

7. MENTAL AND BEHAVIOURAL DISORDERS

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Mental health and mental disorders are a crucial area of public health. The WHO defines mental health as a state of well-being in which an individual realises their own potential, can cope with the normal stresses of life, is able to participate in social life, and can work productively.

Available data and forecasts on mental health indicate that mental disorders are a serious and growing problem worldwide. Depression and alcohol use disorders are the two most common mental health conditions globally. Depression ranks among the top 20 leading causes of disability worldwide. The condition affects 120 million people, and this number continues to rise. It is estimated that fewer than 25% of individuals suffering from depression have access to appropriate healthcare and treatment. Mental disorders and illnesses place a considerable burden on individuals and populations, particularly when left untreated. Mental disorders and psychoactive substance use disorders account for as much as 31% of the global burden of disease (GBD). According to WHO projections, by 2030, depression will be the single largest contributor to GBD. In high-income countries, depression is expected to contribute more significantly to the GBD than in low-income countries. Mental disorders cause substantial disability, even though they may not directly contribute to premature mortality. When considering global disease burden measured in DALYs (Disability Adjusted Life Years), which combines years of life lost due to premature death with years lived in disability, depression, violence, and alcohol use disorders rank among the top contributing factors to GBD across all WHO regions. According to WHO data, the global suicide rate has increased by 60% over the past 45 years. Suicide is one of the three leading causes of death among individuals aged 15 to 44, and suicide attempts are estimated to occur 20 times more frequently than completed suicides. The number of suicides among young people is on the rise. Approximately 90% of suicide cases are associated with depression and the use of substances such as alcohol, drugs, and others.

Many countries are undertaking efforts to strengthen mental healthcare systems and to integrate individuals with mental disorders into community life and enable them to participate in meaningful employment.

In Poland, actions to improve the mental health of the population have been initiated by the Council of Ministers, which on 28 December 2010 adopted the Regulation on the National Mental Health Protection Programme (Journal of Laws of 2011, No. 24, item 128). The programme was implemented from 2011 to 2015. A new regulation of the Council of Ministers on the National Mental Health Protection Programme for 2017–2022 (Journal of Laws of 2017, item 458) was published on 2 March 2017. The programme sets out a strategy for: ensuring that persons with mental disorders have access to comprehensive, multidimensional, and universally accessible healthcare and other forms of care and support necessary for living in a family and community setting; promoting appropriate social attitudes towards people with mental disorders, particularly understanding, tolerance, and kindness, as well as preventing discrimination. Mental health issues are also addressed in the National Health Programme for 2021–2025, whose Operational Objective 3 relates to the promotion of mental health, namely the improvement of the population's mental well-being. The Programme highlights, among other things, the need to monitor the epidemiological situation in this field.

Presented below are the scale and dynamics of selected mental health issues in Poland based on existing routine information systems. The specific nature of mental illnesses has meant that, for many years, data on residents of Poland treated for mental disorders in inpatient psychiatric care facilities (hospitals, long-term care facilities, addiction treatment centres, rehabilitation centres for people with addictions) has been collected as part of the National Psychiatric Inpatient Morbidity Survey, conducted by the Institute of Psychiatry and Neurology in Warsaw, which is responsible for data analysis and reporting. The output tables are published in the statistical yearbook issued by the Institute. The reported rates refer to individuals, not to cases, as repeat hospitalisations were linked for statistical analysis purposes using an identifier algorithm established by the Institute. Substantive supervision of these systems is provided by the Institute of Psychiatry and Neurology in Warsaw.

It is worth referring here to mortality data concerning the population of Poland and recalling that one of the most important indicators in the area of mental health, the suicide mortality rate, was significantly higher among men in Poland (21.4/100,000 in 2022) compared to the EU average (17.2/100,000) (age-standardised rates). In contrast, the suicide mortality rate among women in Poland (3.5/100,000) is much lower than that of men and also below the EU-27 average

(4.8/100,000)¹. No other European Union country records such a persistent and significant gender disparity.

Individuals treated in outpatient psychiatric care facilities

Data on individuals treated in outpatient psychiatric care facilities refer to treatment in mental health clinics (MHC), alcohol addiction therapy clinics (AATC), and psychoactive substance addiction therapy clinics (PSATC). This information is compiled at the Institute of Psychiatry and Neurology in Warsaw and published in the statistical yearbook titled „Psychiatric Healthcare Facilities”, issued by the Institute. The yearbook provides figures for the total number of patients and for those receiving treatment for the first time. The total number of treated patients refers to persons registered in outpatient care facilities in a given year. Each patient is counted only once, regardless of the number of visits during the year. First-time patients are individuals registered in a particular type of clinic for the first time in their lives. Although the aggregated form of data collection limits the potential for detailed analysis, it remains a key source of information on the prevalence of mental disorders in Poland.

In 2022, a total of 1.926 million individuals with mental disorders were treated in outpatient settings (1.715 million in MHC, 152,000 in AATC, and 58,000 in PSATC), including 553,000 receiving treatment for the first time. Between 2010 and 2022, both the total number of treated patients and those treated for the first time increased significantly (the only decline occurred in 2020, resulting from the partial closure of healthcare facilities during the first wave of the COVID-19 pandemic) (Fig. 7.1a).

The most common diagnostic group among patients treated in outpatient psychiatric care consists of neurotic, stress-related and somatoform disorders. In 2022, 1,759.2 people per 100,000 population were treated in MHC for these disorders, of which 549.6 per 100,000 were first-time patients (absolute numbers: 675,000 and 211,000 respectively) (Table 7.1). The second largest group comprised individuals treated for mood (affective) disorders – 1,056.5 per 100,000, with 260.0 per 100,000 treated for the first time. Over the past four years, the number of people treated for these two disorder groups has shown a clear upward trend, especially in 2021 and 2022.

¹ https://ec.europa.eu/eurostat/databrowser/view/hlth_cd_asdr2__custom_16133732/default/table?lang=en

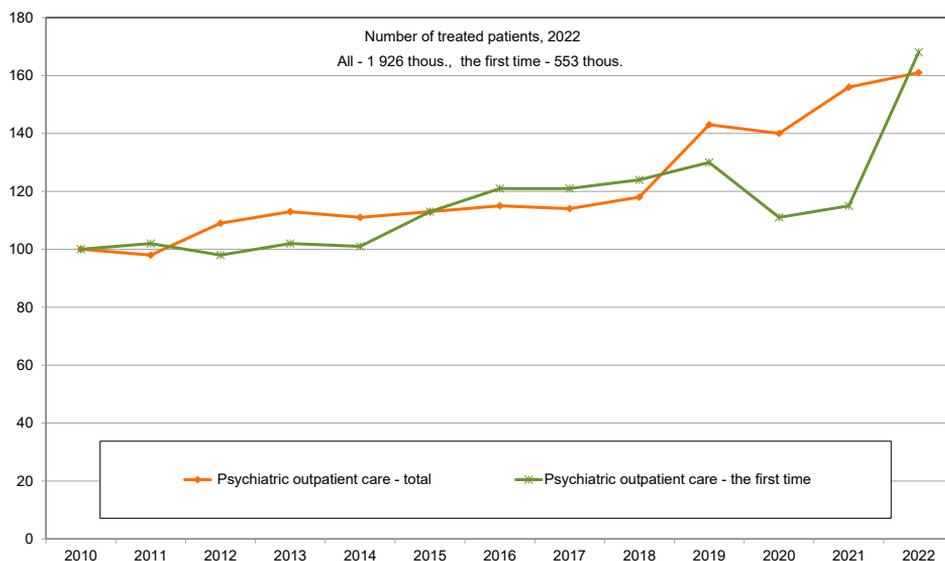


Fig. 7.1a. Outpatient psychiatric care – dynamics of growth in the number of total (T) and first-time (I) patients treated between 2010 and 2022, 2010=100 (based on data from the Institute of Psychiatry and Neurology)

Table 7.1. Outpatient psychiatric care – total and first-time patients by selected diagnoses, 2019–2022 (rates per 100,000 population)

Diagnosis	Total patients treated				First-time treatment			
	2019	2020	2021	2022	2019	2020	2021	2022
Organic mental disorders (F00-F09) ¹	554.5	515.3	507.7	506.0	113.6	89.9	97.4	105.3
Schizophrenia (F20) ¹	359.9	342.2	347.5	347.0	31.2	31.8	29.4	65.0
Mood (affective) disorders (F30-F39) ¹	877.5	885.7	981.8	1056.5	170.4	168.7	178.9	260.0
Neurotic disorders (F40-F48) ¹	1210.7	1215.7	1701.3	1759.2	348.9	298.9	351.7	549.6
Alcohol-related disorders (F10) ²	425.1	373.9	397.2	403.2	136.9	105.3	112.9	133.0
Psychoactive substance use disorders (F11-F19) ²	123.2	126.7	144.2	154.4	43.3	37.8	38.8	55.5

¹ treated in mental health clinics

² treated in mental health, alcohol and drug and addiction clinics

Source: data from the Institute of Psychiatry and Neurology.

Patients treated for alcohol-related disorders remain the fourth largest diagnostic group among all outpatients, and the third largest among those receiving treatment for the first time. In 2022, a total of 155,000 individuals were treated for

alcohol-related disorders (403.2 per 100,000). A downward trend was observed between 2019 and 2020, followed by a renewed increase in the number of individuals treated for alcohol-related disorders between 2021 and 2022.

It is also worth noting the rising number of patients treated for disorders caused by the use of psychoactive substances. In 2022, this rate stood at 154.4 per 100,000, with 55.5 per 100,000 treated for the first time - an increase compared to 2020 (126.7 per 100,000 and 37.8 per 100,000, respectively). This may indicate a growing demand for addiction treatment services.

To summarise, 2022 saw a significant increase in the number of patients using outpatient psychiatric care, particularly for neurotic and mood disorders. This growth may result both from increased availability of services and greater public awareness of mental health issues.

In 2022, a total of 1.9 million individuals with mental disorders were treated in mental health clinics, equating to 4,534.5 per 100,000 population (Table 7.2). Among this group, 410,000 patients (1,005 per 100,000) were first-time patients.

Women were treated in mental health clinics 98% more often than men. The treatment rate was 5,967.4 per 100,000 for women and 3,002.5 per 100,000 for men. It is important to note that this difference is significantly larger than in 2020, indicating a growing number of women seeking treatment compared to men.

It should also be noted that only a portion of patients with mental disorders related to alcohol and psychoactive substance use are treated in mental health clinics, as these individuals are primarily referred to alcohol and addiction treatment centres.

In outpatient psychiatric care overall, women were also more likely to seek treatment than men, though the difference was smaller - in 2022, women were treated 32% more often than men (men: 4,375.7/100,000; women: 5,762.3/100,000). Compared to 2020, when women were treated 24% more often than men, this represents a continuation of the upward trend in the number of women receiving treatment.

Table 7.2. Outpatient psychiatric care, mental health clinics – patients treated for mental disorders by sex and place of residence, 2013–2022 (rates per 100,000 population)

Year	Total	Men	Women	Urban areas	Rural areas
Outpatient psychiatric care					
2013	4124.1	3781.6	4445.3	5069.5	2676.3
2014	4066.6	3658.3	4449.4	5017.1	2616.7
2015	3809.7	3360.1	4231.2	4694.1	2464.2
2016	3859.7	3385.0	4304.7	4857.8	2347.4

Year	Total	Men	Women	Urban areas	Rural areas
2017	4050.0	3676.4	4400.1	5099.4	2463.5
2018	4213.1	3785.7	4613.6	5280.5	2603.6
2019	4415.1	3976.6	4826.0	5626.6	2597.2
2020	4346.4	3870.2	4792.2	5570.8	2520.5
2021	4886.5	4233.7	5497.3	6494.7	2490.9
2022	5092.2	4375.7	5762.3	6758.2	2629.0
Mental health outpatient clinics					
2013	3364.8	2696.9	3991.3	4132.7	2188.9
2014	3270.3	2562.9	3933.7	4031.7	2109.0
2015	3288.2	2609.9	3924.1	4041.7	2141.9
2016	3347.0	2654.7	3996.0	4212.3	2035.9
2017	3252.1	2579.8	3882.2	4100.1	1969.9
2018	3383.3	2658.2	4062.9	4257.0	2066.0
2019	3569.0	2805.0	4244.1	4526.0	2077.3
2020	3538.4	2790.3	4195.9	4538.8	1991.3
2021	4345.1	2247.2	6308.0	5809.6	2163.5
2022	4534.5	3002.5	5967.4	5929.3	2472.5

Source: data from the Institute of Psychiatry and Neurology

In mental health clinics, urban residents are treated significantly more often than rural residents – in 2022, the difference was 140% (urban: 5,929.3/100,000; rural: 2,472.5/100,000) (Table 7.2). This difference increased from 128% in 2020, suggesting growing disparities in access to psychiatric care between urban and rural populations.

A similar urban–rural disparity (157%) was found in overall outpatient psychiatric care, including mental health clinics, alcohol addiction clinics, and clinics for psychoactive substance addiction. The respective rates were 6,758.2/100,000 for urban residents and 2,629.0/100,000 for rural residents.

It is worth noting that the number of urban residents receiving treatment continues to rise, while only slight changes have been observed in rural areas. These large differences in access to psychiatric care may indicate substantial unmet health needs among the rural population, especially considering the high suicide rates in rural areas compared to urban areas (see chapter on suicide mortality).

In summary, 2022 data indicates a significant increase in the number of individuals using outpatient psychiatric care and mental health clinics, particularly

among women and urban residents. At the same time, inequalities in access to treatment between urban and rural residents are widening, which calls for further analysis and the development of strategies to improve access to care for rural communities.

Patients treated in inpatient psychiatric care facilities

In 2022, a total of 258,000 individuals with mental disorders were treated in inpatient psychiatric care facilities, equating to 683 per 100,000 population, including 92,000 first-time patients (243 per 100,000). Across the relatively stable fluctuation in the number of total and first-time patients treated per 100,000 in inpatient psychiatric care between 2010 and 2022, three distinct periods of growth of around a dozen percent were observed: 2010–2011, 2014–2015, and 2018 (Fig. 7.1b). The decline between 2019 and 2020 resulted from temporary restricted access to inpatient care wards due to the coronavirus pandemic. In the following years (2021–2022), the number of treated individuals stabilised, remaining slightly lower than before the pandemic.

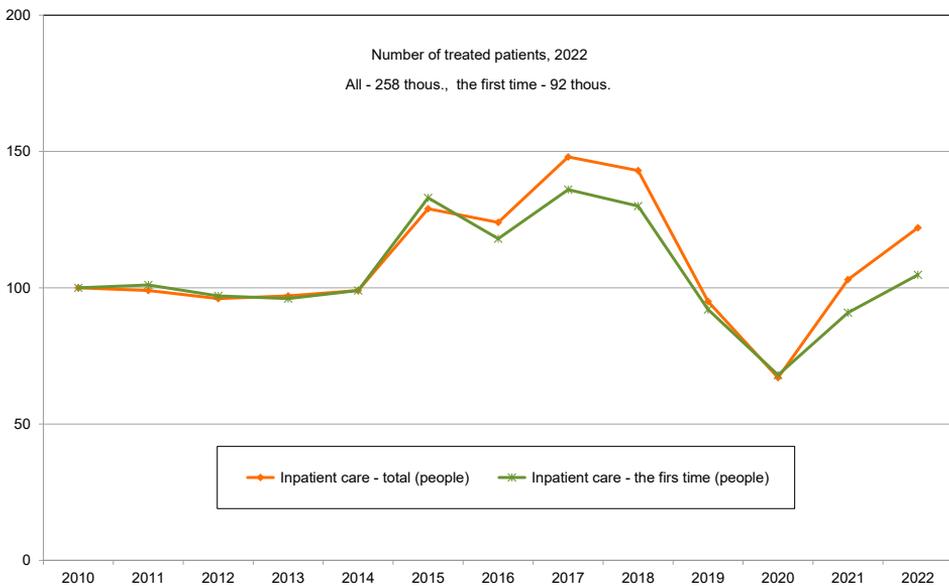


Fig. 7.1b. Inpatient psychiatric care – dynamics of growth in the number of total (T) and first-time (I) patients treated between 2010 and 2022, 2010=100 (based on data from the Institute of Psychiatry and Neurology)

Whereas women made up the majority of patients in outpatient psychiatric care, in inpatient care, men were treated 88% more frequently than women in 2022 (rates: 901.3/100,000 for men and 478.4/100,000 for women). This surplus has remained relatively constant in recent years, although compared to 2020 (103%) there has been a slight decrease in this gap (Table 7.3).

Table 7.3. Inpatient psychiatric care – total inpatients with mental disorders by sex and place of residence, 2013-2022 (rates per 100,000 population)

Year	Total	Men	Women	Urban areas	Rural areas
2013	523.8	695.7	362.6	547.2	444.4
2014	532.0	709.4	365.7	550.3	462.1
2015	614.8	806.0	435.4	680.2	515.2
2016	594.9	784.8	417.0	661.9	493.5
2017	707.7	973.1	459.0	771.3	611.6
2018	683.6	941.1	442.4	729.2	614.9
2019	521.1	705.2	348.6	576.6	437.8
2020	369.8	502.9	247.8	412.9	298.7
2021	571.5	759.3	395.8	641.4	452.1
2022	682.7	901.3	478.4	749.4	584.1

Source: data from the Institute of Psychiatry and Neurology

Urban residents received inpatient psychiatric care 28% more frequently than rural residents, both overall and as first-time patients. Higher hospitalisation rates for urban populations were observed across all diagnostic categories. The greatest disparity, more than twofold, between urban and rural areas in terms of patient place of residence was observed in hospitalisations due to disorders related to the use of psychoactive substances (rural areas – 58.4/100,000, urban areas – 66.8/100,000), personality and behavioural disorders in adults (7.8/100,000 and 17.3/100,000 respectively), and behavioural and emotional disorders usually with onset usually in childhood and adolescence (8.2 and 15.9/100,000).

The largest patient group in psychiatric inpatient wards comprises individuals treated for alcohol use disorders (Table 7.4). In 2022, this group included 95,000 individuals, equating to 232.0/100,000 population (34% of all those treated in psychiatric inpatient wards, including 28% first-time patients). These were predominantly men, who accounted for as much as 83% of patients treated for this condition. In the past three years (2020–2022), the hospitalisation rate for alcohol-related disorders has shown a slight upward trend. In 2022, the

overall hospitalisation rate due to alcohol use disorders among men was more than five times higher than that among women and this pattern also applied to first-time hospitalised patients. Rural residents were hospitalised less frequently than urban residents (rural areas – 203/100,000, urban areas – 209/100,000 population).

Table 7.4. Inpatient psychiatric care – total and first-time patients by selected diagnoses, 2019–2022 (rates per 100,000 population)

Diagnosis	Total patients treated				First-time treatment			
	2019	2020	2021	2022	2019	2020	2021	2022
Organic mental disorders (F00-F09)	83.1	57.0	61.6	71.2	52.4	35.3	22.2	24.8
Schizophrenia (F20)	109.7	86.9	95.2	108.4	94.9	71.9	13.8	15.4
Mood (affective) disorders (F30-F39)	66.0	47.1	59.0	70.3	45.7	31.3	19.8	23.3
Neurotic disorders (F40-F48)	47.3	29.2	45.0	57.8	20.8	12.0	25.2	33.1
Alcohol-related disorders (F10)	269.9	177.2	190.8	232.0	152.6	96.8	80.3	89.8
Psychoactive substance use disorders (F11-F19)	66.6	44.7	56.4	66.8	40.2	25.9	20.9	24.0

Source: data from the Institute of Psychiatry and Neurology.

Patients treated for schizophrenia constituted the second largest group among all hospitalised individuals (20%) and among those treated for the first time (26%). In 2022, the inpatient treatment rate was 108.4/100,000 people (men – 108.4/100,000; women – 84/100,000; urban residents – 107/100,000; rural residents – 84/100,000). For first-time hospitalised patients (4,800 individuals), the rates were as follows: men – 19/100,000; women – 14/100,000; urban residents – 18/100,000; rural residents – 14/100,000. Over the past three years, the overall hospitalisation rate for schizophrenia has remained stable, while the rate for first-time patients has shown a slight increase.

The next largest group consisted of patients with organic mental disorders (11% of all hospitalised individuals). In 2022, the hospitalisation rates were as follows: men – 71.2/100,000; women – 70.3/100,000; urban residents – 84.0/100,000; rural residents – 58.0/100,000. In recent years, the hospitalisation rate for this group of conditions (both total and first-time) has shown an upward trend following a previous decline in 2020.

In 2022, the overall hospitalisation rate in Poland for mood (affective) disorders was 34% higher than for neurotic disorders, while the difference for first-time hospitalisations was 7%. For both diagnostic groups, the hospitalisation rates for

women were higher than for men. However, while the difference for mood disorders was pronounced (women – 70.3/100,000; men – 42/100,000), it was less marked for neurotic disorders (women – 57.8/100,000; men – 55/100,000). This pattern was also observed in first-time hospitalisations.

Both mood and neurotic disorders were more frequently the cause of hospitalisation among urban than rural residents (by 49% and 70% more often, respectively).

There has been a noticeable increase in the number of patients treated for disorders related to the use of psychoactive substances. The overall hospitalisation rate for this group increased from 44.7/100,000 in 2020 to 66.8/100,000 in 2022, while the rate for first-time patients rose by over 20% (from 25.9/100,000 in 2020 to 24.0/100,000 in 2022).

In 2022, nearly 20,000 individuals were treated as inpatients (men – 69/100,000; women – 15/100,000; urban residents – 66.8/100,000; rural residents – 58.4/100,000). For first-time hospitalised patients (4,900 individuals), the rates were as follows: men – 27/100,000; women – 6/100,000; urban residents – 22/100,000; rural residents – 11/100,000.

To summarise, in 2022 there was a continued upward trend in hospitalisations in inpatient psychiatric care for most categories of mental disorders, particularly alcohol and psychoactive substance use disorders, mood disorders, and schizophrenia. This increase applies to both the total number of patients and first-time admissions, which may indicate a growing demand for psychiatric care and a need to expand service availability for people with mental disorders.

As in previous years, there were significant regional differences in the frequency of inpatient psychiatric treatment, both overall and for first-time admissions, depending on voivodeship (Fig. 7.2).

The variation in hospitalisation rates between the highest- and lowest-ranking voivodeships exceeded a threefold difference for both total and first-time patients. In 2022, the overall hospitalisation rate ranged from 833.9/100,000 inhabitants in the Świętokrzyskie Voivodeship to 1,041.4/100,000 in the Podlaskie Voivodeship.

Four voivodeships continued to stand out with higher rates of first-time hospitalisation compared to others: Podlaskie (326.7/100,000), Lubuskie (390.2/100,000), Warmińsko-Mazurskie (305.3/100,000), and Łódzkie.

Compared to 2020, the rate of first-time hospitalisations dropped significantly, most notably in the Łódzkie Voivodeship (by 57%), Lubelskie (by 51%), and Mazowieckie (by 37%), which may reflect changes in access to or approaches to psychiatric treatment in these regions.

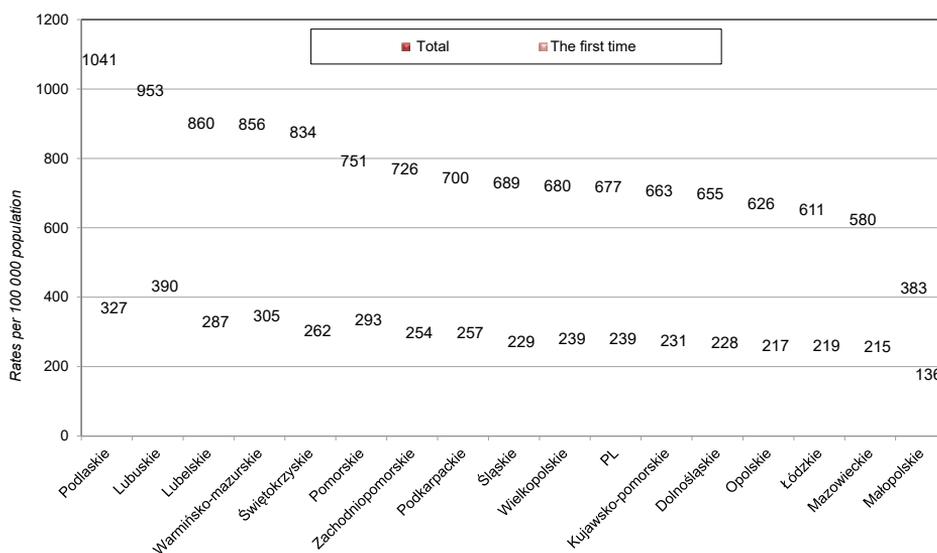


Fig. 7.2. Inpatient psychiatric wards – patients (individuals) treated in total and for the first time by voivodeship of residence, 2022 (data from the Institute of Psychiatry and Neurology)

The differences between voivodeships in the prevalence of mental disorders due to alcohol use requiring inpatient treatment remain significant.

In 2022, the total hospitalisation rate among residents of individual voivodeships ranged from 298.4/100,000 population in the Podkarpackie Voivodeship to 414.9/100,000 in the Podlaskie Voivodeship (Fig. 7.3). The voivodeships at both ends of the spectrum differed from those in 2018, which may result from changes in access to treatment or therapeutic strategies applied in specific regions.

High hospitalisation rates were also observed in the Świętokrzyskie (366.9/100,000), Warmińsko-Mazurskie (353.2/100,000), and Lubuskie (300.6/100,000) voivodeships. This also applied to individuals treated for the first time, with the highest first-time hospitalisation rates recorded in the Lubuskie (132.2/100,000), Warmińsko-Mazurskie (124.8/100,000), and Podlaskie (120.4/100,000) voivodeships.

Compared to 2020, the hospitalisation rates for individuals with alcohol-related disorders remained at a similar level. The changes observed (usually decreases) were below 7%, indicating relative stability in the demand for inpatient treatment of alcohol-related disorders.

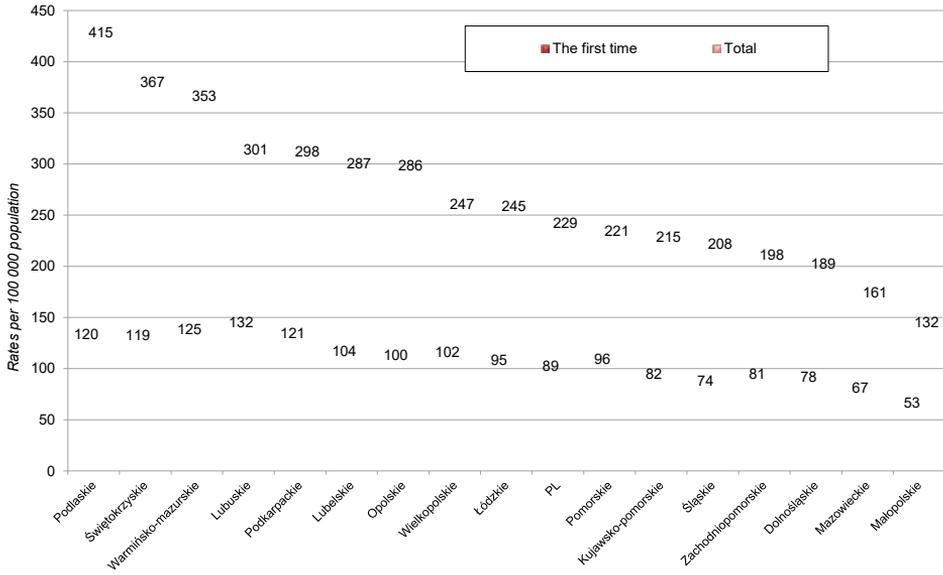


Fig. 7.3. Inpatient psychiatric wards – patients (individuals) treated in total and for the first time for alcohol-related disorders by voivodeship of residence, 2022 (data from the Institute of Psychiatry and Neurology)

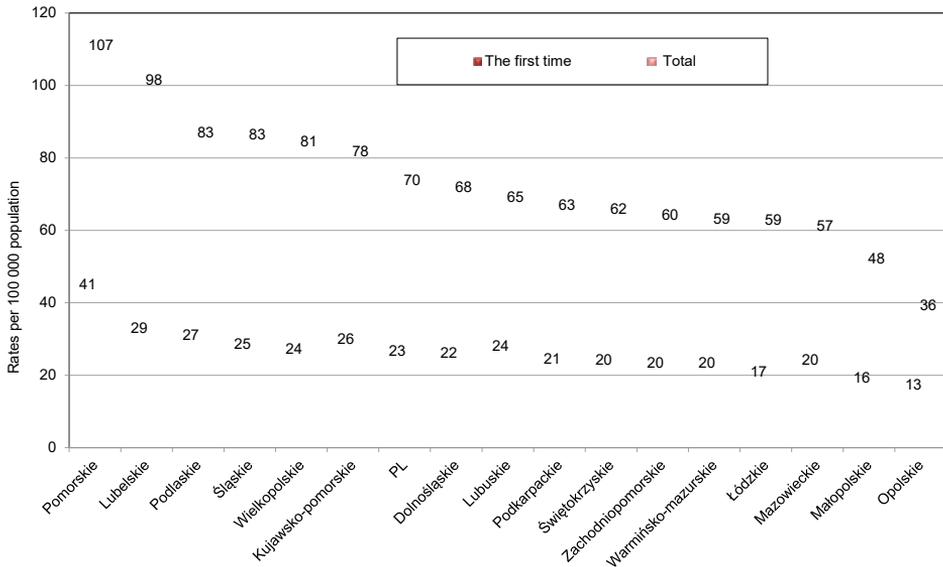


Fig. 7.4. Inpatient psychiatric wards – patients (individuals) treated in total and for the first time for mood disorders by voivodeship of residence, 2022 (data from the Institute of Psychiatry and Neurology)

The World Health Organisation predicts that depression will become the most common health problem within the next 20 years. This disorder is associated with numerous negative social consequences – individuals suffering from severe depression often have to quit their jobs, which leads to long-term unemployment and increased spending on sickness and unemployment benefits.

Depression is one of the mental disorders that prevents normal daily functioning. It mainly manifests as a worsened mood, reduced energy and activity, and loss of interest. Depressive disorders often begin at a young age and tend to be recurrent. Literature emphasises that depression is a systemic illness. If untreated, it increases the risk of somatic diseases, while chronic illnesses increase the likelihood of depression.

According to the World Health Organisation, depression currently accounts for 4.3% of the global burden of disease and is one of the leading causes of disability worldwide, responsible for 11% of all disability-adjusted life years (DALYs). It is particularly common among children, adolescents, and the elderly. Over 350 million people worldwide suffer from this condition.

In statistical terms, the number of people treated for affective disorders in Poland between 2014 and 2022 remained relatively stable, amounting to:

- 325,029 in 2014;
- 321,541 in 2015;
- 318,402 in 2016;
- 318,886 in 2017;
- 326,566 in 2018;
- 327,314 in 2019;
- 204,587 in 2020;
- 207,962 in 2022.

A visible national trend is the increase in the number of treated individuals in the 0–18 and 65+ age groups, as well as a rise in patients diagnosed with bipolar affective disorder (F31) and recurrent depressive disorder (F33). In 2022, the rate of individuals treated and treated for the first time for affective disorders was 840/100,000 and 153/100,000 population, respectively.

Regional differences in hospitalisation rates for patients with mood disorders (including depression) requiring inpatient care remain significant. In 2022, total hospitalisation rates across voivodeships ranged from 80.7/100,000 population in the Wielkopolskie Voivodeship to 107.0/100,000 in the Pomorskie Voivodeship (Fig. 7.4). Compared to 2018, the voivodeships at both ends of the spectrum have changed, which may indicate regional differences in treatment accessibility and diagnostic strategies.

The highest total hospitalisation rates in 2022 were recorded in the following voivodeships:

- Pomorskie (107.0/100,000);
- Lubelskie (97.7/100,000);
- Podlaskie (83.2/100,000).

Similar differences were observed among first-time hospitalised patients, where the highest rates were as follows:

- Pomorskie (41.1/100,000);
- Lubelskie (29.1/100,000);
- Podlaskie (27.2/100,000).

Compared to 2020, hospitalisation rates for individuals with mood disorders show variability. In most voivodeships, a slight increase is observed, which may result from improved treatment availability and the absence of preventive measures.

Suicidal behaviour between 2021 and 2022

Suicide remains a serious public health and social issue. In Poland, more people die by suicide than in road traffic accidents. Suicides typically begin with suicidal thoughts and ideation, which can progress into plans and suicide attempts, some of which result in death. Contemporary suicidology treats suicide as a process or sequence of events that comprises distinct suicidal behaviours. The term „suicidal behaviour” refers to a broad spectrum of actions, including thoughts (ideation), plans, suicide attempts, and completed suicides.

According to Statistics Poland (GUS), the number of suicides in Poland has shown a gradual upward trend over the past 60 years (with a noticeable drop in 1981). The highest rate was recorded in 2009 (17.0 per 100,000 population). Since then, the number of suicides has slowly declined. In 2022, the rate was 11.7.

This report analyses information on suicidal behaviours recorded in official public health statistics related to psychiatric healthcare. Since 2021, two additional questions have been included in patient records to identify whether the hospitalisation was related to a suicide attempt and whether a suicide attempt occurred within 12 months prior to hospitalisation.

In 2022, the number of patients hospitalised in inpatient psychiatric care who had a recorded suicide attempt in the past 12 months was 8,376. This represents an increase from 6,731 patients in 2021.

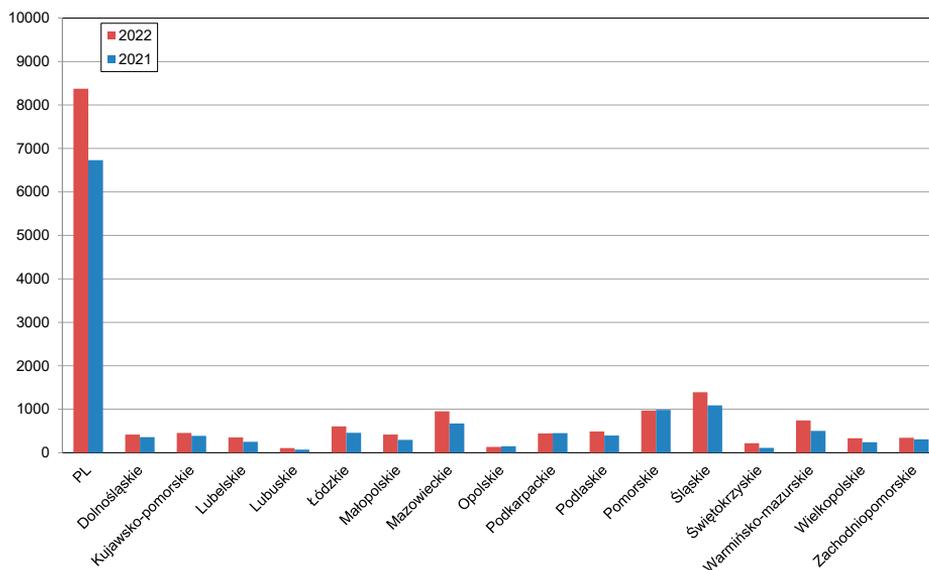


Fig. 7.5. Number of patients hospitalised in inpatient psychiatric care following a suicide attempt in the preceding 12 months (2021–2022)

The highest numbers of patients hospitalised in connection with a suicide attempt were observed in the following voivodeships:

- Mazowieckie – 1,257 individuals (up from 982 in 2021);
- Śląskie – 932 individuals (up from 768 in 2021);
- Wielkopolskie – 722 individuals (up from 553 in 2021);
- Małopolskie – 687 individuals (up from 557 in 2021).

The lowest numbers of hospitalised patients with a history of suicide attempt were recorded in the following voivodeships:

- Opolskie – 120 individuals (up from 94 in 2021);
- Lubuskie – 107 individuals (up from 72 in 2021);
- Podlaskie – 132 individuals (up from 98 in 2021).

An increase in the number of patients hospitalised in inpatient psychiatric care following a previous suicide attempt was recorded in every voivodeship.

The largest increases compared to 2021 occurred in the Mazowieckie (over 27%), Wielkopolskie (over 30%), and Lubelskie (almost 40%) voivodeships.

The rise in hospitalised patients may indicate a growing number of suicide attempts, but also improved detection and referral of patients to psychiatric care.

Data from 2022 indicates a significant increase in the number of patients hospitalised following a suicide attempt across Poland compared to 2021. The highest

numbers of hospitalisations were noted in the most populous regions, but increases were observed in all voivodeships. The growing number of patients requires further analysis of the causes of this trend, as well as the implementation of effective preventive and intervention measures.

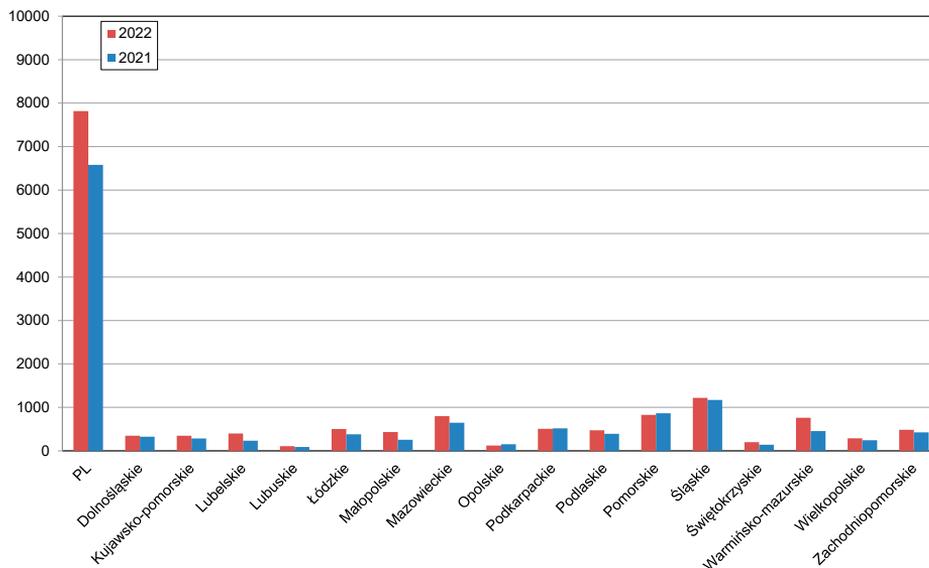


Fig. 7.6. Number of patients hospitalised in inpatient psychiatric care directly due to a suicide attempt (2021–2022)

In 2022, the number of patients hospitalised in inpatient psychiatric care directly due to a suicide attempt was 7,816, representing an 18.7% increase compared to 2021, when 6,581 patients were hospitalised. This increase may indicate a growing problem of suicide attempts requiring psychiatric treatment, or more effective identification of patients in need of intervention.

The highest number of hospitalisations was recorded in the following voivodeships: Mazowieckie (1,213 patients, up from 1,002 in 2021), Śląskie 923 patients, up from 799), Wielkopolskie (765 patients, up from 643) and Małopolskie (684 patients, up from 562). In contrast, the lowest number of hospitalisations was recorded in the following voivodeships: Opolskie (129 patients, up from 104), Lubuskie (108 patients, up from 88) and Podlaskie (142 patients, up from 123).

The largest percentage increases in suicide attempt-related hospitalisations compared to 2021 were observed in the Lubelskie (by 71.7%), Mazowieckie (by 21.1%) and Wielkopolskie (by 18.9%) voivodeships. This increase may indicate a

growing number of suicide attempts but also improvements in diagnostic processes and more effective referral of patients for psychiatric treatment.

Data from 2022 clearly shows an increase in hospitalisations due to suicide attempts across Poland. The highest numbers were recorded in the most populous voivodeships, although increases were observed in all regions. The rising number of patients requiring psychiatric hospitalisation following a suicide attempt highlights the need for continued analysis of this trend's causes and the implementation of more effective prevention and intervention measures in the field of mental health.