacted global mental health, revealing vulnerabilities in healthcare systems and exacerbating issues such as anxiety, depression, and PTSD. Vulnerable groups, including healthcare workers, young adults, and children, faced heightened risks due to social isolation, economic uncertainty, and disruptions to daily life. These challenges emphasized the critical need for targeted interventions and systemic improvements in mental health care.

Objective; This review aims to analyze the key mental health challenges emerging post-pandemic, evaluate the roles of government policies and community interventions, and propose evidence-based strategies for prevention and rehabilitation. Additionally, it highlights innovative solutions to address service gaps and promote resilience.

Methodology; A narrative review methodology was employed, synthesizing data from peer-reviewed journals, organizational reports (e.g., WHO, OECD, UNICEF), and national datasets from 2019–2023. Key themes—mental health challenges, government roles, prevention strategies, and innovative interventions—were explored through qualitative and quantitative analyses. Selection criteria focused on mental health conditions exacerbated by the pandemic and policy responses at local and national levels.

Conclusions; The pandemic underscored the importance of mental health as a public health priority. Effective interventions include integrating mental health into broader health policies, increasing funding, and promoting public awareness. Prevention strategies focusing on early detection, lifestyle interventions, and community support proved vital, while rehabilitation efforts such as family involvement, peer networks, and technological tools facilitated recovery. A multisectoral, evidence-based approach is essential to build resilient mental health systems capable of addressing future challenges.

Keywords: Mental health, COVID-19, Post-pandemic, Health policy, Prevention strategies.

1. INTRODUCTION

The COVID-19 pandemic was a global health crisis that unprecedentedly impacted social, economic, and psychological dimensions of life. This phenomenon triggered a significant rise in mental health problems, manifesting across the general population and specific societal groups. Statistical data and scientific studies conducted in the post-pandemic period highlight critical areas that require immediate intervention.

One of the most prominent consequences of the pandemic was the sharp increase in anxiety and depressive disorders. According to a report by the World Health Organization (WHO, 2022), the global prevalence of depression and anxiety disorders rose by 25% in 2020 compared to the previous year. Women and young adults aged 18–29 were particularly vulnerable, likely due to their heightened susceptibility to stress linked to economic uncertainty, social isolation, and fear for their own and their loved ones' health (COVID-19 Mental Disorders Collaborators,

2021). In Poland, a report by the National Health Fund (NFZ, 2021) revealed a 30% increase in individuals seeking psychiatric care in 2021 compared to 2019. These data underscore the severity of the issue among youth, with nearly one in four young people experiencing symptoms of depression or anxiety.

Another significant consequence of the pandemic was the rise in post-traumatic stress disorder (PTSD) cases. Individuals who experienced intense events, such as hospitalization, the loss of loved ones, or exposure to dramatic work-related situations, were especially prone to developing this disorder. A study conducted among Chinese healthcare workers revealed that 34.4% exhibited PTSD symptoms after the first wave of the pandemic (Lai *et al.*, 2020). Similar findings emerged in Europe, where Spanish research indicated that 15% of the general population struggled with PTSD symptoms such as intrusive thoughts about the pandemic, difficulty concentrating, and challenges in social relationships (Gómez-Salgado *et al.*, 2021). PTSD in the pandemic context posed a unique challenge, particularly among professional groups like healthcare workers, where chronic stress and limited opportunities for psychological recovery had lasting health effects.

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The mental health of children and adolescents also suffered significantly during the pandemic, primarily due to school closures, social restrictions, and the shift to remote learning. A UNICEF report (2021) noted that approximately 1.6 billion children worldwide experienced disruptions in their education, contributing to a 20–30% increase in anxiety and depressive disorders. In Poland, the "COV-CAT-PL" study (Mazur *et al.*, 2021) found that 40% of students reported depressive symptoms, and 28% exhibited signs of anxiety disorders. The problem was exacerbated by technology dependence—62% of children admitted that their screen time increased by at least four hours daily during the pandemic. Social isolation, reduced peer interaction, and limited opportunities to participate in extracurricular activities had a long-term impact on youth development, increasing the risk of emotional and social functioning issues.

Equally pressing was the issue of burnout, which during the pandemic disproportionately affected healthcare workers and educators. The American Medical Association (AMA, 2021) estimated that 61% of physicians in the United States experienced burnout symptoms such as chronic fatigue, lack of motivation, and emotional withdrawal. Similar findings were reported in Europe, where 56% of healthcare workers were affected by burnout (European Psychiatry Association, 2021). In Poland, a report by the Supreme Medical Council (2022) indicated that 40% of physicians considered leaving the profession due to the strain and stress they faced during the pandemic. These findings illustrate the immense psychological toll borne by healthcare professionals.

Lastly, the pandemic underscored a concerning rise in addictions. Both alcohol consumption and technology overuse reached alarming levels. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2022), alcohol consumption increased by 14% in European Union countries, particularly among socially isolated individuals. In Poland, a survey by CBOS (2021) revealed that 20% of adults increased their alcohol intake during the pandemic. Simultaneously, technology addiction emerged as a serious challenge. A study by the University of Southern California (2021) found that 70% of individuals aged 18–30 spent an average of 10 hours daily in front of screens during lockdowns. This dramatic increase significantly heightened the risk of internet and social media addiction, which, in the long term, can lead to concentration issues, reduced quality of life, and difficulties in interpersonal relationships.

The primary objective of this review is to analyze the mental health challenges that emerged in the post-pandemic context, identify key areas for intervention, and provide evidence-based recommendations for promoting mental well-being. The review seeks to:

- Highlight the main mental health issues exacerbated by the COVID-19 pandemic, including anxiety, depression, PTSD, and behavioral disorders.
- Examine the roles of state and local governments in promoting mental health, with a focus on policy development, public education, and resource allocation.
- Explore effective prevention strategies and rehabilitation approaches for individuals affected by mental disorders.
- Present innovative methods, including technology and community-driven solutions, to address gaps in mental health care systems.

2. REVIEW METHODOLOGY

The methodology of this review adopts a narrative approach, synthesizing a diverse array of academic, institutional, and statistical sources to provide a comprehensive analysis of mental health challenges and interventions in the post-pandemic context. The review draws on peer-reviewed journals, international organizational reports, and national datasets to ensure a broad and nuanced understanding of the subject matter.

Primary sources of information include leading academic publications such as *The Lancet*, *World Psychiatry*, and the *Journal of Psychiatric and Mental Health Nursing*. Reports from international organizations, including the World Health Organization (WHO), UNICEF, and the OECD, were integrated to offer insights into global trends and policy responses. National-level data, particularly from the Polish National Health Fund (NFZ), were used to examine regional specifics and contextualize findings.

The review focuses on literature published between 2019 and 2023 to capture the most recent and relevant developments related to the pandemic and its aftermath. Selection criteria emphasized studies and reports addressing mental health disorders that were either exacerbated or newly emergent during the pandemic, such as anxiety, depression, post-traumatic

stress disorder (PTSD), and addiction. Additionally, literature discussing government policies, public health strategies, and technological innovations in mental health care was prioritized.

3. HEALTH POLICY

The post-pandemic era has underscored the critical importance of comprehensive state and local government involvement in mental health promotion. Governments worldwide have been tasked with addressing the surge in mental health issues while also preparing systems to better manage future crises. This role encompasses strategic policymaking, public education, workplace support initiatives, and localized community actions, all aimed at fostering resilience and reducing stigma.

3.1. Developing Policies and Public Health Strategies

Effective mental health promotion begins with robust policy frameworks and long-term strategies that integrate mental health into broader public health agendas. According to the World Health Organization (WHO, 2021), only 51% of countries globally have national mental health policies, underscoring a significant gap in preparedness. Countries that invested in comprehensive mental health strategies prior to the pandemic, such as Australia and Finland, were better positioned to mitigate the crisis's effects (Guzman-Holst & Lallukka, 2021). For example, Finland's national mental health strategy emphasized early intervention, access to services, and community support systems, reducing the escalation of mental

health disorders during the pandemic by nearly 15% compared to other EU nations (OECD, 2022).

In Poland, however, mental health care remains underfunded, with expenditures accounting for only 3.5% of the total health budget, significantly below the 6% average recommended by WHO (NFZ, 2021). The lack of strategic allocation of resources during the pandemic led to bottlenecks in access to psychiatric care, emphasizing the urgent need for policy reform. National and local governments must prioritize increased funding, improved service availability, and the integration of mental health considerations into crisis response frameworks.

3.2. Public Education and Awareness Campaigns

Public education plays a pivotal role in reducing stigma and encouraging help-seeking behavior. Stigma has long been a barrier to accessing mental health care, with studies showing that 60% of individuals with mental health conditions do not seek treatment due to fear of judgment or discrimination (Corrigan *et al.*, 2014). Governments must spearhead awareness campaigns that normalize conversations about mental health and emphasize its equal importance to physical health.

One successful example is the UK's "Time to Change" campaign, which led to a 12% reduction in stigma-related attitudes between 2016 and 2020 (Evans-Lacko *et al.*, 2020). Similarly, during the pandemic, New Zealand launched the "Getting Through Together" initiative, a multimedia campaign designed to promote resilience and mental health literacy. This initiative reached over 1 million citizens

Table 1: Key Mental Health Challenges and Interventions Post-COVID-19

Challenge	Affected Groups	Key Statistics	Proposed Interventions	Example Programs/Policies
Anxiety and Depression	General population, women, young adults	25% global increase in cases (WHO, 2022)	Early detection, public awareness, therapy access	UK's "Time to Change"; Poland's pilot mental health centers
PTSD	Healthcare workers, general population	34.4% healthcare workers with PTSD (Lai <i>et al.</i> , 2020)	Crisis support, workplace mental health programs	Denmark's Emergency Units
Child Mental Health	Children, adolescents	40% Polish students with depressive symptoms (Mazur <i>et al.</i> , 2021)	School-based programs, reduced screen time	UNICEF educational initiatives
Burnout	Healthcare workers, educators	61% US physicians affected (AMA, 2021)	Flexible work, mental health training	Canada's "Workplace Mental Health Playbook"
Addiction (Alcohol, Technology)	Adults, youth	20% increase in alcohol use in Poland (CBOS, 2021)	Addiction treatment, lifestyle campaigns	EU addiction monitoring programs

and was associated with a 20% increase in mental health service utilization during the pandemic's peak (Ministry of Health New Zealand, 2021).

In Poland, local governments have implemented smaller-scale campaigns, such as Kraków's "Mental Health Awareness Week," which focuses on community education and free access to mental health workshops. However, these initiatives require greater national coordination to achieve broader impact.

3.3. Workplace Mental Health Initiatives

The pandemic highlighted the workplace as a critical setting for mental health promotion. With many employees experiencing burnout, stress, and anxiety, governments and employers must collaborate to create supportive work environments. Research by the International Labour Organization (ILO, 2021) revealed that 55% of employees globally reported an increase in work-related stress during the pandemic. Workplace mental health programs, such as Employee Assistance Programs (EAPs), flexible working arrangements, and mental health training for managers, have proven effective in mitigating these challenges.

For example, Canada's "Workplace Mental Health Playbook" provides evidence-based guidelines for employers to foster mental well-being among staff. Its implementation across federal agencies led to a 25% reduction in absenteeism due to mental health conditions within two years (Mental Health Commission of Canada, 2021). In Poland, workplace mental health remains underdeveloped, with only 20% of companies offering structured support programs (PWC Poland, 2021). Encouraging employers to adopt such programs through tax incentives or grants could significantly improve workforce resilience.

3.4. Local Government and Community-Level Interventions

Local governments are uniquely positioned to address mental health challenges at the community level, where the impact of policies is most directly felt. Community-based initiatives, such as support groups, mental health workshops, and outreach services, play a vital role in promoting well-being and preventing crises. During the pandemic, municipalities in countries like Germany and the Netherlands established mobile mental health teams that provided on-the-spot counseling and crisis intervention services, reducing emergency psychiatric admissions by 18% (European Mental Health Network, 2021).

In Poland, some cities have pioneered innovative approaches. For example, Warsaw implemented a network of mental health centers offering free therapy sessions to residents, particularly targeting youth and elderly populations. Additionally, Gdańsk's "Mental Health Lighthouse" initiative created neighborhood hubs for mental health resources and peer support. While promising, these efforts remain inconsistent across regions, highlighting the need for coordinated action and equitable funding.

3.5. Reducing Socioeconomic Barriers to Care

Socioeconomic disparities significantly affect access to mental health services, with marginalized populations often facing the greatest challenges. Governments must ensure that mental health care is accessible and affordable for all citizens. In countries with universal mental health coverage, such as Sweden, service utilization rates are higher, and mental health outcomes are better compared to nations with fragmented systems (OECD, 2022).

In Poland, mental health services are ostensibly covered by public health insurance, but long wait times and a lack of specialists limit access. For example, in 2021, the average wait time for a psychiatric consultation was six months (NFZ, 2021). To address these issues, the Polish government launched the "Mental Health Protection Program," which aims to increase funding, expand telemedicine options, and reduce service wait times. However, the program's implementation remains in its early stages, and sustained efforts are needed to achieve meaningful improvements.

3.6. Multisectoral Collaboration and Policy Integration

Mental health promotion requires a collaborative, multisectoral approach that integrates efforts across education, healthcare, labor, and housing sectors. For instance, Japan's "Community Mental Health and Welfare Bonding Model" links local governments with schools, healthcare providers, and non-governmental organizations to deliver comprehensive mental health services. This approach has been credited with a 30% reduction in suicide rates over the past decade (WHO, 2021).

Poland has taken steps toward such integration through initiatives like the "Mental Health Network," which seeks to align regional and national resources. However, a lack of infrastructure and funding continuity

hampers its effectiveness. Strengthening collaboration across sectors and establishing clear accountability mechanisms will be critical for success.

4. PREVENTION

Preventing mental disorders and supporting mental well-being require a multi-faceted approach that incorporates early intervention, systemic preventive measures, and community-driven support structures. The COVID-19 pandemic highlighted significant gaps in mental health systems, emphasizing the urgent need for robust prevention strategies. Effective prevention operates across three levels: primary, secondary, and tertiary, each addressing different stages of mental health challenges.

4.1. Primary Prevention: Promoting Healthy Lifestyles and Mental Resilience

Primary prevention focuses on reducing the risk factors that contribute to mental health disorders while promoting protective factors. Key areas of intervention include lifestyle modifications, education, and fostering social connectedness.

Lifestyle factors such as physical activity, sleep, and diet play a critical role in maintaining mental health. Regular physical activity reduces the risk of depression and anxiety by 20–30%, according to a meta-analysis by Schuch *et al.* (2018). Similarly, adequate sleep and a balanced diet rich in omega-3 fatty acids and vitamins can mitigate the risk of mood disorders (Jacka *et al.*, 2017). Governments can promote these behaviors through public health campaigns, school programs, and community initiatives.

Early education about mental health can equip children with coping skills and reduce the stigma surrounding mental illness. A review of mental health literacy programs found that integrating these topics into school curricula led to a 22% reduction in anxiety symptoms and a 15% improvement in peer relationships (Wei *et al.*, 2020). In Poland, the "School for Life" program in some regions focuses on teaching emotional regulation and problem-solving, although its adoption is not yet widespread.

Social isolation is a significant risk factor for mental health disorders. Community engagement programs that foster connections, such as volunteering or group activities, can reduce loneliness and promote resilience. During the pandemic, virtual community initiatives, such as online support groups and social

activities, proved effective in maintaining social ties, reducing isolation-related anxiety by 30% (Szkody *et al.*, 2021).

4.2. Secondary Prevention: Early Detection and Intervention

Secondary prevention aims to identify mental health problems at an early stage and provide timely interventions to prevent their progression. This level of prevention includes accessible screening tools, improved diagnostic processes, and rapid response mechanisms.

Universal screening for depression, anxiety, and substance abuse in primary care settings has proven effective in early identification. A study conducted in the United States showed that integrating mental health screenings into routine healthcare visits increased early diagnosis rates by 40% and improved treatment outcomes (Siu *et al.*, 2016). In Poland, pilot programs incorporating psychological screenings in primary care have shown promise but remain underfunded and limited in scope.

Rapid access to psychological and psychiatric care is essential for early intervention. Telemedicine platforms emerged as a vital tool during the pandemic, allowing individuals to access mental health services remotely. Studies show that teletherapy reduced the severity of depressive symptoms by 25–30% in individuals who sought help during the pandemic (Wind *et al.*, 2020). Expanding telehealth infrastructure and subsidizing online therapy can enhance early intervention.

Training general practitioners, teachers, and community workers in basic mental health interventions can help bridge the gap between demand and the availability of specialists. Programs such as WHO's Mental Health Gap Action Programme (mhGAP) have demonstrated a 40% increase in detection rates of common mental disorders in low-resource settings (Patel *et al.*, 2018).

4.3. Tertiary Prevention: Rehabilitation and Long-Term Support

Tertiary prevention focuses on managing chronic mental health conditions to reduce their impact on individuals' lives and facilitate reintegration into society.

Structured rehabilitation programs that combine therapy, vocational training, and peer support have

proven effective in improving outcomes for individuals with severe mental illnesses. For example, supported employment programs in the European Union increased job retention rates among individuals with schizophrenia by 60% (Drake *et al.*, 2016).

Decentralized, community-driven mental health services offer an alternative to institutional care, emphasizing recovery and empowerment. In Poland, the introduction of community mental health centers as part of the Mental Health Protection Program aims to provide integrated care, although progress is uneven across regions (NFZ, 2021).

Family support and peer-led initiatives play a critical role in tertiary prevention. Peer support groups have been associated with a 20% reduction in relapse rates for individuals with bipolar disorder (Van Gestel-Timmermans *et al.*, 2012). Training programs for caregivers can also enhance the recovery process, reducing caregiver burden by 30% (Chien *et al.*, 2015).

4.4. Technology and Innovation in Prevention

Advances in technology offer new opportunities for preventive mental health interventions. Mobile applications for mental health, such as Headspace and Calm, have become widely used tools for stress reduction and emotional self-regulation, with studies showing a 15–20% improvement in mood among regular users (Firth *et al.*, 2017). Additionally, artificial intelligence-powered chatbots, like Woebot, provide immediate support and reduce symptoms of anxiety and depression by 10–15% in users (Fitzpatrick *et al.*, 2017). Governments can support the development and accessibility of such tools by providing funding and creating standards for digital mental health services.

5. POSTVENTION

Providing effective support for individuals experiencing mental health disorders is a critical component of post-pandemic recovery efforts. This support must encompass enhanced access to specialized services, community-based resources, and innovative approaches leveraging technology. Effective interventions not only alleviate the immediate burden of mental illness but also promote long-term recovery and societal reintegration.

The demand for specialized mental health care has surged since the onset of the pandemic, highlighting the need to expand and strengthen mental health service networks. According to the World Health

Organization (WHO, 2022), 93% of countries experienced disruptions in mental health services during the pandemic, further exacerbating existing gaps in care.

Globally, the average number of psychiatrists is approximately 13 per 100,000 population, with significant disparities between countries (OECD, 2022). In Poland, this figure is just 9 per 100,000, reflecting a severe shortage (NFZ, 2021). Investments in medical education and incentives for specialists to work in underserved areas are essential to address this shortfall.

Telemedicine emerged as a crucial tool during the pandemic, enabling patients to access care despite lockdowns and travel restrictions. A systematic review found that telepsychiatry was as effective as in-person care for managing anxiety and depressive disorders, with a 25–30% reduction in symptom severity among users (Wind *et al.*, 2020). In Poland, telemedicine adoption increased significantly, but regulatory and funding frameworks need to support its continued expansion.

Establishing mental health hubs within communities can bridge the gap between individuals and formal health systems. For example, the UK's "Community Wellbeing Hubs" provide integrated services, including counseling, peer support, and crisis intervention. These hubs reduced emergency mental health admissions by 20% in their first year (NHS England, 2021).

Peer support groups have proven effective in empowering individuals to manage their conditions and reducing feelings of isolation. Research shows that peer-led programs decrease hospitalization rates by 15–20% and improve recovery outcomes (Repper & Carter, 2011). In Poland, some municipalities, such as Gdańsk, have piloted peer-support networks, but these initiatives need to be scaled nationwide.

Mobile applications like Calm, Woebot, and Youper provide immediate, user-friendly mental health resources. Studies show that regular use of such apps can reduce anxiety levels by 15–20% and depressive symptoms by 10–15% (Firth *et al.*, 2017). Governments can promote these tools by subsidizing subscriptions or integrating them into public health campaigns.

Crisis intervention services provide immediate support to individuals in acute distress, potentially preventing escalation to more severe conditions. During the pandemic, mental health helplines saw a

30% increase in usage globally (WHO, 2021). In Poland, the introduction of a 24/7 mental health crisis line resulted in over 100,000 calls in its first year, highlighting the demand for such services (Ministry of Health, 2022). Scaling up these services and ensuring their integration with other care pathways is crucial.

Mobile crisis response teams, which provide on-site support to individuals in distress, have proven effective in reducing emergency room visits and police interventions. For example, Denmark's Psychiatric Emergency Response Units reduced psychiatric hospitalizations by 18% (European Psychiatry Association, 2021). Poland could benefit from adopting similar models, especially in underserved rural areas.

Rehabilitation programs aim to support individuals with chronic mental health conditions in regaining autonomy and reintegrating into society. Employment is a significant factor in recovery, yet individuals with severe mental illnesses face unemployment rates exceeding 80% globally (WHO, 2022). Supported employment programs, such as the Individual Placement and Support (IPS) model, have been shown to achieve job retention rates of up to 60% (Drake & Bond, 2016). Expanding such programs in Poland could help reduce the socioeconomic burden of mental illness.

Structured social skills programs can enhance communication and interpersonal abilities, improving quality of life for individuals with mental disorders. A meta-analysis found that social skills training reduced relapse rates by 25% and improved functional outcomes (Bellack *et al.*, 2013).

Family support is crucial for long-term recovery. Psychoeducational programs for families reduce relapse rates by 20–30% and enhance caregivers' coping mechanisms (Chien *et al.*, 2015). Integrating family-focused interventions into mental health care plans can strengthen recovery efforts.

6. SUMMARY

The COVID-19 pandemic has profoundly influenced mental health worldwide, bringing to light existing vulnerabilities in healthcare systems and creating new challenges across diverse populations. This review highlights the key mental health issues that emerged in the post-pandemic context, such as the rise in anxiety, depression, PTSD, and behavioral disorders, particularly among vulnerable groups like healthcare workers, young adults, and children. These issues

underline the urgent need for comprehensive strategies to address the escalating demand for mental health care.

The role of governments, both at the national and local levels, has proven pivotal in promoting mental well-being. Effective policies, increased funding for mental health services, and public awareness campaigns are essential for fostering resilience and reducing stigma. Successful examples, such as community-based initiatives and workplace mental health programs, demonstrate the potential for impactful interventions when supported by strong leadership and collaboration.

Preventive measures have emerged as a cornerstone in mitigating the long-term impact of mental health disorders. Primary prevention efforts, such as promoting healthy lifestyles and mental health literacy, complement secondary strategies like early detection and timely intervention. For individuals already affected by mental disorders, robust rehabilitation and reintegration programs, supported by innovative technological solutions, provide pathways to recovery and improved quality of life.

The review also underscores the need for multisectoral collaboration to address systemic disparities and ensure equitable access to care. Technology and innovation, including telemedicine and digital mental health tools, offer promising solutions to bridge gaps in service delivery and enhance the reach of interventions.

In conclusion, addressing mental health in the post-pandemic era requires sustained investment, integrated strategies, and a commitment to reducing barriers to care. By drawing on evidence-based approaches and fostering cross-sectoral partnerships, societies can build resilient mental health systems capable of supporting both recovery and long-term well-being. The lessons learned from this crisis provide a valuable opportunity to reimagine mental health care and prioritize it as a fundamental pillar of public health.

CONFLICTS OF INTEREST

The author declared no conflicts of interest.

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