

Exploring the Landscape of Child and Adolescent Mental Health Care in Albania: Current Situation and Mental Health Services

Msc. Sara PJETRUSHAJ

(0009-0001-4984-3573)

spjetrushaj2@uet.edu.al

Assoc. Prof. Erika MELONASHI

(0000-0002-2292-5085)

DEPARTMENT OF PSYCHOLOGY, EDUCATION AND SPORTS,
FACULTY OF HUMANITIES, EDUCATION AND LIBERAL ARTS,
EUROPEAN UNIVERSITY OF TIRANA, TIRANA, ALBANIA
erika.melonashi@uet.edu.al

Abstract

This paper examines the current state of mental health care for children and adolescents in Albania, highlighting the significant challenges faced by the country's mental health system. Despite modest progress, Albania continues to rank among the lowest in Europe in terms of mental health workforce availability, with a particularly severe shortage of specialists in child and adolescent care. The three-tiered mental health care system, while structured, remains ineffective due to a lack of specialized professionals, inadequate infrastructure, and significant geographic disparities in service access.

Cultural stigma surrounding mental health, combined with limited public awareness and distrust in available services, exacerbates the situation, further

detering families from seeking necessary support. Additionally, high rates of child abuse, emotional neglect, and school violence contribute to the growing mental health crisis, leaving many young individuals vulnerable to psychological issues such as anxiety, depression, and aggression.

This paper explores the systemic barriers, financial constraints, and cultural norms that hinder effective mental health care for children and adolescents in Albania, and it offers recommendations for improving access to care, increasing professional capacity, and reducing stigma. Ultimately, it calls for urgent reforms to create a more accessible, equitable, and effective mental health care system for Albania's youth.

Key words: *child, adolescent, treatment, mental health*

Introduction

The mental health care system in Albania, particularly for children and adolescents, is in a state of crisis. Systemic neglect, lack of investment, and barriers to accessing care have created widespread challenges in delivering mental health services. These issues significantly impact both the general state of mental health and the ability to address specific problems through appropriate services. Despite a slight increase in the number of mental health workers, Albania's mental health workforce remains far below regional averages, especially in child and adolescent care. Furthermore, there is no official data on the number of dedicated specialists, such as child psychiatrists or psychologists, leaving young individuals without the professional support they urgently need (Dobi, Tomori, & Zenelaj, 2022).

Mental health services for children and adolescents are structured into a three-tier system, but the lack of resources and specialized professionals casts doubt on its effectiveness. At the primary care level, pediatricians and family doctors conduct initial assessments but often lack the expertise to diagnose and manage complex mental health conditions. This frequently leads to misdiagnoses or delays in treatment, preventing children from receiving the necessary care (Dobi, Tomori, & Zenelaj, 2022). Even when referrals are made, the lack of specialized services exacerbates the problem.

The secondary level, community-based mental health services, provides essential care but is severely limited due to financial constraints and uneven geographical distribution. There are only five community mental health centers nationwide, three of which are located in the capital, Tirana (Dobi, Tomori, & Zenelaj, 2022). These disparities in service availability increase mental health challenges, as children in rural areas often go untreated due to the difficulty of traveling long distances or affording necessary care.

At the tertiary care level, hospital services are available at the “Mother Teresa” University Hospital Center in Tirana. However, this institution lacks the capacity to address the ongoing and long-term mental health needs of children and adolescents. Additionally, the National Therapeutic and Rehabilitation Center for Children, which offers critical developmental and therapeutic services, has limited scope and availability, particularly for families facing financial difficulties. The high costs of evaluations and treatments present significant financial barriers for families, worsening the mental health crisis (Taylor, 2023).

Cultural stigma surrounding mental health issues further complicates the situation. In Albania, there is a lack of awareness and understanding of mental health disorders, which discourages children and adolescents from seeking psychological support. The stigma, combined with cultural beliefs that family problems should remain private, prevents many individuals from accessing the care they need. Trust in mental health services, particularly among private providers, is also low due to concerns about the quality of these services.

Another critical issue is the widespread prevalence of abuse and domestic violence, which deeply affects the mental health of children and adolescents. Emotional neglect and physical punishment increase the vulnerability of Albanian children to psychological issues such as anxiety, depression, and aggression. Moreover, these children are often unprepared to manage their emotions, which can lead to violent behavior toward others. Cultural norms that accept physical punishment and emotional neglect exacerbate the challenges in fostering healthy relationships and emotional regulation, which are essential for mental and emotional well-being. Additionally, bullying—both online and in schools—has become a pervasive issue, intensifying feelings of isolation and anxiety among students.

Development Theories

The term “child” refers to individuals from birth to the onset of puberty, generally up to around the ages of 11–12 (APA). Childhood is divided into two phases: early childhood (ages 2–6) and middle childhood (ages 7–11). During these stages, children experience rapid physical, cognitive, and emotional development that forms the foundation for their growth.

An “adolescent” is defined as an individual in the developmental stage between childhood and adulthood, spanning ages 12 to 19 (APA, 2018). Adolescence is characterized by significant changes in physical, cognitive, social, and emotional development, serving as a transitional phase between childhood and adulthood.

There are several psychological developmental theories that provide frameworks for understanding these changes, including Piaget’s theory of cognitive development, Erikson’s theory of psychosocial development, Vygotsky’s sociocultural theory, the attachment theory, and Freud’s theory of psychosexual development.



Piaget's theory suggests that children go through four distinct stages of development (Cherry, 2024): Preoperational Stage (ages 2–7): This stage is characterized by symbolic thinking, imagination, and egocentrism. During this stage, children perceive the world only from their own perspective and find it difficult to reason logically or understand others' viewpoints (Piaget, 1952).

Concrete Operational Stage (ages 7–11): In this stage, children begin to think logically about objects and events, developing skills like conservation, classification, and seriation (Piaget, 1952).

Adolescence is considered as the Formal Operational Stage (beginning at around age 12), during which individuals develop the ability to think abstractly and logically about hypothetical situations. These changes enable adolescents to reflect on their personal values, future goals, and social roles (Piaget, 1952).

Erikson's theory highlights two critical stages for children up to age 12: Initiative vs. Guilt (ages 3–5): This stage emphasizes the importance of play and exploration in fostering a sense of initiative and confidence in children (Erikson, 1963).

Industry vs. Inferiority (ages 6–12): Focused on mastering skills such as academic learning and social interaction, this stage encourages children to develop a sense of competence through achievement (Erikson, 1963).

In adolescence, the stage of Identity vs. Role Confusion (ages 12–18) is critical. Adolescents explore different roles, values, and beliefs to form a coherent sense of self. Success in this stage results in a stable identity, while failure may lead to confusion about one's role and identity (Erikson, 1963).

Freud's theory identifies two significant stages for children: Anal Stage (ages 1–3): This stage focuses on developing control and independence, as exemplified through toilet training. Excessive parental control during this stage can lead to obsessive or defiant personality traits (Freud, 1905).

Latency Stage (ages 6–12): During this period, sexual instincts are dormant, and energy is directed toward learning and socializing. Disruptions in this phase, such as trauma or lack of support, can hinder academic success and social integration.

In adolescence, Freud describes the Genital Stage (ages 12 and onward) as a time of sexual and emotional maturation. Freud believed that resolving conflicts from earlier stages leads to healthy sexual and emotional development during adolescence, while unresolved conflicts can hinder the ability to form healthy relationships (Freud, 1905).

Vygotsky's theory highlights the role of social interactions in cognitive development. Using concepts like the Zone of Proximal Development, Vygotsky argued that children learn skills they cannot yet perform independently through guided support from adults or peers (Vygotsky, 1978). Factors such as parental absence, lack of education, or social isolation can hinder cognitive and social development.

During adolescence, Vygotsky emphasized the importance of social interactions and guided participation to help individuals develop cognitive skills and understand social roles (Vygotsky, 1978). However, disruptions in these interactions, such as peer pressure, lack of familial support, or social isolation, can negatively affect development during this stage.

John Bowlby and Mary Ainsworth's attachment theory underscores the importance of a secure attachment to caregivers in early childhood for emotional regulation, social adaptability, and trust. Secure attachment is formed through consistent caregiving. Disruptions, such as neglect, inconsistent parenting, or trauma in early childhood, can lead to insecure attachment, increasing vulnerability to anxiety, behavioral problems, and difficulties in forming healthy relationships (Bowlby, 1969).

During adolescence, the attachment base formed in early childhood continues to influence emotional regulation, social behavior, and interpersonal relationships. Adolescents with secure attachments to their caregivers tend to exhibit higher levels of self-esteem, adaptability, and the ability to form healthy social and romantic relationships (Bowlby, 1969; Ainsworth, 1978). Conversely, insecure attachment may result in difficulties managing emotions, building trust, and developing a stable sense of identity (Mikulincer & Shaver, 2007).

Factors Influencing Healthy Psychological Development

Based on the shared elements of all developmental theories, early childhood is marked by significant cognitive, emotional, and social growth. During this period, children develop basic motor skills, acquire language, and build a sense of autonomy (Erikson, 1963). However, developmental challenges such as speech delays, exposure to trauma, or inconsistent parental care can create developmental obstacles (Stevens, Rooij, Jovanovic, 2018).

Emotional regulation is another key skill learned during early childhood. Children begin to recognize and label emotions, but they rely heavily on caregivers for guidance in managing their emotions. Interruptions, such as childhood trauma or parental neglect, can lead to emotional and behavioral disorders like aggression or social withdrawal (Felitti et al., 1998).

Middle childhood is characterized by increasing independence and the development of cognitive abilities, such as logical thinking and problem-solving skills (Piaget, 1952; Erikson, 1963; Cherry, 2024). Academic achievement and peer relationships take center stage during this phase. Children who face challenges such as bullying, learning disabilities, or family instability may struggle with self-esteem and social competence (Shetgiri, 2013).



Peer acceptance is critical during middle childhood, and rejection or isolation can lead to anxiety, depression, or maladaptive behaviors (Wu et al., 2024). Additionally, factors such as poverty, lack of quality education, and exposure to violence exacerbate developmental disruptions, creating long-term consequences for mental health (Shonkoff et al., 2012). Negative childhood experiences, such as abuse, neglect, and family dysfunction, have been shown to adversely affect cognitive and emotional development (Felitti et al., 1998). Socioeconomic status also plays a crucial role, as poverty can limit access to education, proper nutrition, and healthcare (Bradley & Corwyn, 2002).

Furthermore, parental mental health issues, such as depression or anxiety, can impair caregivers' ability to provide consistent emotional support, negatively impacting the child's stability and well-being (Goodman et al., 2011). Exposure to trauma and chronic stress disrupts development and the ability to regulate emotions effectively (Perry, 2002).

During adolescence, identity formation becomes the most significant developmental task. This period involves establishing personal values, long-term goals, and one's role in society, which are critical for developing a coherent identity. However, various factors can hinder this process, including adverse childhood experiences such as abuse and neglect, which can harm self-esteem and lead to disorders like depression or anxiety (Felitti et al., 1998).

Additionally, socioeconomic status, peer pressure, and parental mental health significantly influence how adolescents experience this stage. Lack of support or exposure to stressful environments can result in identity confusion or challenges in achieving emotional stability (Bradley & Corwyn, 2002; Goodman et al., 2011). Trauma, stress, or educational deficits, which affect cognitive and emotional development, make it harder for adolescents to manage the challenges of identity formation (Perry, 2002).

The Most Common Mental Health Problems in Children and Adolescents

Studies in the U.S. show that 1 in 7 children between the ages of 3 and 17 have been diagnosed with a mental health or behavioral disorder (CDC, 2024). Among these, anxiety, behavioral disorders, and depression are the most common diagnoses. According to these statistics, anxiety affects 10% of children aged 6 to 11, with a slightly higher prevalence in females. Behavioral disorders affect 7%, and depression affects 4%. For adolescents, mental health concerns are even more pronounced, with 21% reporting symptoms of anxiety and 17% experiencing depression. A significant number of adolescents (40%) have experienced persistent sadness, and 20% have contemplated suicide (CDC, 2024).

In the U.S., more than half (53%) of children with a mental health disorder receive treatment or counseling, with 43% being prescribed medication. Treatment rates vary by condition, with 79% of children with depression receiving care, compared to 59% with anxiety and 52% with behavioral disorders. However, many children may experience mental health symptoms without meeting full diagnostic criteria or remain undiagnosed (CDC, 2024).

The seven most common mental health disorders in children and adolescents are: ADHD, anxiety disorders, depressive disorders, bipolar disorders, behavioral disorders, eating disorders, and substance use disorders (Hrymoc, 2024).

Treatment

Treatment for mental health disorders in children typically involves a comprehensive evaluation, tailored psychotherapy based on the child's needs, and, if necessary, medications for cases where other interventions are insufficient. Family counseling sessions and parental support provide strategies for managing the child's challenges, while coordination among healthcare providers ensures effective care (NIH, 2024).

An ideal approach to mental health care for children integrates professional expertise, community resources, and family involvement in the treatment process (Stolper, van Doesum, & Steketee, 2022). A comprehensive evaluation serves as the first step, enabling a clear understanding of the child's challenges. Child psychologists and psychiatrists conduct assessments to determine diagnoses and recommend personalized treatment plans. Psychotherapeutic interventions, such as Cognitive Behavioral Therapy (CBT), are essential in addressing specific issues.

Research shows that CBT helps children adapt, manage emotions, and develop healthier behaviors (Nakao, Shirotaki & Sugaya, 2021). Play therapy can also be particularly beneficial for younger children, allowing them to express emotions in a healthy way.

School-based mental health services offer practical and accessible solutions for children and adolescents. School counselors, social workers, and social-emotional learning programs provide support within the child's daily environment, addressing issues like bullying, anxiety, and academic stress. These programs significantly improve children's emotional regulation abilities and academic outcomes (NAMI, 2024).

Similarly, virtual services delivered via phone or the internet enhance access, particularly for rural areas or underserved communities, by offering therapy and psychological consultations. These services reduce barriers to mental health care, providing timely and convenient solutions for families (Damian, Stinchfield, & Kearney, 2022).



The Situation in Albania

The mental health landscape for children and adolescents in Albania is shaped by a complex interplay of cultural, social, and economic factors. Historically, mental health services in the country have been underdeveloped, with limited resources, especially for addressing the mental health of younger populations. The COVID-19 pandemic exacerbated the existing mental health crisis among Albanian youth. Reports indicate that the number of children and adolescents seeking therapy for mental health issues has doubled since the pandemic's onset (Si, 2023).

Research has highlighted several common mental health concerns among children and adolescents in Albania. A 2015 study found anxiety disorders to be the most prevalent diagnosis, affecting 36.7% of the sample, followed by psychosomatic disorders (30%), obsessive-compulsive disorder (22.2%), and Tourette syndrome (11.1%) (Skendi, Alikaj, & Metaj, 2015). Reported symptoms included anxiety (13%), somatic symptoms (8%), aggressive behavior (6.2%), motor disorders (6.2%), headaches (6.2%), back or chest pain (2.5%), vertigo (1.9%), weakness (1.9%), and abdominal pain (1.2%).

However, no further studies have been conducted since 2015. Considering significant societal changes, including the COVID-19 pandemic, technological advancements, economic repercussions from European conflicts, unstable education policies, and mass population movements, there is a lack of updated data on the most frequent disorders among Albanian children and adolescents.

A 2021 study revealed that over one in four children and adolescents exhibit high levels of anxiety disorders, with separation anxiety being the most reported symptom (5.5%), followed by physical anxiety symptoms (Skendi, Alikaj, & Dashi, 2021).

Child abuse and neglect are among the most pressing challenges affecting Albanian children and adolescents, complicating mental health issues. Research indicates high rates of abuse prevalence: in 2011, 62% of children reported psychological violence, 48% physical abuse, and 11% sexual abuse. A 2021 study found that nearly one in three 15-year-olds (32%) reported experiencing physical abuse during their lifetime (Qirjako et al., 2021).

A 2022 study involving 1,877 15-year-old students revealed that children reporting any form of abuse had poorer mental health outcomes than their non-abused peers, regardless of other influencing factors. Emotional abuse and neglect were the most significant contributors to mental health problems, with emotional abuse being particularly pervasive and impactful (Qirjako et al., 2024).

UNICEF's 2023 report on violence against children in Albania explored social, cultural, and legal factors affecting abuse prevalence and reporting. Despite the

2017 law banning physical punishment and mandating the reporting of abuse, awareness remains low, and societal attitudes impede progress. Violence is deeply rooted in cultural norms, with 50% of adults justifying physical punishment and 67% believing child-related issues should be resolved privately.

Forms of violence like online and school bullying are widely recognized, with 60% and 57% of adults describing them as common. However, physical punishment is not widely considered abuse, with 27% of adults regarding harsh physical discipline as normal and 67% acknowledging its occurrence but not classifying it as serious violence. Barriers to addressing child abuse in Albania include low awareness of mandatory reporting laws—only 29% of children and adolescents know about the legal obligation to report abuse. Social stigma, fear of retaliation, and lack of knowledge about reporting mechanisms exacerbate underreporting. Societal attitudes framing abuse as a private family matter further limit community action or intervention (UNICEF, 2023).

Children are perceived as particularly vulnerable online, with 56% of adults believing they are unsafe in digital spaces. Only 33% of adults think children are very safe within their families, underscoring the need for stronger protective measures and digital safety education (UNICEF, 2023).

Public skepticism towards private mental health services, including concerns over their quality and reliability, adds another layer of complexity to Albania's child and adolescent mental health care landscape. Combined with social and cultural barriers, this skepticism hinders effective care provision (Duraku et al., 2024).

Mental Health Treatment for Children and Adolescents in Albania

Albania faces a critical shortage of mental health professionals, ranking last in Europe in 2019 with only one psychiatrist per 100,000 people (25 psychiatrists in total), according to independent data. This figure contrasts with the government-reported rate of 1.83 per 100,000 inhabitants (Taylor, 2023). By 2020, the number of mental health workers increased to 1.7 psychiatrists and 14.7 mental health workers per 100,000 people. However, these figures remained below regional averages. Mental health services for children and adolescents are particularly lacking, with no official count of specialized professionals such as child psychiatrists, child psychologists, school psychologists, or speech therapists. (Dobi, Tomori, & Zenelaj, 2022)

Key findings from the WHO 2020 report emphasize the lack of resources, with Albania reporting a total of 393 mental health workers—approximately 13.64 per 100,000 inhabitants—only a small fraction of whom are specialized in child and adolescent services. Additionally, there are just 1.13 psychiatrists and 0.69 psychologists per 100,000 people. (WHO, 2020)



Community-based mental health services are sparse, primary care integration of mental health remains underdeveloped, and government funding for mental health accounts for only 2.5% of the healthcare budget. The absence of independent mental health legislation and strategies for suicide prevention further exacerbates systemic issues. Another challenge is the lack of scientific research, as the absence of comprehensive data hinders the accurate assessment of the current situation. (WHO, 2020)

In Albania, mental health services for children and adolescents are organized across three levels:

1. **Primary Level:** Primary care for mental health is provided by pediatricians, family doctors, and nursing staff, especially in rural areas. These professionals handle initial assessments, referrals, and follow-ups for patients with mental health disorders. (Dobi, Tomori, & Zenelaj, 2022)
2. **Secondary Level:** Community mental health services include teams of child and adolescent psychiatrists, psychologists, and social workers. These teams offer clinical and home visits, focusing on patients recently discharged from hospitals or those facing challenging situations at home. However, these services are geographically limited, with only five centers nationwide—three in Tirana, one in Shkodër, and one in Elbasan—leaving most regions unserved. (Dobi, Tomori, & Zenelaj, 2022)
3. **Tertiary Level:** This includes hospital care provided by the Child and Adolescent Psychiatry Unit at “Mother Teresa” University Hospital Center (QSUT) in Tirana. This institution handles urgent cases involving severe mental health conditions requiring hospitalization. (Dobi, Tomori, & Zenelaj, 2022)

On a national level, the National Therapeutic and Rehabilitation Center for Children, located in Tirana, offers integrated care for children and adolescents with mental health and developmental issues. Services include outpatient and inpatient care, developmental therapy, psychotherapy, physiotherapy, and pharmacological treatment. The center also emphasizes psychoeducation, scientific research, and the development of standardized assessment methods and rehabilitation protocols, striving to involve families and communities to improve patient outcomes. (Dobi, Tomori, & Zenelaj, 2022)

Despite these services, access to therapy and treatment remains limited due to high costs and long waiting lists. Diagnostic evaluations for disorders like autism and ADHD can cost up to €300, while therapy sessions with psychologists and psychiatrists average around €40, excluding medication expenses. (Taylor, 2023)

Situation Analysis

The mental health of children and adolescents in Albania faces numerous challenges, influenced by cultural, social, and economic factors. Data reveals significant gaps in mental health services despite some progress. Anxiety disorders, psychosomatic symptoms, and obsessive-compulsive tendencies are prevalent, with over a quarter of children experiencing anxiety symptoms, particularly separation anxiety. Combined with high levels of parental neglect, this can be attributed to the lack of secure attachment between Albanian children and their parents.

Economic hardships, social isolation, and challenges in education have significantly contributed to this increase. Emotional neglect is one of the most common forms of child abuse in Albania, often accompanied by physical punishment. High rates of child abuse are a primary factor exacerbating mental health issues among children and adolescents, creating an unsafe environment for their mental and emotional development. This leaves Albanian children and adolescents with poor social skills and a higher propensity for violent behavior towards peers, stemming from difficulties in regulating their emotions.

Socioeconomic conditions fail to provide the necessary environment for healthy mental and emotional development. These factors contribute to insecure attachments, incomplete developmental stages, and strong links to psychological problems. Efforts to address child abuse are further hindered by cultural norms. Additionally, bullying, both in schools and online, remains a widespread issue.

The stigma surrounding mental health disorders in Albania worsens the situation. A lack of awareness and understanding prevents children from seeking the help they need. Cultural barriers further weaken mental health services, with traditional beliefs that family matters should remain private discouraging many from seeking assistance. Public education on mental health rights and mandatory reporting laws is insufficient, and widespread mistrust of private mental health services raises concerns about their quality and reliability.

Mental health services in Albania are underdeveloped and inaccessible to much of the population. Although mental health care is theoretically organized into three levels, primary care remains particularly weak, especially in rural areas. Community-based services are scarce, and the integration of mental health care into primary health care is minimal.

A major issue is the lack of updated data and scientific research, which limits the ability to assess the current situation. The last comprehensive study on children's mental health was conducted in 2015. While some newer studies exist, they are fragmented and do not provide a comprehensive picture of the situation.



The lack of data hinders a full understanding of the evolving mental health needs of children and adolescents in Albania.

Recommendations

To address the current mental health challenges of children and adolescents in Albania, a holistic approach would be essential. Improvements must be made in every area, including cultural, social, and academic ones, to create a safe environment for children and adolescents.

One of the most urgent needs is the expansion and improvement of mental health services, especially for children and adolescents. This can be achieved by increasing the number of mental health professionals, with a particular focus on specialists trained to work with young people. To address the rural-urban divide, there should be mobile mental health services and options for services via the internet and phone, which should be widely promoted to reach populations in remote areas. Integrating mental health care into primary healthcare services would also increase access, allowing children to receive care at the local level. Public funding for mental health care should be increased to ensure that services are available and affordable.

Education and public awareness campaigns are essential in reducing the stigma surrounding mental health. These campaigns should focus on the importance of mental health, the signs of mental disorders, and the availability of services. Educating families, teachers, and children and adolescents themselves about mental health can help normalize discussions on this topic and encourage early intervention. Schools should also include mental health education in their curricula, teaching children about emotional well-being, coping strategies, and how to seek help when needed.

Considering the significant impact of socio-economic challenges and child abuse on mental health, a comprehensive approach to supporting families and communities would be essential. Social services should be increased to help families facing economic difficulties, and policies should be implemented to offer financial support to at-risk families. Programs offering parent education, focusing on positive parenting techniques and the importance of emotional support, would help reduce cases of abuse and neglect. Mental health programs based in communities should be created to offer a safety net for at-risk children, providing counseling, emotional support, and educational seminars.

Moreover, updated information through scientific research should be increased comprehensively, as it is essential to better understand the psychological needs and mental health situation of children and adolescents in Albania, identifying the most common issues, risk factors, and the effectiveness of existing services.

Research should also focus on understanding how cultural and socio-economic factors contribute to mental health challenges, helping to adapt interventions more effectively.

To ensure that mental health professionals are well-equipped to deal with the unique challenges faced by children, there should be ongoing education and training programs, as well as profiling for work with children. This includes specialized training for psychologists, counselors, and social workers working with children, focusing on trauma-informed care, child development, and cultural contexts that influence mental health.

Creating safe spaces for young people to express their emotions, develop social skills, and receive guidance would also be necessary. These spaces could be community centers, after-school programs, or recreational areas where young people can meet peers, engage in activities, and receive support from mental health professionals in a safe and non-judgmental environment.

Only by addressing these areas can the situation in Albania be improved regarding the mental health of children and adolescents.

References and Citations

- Ainsworth, M. D. S. (1978). The development of infant-mother attachment. In B. M. Caldwell & H. N. American Psychological Association. Childhood. APA dictionary of psychology. <https://dictionary.apa.org/childhood>
- APA. (2018). APA Dictionary of Psychology. American Psychological Association. <https://dictionary.apa.org/adolescence>
- Bowlby, J. (1969). Attachment and loss: Volume I. Attachment. Basic Books.
- Bradley, R. H., & Corwyn, R. F. (2002). Socioeconomic status and child development. *Annual Review of Psychology*, 53(1), 371–399. <https://doi.org/10.1146/annurev.psych.53.100901.135233>
- Centers for Disease Control and Prevention. (2024). Data and statistics on children's mental health. Centers for Disease Control and Prevention. <https://www.cdc.gov/children-mental-health/data-research/index.html>
- Cherry, K. (2024, May 1). What is Piaget's theory of cognitive development? Verywell Mind. <https://www.verywellmind.com/piagets-stages-of-cognitive-development-2795457>
- Cherry, K. (2024, October 25). Industry vs. inferiority in psychosocial development: Middle childhood. Verywell Mind. <https://www.verywellmind.com/industry-versus-inferiority-2795736#:~:text=Industry%20versus%20inferiority%20is%20the,ages%20of%20six%20and%2011.>
- Damian, A. J., Stinchfield, K., & Kearney, R. T. (2022). Telehealth and Beyond: Promoting the Mental Well-Being of Children and Adolescents During COVID. *Frontiers in pediatrics*, 10, 793167. <https://doi.org/10.3389/fped.2022.793167>
- Dobi, F., Tomori, S., & Zenelaj, B. (2022). The National Therapeutic and Rehabilitation Center for Children - A New Model for Children Mental Health Care in Albania. *International Journal of Social Sciences and Humanities [IJSSH]*, 5(2), 505-512. <https://www.researchgate.>



- net/publication/382431765_The_National_Therapeutic_and_Rehabilitation_Center_for_Children_-_A_New_Model_for_Children_Mental_Health_Care_in_Albania
- Duraku, Z. H., Davis, H., Blakaj, A., Seferi, A. A., Mullaj, K., & Greiçevci, V. (2024, September 4). Mental health awareness, stigma, and help-seeking attitudes among Albanian university students in the Western Balkans: a qualitative study. *Frontiers in Public Health*, Volume 12. <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1434389/full>
- Elia, J. (2023, May). Depressive disorders in children and adolescents. *MSD Manual Professional Edition*. <https://www.msmanuals.com/professional/pediatrics/psychiatric-disorders-in-children-and-adolescents/depressive-disorders-in-children-and-adolescents>
- Emanuele, J. (2024, October 31). Quick guide to bipolar disorder. Child Mind Institute. <https://childmind.org/guide/bipolar-disorder-in-kids-quick-guide/>
- Erikson, E. H. 1. (1963). *Childhood and society*. 2d ed. New York, Norton.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- Fraley, R. C. (2002). Attachment stability from infancy to adulthood: Meta-analysis and dynamic modeling of developmental mechanisms. *Personality and Social Psychology Review*, 6(2), 123–151. https://doi.org/10.1207/S15327957PSPR0602_03
- Freud, S. (1905). *Three essays on the theory of sexuality*. Basic Books.
- Goodman, S. H., Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., & Heyward, D. (2011). Maternal depression and child psychopathology: a meta-analytic review. *Clinical child and family psychology review*, 14(1), 1–27. <https://doi.org/10.1007/s10567-010-0080-1>
- Hasan, S. (2022, May). ADHD in Kids & Teens (for parents). KidsHealth. <https://kidshealth.org/en/parents/adhd.html>
- Hrymoc, M. (2024, March 5). 7 common mental disorders in children. Mental Health Center. <https://www.mentalhealthctr.com/7-common-mental-disorders-in-children/>
- Kowalchuk, A., Gonzalez, S. J., & Zoorob, R. J. (2022, December 15). Anxiety disorders in children and adolescents. *American Family Physician*. <https://www.aafp.org/pubs/afp/issues/2022/1200/anxiety-disorders-children-adolescents.html>
- Lopes, V., Prager, L., Rappaport, N., & Miller, C. (2024, August 15). Disruptive behavior: Why it's often misdiagnosed. Child Mind Institute. <https://childmind.org/article/disruptive-behavior-why-its-often-misdiagnosed/>
- Mental health in schools. NAMI. (2024, June 27). <https://www.nami.org/advocacy/policy-priorities/improving-health/mental-health-in-schools/>
- Mental health in schools. National Alliance on Mental Illness. (2024, June 27). <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools/>
- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. The Guilford Press.
- Nakao, M., Shirotaki, K., & Sugaya, N. (2021). Cognitive-behavioral therapy for management of mental health and stress-related disorders: Recent advances in techniques and technologies. *BioPsychoSocial medicine*, 15(1), 16. <https://doi.org/10.1186/s13030-021-00219-w>
- National Institute of Mental Health. (2024). *Children and Mental Health: Is This Just a Stage?* (NIMH Identifier No. 24-MH-8085). U.S. Department of Health and Human Services, National Institutes of Health. [https://www.nimh.nih.gov/health/publications/children-and-mental-health#:~:text=What%20mental%20disorders%20can%20affect,traumatic%20stress%20disorder%20\(PTSD\).](https://www.nimh.nih.gov/health/publications/children-and-mental-health#:~:text=What%20mental%20disorders%20can%20affect,traumatic%20stress%20disorder%20(PTSD).)

- Perry, B. D. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain & Mind*, 3(1), 79–100. <https://doi.org/10.1023/A:1016557824657>
- Piaget, J. (1952). *The Origins of Intelligence in Children*. New York, NY: W.W. Norton & Co. <https://doi.org/10.1037/11494-000>
- Qirjako, G., Dika, Q., Mone, I., Draçini, X., Kuneshka, L., Roshi, E., & Burazeri, G. (2021, June 30). Correlates of lifetime physical abuse among schoolchildren aged 15 years in post-communist Albania. *Frontiers*. <https://doi.org/10.3389/fpubh.2021.607493>
- Qirjako, G., Qosja, A., Çumashi, R., Kuneshka, L., & Burazeri, G. (2024). Abuse and neglect correlates of poor mental health among 15-year-old schoolchildren in a southeast European country. *Child abuse & neglect*, 157, 107081. <https://doi.org/10.1016/j.chiabu.2024.107081>
- Robatto, A. P., Cunha, C. de M., & Moreira, L. A. C. (2023, December 26). Diagnosis and treatment of eating disorders in children and adolescents. *Jornal de Pediatria*. <https://www.sciencedirect.com/science/article/pii/S0021755723001559>
- Shetgiri R. (2013). Bullying and victimization among children. *Advances in pediatrics*, 60(1), 33–51. <https://pubmed.ncbi.nlm.nih.gov/articles/PMC3766526/>
- Shonkoff, J. P., Garner, A. S., Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, & Section on Developmental and Behavioral Pediatrics (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246. <https://doi.org/10.1542/peds.2011-2663>
- Si, N. (2023, April 6). Mental health problems in children. *Euronews Albania*. <https://euronews.al/en/mental-health-problems-in-children/>
- Skendi, V., Alikaj, V., & Dashi, E. (2021). Anxiety symptoms and their frequencies in albanian children: Differences by age, gender and other variables. *European Psychiatry*, 64(Suppl 1), S633. <https://doi.org/10.1192/j.eurpsy.2021.1684>
- Skendi, V., Alikaj, V., & Metaj, E. (2015, July 5). Anxiety Disorders among Children/Adolescents in Tirana, Albania: Descriptive Data about Socio-Demographic Factors and Symptoms. *1 American Journal of Islamic Social Sciences* https://www.researchgate.net/publication/281761270_Anxiety_Disorders_among_ChildrenAdolescents_in_Tirana_Albania_Descriptive_Data_about_Socio-Demographic_Factors_and_Symptoms
- Stevens, J. S., van Rooij, S. J. H., & Jovanovic, T. (2018). Developmental Contributors to Trauma Response: The Importance of Sensitive Periods, Early Environment, and Sex Differences. *Current topics in behavioral neurosciences*, 38, 1–22. https://doi.org/10.1007/7854_2016_38
- Stolper, H., van Doesum, K., & Steketee, M. (2022). Integrated Family Approach in Mental Health Care by Professionals From Adult and Child Mental Health Services: A Qualitative Study. *Frontiers in psychiatry*, 13, 781556. <https://doi.org/10.3389/fpsy.2022.781556>
- Taylor, A. (2023, November 22). In Depth: Albanian Mental Health Sector: Underfunded, Understaffed, and Not Understanding. <https://exit.al/en/albanian-mental-health-sector-underfunded-understaffed-and-not-understanding/>
- Thomasius, R., Paschke, K., & Arnaud, N. (2022). Substance-Use Disorders in Children and Adolescents. *Deutsches Arzteblatt international*, 119(25), 440–450. <https://doi.org/10.3238/arztebl.m2022.0122>
- UNICEF. (2023). *The Reporting of Violence Against Children in Albania*. <https://www.unicef.org/albania/topics/violence-against-children>
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.



- World Health Organization. (2020). Albania Country profile. In Mental Health Atlas 2020. <https://www.who.int/teams/mental-health-and-substance-use/data-research/mental-health-atlas>
- Wu, Q., Jalapa, K., Lee, C., Zhang, X. K., & Langlais, M. (2024). Temperamental shyness, peer competence, and loneliness in middle childhood: The role of positive emotion. *Research on Child and Adolescent Psychopathology*, 52(12), 1887–1899. <https://doi.org/10.1007/s10802-024-01246-1>

