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Employees after mental health crises in the labor market – searching the proper framework for the study

Abstract

Research background and purpose: The aim of the article is to present a literature review concerning the situation of individuals after a mental health crisis in the labor market. The review is divided into two main thematic areas. The first concerns the concept of a mental health crisis, with particular emphasis on the distinctions between medical, psychosocial, and rehabilitative perspectives. The second area review of literature employers' requirements for disabled employees caring for employees' mental health in corporate practice.

Design/methodology/approach: The authors made a review of the literature on mental health crises and on vocational rehabilitation and inclusion, together with an analysis of employer requirements for employees with disabilities (the present article). It also shows what actions employers take regarding employees' mental health and psychological crises.

Findings: Psychological crises have a distinctly negative impact on occupational engagement; however, their consequences may be effectively mitigated through appropriate interventions at both organizational and individual levels. The key challenge lies in the development of personalized support strategies that take into account the specific characteristics of the labor market as well as the individual needs of employees. An integrated approach, combining health - related and professional support, may contribute to the establishment of sustainable solutions that promote mental health in the workplace.

The research findings indicate that at the organizational level, effective support strategies can be implemented to counteract the adverse effects of psychological crises. Preventive measures include regular mental health assessments, stress management training, and monitoring of workload, all of which constitute essential components of prevention.

Value added and limitations: This study thus contributes to understanding the problems and challenges faced by individuals after mental health crises in the context of the labor market, while also providing guidance for measures aimed at their effective rehabilitation and vocational integration perspective.

Keywords: *mental health crisis; opportunities and limitations of professional work; labor market*

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1. Introduction

The issue of the relationship between psychological crises and work engagement is gaining increasing importance in organizational research. Contemporary events, such as the COVID-19 pandemic, have highlighted the role of mental health as a key factor influencing both employee effectiveness and well-being.

Mental disability is a widespread issue at the individual level as well as in the domains of public health and social policy. The prevalence of mental disorders is high and shows an upward trend, as evidenced by data from the World Health Organization (2010). Worldwide, one in four people experiences a mental disorder at least once in their lifetime. The phenomenon of psychological crises, associated not only with mental illness but also with occupational burnout, parental burnout, or adaptation difficulties, has recently emerged as a pressing social problem in Poland (GUS, 2023). According to estimates, approximately 1.4 million medical leaves related to these conditions were issued in 2023, compared to 1.3 million in 2022.

This article presents a review of the literature concerning terminology related to the role of psychological crises and factors linked to the vocational inclusion of individuals with psychiatric diagnoses and the actions undertaken by employers to promote mental health and counteract the effects of psychological crises among employees.

The aim of this article is to present a literature review that serves as the foundation for developing a research tool designed to analyze the professional situation of individuals after a mental health crisis. The undertaken research initiative aims to provide a deeper understanding of the working conditions and professional motivation of individuals who have experienced a mental health crisis. The obtained results will help identify both individual and institutional barriers that hinder their vocational reintegration. Consequently, this research may contribute to expanding knowledge about recovery, rehabilitation processes, and the maintenance of long-term professional activity. Importantly, the findings may also have practical implications - they may support the development of modern human capital management strategies and the advancement of practices that promote the inclusion of individuals after a mental health crisis in workplaces.

2. Terminological review

In his reflections in *Psychiatria Polska*, S. Pużyński (2007) points out that the medical and binding definition of mental disorder is provided by the Polish *Comprehensive Medical Dictionary* (1996), according to which it is a "collective term covering all psychotic-type disorders, i.e., those in which psychotic symptoms occur (including hallucinations, delusions, severe mood and emotional disturbances). In a narrower sense, the term mental

disorder is synonymous with psychosis. Psychosis is a mental disorder that significantly limits insight—that is, awareness of illness—the ability to cope with the ordinary demands of life, or to maintain appropriate contact with reality”.

In the Mental Health Protection Act (Act on the Protection of Mental Health of 19 August 1994, 1994), which was in force for many years, neither “mental illness” nor “person with mental illness” was defined, even though these terms appear repeatedly throughout the text. Instead, the Act stated (Art. 3), that “the concept of a person with mental disorders refers to a person: a. mentally ill (exhibiting psychotic disorders), b. intellectually disabled, c. exhibiting other disturbances of mental functioning which, according to the current state of medical knowledge, are classified as mental disorders, and who requires health services or other forms of assistance and care necessary for life in a family or social environment.” This definition, however, may be subject to various interpretations, since the criterion of the presence of psychotic symptoms does not exhaustively define either mental illness or mental disorder.

As noted by P. Szczukiewicz, (after: Włodarczyk, 2011), the terminology related to crises remains insufficiently systematized to this day. He pointed out many terms that are synonymous or closely related to the concept of a crisis, such as traumatic experience, conflict, critical life event, stress (post-traumatic, traumatic), trauma, injury (including psychological injury), and traumatic event - for which no clear relationships with the concept of crisis have been established.

Despite these difficulties, R. K. James and B. E. Gilliland (2004) managed to identify the characteristic features of a crisis. A crisis is a complex phenomenon that cannot be easily explained through simple cause-and-effect analysis; it may result from a combination of many mutually interacting and interconnected factors. A crisis can simultaneously represent both a threat and an opportunity, depending on how the individual perceives and responds to it (what one person considers a threat, another may see as a challenge or opportunity). It can also act as a stimulus for change, serving as a motivating factor.

There is no universal reaction to a crisis, nor are there any quick solutions - lasting improvement requires time. A crisis places a person in a situation where decisions must be made. It is also a universal phenomenon, meaning that it can affect anyone and no one is immune to it. The feature of uniqueness indicates that identical circumstances may affect people differently: some individuals are able to cope on their own, while others require support (James & Gilliland, 2004).

Contemporary approaches point to the definition of a mental health crisis, considered a broader category, encompassing the functioning of the individual at a given time and indicating other disturbances of mental processes that impair psychological functioning. Such a person requires health services or other forms of assistance and care necessary for life in a family or social environment.

In identifying a crisis, one can refer to a set of characteristics developed by G. Parry (after: Badura-Madej. 1999). This set includes the following symptoms: the presence of

an acute critical event or chronic stress; perceiving the event as unexpected; viewing the situation as one of loss, threat, or challenge; experiencing negative emotions and feelings; a sense of uncertainty about the future; a feeling of loss of control; a sudden disruption of routine behaviors, daily rhythms, and habits; a state of emotional tension (usually lasting from 2 to 6 weeks, sometimes several months); and the necessity to change one's previous way of functioning.

J. K. Wawrzyniak (2015, p. 53) emphasized the subjective experiences of an individual in a crisis situation. According to the author, a crisis manifests itself through:

- a sense of inability to continue previous actions and activities;
- a feeling of loss of control over one's life;
- a limitation in the ability to perform previously held social roles (leading to increased dependence on others);
- feelings of anxiety and various somatic symptoms.

It can also be assumed that a crisis involves various symptoms across different areas of human functioning (Szatur-Jaworska, et al., 2006, p. 67):

1. Emotional level: feelings of loss and harm, fear, anxiety, anger;
2. Biological level: somatic symptoms (pain, nausea, diarrhea, breathing problems);
3. Cognitive level: difficulties in coping with everyday challenges and in decision-making;
4. Behavioral level: changes in usual behaviors, difficulties in fulfilling social roles, social withdrawal, displaying behaviors inconsistent with experienced emotions, aggression, or escaping into psychoactive substances.

Mental illnesses are recognized medical conditions with established diagnostic criteria described in ICD-11 (Galecki, 2022). The category of mental health crises, however, is less clearly defined. Neurobiological studies show that in mental illness, persistent changes can be observed in brain functioning and structure (Masdeu, 2011). Analyses of mental health crises (Ducharme et al., 2015) indicate that such crises are usually acute responses to specific life events or stressors, characterized by temporary emotional overload, such as an adjustment disorder or acute stress reaction. It should be emphasized that recent genetic research (Andreassen, 2023; Jarema, 2022) as well as international environmental analyses (Wang & Gupta, 2025) point to complex interactions of biological and environmental factors in both states.

Long-term international studies (Bovasso, 1999) indicate that mental illnesses tend to become chronic. In contrast, research on psychological crises (Chen et al., 2023) points to their time-limited character.

Comprehensive meta-analyses (Austin et al., 2024; McMahon, 2014) demonstrate that mental illnesses require complex pharmacological and psychotherapeutic approaches. By contrast, in the case of psychological crises, as shown by both Polish (Kubacka-Jasiecka, 2010) and international studies (Roennfeldt et al., 2021), short-term crisis interventions are more effective. Mental health professionals are crucial

in assessing, diagnosing, and planning treatment in both conditions (Sederer & Dickey, 1995).

Both conditions have a significant impact on daily functioning. International meta-analyses point to similar patterns of impaired social functioning. Both can severely compromise an individual's ability to cope with everyday life, affecting work, relationships, and self-care (Imielski, 2010).

Based on this comparative analysis, the research team adopted the position that whenever reference is made to "mental disorders" or "mental health crisis," these terms are to be understood in line with the definition of mental disorder from the Mental Health Protection Act (Act on the Protection of Mental Health of 19 August 1994, 1994, Art. 3): "Whenever the provisions of this Act refer to: 1. a person with mental disorders, this refers to a person (...) exhibiting other disturbances of mental functioning which, according to the current state of medical knowledge, are classified as mental disorders, and who requires health services or other forms of assistance and care necessary for life in a family or social environment".

Based on the literature review, a number of important factors moderating the relationship between mental health crises and functioning at work were identified. Four groups of factors were distinguished: individual, organizational, systemic, and contextual. A systematic review of these factors is presented below, together with relevant studies confirming their significance.

3. Individual and personal factors and work engagement

Personality-related factors play a crucial role in maintaining work engagement, particularly in times of crisis. The scientific literature highlights three main areas of significance: psychological resilience, coping strategies, and emotional competencies.

Psychological resilience, understood as the ability to effectively cope with difficulties, plays an important role in reducing the negative impact of crises on professional functioning. According to research by Ogińska-Bulik and Michalska (2021), individuals with high levels of resilience demonstrate greater stability at work and recover more quickly to an optimal level of functioning after experiencing a crisis. These findings are also supported by Heszen (2018), who shows that high resilience acts as a protective factor, enabling more effective management of challenges in the workplace.

Coping strategies are also critical for maintaining work engagement. Research by Lazarus and Folkman (1984) emphasizes that employees using active coping strategies, such as seeking support or problem solving, are less likely to experience the negative effects of occupational stress. In addition, Strelau (2014) points out that active strategies significantly moderate the impact of crises on work performance, particularly problem-

focused strategies. The use of such strategies is an individual trait, and differences among employees may emerge in this regard. Wrona-Polańska (2017) observes that this approach not only helps limit the consequences of stress but also increases efficiency in managing professional difficulties.

Emotional competencies, including emotional intelligence, also play a key role in sustaining work engagement. Research by Sanchez-Ruiz et al. (2021) indicates that emotional intelligence serves as an important moderator in coping with crises, facilitating adaptation in difficult situations. Jaworek (2017) highlights the importance of emotion regulation skills, which help employees effectively manage their emotional responses in the face of crisis, thereby positively influencing their ability to continue working.

4. Other factors influencing work engagement

Organizational, systemic, and contextual factors play an important role in shaping work engagement, particularly in times of crisis. Social support in the workplace serves as a key protective buffer, minimizing the negative effects of occupational stress. As Wnuk (2019) demonstrates, both supervisor and coworker support reduce the impact of crises. Similarly, Halbesleben (2006) found that diverse sources of social support significantly reduce the risk of burnout, confirming the importance of interpersonal relationships in the work environment.

An organizational culture that promotes mental health and employee well-being also plays a significant role. Grawitch, Gottschalk, and Munz (2006) emphasized that practices fostering a healthy work environment improve both individual well-being and organizational outcomes. Czarnota-Bojarska (2020) and Steinerowska-Streb (2020) pointed out that a supportive organizational culture, based on psychological safety, reduces the impact of crises, enabling effective teamwork and learning.

Organizational flexibility allows employees to better manage work-life balance. Smoder (2012) and Ratajczak (2007) note that flexible forms of employment and the ability to adjust working hours support coping with occupational demands.

At the systemic level, access to professional support and appropriate legal regulations are crucial. Employee assistance programs and the availability of psychological care (Potocka & Waszkowska, 2013) help workers cope with crises, while crisis management procedures and regulations on working time and rest contribute to their well-being.

Contextual factors, such as family situations and cultural conditions, also have a significant impact on work engagement. Faccio et al. (2018) highlighted the importance of traditional family values and social networks in balancing work and private life. Hofstede (2011) argued that collectivist values and cultural differences shape how crises are perceived and managed. Letona et al. (2021) additionally observed that psychological safety enhances employee engagement, particularly by

fostering a sense of meaning in work and encouraging proactive involvement in job responsibilities. In the Polish cultural context, collectivist values and the historical conditions of systemic transformation influence the way psychological crises manifest in the workplace.

All these factors—from social support, through organizational culture and flexibility, to systemic and contextual conditions—jointly create an environment that facilitates coping with difficulties, strengthening engagement and well-being in the workplace.

The present study sought to identify the relationships between factors described in the literature as shaping the link between psychological crises and professional functioning. Specifically, the research aimed to find factors associated with more effective coping and greater activity in the labor market among individuals with a history of diagnosed psychological crises, taking into account all four areas of factors.

5. Review of literature: employers' requirements for disabled employees

According to the Labor Code, an employment relationship can be established on the basis of an employment contract, appointment, election, nomination, or a cooperative employment contract. The key characteristics of such arrangements include personal performance of work, subordination to the employer's authority (who bears the employment-related risks), specification of the workplace and working hours, and remuneration (Labor Code, 1974, Art. 22). The act also lists employees' obligations, meaning behaviors employers are entitled to expect from their subordinates. These obligations include (Labor Code, 1974, Art. 100):

- diligent and conscientious performance of work,
- adherence to supervisors' instructions,
- compliance with working hours, workplace regulations, occupational health and safety (OHS), and fire protection rules,
- safeguarding the company's interests, protecting its property, and avoiding the disclosure of information that could harm the employer (including refraining from engaging in competitive activities against the employer),
- maintaining confidentiality as stipulated by specific regulations,
- adhering to principles of social coexistence.

Additional duties are directly related to OHS (Labor Code, 1974, Art. 211), such as:

- being familiar with OHS regulations and rules, participating in related training and instruction, and undergoing required proficiency tests;
- performing work in compliance with OHS laws and rules and following related instructions and directives from supervisors;

- maintaining proper conditions of machinery, equipment, tools, and the workplace while utilizing collective and personal protective measures as intended;
- undergoing medical examinations and adhering to medical recommendations;
- promptly reporting workplace accidents or life and health hazards to supervisors and warning coworkers and others in danger areas about imminent risks;
- cooperating with the employer and supervisors to fulfill OHS-related duties.

It should be noted that the requirements for disabled employees are the same as for non-disabled employees. Employment should primarily depend on their competencies. Furthermore, individuals seeking employment in many specialized positions must possess the necessary professional qualifications, confirmed by diplomas, certifications, or practical experience. This applies to professions such as those in medicine, construction, law, and market economy development. These professions require the acquisition of specific qualifications, often obtained after completing internships, apprenticeships, or training, and passing state examinations (Obwieszczenie Prezesa Rady Ministrów z dnia 5 lutego 2024 r. w sprawie..., 2024, Art. 88). These qualifications often need periodic renewal, such as every five years for electricians or for nurses who have been out of practice for at least five years.

During recruitment, employers cannot require candidates to disclose information about their disabilities. Legislators have left this decision to the (prospective) employee—it is their right, not an obligation. However, it is advisable for candidates (or employees) to inform the (potential) employer about their disabilities, as this is a matter of workplace safety. As mentioned, ensuring safety is the employer's responsibility. If a person with a disability does not disclose their condition and an accident occurs, it may pose a risk not only to the individual but also to their coworkers or clients. Lack of disclosure could also result in the inability to provide appropriate assistance. For instance, one could imagine a scenario where a worker with a 06-E disability classification (epilepsy) spills a chemical in a laboratory. The spilled hazardous substance could cause burns to the disabled individual and respiratory irritation or poisoning for coworkers due to toxic fumes. Similarly, if a disabled person fainted in a machinery room, they might inadvertently grab onto pipes, wires, or switches, disrupting equipment or risking electrocution. Therefore, disabled persons are generally not permitted in technical rooms.

Research conducted at various centers in Poland has examined competencies sought by employers at different times. These competencies have been described using various terms (e.g., strategic, future-oriented, scarce, personal; skills, traits, attitudes). One such study was conducted by a consortium comprising the Jagiellonian University's Center for Evaluation and Public Policy Analysis and the IDEA Institute. This study surveyed employers' declarations regarding the needs of specific enterprises for strategic and scarce competencies. For the purposes of the report, strategic competencies were defined as those deemed important for enterprises and the economy, while scarce

competencies were defined as those lacking among university graduates yet considered crucial for businesses and the economy (Analiza zapotrzebowania na kompetencje..., 2019, p. 26).

Based on the study's findings, strategic competencies included a broad range: communication in foreign and native languages, social and civic competencies, initiative and entrepreneurship, cognitive competencies, mathematical and basic scientific-technical competencies, and IT skills (Figure 1). Meanwhile, only three competencies were identified as scarce: IT skills, professional qualifications, and cognitive competencies (Figure 2).

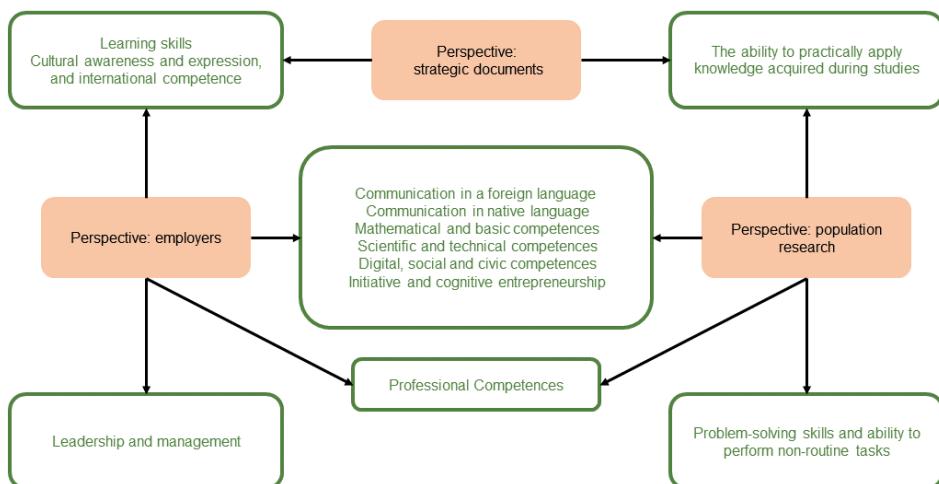


Figure 1. Strategic competencies from the perspective of employers, population studies, and strategic documents

Source: Analiza zapotrzebowania na kompetencje..., 2019, p. 28

As noted in her analysis, G. Wronowska (2013, p. 862) states that „employers' expectations towards graduates of higher education institutions are diverse. This is related to the specificity of a given industry and depends on the position to be filled. In general, several key characteristics and predispositions that employers pay attention to can be identified. These are: experience, creativity and flexibility, knowledge of foreign languages, and so-called soft skills”.

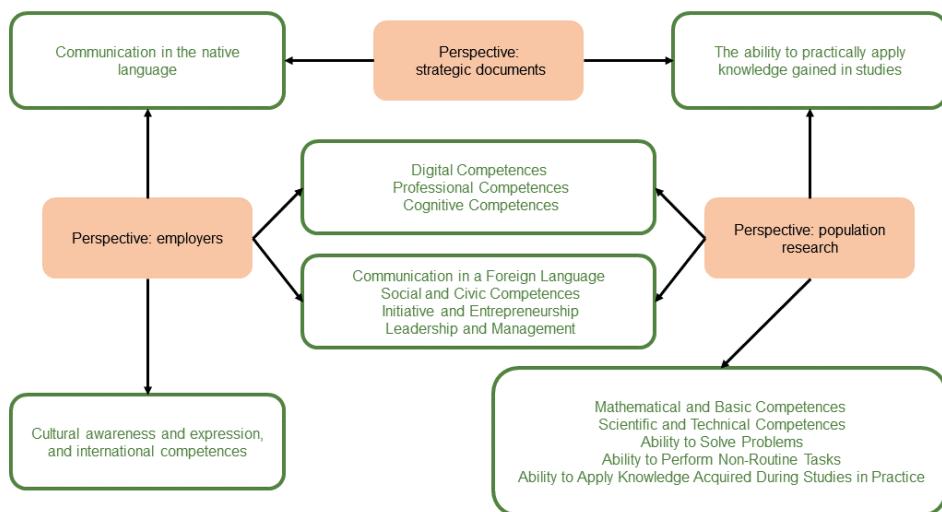


Figure 2. **Deficient competencies from the perspective of employers, population studies, and strategic documents**

Source: *Analiza zapotrzebowania na kompetencje...*, 2019, p. 28

As part of the Human Capital Balance (BKL), a study was conducted in 2013 on the competencies of Poles in relation to market demand (Górniak, 2014). The study was carried out in enterprises from 6 industries: BPO/SSC (Business Process Outsourcing: the outsourcing of tasks related to company operations to individuals or organizations from outside; Shared Service Center: a center for shared services), ITO/IT (Information Technology Offshoring: relocating some of the company's IT processes outside its home country; Information Technology: the sector of the economy focused on creating, implementing, and managing technologies for processing and storing information; Information Technology: a discipline and industry in the labor market concerned with applying computational technologies in various organizations); life sciences (a group of fields of science focusing on living organisms, including biology, biotechnology, genomics, pharmacy, biomedicine, bioinformatics); energy; passive and energy-efficient construction; and the creative industry (entities engaged in business activities related to culture and technology, combining artistic activities with entrepreneurship). The study analyzed both critical competencies (at the time of the study) and future competencies (which would be most important five years after the study).

Among the critical competencies (Table 1), employers listed highly varied positions; interestingly, honesty was the only competency that appeared in all the analyzed

industries. Among the transferable competencies, particularly important in at least half of the analyzed industries, were: attention to quality, the ability to learn, and knowledge of English. Employers mostly pointed to soft skills (social skills); this did not apply to passive and energy-efficient construction and, partially, the energy sector, where knowledge and specialized skills prevailed. At the same time, the authors were surprised that among the most important competencies for the IT/ITO industry, there was a lack of programming languages and other specialized skills.

Table 1. **Summary of the 10 most important competencies (at the time of the study) in the analyzed industries**

Most important competencies in 2014					
BPO/SSC	IT/ITO	Life science	Energy	Passive and energy-efficient construction	Creative
Honesty	English language	Office software proficiency	3D project software	Honesty	Cooperation
Customer orientation	Honesty	Quality care	Office software proficiency	Knowledge of energy-saving tech	Commitment
Oral communication	Initiative	Honesty	Driving license	Efficient energy management	Honesty
Quality care	Quality care	Analytical skills	Stress management	General technical and engineering knowledge	English language
Cooperation	Commitment	Clinical research	English language	Knowledge of building materials	Learning
English language	Innovation	Commitment	Honesty	Office software proficiency	Analytical skills
Stress management	Goal orientation	Learning	Management	Quality care	Customer orientation

Most important competencies in 2014					
BPO/SSC	IT/ITO	Life science	Energy	Passive and energy-efficient construction	Creative
Learning	Cooperation	Growth-oriented attitude	Oral communication	Mechanical ventilation and air conditioning systems	Quality care
Analytical skills	Learning	Adaptation	Learning	Project documentation	Growth-oriented attitude
Written communication	Adaptation	Validation	General technical and engineering knowledge	Energy optimization	Innovation

Note: Competencies that are repeated in more than half of the analyzed industries are highlighted in color. These competencies are marked with the same shades to facilitate the identification of differences between industries

Source: Górnjak (2014, p. 61)

When it comes to future competencies, a greater variation in outcomes between industries is evident (Table 2). Among the 10 most important future competencies, only 4 appeared in more than 2 industries: innovation, initiative, learning, and integrity. Additionally, there was a relative increase in the significance of specific specialist competencies.

Table 2. **Summary of the 10 most important competencies in the 5-year perspective across the analyzed industries**

The most important competencies in the 5-year perspective (projected for 2018 and beyond)					
BPO/SSC	IT/ITO	Life science	Energy	Passive and energy-efficient construction	Creative
Innovation	Initiative	Quality care	3D design software proficiency	Knowledge of energy-efficient technologies	Game production environments
Influence on others	Innovation	Honesty	Learning	Designing energy-efficient buildings	Knowledge of AGILE methodology
Fundamentals of economics	Written communication	Clinical research	Investment financing	Effective energy management	Human-computer interaction

The most important competencies in the 5-year perspective (projected for 2018 and beyond)					
BPO/SSC	IT/ITO	Life science	Energy	Passive and energy-efficient construction	Creative
Stress management	Oral communication	Analytical skills	Public procurement	Designing passive buildings	Learning
Initiative	Goal orientation	Cooperation	Effective energy management	Project documentation	Analytical skills
Goal orientation	Self-management	Office software proficiency	English language	Honesty	New trends
Adaptability	Cooperation	Commitment	Office software proficiency	Mechanical ventilation and air conditioning systems	Game design
Analytical skills	Commitment	Adaptation	Innovation	Simulation software proficiency	Quality care
Mathematical skills	Intercultural sensitivity	English language	Holistic perspective	Knowledge of building materials	Test-driven development
Customer orientation	Learning	Client orientation	Honesty	Energy optimization	Initiative

Note: Competencies that are repeated in more than half of the analyzed industries are highlighted in color. These competencies are marked with the same shades to facilitate the identification of differences between industries

Source: Górnjak (2014, p. 62)

It is also important to consider the possibilities for employers to acquire the necessary competencies in the labor market. As noted by the authors of the report, „the importance of competencies and the difficulty of acquiring them in the labor market are two separate phenomena” (Competencies of Poles ..., 2014, p. 63). In this area, significant industry-specific variations were observed. Certain competencies were identified as critical for one industry, while for another, they could easily provide a competitive advantage. An example is integrity, which in the BPO/SSC, IT/ITO, and passive and energy-efficient construction industries was considered „important and easy” to acquire, while in the creative industry, it was regarded as „extremely difficult.” Conversely, attention to quality in the IT/ITO industry was seen as a strong asset in the labor market, unlike in the life sciences and energy sectors. Analytical skills were considered a strength for graduates employed in the energy sector but a weakness in BPO/SSC (Table 3).

Table 3. A summary of critical competencies (important and difficult to acquire) and strengths of the labor market (important and easy to acquire) among the 20 most important competencies across the analyzed industries

Specification	BPO/SSC	IT/ITO	Life science	Energy	Passive and energy-efficient construction	Creative
Critical competencies	Oral communication	Initiative	GMP Principles	Effective energy management	HVAC system control	Honesty
	Written communication	Innovation	Validation	Oral communication	Designing Energy-efficient buildings	Goal orientation
	Intercultural sensitivity	Software testing skills	Quality care	Investment management	Initiative	Innovation
	Commitment	Commitment	Initiative	Industry knowledge	Effective energy management	Cooperation
	Analytical skills	Intercultural sensitivity	Technical English	Quality care	Energy optimization	
		Algorithms and data structures				
Labor market strengths	Honesty	English language	Office software proficiency	Office software proficiency	Office software proficiency	Commitment
	English language	Quality care	English language	Driver license	Honesty	English language
	Office software proficiency	Learning + 6 other competencies	Learning	English language	Learning	Development-oriented attitude
	Availability		Analytical skills			

Source: Górnjak, 2014, p. 64

In 2010, the Institute for Democracy and Private Enterprise Research conducted a study on the traits that determine the practical usefulness of university graduates. These traits were largely aligned with the concept of competencies. Four groups were identified (IBDPP, 2010, pp. 3-4):

- personal values: respect for others, integrity and personal ethics, loyalty to the company;
- attitudes towards the employer: willingness to take on tasks at work, time flexibility, readiness to work overtime, personal mobility, willingness to work in different locations, responsibility;

- attitudes towards colleagues: willingness to share knowledge and experience, openness to others' problems, competition with other employees;
- image: collegiality and sociability, positive personal image, continuation of family traditions.

The most important traits for entrepreneurs were identified as: integrity and personal ethics, loyalty to the company, and task engagement (72 points each), followed by responsibility (68) and respect for others (67), willingness to share knowledge and experience (63), time flexibility, and readiness to work overtime (62), and a positive image (62).

Among the most desired skills were:

- interpersonal skills: communication and teamwork skills;
- problem-solving and entrepreneurship;
- learning skills;
- technical skills related to device operation and technology.

A. Jagodziński (2013, pp. 91-93) also conducted an analysis of the demand for competencies. He focused on social competencies that are in demand regardless of the type of work, profession, or position. Among these competencies, he listed:

- foreign language proficiency (preferably two languages: English and another);
- flexibility: the ability to adapt to changing environmental demands and to look beyond one's role in an organization;
- effective communication: the ability to convey messages in a clear and effective manner; this requires listening skills, concentration, and initiating contact;
- problem-solving: the ability to look at a problem from different perspectives and apply quick and comprehensive solutions;
- teamwork skills: participation in group problem-solving, idea generation, decision-making, and sharing ideas, concerns, and information openly;
- continuous development and quick learning ability: this allows for the development of desired skills and competencies needed in the workplace; self-discipline in continuous education and knowledge acquisition, openness to new challenges, and a willingness to learn and develop skills in various areas;
- leadership skills: the ability to lead project teams within an organization;
- enthusiasm and work commitment: energy, passion, discipline, positive attitude, often linked to motivation for work, continuous education, and personal development;
- imagination and creativity: the basis for developing innovative solutions;
- customer orientation: openness to people, approaching customers with readiness;
- intercultural sensitivity: the ability to develop positive emotions toward understanding and appreciating cultural differences, promoting appropriate and effective behavior in intercultural communication;

- responsibility and business awareness: knowledge of which business activities contribute to the success of an enterprise; knowledge of market trends, customer behavior, and other businesses;
- effective time management: the ability to organize work time effectively and manage oneself, balancing work and personal life;
- organizational values management: promoting attitudes and value systems shaped within an organization.

In 2006, the Provincial Employment Office in Szczecin conducted a study on the desired qualifications for job candidates in their enterprises. According to the results, personality traits such as independence, good work organization, communication skills, and the ability to establish contacts with others were identified as key competencies. For higher and lower management candidates, analytical skills and computer proficiency were emphasized (WUP, 2006, p. 27).

The issue of the costs associated with employing workers should also be addressed. These costs can be related to absenteeism, presenteeism, lower productivity, low employee morale, poor company reputation, and the management of mental health and well-being. Employers face practical challenges:

- How can risks be mitigated?
- How can mental health and well-being be promoted?
- How can return-to-work management be handled?
- How can recruitment procedures for individuals with mental health disorders be managed? (Colosio et al., 2023, p. 5).

Workplace conditions and the incidents that occur in them generate significant costs, primarily burdening employers, but also the injured worker and their household (micro level). At the macro level, all citizens pay for these costs through social insurance contributions, primarily paid to the Social Insurance Institution (ZUS) and the Agricultural Social Insurance Fund (KRUS), as well as taxes.

Regarding the employment of people with disabilities, the percentage of such individuals in the workforce should not exceed a certain limit. According to some employers, this limit is 12% of employees with disabilities in the workforce. This is due to organizational problems related to the rights of such workers, such as shorter working hours, additional leave, or time off for medical examinations that cannot be done outside of working hours. Replacement arrangements must be planned for absent workers (not just those with disabilities), and not everything can be planned in advance, such as seasonal or pandemic-related illnesses.

According to the Labor Code, disabled employees cannot be discriminated against in the workplace. They must receive the same salary as their colleagues when performing the same work. They should also be able to participate in career development programs organized by the employer (Ustawa z dnia 26 czerwca 1974 r., 1974, Art. 112, 113, 183c).

According to the „Vademecum for Employing People with Disabilities,” people with mental illnesses face „difficulties in orientation processes-assessing situations occurring at work, making decisions, and functioning normally in work situations. They do not always require light work; often, mobile and complex work is recommended. Such work is therapeutically beneficial as it triggers interests and gives a sense of achievement and responsibility, unlike light, monotonous work that allows for self-reflection” (POPON, n.d., pp. 14-15). They can work in any position as long as they are not exposed to frequent contact with numerous unfamiliar individuals or psychological pressure from colleagues or clients. The work should not be stressful, monotonous, or too simple; it should be divided into stages that end with success. They should not perform tasks that involve life-threatening situations. It is also observed that in the case of rare mental health crises, the disability will not be noticeable to others.

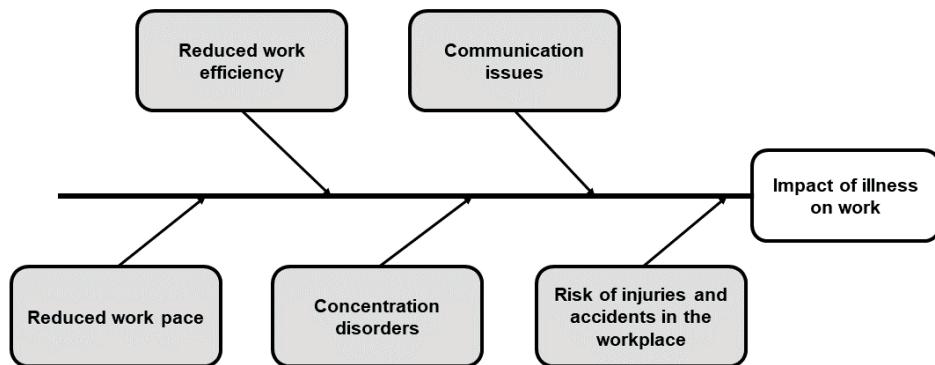


Figure 3. The impact of mental illness on work

Source: Trzcińska (2017, p. 98)

It can therefore be stated that the requirements set by employers for individuals after a mental health crisis do not differ significantly from those set for able-bodied individuals. The main issue (Figure 3) is the unpredictability associated with the condition, the possibility of the patient discontinuing medication (which can lead to disconnection from reality), the increased risk of injuries and accidents at work, and potential side effects of the medications being taken, which may impair attention (such effects do not occur with newer generations of medications).

Referring to the review of desired competencies by employers, it becomes apparent that not all professions and positions are suitable for individuals after a mental health crisis. If both employers and employees take on this challenge, both parties may require

support. The employer should receive necessary information about the illness and the limitations concerning the ability to perform professional tasks. The employee should be gradually introduced to their duties; the scope of these duties and the associated mental workload should be increased as the employee becomes more independent. This increases the chances of a longer tenure for the individual after a mental health crisis at the workplace. This is important because, as indicated by the results of the literature review, appropriately chosen work has a therapeutic effect. According to Paszkowicz and Kaźmierczak (2023, pp. 187-188): "For the vast majority of people (including those with disabilities), work is a valuable asset. It provides a sense of purpose and meaning in life, allowing individuals to grow and improve in many aspects. Work stimulates initiative and creative thinking, offering satisfaction. Through remuneration, work also becomes a source of other values, such as economic, social, personal, moral, and cultural benefits. On one hand, work causes physical and mental fatigue, generates stress, increases the risk of workplace accidents and occupational diseases, but on the other hand, its loss (or the prospect of losing it) can lead to mental health issues (Paszkowicz, 2018, pp. 105-107). For individuals with mental illness, work becomes a pathway to social integration after hospitalization, helping them step out of the patient role and become more independent (Papakonstantinou, 2018). As Sawicka and Meder (2008, p. 960) noted, "the possibility of employment is considered a significant measure of the effectiveness of rehabilitation and social adjustment. The ability of patients to take on the role of an employee and maintain it is an indicator of the achieved level of health and social skills.

Cechnicki and Kaszyński (2000, p. 427) pointed to the value of work for people with schizophrenia, as it enables them to fully participate in social life, facilitates the formation of (satisfying) social relationships, allows for financial independence, and provides social status. Lack of work leads to depression, loss of life prospects, and detachment from reality, resulting in gradual social isolation. It causes significant stress and worsens mental health. Unemployment increases the likelihood of experiencing depressive, anxiety, and psychosomatic disorders, and negatively affects quality of life and self-esteem (Kostrzewski & Worach-Kardas, 2013; Murphy & Athanasou, 1999; Pańczak & Pietkiewicz, 2016; Paul & Moser, 2009).

Work is one of the fundamental criteria for the adaptation of individuals with schizophrenia to life in society. It has a therapeutic value for them: 'maintaining employment is one of the main forms of rehabilitation, while losing work increases the risk of mental health issues' (Szczupał, 2015, p. 182). The Malaysian report *Mental Health and Work* confirmed that work contributes to health and well-being, while its absence has the opposite effect. For individuals without work, re-employment led to improvements in health and well-being, while prolonged unemployment worsened their condition; this was true for individuals with physical and mental disabilities. The benefits of work are evident for people of all ages. At the same time, there is no

evidence that work is harmful to the mental health of individuals with severe mental illnesses (Lelliott et al., 2008, p. 37)".

6. Caring for employees' mental health in corporate practice

The implementation of initiatives for individuals with mental health issues is increasingly visible in companies' Corporate Social Responsibility (CSR) reports. In a 2024 study (Kobus-Ostrowska & Paszkowicz, 2024), 95 reports from 2021–2023 were analyzed, published on the website <https://raportyxr.pl/biblioteka-raportow/>. The companies represented various industries, with the largest number coming from the financial sector (14), construction and real estate (13), followed by transport and logistics and services (8 each), as well as energy and trade (7 each).

Mental health issues are often linked to the concept of wellbeing. According to one definition, "wellbeing is a state of welfare – that is, caring for one's own needs and development, as well as supporting the wellbeing of others, particularly employees" (Kryger, 2024). A guide for employers identifies six dimensions of workplace wellbeing, the first two of which directly concern health:

1. Physical health (e.g., encouraging participation in sports);
2. Mental health (e.g., fostering a supportive organizational culture or offering psychological support);
3. Financial security (wages that meet employees' needs; pay transparency);
4. Occupational safety (all health and safety regulations);
5. Work-life balance (e.g., ensuring regulated working hours);
6. Support for development and disease prevention or work-life balance (e.g., through expert workshops or health campaigns).

Employers' focus areas included: health prevention (especially concerning occupational, oncological, and mental health diseases), health promotion, first aid and emergency care, and building an open, friendly work environment (particularly for employees with disabilities).

In the field of mental health prevention, several companies addressed psychological disorders in their CSR reports, including Cemex Polska (2021), Fiberhost (2022), Kompania Piwowarska (2022), Polsat Plus (2021), Prologis (2021–2022), Provident (2021), and Wedel (2021). Many companies also addressed workplace stress through anti-stress training programs (e.g., ArcelorMittal Poland, 2021; mBank, 2021; Polenergia, 2022; Polsat Plus, 2021; Rohlig Suus Logistics, 2022; Wedel, 2021).

ArcelorMittal Poland (2021) implemented an Employee Support Program providing access to psychological, psychotherapeutic, and psychiatric assistance. It also conducted a training series titled "Nerves of Steel" focused on stress management. Biedronka (2021) offered mental health services to over 90% of its workforce. LUX MED (2022)

continued its wellbeing program, covering areas such as mental health, physical activity, prevention, and safety.

CD Projekt (2021) provided employees with unlimited access to psychological consultations and assessments of psychological wellbeing. Grupa Żywiec (2021) launched an Employee Assistance Program offering free psychological counseling. Kompania Piwowarska (2022) maintained free psychological helpline services and conducted workshops for directors on building psychological resilience. The company also celebrated World Mental Health Day across the organization.

LUX MED (2022) held meetings with psychology and psychiatry experts, webinars, and workshops tailored to team needs. Employees participated annually in Mental Health Week and had constant access to a free psychological helpline.

mBank (2021) launched a free employee program “With Energy for Health,” offering individual psychological consultations, stress-management training, workshops with external experts, and webinars on depression. The company also provided access to a “psychological library” with 150 books recommended by specialists and maps of free psychological support centers nationwide.

Polenergia (2022) organized a webinar on depression led by specialists from the Mazovian Center for Neuropsychiatry, focusing on symptoms and warning signs.

Provident (2021) implemented the Care Plan program for employees and customer advisors, including Mental Health Awareness Week, workshops, and webinars (e.g., “Let’s Talk About Change”, “Emotions in Change”, “Mental Resilience as a Key to Personal Effectiveness”). The helpline “You Can Count on Us” offered free psychological support to all employees and advisors. The company also promoted work-life balance by introducing flexible working hours and granting five additional paid days off to employees who used their full annual leave.

Fiberhost (2022) declared a commitment to mental health and organized webinars on stress management and mental resilience. The company offered a free Mental Health Helpline providing access to psychologists, psychotherapists, and coaches.

Wedel (2021) provided psychological and psychiatric consultations under its medical insurance, webinars on emotional regulation, resilience building, and anxiety management, as well as dedicated manager training on providing emotional support. The company also maintained a psychological helpline introduced during the pandemic and created relaxation and quiet work rooms.

Cemex Polska (2021) developed a new Health Strategy, including initiatives to raise mental health awareness through training, webinars, and educational materials. Its workplace safety rules were expanded to include mental health guidelines.

Prologis (2021–2022) offered a support program covering mental health services and was the only company to include disability insurance among its employee benefits.

Polsat Plus (2021) organized webinars on mental health and published educational materials on its Healthy You Zone platform, providing resources on psychological

prevention and information about available mental health consultations and free hotlines.

BGK (2021) introduced an Employee Support Program offering professional assistance from psychologists, therapists, psychotherapists, and coaches for employees and their families.

Polenergia conducted regular “Manage Stress and Regain Control” workshops, teaching participants to assess and reduce stress levels. Stress management, burnout prevention, and effective rest were also discussed in Polsat Plus (2021) webinars.

Rohlig Suus Logistics (2022) ran the Work & Care Academy program supporting employees’ mental wellbeing through training and stress-management webinars. The company partnered with the online clinic HearMe, allowing employees to consult psychologists via video sessions or phone calls.

7. Conclusion

Mental health crises have a distinctly negative impact on occupational engagement; however, their consequences may be effectively mitigated through appropriate interventions at both organizational and individual levels. The key challenge lies in the development of personalized support strategies that take into account the specific characteristics of the labor market as well as the individual needs of employees. An integrated approach, combining health-related and professional support, may contribute to the establishment of sustainable solutions that promote mental health in the workplace.

The research findings indicate that at the organizational level, effective support strategies can be implemented to counteract the adverse effects of psychological crises. Preventive measures include regular mental health assessments, stress management training, and monitoring of workload, all of which constitute essential components of prevention. Equally important is the creation of a safe working environment with respect to legal frameworks and institutional procedures.

In mental health crisis situations, it is crucial to ensure the rapid availability of resources such as counseling services, temporary adjustments to working conditions, and leadership training in crisis management. At the individual level, tailored interventions - including coaching and therapy - play a vital role in supporting employees in the process of regaining full working capacity and professional engagement.

In order to empirically determine the respondents’ motivation for professional activity “before” and “during/after” psychological crises in the labor market, it is necessary to formulate and address the following six specific research questions:

1. What was the level of income of respondents after experiencing a psychological crisis? (actual state).

2. What were the respondents' opinions regarding their level of job satisfaction following a psychological crisis? (actual opinion).
3. What was the work motivation of respondents who were employed at the time of the study after a psychological crisis? (individual factors).
4. What was the work motivation of respondents who, following a psychological crisis, were unemployed at the time of the study but actively seeking employment? (other factors).
5. Did respondents pursue additional education or training once their health condition improved? (personal factors).
6. Do respondents believe that raising public awareness about the problems and difficulties faced by individuals diagnosed with mental health crises in the labor market is necessary? (institutional factors).

The authors hope that the empirical research will enable a better understanding of the working conditions and professional motivation of individuals who have experienced a mental health crisis (MHC). This, in turn, will make it possible to identify both individual and institutional barriers that affect the professional activity of this group. The results obtained in the future may contribute to deepening knowledge about the processes of recovery, rehabilitation, and maintaining long-term professional activity among people after a mental health crisis. This issue gains particular importance in the context of contemporary social and economic challenges related to the integration of individuals with MHC experience into the labor market.

Authors' contribution

M.A.P., M.A.F., A.J.K.: article conception, theoretical content of the article, research methods applied, conducting the research, data collection, analysis and interpretation of results, draft manuscript preparation. **A.Z.S.:** data collection, analysis and interpretation of results, draft manuscript preparation.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work the author(s) used Chat GPT-5 for proofreading the translation. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

References

Analiza zapotrzebowania na kompetencje w gospodarce i na rynku pracy wraz z badaniem wartości docelowej wspólnego wskaźnika długoterminowego POWER w obszarze szkolnictwa wyższego [Analysis of the demand for competences in the economy and on the labor market, together with the study of the target value of the common long-term POWER indicator in the field of higher education] (2019). *Uniwersytet Jagielloński. Centrum Ewaluacji i Analiz Polityk Publicznych. IDEA Institute*. http://www.ceapp.uj.edu.pl/documents/4628317/14327_7112/Raport_NCBiR_Kompetencje_26.03.2019.pdf

Andreassen, O. A., Hindley, G. F. L., Frei, O., & Smeland, O. B. (2023). New insights from the last decade of research in psychiatric genetics: discoveries, challenges and clinical implications. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 22(1), 4-24. <https://doi.org/10.1002/wps.21034>

Austin, E. E., Cheek, C., Richardson, L., Testa, L., Dominello, A., Long, J.C., Carrigan, A., Ellis, L. A., Norman, A., Murphy, M., Smith, K., Gillies, D., & Clay-Williams, R. (2024). Improving emergency department care for adults presenting with mental illness: a systematic review of strategies and their impact on outcomes, experience, and performance. *Front. Psychiatry* 15, 1368129. <https://doi.org/10.3389/fpsyg.2024.1368129>

Badura-Madej, W. (1999). Podstawowe pojęcia teorii kryzysu i interwencji kryzysowej. In W. Badura-Madej (Ed.). *Wybrane zagadnienia interwencji kryzysowej. Poradnik dla pracowników socjalnych. [Selected Issues in Crisis Intervention: A Guide for Social Workers]*. Wydawnictwo Uniwersytetu Śląskiego.

Bovasso, G. B., Eaton, W. W., & Armenian, H. K. (1999). The long-term outcomes of mental health treatment in a population-based study. *Journal of Consulting and Clinical Psychology*, 67(4), 529-538. <https://doi.org/10.1037/0022-006X.67.4.529>

Cechnicki, A., i Kaszyński, H. (2000). Programy rehabilitacji zawodowej i pracy dla osób chorych na schizofrenię. Rozwiążania krakowskie [Vocational Rehabilitation and Employment Programs for People with Schizophrenia: Krakow Solutions. Advances in Psychiatry and Neurology]. *Postępy Psychiatrii i Neurologii*, 9, 427-434.

Chen, L., Li, H., Tian, F., Xie, C., & Zhao, L. (2023). Research on Psychological Crisis Intervention Strategies under Emergencies: An Analysis Based on the Four-Party Evolutionary Game. *Sustainability*, 15(21), 15226. <https://doi.org/10.3390/su152115226>

Colosio, C., de Veglia, E., Borghi, L., Antonangeli, L., Borroni, A., Velacci, S., Lamiani, G., & Carrer, P. (2023). Workers with mental disorders in a digitalised world of work: Challenges, opportunities and needs. European Agency for Safety and Health at Work – EU-OSHA. https://osha.europa.eu/sites/default/files/documents/workers_with_mental_health_en_0.pdf

Czarnota-Bojarska, J. (2020). Pracoholizm i rutyna: specyficzne formy niskiego zaangażowania w pracę i wypalenia zawodowego. In K. Bargiel-Matusiewicz, M. Ledzińska (Eds.), *Psychologiczne mechanizmy regulacji z perspektywy zdrowia i choroby [Psychological mechanisms of regulation from the perspective of health and illness]* (s. 141-158). Liberi Libri.

Ducharme, S., Price, B. H., Larvie, M., Dougherty, D. D., & Dickerson, B. C. (2015). Clinical Approach to the Differential Diagnosis Between Behavioral Variant Frontotemporal Dementia and

Primary Psychiatric Disorders. *The American Journal of Psychiatry*, 172(9), 827-837. <https://doi.org/10.1176/appi.ajp.2015.14101248>

Gałecki P. (Ed.). (2022). *Badanie stanu psychicznego. Rozpoznanie według ICD-11 [Mental status examination. Diagnoses according to ICD-11]*. Edra Urban & Partner.

Górniak, J. (Ed.) (2014). *Kompetencje Polaków a potrzeby polskiej gospodarki: Raport podsumowujący IV edycję badań BKL z 2013 roku [Competencies of Poles and the needs of the Polish economy: Report summarizing the 4th edition of the BKL study from 2013]*. Polska Agencja Rozwoju Przedsiębiorczości. <https://www.een.org.pl/storage/publications/pdf/20007.pdf>

Gratch, M. J., Gottschalk, M., & Munz, D. C. (2006). The path to a healthy workplace: A critical review linking healthy workplace practices, employee well-being, and organizational improvements. *Consulting Psychology Journal: Practice and Research*, 58(3), 129-147.

GUS [Statistics Poland] (2023). *Województwo lubuskie w liczbach 2023 [Lubuskie Voivodeship in numbers 2023]*. <https://zielonagora.stat.gov.pl/publikacje-i-foldery/foldery/wojewodztwo-lubuskie-w-liczbach-2023,1,14.html>

Halbesleben, J. R. B. (2006). Sources of social support and burnout: A meta-analytic test of the conservation of resources model. *Journal of Applied Psychology*, 91(5), 1134-1145.

Heszen, I. (2018). *Psychologia stresu [Psychology of stress]*. PWN.

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture*, 2(1). <https://doi.org/10.9707/2307-0919.1014>

IBDPP. (2010). *Oczekiwania przedsiębiorców wobec uczelni wyższych [Entrepreneurs' expectations towards universities]*. Instytut Badań nad Demokracją i Przedsiębiorstwem Prywatnym. https://iped.pl/pliki/publikacje/skiff_raport_z_badan.pdf

James, R. K., & Gilliland, B. E. (2004). *Strategie interwencji kryzysowej [Crisis Intervention Strategies]*. Państwowa Agencja Rozwiązywania Problemów Alkoholowych.

Faccio F., Renzi C., Giudice A.V., & Pravettoni G. (2018). Family resilience in the oncology setting: Development of an integrative framework. *Frontiers in Psychology*, 9, 1-6. <https://doi.org/10.3389/fpsyg.2018.00666>

Imielski, W. (2010). *Zaburzenia psychiczne i emocjonalne [Mental and emotional disorders]*. Scholar.

Jagodziński, A. (2013). Oczekiwania pracodawców w zakresie kompetencji absolwentów wyższych uczelni [Employers' expectations regarding the competences of university graduates]. *Zeszyty Naukowe PWSZ w Płocku. Nauki Ekonomiczne*, 17, 87-104. <http://cejsh.icm.edu.pl/cejsh/element/bwmeta1.element.ojs-nameld-d34718d8-332f-33ab-9117-97bd99300b2f-year-2017-article-234>

Jarema, M. (2022). Impact of environmental factors on the risk of schizophrenia and the course of this disease: Chinese boxes or Matryoshka. *Psychiatria Spersonalizowana*, 1(2), 82-87.

Jaworek, M. (2017). Inteligencja emocjonalna i czynniki w środowisku pracy jako predyktory wypalenia zawodowego w grupie pielęgniarek. In M. Bugdol & P. Jedynak (Eds.), *Jakość zarządzania: refleksje, wymiary, problemy [Management quality: reflections, dimensions, problems]*. Uniwersytet Jagielloński w Krakowie. <https://ruj.uj.edu.pl/xmlui/handle/item/46105>

Kobus-Ostrowska, D., & Paszkowicz, M. A. (2024). *Inkluzja osób z niepełnosprawnością – dobre praktyki w Polsce po przystąpieniu do UE [Inclusion of People with Disabilities – Good Practices in Poland after Joining the European Union]*. Wydawnictwo Uniwersytetu Łódzkiego. <https://doi.org/10.18778/8331-633-8>

Kostrzewski, S., & Worach-Kardas, H. (2013). Skutki długotrwałego bezrobocia dla zdrowia i jakości życia osób w starszym wieku produkcyjnym [The effects of long-term unemployment on the health and quality of life of older working-age people]. *Nowiny Lekarskie*, 82(4), 310-317.

Kryger, N. (2024, November, 22). Wellbeing – definicja, przykłady, wskazówki. [Wellbeing – definition, examples, guidelines]. uPacjenta. <https://upacjenta.pl/poradnik/wellbeing>

Kubacka-Jasiecka, D. (2010). Kryzysy zdrowia a możliwości zmagania się z cierpieniem choroby somatycznej [Health crises and the possibilities of coping with the suffering of a somatic disease]. *Sztuka Leczenia*, XX, 1-2, 101-140.

Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal, and Coping*. Springer.

Lelliott, P., Tulloch, S., Boardman, J., Harvey, S., Henderson, M., & Knapp, M. (2008). *Mental health and work*. Royal College of Psychiatrists. Retrieved September 4, 2025, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf

Masdeu J. C. (2011). Neuroimaging in psychiatric disorders. *Neurotherapeutics: the Journal of the American Society for Experimental NeuroTherapeutics*, 8(1), 93-102. <https://doi.org/10.1007/s13311-010-0006-0>

McMahon F. J. (2014). Prediction of treatment outcomes in psychiatry – where do we stand? *Dialogues in Clinical Neuroscience*, 16(4), 455-464. <https://doi.org/10.31887/DCNS.2014.16.4/fmcma-hon>

Murphy, G. C., & Athanasou, J. A. (1999). The effect of unemployment on mental health. *Journal of Occupational and Organizational Psychology*, 72(1), 83-99. <https://doi.org/10.1348/096317999166518>

Obwieszczenie Prezesa Rady Ministrów z dnia 5 lutego 2024 r. w sprawie ogłoszenia jednolitego tekstu rozporządzenia Prezesa Rady Ministrów w sprawie wykazu zawodów regulowanych i działalności regulowanych, przy wykonywaniu których usługodawca posiada bezpośredni wpływ na zdrowie lub bezpieczeństwo publiczne, w przypadku których można wszczęć postępowanie w sprawie uznania kwalifikacji [Notice of the Prime Minister of 5 February 2024 on the consolidated text of the regulation on regulated professions and activities affecting public health and safety]. (2024). *Dz. U.* 2024, poz. 170.

Ogińska-Bulik, N., & Michalska, P. (2021). Psychological resilience and secondary traumatic stress in nurses working with terminally ill patients – The mediating role of job burnout. *Psychological Services*, 18(3), 398.

Pańczak, A., & Pietkiewicz, I. (2016). Aktywność zawodowa w procesie zdrowienia – interpretacyjna analiza fenomenologiczna doświadczeń pacjentów ze spektrum schizofrenii [Professional activity in the recovery process – an interpretive phenomenological analysis of the experiences of patients with schizophrenia spectrum disorders]. *Psychiatria Polska*, 50, 805-826. <https://doi.org/10.12740/PP/44238>

Paul, K. I., & Moser, K. (2009). Unemployment Impairs Mental Health: Meta-Analyses. *Journal of Vocational Behavior*, 74(3), 264-282. <https://doi.org/10.1016/j.jvb.2009.01.001>

Papakonstantinou, D. (2018). Why should employers be interested in hiring people with mental illness? A review for occupational therapists. *Journal of Vocational Rehabilitation*, 49, 217-226. <https://doi.org/10.3233/JVR-180967>.

Paszkowicz, M. A. (2018). Zatrudnialność osób z niepełnosprawnościami w świetle capability approach [Employability of people with disabilities in the light of the capability approach]. Oficyna Wydawnicza Uniwersytetu Zielonogórskiego.

Paszkowicz, M. A., & Kaźmierczak, A. J. (2023). Funkcjonowanie osób ze schorzeniem F20 na rynku pracy w Lubuskim [Functioning of people with F20 disease on the labor market in Lubuskie Viovodeship]. *Niepełnosprawność i Rehabilitacja*, 90(2), 186-202. <https://doi.org/10.5604/01.3001.0053.8791>

POPON (n.d.). *Vademecum zatrudniania osób niepełnosprawnych* [Vademecum for the employment of disabled people]. Polska Organizacja Pracodawców Osób Niepełnosprawnych. <https://www.lodolamacze.info.pl/pliki/materiały-poradniki/vademecum.pdf>

Potocka, A., & Waszkowska, M. (2013). Zastosowanie modelu „Wymagania Pracy – Zasoby” do badania związku między satysfakcją zawodową, zasobami pracy, zasobami osobistymi pracowników i wymaganiami pracy [Application of the Job Demands – Resources Model to study the relationship between job satisfaction, job resources, employees' personal resources and job demands]. *Medycyna Pracy. Workers' Health and Safety*, 64(2), 217-225. <https://doi.org/10.13075/mp.5893/2013/0018>

Pużyński, S. (2007). Choroba psychiczna – problemy z definicją oraz miejscem w diagnostyce i regulacjach prawnych [Mental illness – problems with definition and place in diagnostics and legal regulations]. *Psychiatria Polska*, XLI(3), 299-308.

Ratajczak, Z. (2007). *Psychologia pracy i organizacji* [Work and organizational psychology]. PWN.

Roennfeldt, H., Wyder, M., Byrne, L., Hill, N., Randall, R., & Hamilton, B. (2021). Subjective Experiences of Mental Health Crisis Care in Emergency Departments: A Narrative Review of the Qualitative Literature. *International Journal of Environmental Research and Public Health*, 18(18), 9650. <https://doi.org/10.3390/ijerph18189650>

Sanchez-Ruiz, M.-J., Tadros, N., Khalaf, T., Ego, V., Eisenbeck, N., Carreno, D., & Nassar, E. (2021). Trait Emotional Intelligence and Wellbeing During the Pandemic: The Mediating Role of Meaning-Centered Coping. *Frontiers in Psychology*, 12, 648401. <https://doi.org/10.3389/fpsyg.2021.648401>

Sawicka, M., & Meder, J. (2008). Znaczenie punktu konsultacyjnego doradztwa zawodowego w przełamywaniu niepełnosprawności psychicznej. [The importance of a career counseling center in overcoming mental disability]. *Psychiatria Polska*, 42(6), 959-967.

Sederer, L. I., & Dickey, B. (1995). Acute and chronic psychiatric care: establishing boundaries. *The Psychiatric Quarterly*, 66(3), 263-274. <https://doi.org/10.1007/BF02265675>

Smoder, A. (2012). Elastyczne formy pracy jako instrument work-life balance. [Flexible work arrangements as a work-life balance tool]. *Polityka Społeczna*, 454(1), 14-19.

Steinerowska-Streb, I. (2020). Bezpieczeństwo psychologiczne w organizacji z perspektywy nauk o zarządzaniu i jakości. [Psychological safety in organizations from the perspective of management and quality sciences]. *Przegląd Organizacji*, (9), 3-11.

Strelau, J. (2014). *Psychologia różnic indywidualnych* [Psychology of individual differences]. Scholar.

Szatur-Jaworska, B., Błędowski, P., & Dziegielewska, M. (2006). *Podstawy gerontologii społecznej* [Fundamentals of Social Gerontology]. ASPRA-JR.

Szczupał, B. (2015). Aktywizacja społeczno-zawodowa i zatrudnienie osób z zaburzeniami psychicznymi – wybrane uwarunkowania i rozwiązania praktyczne [Socio-professional activation and employment of people with mental disorders – selected conditions and practical solutions]. *Annales Universitatis Mariae Curie-Skłodowska, sectio J – Paedagogia – Psychologia*, 28(1), Article 1. <https://doi.org/10.17951/j.2015.28.1.179>

Trzcińska, E. (2017). Osoby z chorobami psychicznymi na rynku pracy [People with mental illnesses in the labor market]. *Zeszyty Naukowe: Zbliżenia Cywilizacyjne [Scientific Notebooks: Civilization Approaches]*, XIII(1), 90-104. <https://doi.org/10.21784/ZC.2017.005>

Ustawa z dnia 19 sierpnia 1994 r. o ochronie zdrowia psychicznego [Act on the Protection of Mental Health of 19 August 1994]. (1994). Tekst jednolity Dz. U. 2024, poz. 917.

Ustawa z dnia 26 czerwca 1974 r. – Kodeks pracy [Labour Code of 26 June 1974]. (1974). Tekst jednolity Dz. U. 2025, poz. 277 ze zm.

Wang, D., & Gupta, V. (2024). *Crisis intervention*. In StatPearls. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK559081/>

Wawrzyniak, J. (2015). Starzenie się i jego charakterystyka. In A. Fabiś, J. K. Wawrzyniak, A. Chabior (Eds.). *Ludzka starość. Wybrane zagadnienia gerontologii społecznej [Human Old Age: Selected Issues in Social Gerontology]*. Impuls.

Wielki słownik medyczny [The Great Medical Dictionary] (1996). Warszawa: PZWL.

Włodarczyk, E. (2011). Zdarzenie losowe i sytuacja kryzysowa. In E. Włodarczyk, I. Cytlak (Eds.). *Człowiek wobec krytycznych sytuacji życiowych. Z teorii i praktyki pracy socjalnej [The Human Being in Critical Life Situations: From the Theory and Practice of Social Work]*. Adam Mickiewicz University Press.

Wnuk, M. (2019). Perceived supervisor support as a relevant factor for subordinates' job satisfaction – model verification. *Medycyna Pracy. Workers' Health and Safety*, 70(4), 475-486. <https://doi.org/10.13075/mp.5893.00837>

Wrona-Polańska, H. (2017). Regulatory function of stress in the process of leukemia patients' recovery after bone marrow transplantation. *Polish Psychological Bulletin*, (3), 328-337.

Wronowska, G. (2013). *Oczekiwania pracodawców wobec absolwentów szkół wyższych w Polsce jako przykład bariery wejścia na rynek pracy [Employers' expectations towards university graduates in Poland as an example of a barrier to entering the labor market]*. Uniwersytet Ekonomiczny we Wrocławiu. <https://www.dbc.wroc.pl/dlibra/publication/31483/edition/28433>

World Health Organization (2010). *Healthy Workplaces: A Model for Action*. WHO Press.

WUP. (2006). *Profil pożądanego pracownika – badanie pracodawców [Desired Employee Profile – Employer Survey]*. Wojewódzki Urząd Pracy w Szczecinie. <https://www.wup.pl/images/uploads/pracownik.pdf>