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The impact of criminogenic factors on crime, based on the example of case studies of patients of the Centre of Mental Health in Complex of the Health Care Centres in Cieszyn

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Abstract—The paper addresses common social problems such as: addiction to drugs, alcohol and other substances; mental disorders, family dysfunctions and changing social patterns of Polish society. The authors analyze how these issues affect criminal behavior of addicts, mentally impaired and dysfunctional individuals. The second part of the paper contains specific examples of patients whose cases were obtained courtesy of the Centre of Mental Health in Cieszyn. The conclusion is that it is frequently a combination of a number of factors (e.g. upbringing, mental disorder, specific personality traits, intoxication, addiction) that leads people on the path of crime.

Keywords— addiction, mental disorder, alcohol, drugs, crime, criminogenic factor pathology, violence.

I. INTRODUCTION

Generally understood knowledge about person's behavior is necessary to attempt to explain criminal behavior committed by them. Additionally, the presence of criminological aspects of crime can have a significant impact on human's behavior and actions. Along with mental disorders, addiction to alcohol or other psychoactive substance often occurs in such case. Mental disorders may be primary to addiction, or secondary, i.e. the mental disorder is a consequence of taking such substances, but they can also co-occur independently of each other. The co-occurrence of such disorders means that such people are more often hospitalized, have psychosocial difficulties, and fall into conflicts with the law. Co-morbidity may arise when

psychoactive substances induce symptoms of a mental illness or when an ill person abuses these substances for self-medication. It is worth emphasizing, however, that the abuse of alcohol or psychoactive substances, as well as the occurrence of mental health disorders, may be caused by factors such as genetic burden, past trauma, or psychoorganic syndromes(Kocur 2009).

II. ADDICTIONS

Addiction to various types of toxic substances is one of the most serious problems of the 21st century. The mental changes caused by the use of drugs have a severe impact on the quality of life, often encouraging people to continue using them. Addiction is the compulsion to use such drugs in a way that is health-endangering. There are physical, psychological, social and cross-addictions. Physical addiction is a situation in which the body, as a result of repeated intake of such substances, produces physiological changes that make the intake of such a substance a very important component of the metabolic processes of the body. Withdrawal of such drugs causes a disturbance called withdrawal syndrome, which manifests itself in states of anxiety, depression, tremors, pain in the limbs and muscles, vomiting, and even collapses. Often, over the course of time, a physically addicted person continues to use harmful substances to avoid these unpleasant symptoms. Psychological addiction is a state in which a person takes a particular



intoxicant because of its properties, e.g. when the drug causes euphoria or has a sedative effect. A social addiction is a situation in which a person is forced to use narcotic drugs because of the pressure of a social group to which they belong or want to belong, because it is the principle of participation in this group. A cross-addiction is a combination of types of addiction described above (Kuć 2015). Addiction is a social problem and a source of mental disorders that require symptomatic and treatment and drug rehabilitation (rehab). People addicted to alcohol very often deny this problem, even when they have health problems (liver cirrhosis), employment problems (job loss) or psychosocial problems (breakdown of family, homelessness) (Gałecki & Szulc 2018). In addition to alcohol addiction, the abuse of psychoactive substances is a serious problem. The World Health Organization has created a classification of narcotic drugs and divided them into groups, including: opioids (morphine, heroin), psychostimulants (methamphetamine, amphetamine), cocaine, marijuana and hashish, hallucinogens (DMT, i.e. dimethyltryptamine), psychedelics (LSD), volatile compounds (glues), tranquilizers and barbiturates, nicotine, alcohol, steroids. They can also be divided into hard and soft intoxicants based on the criterion of harmfulness. The division according to the effect on the human body is as follows: stimulants (amphetamines, cocaine), depressants (opiates and barbiturates) and hallucinogens (LSD) (Kuć 2015). Taking such drugs is often accompanied by a feeling of dissociation, i.e. separation from the body and/or the environment, auditory or visual hallucinations, confusion, euphoria, memory and vision disorders, relaxation, mood swings, aggression, anxiety. Additionally, unpleasant physiological symptoms such as tachycardia, nausea, vomiting, diarrhea, increased temperature, speech disorders, convulsions and tremors may occur (Gałecki & Szulc 2018). Narcotic drugs are closely related to crime, often addicts commit crimes such as theft of these substances, forgery of medical prescriptions, blackmail to obtain narcotic drugs, threats of physical violence, and even the arbitrary production, trade or smuggling of these substances. People after taking narcotics often feel the sensation of having supernatural powers, which makes their motivation to commit criminal activity stronger. Their reactions are often violent, they are aggressive, which contributes to crimes such as assaults, rape, homicides or traffic accidents (Kuć 2015). Treatment of addiction can have different variants, such as hospitalization, detoxification or therapy, in which the patient will acquire the skills to deal with problems that contribute to the development of addictions. Most often, addicts have struggled with various emotional problems before, which is why it is so important to undergo therapy in order to master the skills of coping with the addiction (Gałecki & Szulc 2018).

III. MENTAL DISORDERS AND ILLNESSES

Mental disorders, classified from basic to the most complex, can also be criminogenic factors. These are disruptions of

perception, memory disorders, thought, intellect, will, action or motor activity disorders and disturbances of consciousness. Perception is an active, complex psychological process involving the perception of a set of stimuli that work on the sense organs. Perception disorders include hallucinations, delusions, illusions as well as visual, auditory, olfactory, taste, tactile, kinesthetic and cenesthetic hallucinations (Cierpiałkowska 2009). Memory impairments (where memory is described as a process in which we distinguish the phase of recording, storing and reproducing various types of experiences that we use in given situations) are indispositions which include amnesia, paramnesia, hypermnesia, hypomnesia, memory hallucinations or confabulation (Cameron 2004). Thinking can be described as a chain of mental activities, thanks to which a person is able to process information encoded by perceptions, images and concepts. Thought disorders include, for example, delusions (of reference, persecutory, grandiose), intrusive thoughts and overvalued thoughts (Gałecki 2018). Intellectual disorders can be determined on the basis of IQ studies. The most common causes of intellectual disorders are congenital intellectual defects, genetic defects, fetal disorders, perinatal period, hormonal disorders and organic changes (Gałecki 2018). Mood disorders can be divided between, among others: low mood (depression, sadness), elevated mood (increased self-esteem, manic mood, euphoria), anxiety (sense of threat and danger of unknown origin), anger (intense rage, violence) (Cierpiałkowska 2009). An important aspect of emotional and mood disorders is aggression, which in biological terms is perceived as an activity limiting the freedom of another person, or is a behavior directed against their behavior or life. Aggression is most often defined as conduct that is intended to cause harm and lead to potential or actual consequences. There is verbal, physical, direct, indirect and instrumental aggression (Gałecki & Szulc 2018). Further anomalies concern emotional disorders (emotions and mood) in which emotions are understood as perceived subjective mental state. They manifest the subject's dependence on phenomena, things, people or themselves - their organism or their own actions. They occur as a result of an evaluation (whether conscious or not) of an event. Positive emotions appear when an event has a chance of success and implementation, and negative emotions appear when threats to the success of these actions occur (Gałecki & Szulc 2018). In disorders of the will and action, the concept of motivation refers to any psychological mechanism responsible for activating, directing, maintaining and terminating a specific behavior or action. Two dimensions of motivation disorders were distinguished: increasing psychomotor drive and its reduction (Cierpiałkowska 2009). Physical activity disorders refer to the basic expression of human activity, which is movement, that uses energy. Motor activity remains largely outside the sphere of intentional actions. An example of physical activity disorder may be excessive stimulation, the so-called agitation. It is often

associated with a feeling of tension, it is usually pointless, the movements are repeated, chaotic. The opposite of excessive stimulation is psychomotor impairment, where the pace and range of performed physical activity is limited and slower. This is often accompanied by a slower pace of thinking and speaking. The extreme form of psychomotor impairment is stupor - a state of immobility often associated with mutism and the lack of reaction to stimuli (Gałecki&Szulc 2018). Disorders of consciousness can be defined as disturbances in comprehending and perceiving phenomena occurring in the environment and one's own experiences. The perception of these phenomena can change for many reasons, such as fatigue, depression, but also over-excitement and elevated mood (Cierpiałkowska 2009).

World Health Organization (WHO) defines the concept of health as the complete absence of disease or disability, but also as a state of complete physical, mental and social well-being (who.int). Another of the criminogenic factors is mental illness. A person with a mental disorder is:

- mentally ill - with psychotic disorders;
- mentally handicapped;
- in mental distress, which according to the state of medical knowledge can be classified as a mental disorder. Such a person requires health services or other form of assistance and care that is necessary to live in a family or society (Journal of Laws 1994, no 111 item 535).

Among mental disorders there are organic mental disorders, mental disorders and behaviors caused by the use of psychoactive substances, schizophrenia and delusional disorders, affective mood disorders, neurotic disorders, eating disorders, personality and behavior disorders, intellectual disability (Gałecki&Szulc 2018). One of the most common mental illnesses is schizophrenia, which is a brain disease. Functional and structural changes in the brain occur as a consequence of this illness. Most often, people with this condition have delusions and pseudohallucinations, disturbances in thinking and perception, disorganization of mental processes, which often cause them to behave differently from the rest of society. This disease most often affects young people between the ages of 20 and 30, usually at key times, such as graduating from high school or starting university. Women and men fall ill equally often, but the course of illness in the case of men is more severe and chronic (Gałecki&Szulc 2018). The symptoms that characterize the clinical picture of schizophrenia can be divided into: negative symptoms, i.e. deficits, such as apathy, anhedonia, inadequate speech; and positive, productive symptoms, such as delusions, hallucinations. Additionally, there are disturbances in the thinking process and a combination of symptoms common to schizophrenia as well as other mental disorders such as mood disorders (Cierpiałkowska 2009). The most common form of schizophrenia is paranoid schizophrenia, marked as F20.0. It is characterized by persecutory delusions and delusions of reference as well as pseudohallucinations, mostly auditory.

The most recent theory explaining the etiology of schizophrenia is the vulnerability-stress model, which means that each person has an individual sensitivity to stressors such as infections, events and living conditions, especially in the perinatal period and in the early stages of development. The issue of genetic mechanisms has not yet been explained. Schizophrenia runs in families, and the risk of contracting the disease is higher when there is a closer degree of kinship (Gałecki&Szulc 2018). People with mental disorders often face rejection and discrimination in the labour market. It is an unfavorable social phenomenon in which people are labeled as crazy. This is due to the lack of programs or publications that would reliably show the world of the mentally ill and would lead to greater understanding and empathy towards them. Stigmatization is still visible in society, there are jokes about "madmen", ill people are presented as dangerous and unpredictable. In order to create a cheap sensation, when writing about an event or crime, media emphasize the fact that the perpetrator was receiving psychiatric treatment (Brodniak 2000). One should be aware that participation in the labour market is an extremely important value in our culture. It plays a crucial role in social integration of the person, it gives a sense of belonging, the possibility of gaining an income, it regulates the structure of the day; all this applies to both healthy people and those with mental disorders. This is an extremely important process that can be called rehabilitation for people after a mental crisis. Unfortunately, jobs for such people on the Polish labour market are practically unavailable. That is the reason for creation of various types of projects, the task of which is to provide jobs under the so-called voluntary sector, which includes, i.e., non-governmental organizations. Such workplaces are created in cooperation with psychiatric institutions with the support of social welfare centers and employment offices. Scientific research undertaken in this area shows that socially protected work combined with adequate remuneration is the most effective form of rehabilitation (Cechnicki&Kaszyński 2005).

IV. DYSFUNCTIONS IN FAMILY AND CHANGING SOCIAL PATTERNS

Relatives play a significant role in the treatment process. A family can be understood as the fundamental social unit connecting a small group of people. It ensures the biological continuity of the society, but also passes on the cultural heritage to the next generations (Pierzchała&Cekiera 2021). The role and functioning of the family is influenced by many factors, including external factors, such as the values' system that dominates in the society, the political and socio-economic situation in a given country, but also the position of a given family within the social structure. Internal factors include the way of upbringing, personality of family members, health, shape of the social roles in the family and behavior patterns (Bulat et al 2007). Currently, changes in the family structure can be observed, the scope of freedom and independence

among children and adolescents has increased, and the focus on material goods, and not ideologies, has increased. Tolerance towards divorced and unmarried people as well as non-marital cohabitation has also increased. While analyzing these changes, it can be noticed that characteristic phenomena are emerging, such as the independence of family members, equality, disintegration, or social pathologies (Bułat et al 2007). One of the manifestations of pathology in the family is the phenomenon of violence, which may occur in a psychological, physical, sexual or economic form. It is a very common event that causes physical and mental suffering for the victim (Becker-Pestka et al 2018). All kinds of dysfunctions in the upbringing environment are an important factor that may contribute to conflicts with the criminal law of minors. Most often, bad models are passed down from generation to generation, and therefore people who were badly brought up themselves bring up badly behaved children who may be susceptible to pathologies and addictions. Youth at risk is a term used to describe a group of young people who face many difficult situations during their adolescence, who make negative decisions from the point of view of their development, such as stopping education, taking drugs, trying to commit suicide or starting a sex life prematurely (Kuć 2015).

V. CASE STUDIES OF PATIENTS OF THE CENTRE OF MENTAL HEALTH IN CIESZYN.

- 5) **Daniel C.** (name changed) was born in 1995. Marital status: single. Until now, he was hospitalized 17 times in the psychiatric ward in Cieszyn, the psychiatric day unit and once in the Court Psychiatry Unit of the Hospital Detention Center in Krakow, he also underwent the entire process of stationary therapy at the Mental Health and Addiction Treatment Centre „Familia” in Gliwice. He also attends the Mental Health Clinic and Addiction Treatment Clinic quite regularly. His first hospital stay was in 2013, when he was eighteen. He came to the psychiatric ward after an attempted suicide by self-mutilation, he was also under the influence of psychoactive substances. He reported he was suffering from visual hallucinations as well as auditory hallucinations and he stated that someone had implanted a chip in his ear. Then he was diagnosed with paranoid schizophrenia (F 20.0), and F 19.2 - mental and behavioral disorders caused by alternating usage of psychoactive substances (addiction disorder)- F 19.2. In the history of the disease it states, that from the age of twelve, Daniel consumed alcohol - wine, beer, vodka, and from the age of thirteenth, used marijuana and "funky" and "alpha" type designer drugs, he also inhaled deodorants. Initially, he used drugs sporadically, and from around the age of 15/16 he started drug binges. He was hospitalized another time after he beat a man. Daniel was then under the influence of marijuana and alcohol. He was taken to the ward by the police officers who were supervising him. He was uncritical towards himself in terms of disease, his psychotic symptoms persisted. Due to the charges pressed against him, he was released under the supervision of the Police in order to perform the necessary procedural steps, and by the court's decision was transferred to the Court Psychiatric Observation Unit. According to the psychiatrist's opinion, he required further treatment. The next hospitalization happened after an injection of amphetamine or some other designer drug - no specific data in the history of the disease. Daniel suffered an exacerbation of his psychotic symptoms: he was acting in an unusual way, his eyes narrowed, he was hearing voices that told him to kill himself. He took a dozen of tablets name of which he could not remember, but informed his mother about it, who called the Emergency Medical Services and took him to the hospital. During his stay in the ward, he remained stressed, aggressive, was threatening the staff, squinted his eyes, he was talking to himself and demanded to be discharged, but due to his poor state of health he was detained pursuant to Art. 28 of the Act on the Protection of Mental Health (*Journal of Laws 1994, no 111 item 535*). During this stay, he was subjected to reasonable force, i.e. he was immobilized by using magnetic belts, because he actively resisted the attempts to administer the injection. Later, Daniel's file was supplemented by an extract from the Forensic Psychiatry Department of the Hospital Detention Center in Krakow, in which the diagnosis was: Metasimulation of psychotic disorders in a person with abnormal personality development and psychotic episodes in the course of a long-term alcohol and drug abuse. After this diagnosis, he was sent to serve a sentence in the Prison in Cieszyn for aggravated theft in accordance with Article 281 of The Penal Code (*Journal of Laws 1969 no 13 item 94*). The punishment lasted 13 months, and he was obliged to pay a compensation of 25,000 PLN (this data was collected during the interview with the patient, no official confirmation). In addition, Daniel was sentenced 4 other times - for battery, possession of psychoactive substances, intimidation; received 15 tickets (no specific data for what) and he was sent to the Detoxification Centre 6 times. After serving his sentence, he returned to his old lifestyle, taking mephedrone, amphetamine and smoking marijuana. He had suicidal thoughts about such things as cutting veins or overdosing. From an interview collected at the turn of 2020/2021, Daniel points out that alcohol and being under the influence of psychoactive substances make him feel ethereal and full of adrenaline. During abstinence, he feels satisfaction, independence, can play sports and has a "better life".
- 6) **Michał P.** (name changed) was born in 1989. Until now, he was hospitalized once in the Psychiatric Ward, twice in the Psychiatric Day Unit and once in a hospital in England (no detailed data). He is married and has a daughter. He

lives with them in the family home with his older brother's family, mother, stepfather, and younger sister. His parents are divorced and from the age of 3 he has a stepfather who used violence and raised his children with a "firm hand". According to Michał, he tried to mentally subdue him and his brother. As a child, he developed sadistic behaviors - he abused and killed small animals. From his early adolescence, he had learning problems and was hyperactive, he had no friends at school, was ridiculed by his colleagues and bullied because of his faith and place of residence. He was introverted, lacked self-confidence, and he wasn't telling anyone what he was going through. In the 3rd grade of Middle School, when he was 15, his parents went away for a week and at a party organized by his brother, he drank alcohol for the first time under pressure of his friends. He felt better after consuming alcohol, he was brave and talkative. A friend of his brother gave him Butapren glue to sniff, after which he became even more confident and aggressive. This was where his ten-year addiction to drugs began. He sniffed glue until he was around 19, usually twice a week, but he often fell into drug binges. He then noticed that his academic performance dropped, he had problems concentrating and speaking. After glue, he became addicted to marijuana, hashish, and pervitin (methamphetamine tablets) until he was around 25. During this period, he developed major phobias, fear of large social gatherings, persecution complex, panic attacks and speech paralysis. At the age of 17, he met his future wife, they got married quickly, smoked marijuana together, but when his wife became pregnant, she stopped smoking altogether. Michał did not keep his promise to stop smoking. He first came in conflict with the law when his drug dealer committed murder. The dealer then indicated Michał as a person involved in the crime. An investigation was conducted, but no evidence was found that he was involved in this case. In 2007/08 another criminal case against Michał took place. He was caught smuggling drugs across the Polish-Czech border, for which, in accordance with the provisions of the Act on prevention of drug abuse, he was given a suspended sentence of 20 months and a penalty of 2,000 PLN (Journal of Laws 1969 no 13 item 94) After this situation happened, he decided to gradually quit the addiction. He developed withdrawal symptoms such as tremors, a lot of stress, tension, anxiety and social phobias. He denies experiencing psychotic symptoms at that time, although he mentions the impression of the presence of a "spiritual being" in the form of Satan. In 2018, Michał's condition worsened drastically, he became suspicious, he had delusions of reference and persecutory delusions, auditory hallucinations, he thought that his wife was cheating on him. In a blind rage and fury, he killed the cat that belonged to his wife and to which she was strongly attached. He saw the figure of Satan in it, he thought the cat was possessed.

After this incident, in accordance with Article 23 of the Act on the Protection of Mental Health he was admitted to the Psychiatric Ward (Journal of Laws 1994, no 111 item 535). After this hospitalization, he was transferred to the Day Unit, but he claims that this form of therapy was not for him. He left hospital prematurely. He is being encouraged to undertake therapy at the Mental Health Clinic.

- 7) **Tomasz S.** (name changed) was born in 1990. He was hospitalized 9 times in the Psychiatric Ward, he additionally briefly stayed in the Psychiatric Day Unit, which lasted 5 days. His problems with the law began in 2012, when he was sentenced to 10 months' imprisonment for distributing drugs under Art. 59 of the Act on prevention of drug abuse (Journal of Laws 2022 item 764). After this time, drug dealers visited and intimidated him. In an interview he states that he was implanted with a chip at that time (sign of delusion). According to an interview conducted at the Ward during his first hospitalization in 2016, he mentions that in the first grade of middle school he got into bad company, started taking various psychoactive substances, such as amphetamine, methamphetamine, designer drugs, marijuana and alcohol. When asked if he conducted thefts and battery, he replied "it could have happened". At the time of the interview, he had not consumed psychoactive substances for 4 months, and had occasionally smoked marijuana. Police officers brought him to the unit because he destroyed his neighbor's car with a hammer. The officers took him from his grandmother's house. In the police car he was repeatedly saying "paragraph 355 - voluntary confession". His mental state at that moment indicated the presence of persecutory delusions, the presence of visual and auditory hallucinations, and he had trouble sleeping. He was diagnosed with paranoid schizophrenia (F20) and addiction. He was admitted to the hospital under article 24 of the Act on the Protection of Mental Health, which was later changed to article 23 during hospitalization (Journal of Laws 1994, no 111 item 535). After his discharge from the hospital, he did not continue psychiatric or drug addiction treatment, smoked marijuana, was aggressive, and was running on the staircase of the block of flats he lived in with a knife. Then another hospitalization took place. At that time, he was strongly psychotic, had persecutory delusions, hallucinations, had a delusional perception of his surroundings, behaved in a maladjusted way, and had suicidal thoughts. During this hospitalization, he arbitrarily left the premises during the walk, which is a form of therapy in the Psychiatric Ward. Usually his hospitalizations, which took place after admission to which he consented, ended after about a week or two, when he asked for a discharge on request. There was no reason to detain hospitalize him without his consent. His sixth hospitalization involved threats to his family and friends. He was threatening to kill them and behaved in an

aggressive way. Brought to the hospital by the emergency medical team and police officers, he was then under the influence of alcohol (2.8 per mille) and psychoactive substances. Sometime after the end of this stay, Tomasz committed suicide.

- 8) **Adam T.** (name changed) was born in 1983. So far, we have information about 6 hospitalizations in the Psychiatric Ward and one in ward in Katowice (no detailed data). The reason for the first hospitalization, which occurred when Adam was 19, was a suicide attempt by drug overdose. The reason for the suicide attempt was not being accepted to high school due to reduced behavior grade, which he obtained as a result of a large number of absences from classes in the middle school. He was later directed to the Mental Health Clinic. Another hospitalization a year later was also caused by a suicide attempt by drug overdose. At school, he got 3 "F" grades at the end of the semester and he was supposed to repeat the class. This made him anxious: more and more often he did not sleep at night and he lived under constant stress. Adam regularly attended a psychiatrist. He was diagnosed with borderline personality disorder - F60.3 and he was prescribed individual therapy. Despite starting therapy, he still had sleeping problems. To help remedy that, he started taking sleeping pills prescribed by a psychiatrist, which worked less and less effectively, so he gradually increased the dosage. He began asking general practitioners for medical prescriptions and went to private practices. In 2007, when he was 24, he went to the Psychiatric Ward after another drug poisoning. Since his grandmother's death in 2004, he was feeling worse and worse, blamed himself for her death and missed her very much. Due to this situation, he started taking about 15 sleeping pills a day, after which he felt better. He suffered an epileptic seizure in the Psychiatric Ward, after which he was experiencing anxiety, vertigo and became avoidant. During his stay, he gradually functioned better, started to tolerate the withdrawal of the drug, and was discharged home with a recommendation to continue treatment at the Mental Health Clinic and Addiction Treatment Clinic. Adam was anxious about the court case he had concerning the forgery of prescriptions. Pursuant to Art. 270 of the Polish Penal Code, he could receive the sentence of restriction of liberty or imprisonment between 3 months and 5 years (*Journal of Laws 1969 no 13 item 94*). None of the doctors wanted to prescribe him drugs in the amounts he requested. During this time, he consumed about 30 sleeping pills a day. He was unmotivated to start drug addiction treatment and had little awareness of the consequences of his own behavior for other people. At this point, the case was dismissed. The last hospitalization in the Psychiatric Ward in Cieszyn took place in 2011, when Adam ran out of drugs. He tried to get medical prescriptions from general practitioners: he consumed about 60 sleeping pills a day. At that time, no doctor has
- agreed to prescribe enough drugs to meet his needs. He developed a withdrawal syndrome and an epileptic seizure, after which it was necessary to apply reasonable force in the form of strapping him to the bed. During the treatment, he managed to go down to 15 sleeping pills a day. Adam was directed to the Addiction Treatment Clinic. Currently, the Centre of Mental Health in Cieszyn does not have information about Adam's state of health.
- 9) **Bartosz K.** (name changed) was born in 1984. He was hospitalized three times in the Psychiatric Ward in Cieszyn, and had one stay in the Day Unit, which lasted 9 days. During hospitalization, Bartosz's documentation from the period 2010-2015 was found. He was serving a sentence in the Oleśnica Prison from 2009 to 2015 for the use of violence against his partner at that time (Article 207 of the Penal Code) and for not paying child support (Article 209 of the Penal Code- *Journal of Laws 1969 no 13 item 94*). At this time, Bartosz was abusing alcohol, which made him aggressive. During his stay in prison, Bartosz had 3 psychiatric consultations, in which he was suspected of having mental handicap, personality disorders without psychosis. He did not want to take the prescribed medication. During consultations in 2013, when Bartosz was afraid to leave his cell, he had impaired balance and disturbance of consciousness, had delusional experiences: claimed that he had been implanted with refrigerators, small tables, foxes, rats and mice. Additionally, he was banging his head on bars and walls, which was a direct threat to his life and health. He was immobilized with magnetic belts. He denied taking psychoactive substances. He was diagnosed with organic psychotic disorder and was referred to a psychiatric hospital in the local prison. He was placed there until the end of his sentence. During another hospitalization, he sporadically participated in therapeutic communities and activities included in the Psychiatric Ward's therapeutic program. During his last stay at the Psychiatric Ward in 2021, a court case was held against him for not paying child support, but due to the diagnosis of a mental illness, the case was suspended. This stay lasted 193 days, after which Bartosz was transferred to the Nursing Home.
- 10) **Mateusz C.** (name changed) was born in 1998, marital status: single. So far, he has been hospitalized 8 times, including 3 times in the Day Unit. After the death of his father, Mateusz began experimenting with psychoactive substances, such as designer drugs, amphetamine, or marijuana. He had a quite good academic performance in primary school, later, however, due to drug usage and bad company, he began skipping classes, which made him unclassified. In 2016, he was transferred to the Juvenile Centre, where his behavior and attitude improved. He returned to Cieszyn and started education in vocational school to become a cook. However, he quickly returned to his old habits and due to his absence, he was unable to

finish school. He undertook part-time jobs, most often as a help at construction sites. In 2017, his first admission to the Psychiatric Ward took place. Mateusz was conscious, but he did not make verbal contact with anyone, he was stiffened, felt psychotic anxiety, he struggled and did not want to agree to the injection of the medicine because "any injected substance can be addictive". The Emergency Response Team that transported him to the Psychiatric Ward had to use reasonable force in the form of belts. The event preceding the hospitalization was soccer practice where he stumbled and hurt his head, was coughing up blood and behaved inappropriately. He then came home, told his mother that he loved her and that he was going for a run. Concerned by his behavior, his mother called an ambulance, which took him to the hospital. In the Psychiatric Ward, he isolated himself, did not make contact with other patients, was irritable, behaved in a strange way - he winked, touched his nose with his tongue, whispered to himself and was overly polite. He seemed to be mentally absent during therapeutic activities and did not take full advantage of the Psychiatric Ward's offer. He confirmed he used designer drugs. From 2019, he lived in social housing and received social benefits, his mother helped him in his daily life. For one of the next hospitalizations, he was brought again by the Emergency Response Team due to autoaggressive behavior. According to his neighbor, he was agitated, banged his head against the wall, threatened that he would jump out of a window on the second floor. In the admission room, when confronted with data from an interview with a neighbor, he downplayed the case and denied those situations. He mentioned that he was supervised by a probation officer and that he was sentenced with community service for robbery in accordance with Article 280 of the Polish Penal Code (*Journal of Laws 1969 no 13 item 94*). He claimed that he did not take part in the robbery and was only present at the site of the incident. During hospitalization, a decision was made to suspend community service due to Mateusz's health condition. He denies the consumption of psychoactive substances and risky sexual contacts. He smokes up to 15 cigarettes a day. The last hospitalization took place at the turn of 2020 and 2021. Mateusz was hospitalized in the Psychiatric Ward after being in psychiatric hospital in the Netherlands, where he spent a month. He was in the hospital because of an argument with a girl in the street, where he knocked over a scooter standing there in anger. The local police took him to the hospital because he showed psychotic symptoms - he had auditory hallucinations and impaired thinking and behavior. After an agreement between the doctors of the hospitals in the Netherlands and Cieszyn, he was transported by the Embassy and admitted to the Ward in accordance with Article 23 of the Act on the Protection of Mental Health, because he refused to give the written consent to being

hospitalized, which was necessary in this case (*Journal of Laws 1994, no 111 item 535*). He was aggressive. He spent almost 2 months in the Netherlands and was not taking any medications during that time. He cannot recall how he ended up in this country. He was dating a girl who, in his opinion, started to behave strangely and wanted to make him psychotic. He spent 190 days in the Psychiatric Ward and despite repeated attempts to modify pharmacotherapy, he was unable to achieve symptomatic remission. He remained in surface contact, behaved adaptive and calm, did not show signs of aggression and auto-aggression but was suspected of having auditory hallucinations. His statements were psychotic, he denied having suicidal and homicidal thoughts. He was discharged from the Psychiatric Ward to undergo further treatment in Therapeutic and Nursing Institution.

VI. CONCLUSION

People with acute, active mental disorders and addictions, in the intoxication phase have impaired consciousness and their sanity may also be seriously impaired. Such distortions in reasoning can reduce the ability to understand the committed acts. Especially people addicted to psychoactive substances are irresponsible in their behavior, act impulsively and unpredictably. In contrast, in the abstinence phase, when sanity is maintained, such a person is more exposed to criminogenic factors. While being in a crisis caused by a lack of addictive substances, the only thought of such people is to come in possession of these substances. This often leads to committing criminal acts. The addict is not guided by reason, but by fear of not getting drugs and instinct. Personality traits that characterize people with mental disorders and addictions are: emotional immaturity, egocentrism, malice, aggression, emotional coldness, lability, and lack of boundaries.

After analyzing the cases of patients of the Centre of Mental Health in Cieszyn, it can be concluded that people with mental disorders and addictions are more prone to committing crimes, because they have most of applicable personality traits. Further treatment of such a person who committed a criminal act takes place in the Court's Psychiatric Unit, i.e. in detention. It is a place where people who have committed a crime, but require forced imprisonment in the Ward due to the fact that they were in state of abolished sanity are placed by the court. People which, due to their mental state, may commit a criminal act of high social harm are placed there (Kowalczyk & Mackojć 2021). By analyzing the cases of patients of the Centre of Mental Health in Cieszyn, it can be concluded that patients with criminogenic aspects of crime present committed crimes, most often in the phase of acute psychosis or impaired consciousness after consuming psychoactive substances. The most frequently committed prohibited acts were theft, robbery, and possession of psychoactive substances. It wasn't just mental illness and addiction that led these people to commit crimes. The way of

upbringing also contributed to this - most of them come from incomplete families, often the father of the patients was a violent person. Therefore, incorrect behavior patterns that they could observe from childhood influenced their abnormal development and functioning in adulthood.

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