

FROM EDITORS

Dear Readers,

Several articles in this issue of *Archives* address the subject of education and psychoeducation in relation to various issues connected with mental health [1]. Assuming that emotional intelligence is of paramount importance in achieving professional efficiency by residents functioning in the emergency department of the Iranian university hospital, they argue that short educational training improving this type of intelligence brings the expected results. Shah et al. [2] postulate educating medical students towards more liberal attitudes to sexual behavior. The premise for this would be the results of their research indicating the relatively conservative opinions of students who start their medical studies in India with respect to autoerotic, heterosexual, homosexual, deviant and non-sexual behaviors. Ghahremani et al. [3] studied the impact of the short educational program on the negative image of one's body and self-respect in the group of high school students in Iran – stating its promising effectiveness.

In a more indirect way, the role of educational activities is indicated by remarks in other articles on the topic of flexibility in clinical coping with depression [4] or in building a therapeutic alliance in the psychodynamic therapy of depressive disorders [5]. From a more systematic point of view, Šumskienė et al. [6] indicate the role of education in building appropriate proportions of professional competences in the protection of mental health. Organized education more and more boldly and frequently is included in comprehensive programs for the treatment of various disorders – from schizophrenia [7] or affective disorder [8] to many disorders no less burdensome and difficult to treat, such as motor hyperactivity disorder [9] or dysfunction of the craniofacial joints [10].

This entering of education raises many clinical questions, which still do not have sufficiently unambiguous answers – inter alia when and under what conditions educational intervention acquires psychoeducational value, what are its optimal duration and thematic scope, how to protect it from slipping in a sterile routine or appropriating indoctrination? However, there are also other questions related to the education of therapists [11] and more broadly – specialists in mental health care. To what extent does standard vocational education prepare them to solve complex, new and unexpected problems of clinical practice, and to the realities of functioning in the existing or reformed mental health system?

There are also quite new needs – such as new competences for specialists (e.g. community therapists, professional caregivers), or new roles increasingly performed in the system by psychiatric care users (among others addiction therapy instructors, recovery assistants). Probably more and more often we will learn – patients from specialists, specialists from patients – for the benefit of our assistance activities.

prof dr. hab. med. Jacek Wciórka
Member of Editorial Board of APP

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